MARITAL DISCORD AND CHILD BEHAVIOUR PROBLEMS: THEIR RELATIONSHIP IN NORMAL AND CLINIC-REFERRED CHILDREN

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DECLARATION

I declare that this thesis is my own, unaided work. It is being submitted for the degree of Master of Arts in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other University.

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ABSTRACT

The incidence of marital discord within intact families has reached alarming proportions. To date, in South Africa, there has been no published research on the relationship between marital discord in intact families and child behaviour problems. The present study investigated this relationship in normal and clinic-referred children. It was hypothesised that marital discord would be related to conduct problems in boys and to anxiety problems in girls. Further, different aspects of marital discord were expected to be related to different behaviour problems in boys and girls. The normal sample was obtained from several private schools and the clinic sample from a child guidance clinic, all of which are in the Johannesburg area. All subjects were volunteers. Parents rated their children's behaviour on the Revised Behaviour Problem Checklist and their own marriages on several well established marital relations inventories. Although not all of the hypotheses receive positive support, the results show that there is an association between marital discord and child behaviour problems. In many instances, however, the obtained relationships differ markedly from the expected relationships. The expected sex differences in child behaviour problems associated with marital discord are reversed, with girls displaying more conduct problems and boys displaying more anxiety problems. A new association is also revealed. It appears that even interparental verbal abuse, and not necessarily physical abuse as was previously thought, is associated with withdrawal reactions in children. Possible explanations

for these findings are offered. Implications for intervention and methodological refinements for future research are discussed.

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CHAPTER ONE

Marital discord and its relationship to childhood behaviour problems is a subject which, in today's times, is assuming ever increasing importance. The belief that marital turmoil, whether caused by separation, divorce, or discord in intact families, is the cause of a variety of childhood behaviour problems, is a popular one held by both professionals and the public. The increased interest in the subject of marital turmoil is evidenced by the recent spate of publicity it has received. The issue of marital turmoil was the theme of the Academy Awards best motion picture in 1980, Kramer vs Kramer, a film about divorce, and again in 1981 when the best motion picture award went to Ordinary People, a film portraying conflict in a two-parent family. In 1980 prominent media such as Newsweek and The New York Times magazine ran cover stories on children of divorce and, also in 1980, the U.S. National Institute of Mental Health solicited research proposals on the subject.

It is essential, at the outset of this study to define some terms which may seem to be synonymous yet, in fact, have very different connotations. In his 1982 review article Emery offers the following definitions:

> The term 'Marital Turmoil' refers to families characterised by discord in marriage, separation, or divorce as a group. The term 'Marital Problems' is occasionally used as a synonym. 'Interparental Conflict' is used to denote open hostility between married,

separated, or divorced parents. 'Marital Discord' refers to problems in intact marriages only (1982, p. 310).

In the context of this study the definitions adhered to will be those offered by Emery (1982) above. The present study will examine in detail only the last mentioned aspect of marital turmoil, that of marital discord, and its relationship to childhood behaviour problems.

SCOPE OF THE PROBLEM

In the United States it has been estimated that 38 percent of the first marriages of women in their late twenties will end in divorce and that 45 percent of the children born in 1977 will live in a one-parent family for at least several months (Glick & Norton, 1978). The U. S. Census Bureau has reported a 79 percent increase in the number of single-parent families between 1970 and 1980, with the current prevalence being one in five (U. S. Census Bureau, 1980, cited in Emery, 1982).

The figures for the white population in South Africa are equally alarming. The number of divorces has increased from 10 850 in 1976 to 17 683 in 1982. The number of children from broken homes has increased from 13 815 in 1976 to 22 224 in 1982. The total number of minor children affected over this seven year period is a staggering 125 236 or 2.7 percent of the total white population of South Africa (Republic of South Africa Central Statistical Services, 1981, 1983). It is important to note that as not every discordant marriage ends in divorce, these astronomical figures on the number of children of divorce omit a significant, and generally unknown, number of children who are exposed to and affected

by serious marital discord. Accurate statistics are not available for the non-white population groups and, therefore, very little is known of the incidence of discord and divorce in these groups.

Researchers around the world have begun investigating this problem, yet in South Africa, despite the extent of the problem, there has to date been no published research on the subject of marital discord in intact families and its relationship to child behaviour problems. It is hoped that the present research will be able to provide some initial data on this important issue in the South African context.

MARITAL DISCORD AND CHILD BEHAVIOUR PROBLEMS

CONFLICT AND ACCORD IN MARRIAGE

Traditionally, marital happiness and stability are the two norms by which marriages in Western societies are judged (Hicks and Platt, 1970). Meeting role expectations, the expression of love, sexual enjoyment, communication, and affection are presumed to be the basis for marital happiness and stability. In order to assess the status of marriages on this basis various assessment approaches have been reported that emphasise one or more of these variables; eg. perception of role- behaviour (Tharp, 1963); ability to communicate (Navran, 1967); attitudes concerning marital relationships (Locke & Wallace, 1959); and sexual satisfaction (O'Leary & Arias, 1983).

More recently, however, Weiss and Margolin (1977) have defined problems in marital relationships as the presence of conflict and discord. Con-

flict is defined here as "... an interchange in which one or both members of a dyad demand immediate change in the behaviour of the other person and the other person does not comply." (Patterson, Weiss, & Hops, 1976). After two or three requests have been made and not complied with, the interchange usually becomes abusive and escalates to the level of conflict.

Although the family is still presented as being a viable social unit, survey data over several years seem to suggest that the 'happy family' concept is fast becoming a myth (Patterson et al., 1976). Survey research for middle and upper-middle class couples has shown steady declines in general marital satisfaction during the first ten years of marriage (Feldman, 1971), and some studies have shown about one couple in seven to be unhappy (Rollins & Feldman, 1970). Further data showing the instability of the family are even more troubling. In the United States 28 percent of all murder victims are killed by members of their own families (Federal Bureau of Investigation, cited in Patterson et al., 1976). Twenty percent of police deaths and 40 percent of their injuries occur during attempts to intervene in family quarrels (Bard, 1969). Forty percent of the women from lower socioeconomic classes and 23 percent from the middle class cite physical abuse as their major reason for obtaining a divorce (Steinmetz & Straus, 1971). Patterson et al., (1976) suggest that it is the failure of many couples to acquire conflict resolution skills which is leading to this dissolution of the family as a social system.

CHILD PSYCHOPATHOLOGY

According to Achenbach and Edelbrock (1978) a coherent taxonomic framework which integrates training, treatment, epidemiology, and research has long been lacking in the study of psychopathology in children. La Greca and Quay (1984) note that the lack of a reliable and valid classification system has been a serious impediment to the field of child psychopathology. Until 1968, the only classification categories provided for children in the American Psychiatric Association's (1952) Diagnostic and Statistical Manual (DSM) were Adjustment Reaction and Schizophrenia. To be effective, however, a classification system must satisfy a number of criteria. Quay (1979) suggests that such a system should provide more information than just a description of existing phenomena, it should also be operationally defined, reliable, and valid and, ideally, its categories should have differential relationships to etiology, treatment, and prognosis.

Quay (1979) distinguishes between two major systems of classification, namely clinically derived classification systems (e.g. the American Psychiatric Association's *Diagnostic and Statistical Manual-III*; the WHO multiaxial classification; and the International Classification of Diseases, ICD 9), and multivariate statistical approaches to classification. It is his view that multivariate statistical approaches, although not perfect, are currently the methods of choice for classification system construction as "...the statistical approach clearly obviates two of the basic weaknesses characteristic of the clinical approach" (1979, p. 12). These weaknesses according to Quay (1979) are: 1) non-empirical evidence of the disorder and 2) unreliable measurement of the disorder. Millon

(1984), a member of the APA committee which constructed the DSM-III, himself recognises these weaknesses when he states '...Task Force members recognised that '... no ideal classification system was possible in clinical psychopathology ...' and '... that all nosological systems would be imperfect ...' (p. 676). La Greca and Quay (1984) note that clinical labelling has merely obscured the psychological and behavioural heterogeneity among those so labelled. In discussing the basic weakness of clinically derived classification systems, namely poor reliability, La Greca and Quay (1984) suggest that the only DSM-III categories which are reliable are those for which there is support from multivariate studies.

Protagonists of the multivariate approach to classification stress that the factors that emerge from these statistical approaches are not types of individuals but rather dimensions of behaviour. It should be noted that the normal and abnormal differ only in degree and each person could, therefore, be placed somewhere on these dimensions (Quay, 1979).

The needs of the present research, with the main sample comprised of non-clinic children, necessitated the use of a classification system which could be used for both normal and clinic children. Taking this, as well as the views expressed above, into account, it was decided to utilise the Revised Behaviour Problem Checklist (RBPC) (Quay & Peterson, 1983) for the assessment of child behaviour. This checklist is one which derives from a multivariate statistical approach. It yields six sub-scales, each measuring a dimension of behaviour. Each dimension measures one of the wide-band dimensions of behaviour which, according to Drager (1981), are best replicated in the entire multivariate literature. The

following section briefly describes the six dimensions of behaviour measured by the RBPC and then compares the RBPC to the DSM-III (APA, 1980). The psychometric properties of the RBPC will be discussed in Chapter Three.

Areas of pathology assessed by the RBPC

Conduct Disorder (CD): This subscale represents a dimension of aggressive, non-compliant, interpersonally alienated, acting out behaviour (Quay, 1979; Quay & Peterson 1983). Conduct disorder has been found in numerous multivariate studies of deviance using children from both normal and disturbed populations (Bullock & Brown, 1972; Peterson, 1961; Peterson, Becker, Shoemaker, Luria, & Hellmer, 1961; Quay, Morse, & Cutler, 1966; Werry, Sprague, & Cohen, 1975). Individuals providing the data for analysis in the above studies have included parents, teachers, child-care staff, and mental health professionals.

Socialised Aggression (SA): This also represents a dimension of externalising, acting out behaviour. In contrast with CD, however, there are strong bonds with others, rather than aggressiveness and interpersonal alienation. There is, however, a rejection of authority and the norms of society (Quay & Peterson, 1983). Quay (1979) notes that this disorder was first identified in 1946 and that it generally occurs only in samples of juvenile delinquents or child-guidance clinic cases in metropolitan areas. As he points out, however, looked at in the context of the social structure of urban deteriorated areas, the behaviours making up this disorder would not necessarily seem maladaptive.

Attention Problems-Immaturity (AP): The behaviours measured by the AP scale seem very similar to the characteristic behaviours of the DSM-III Attention Deficit Disorder. The AP scale reflects problems in concentration, perseverance, impulsivity, and direction following. The characteristic behaviours of this disorder suggest an inability to cope with the demands of both home and school (Quay, 1979; Quay & Peterson, 1983). While there is evidence of this disorder in various sample populations (Quay, 1979), it appears that it is especially prominent in special education classes (Grieger & Richards, 1976; Paraskevopoulos & McCarthy, 1970; Quay, Morse, & Cutler, 1966).

Anxiety-Withdrawal (AW): This scale, in contrast with CD, represents the internalising dimension of disorder. It subsumes such characteristics as anxiety, depression, social inferiority, and fear of failure (Quay & Peterson, 1983). As with CD this disorder has also been found in all of the settings in which deviant and normal children have been studied. Although the specific labels for the disorder have varied across different studies (Quay, 1979), the sense conveyed is that of withdrawal, isolation, and subjectively experienced anxiety, rather than active engagement, attack, and the apparent freedom from anxiety which characterises CD. Quay and Peterson (1983) report that this dimension reflects subjective distress and 'neuroticism'. Quay (1979) also points out that while the child who is extreme on this dimension may seem less aversive to adults and peers, it should be recognised that the characteristic behaviours making up the AW scale can be seen as antisocial under certain environmental conditions.

Psychotic Behaviour (PB): Quay and Peterson (1983) report that this scale consists of items related to both overt psychosis (e.g. delusions) and items related to language dysfunction (e.g. parrots other's speech). They stress the need for cautious interpretation of this scale and the need for further, more detailed, assessment when high PB scores are obtained.

Motor Excess (ME): This scale assesses both gross motor behaviour and apparent motoric tension (e.g. nervous, jittery). However Quay and Peterson (1983) again stress that the presence of these characteristics does not necessarily imply the presence of psychopathology. They report that motor excess is usually associated with conduct disorder or attention problems - immaturity. A high ME score in the absence of high scores on one or more of these other scales should not, therefore, be cause for concern.

The RBPC and DSM-III: A comparison of the DSM-III categories (APA, 1980) to the RBPC subscales reveals some conceptual similarities. According to Quay and Peterson (1983) the CD and SA scales of the RBPC could represent the undersocialised aggressive and socialised aggressive conduct disorders of DSM-III, respectively. They also note that, while there are no RBPC counterparts to the undersocialised nonaggressive, socialised nonaggressive, and oppositional disorder categories of DSM-III, respectively, empirical evidence for the existence of these narrower categories is weak. The DSM-III Attention Deficit Disorder is represented by the AP scale of the RBPC and the with or without hyperactivity differentiation could be made in terms of the score on the ME scale. Finally, some more narrowly defined categories of DSM-III, including separation anxiety

disorder, disthymic disorder, and over-anxious disorder, can be encompassed by the AW scale of the RBPC (Quay & Peterson, 1983).

A further comparison between the RBPC and DSM-III can be made in terms of utility and ease of administration. Not only is the RBPC a relatively short and uncomplicated instrument (Quay & Peterson, 1983), but it can also be completed by a wide variety of people and is easy to score. This in contrast to the comprehensive training which is required in order to make a diagnosis using the DSM-III. Compounding this problem is the fact that the reliability of certain DSM-III categories has been shown to be questionable (Cantwell, Russel, Mattison, & Will, 1979).

The present research focused primarily on non-clinic children and it was, therefore, felt that it was appropriate to use a scale which assesses behaviour problems of both normal and clinic children, rather than an instrument which assesses deep psychopathology. Thus, it appears that along with the high reliability and validity levels reported for the RBPC (see Chapter Three), the above arguments provide cogent reasons for using the RBPC both clinically and as a research instrument.

CHAPTER TWO

RESEARCH ON MARITAL DISCORD AND CHILD BEHAVIOUR PROBLEMS

Several investigators have noted a relationship between discord in intact marriages and the severity or frequency of child behaviour problems. This finding remains consistent across such countries as the United States (Cohn, Christopoulos, Kraft, & Emery, 1984; Emery & O'Leary, 1982; Oltmanns, Broderick, & O'Leary, 1977; Porter & O'Leary, 1980), England (Rutter, 1971, 1979), and India (Chawla & Gupt, 1979).

Such a relationship has also been noticed by researchers working within different theoretical orientations and with diverse subject populations. Johnson and Lobitz (1974), behaviour therapists, reported a significant positive relationship between marital discord and child deviance. Minuchin (1974), a family therapist, suggested that child deviance is caused by the child 'taking on the symptom' in order to distract the parents from their own conflicts and thereby defusing the interparental conflict. Satir (1964), a family systems therapist, noted that parent's dissatisfaction with their own relationship may both precipitate and maintain child behaviour problems. Love and Kaswan (1974), psychodynamic therapists, found that parents of clinic-referred children had greater communication difficulties than did parents of non-referred children. Framo (1975) made perhaps the most extreme statement about the parent-

child relationship when he said "...wherever you have a disturbed child, you have a disturbed marriage" (p. 22).

Significant relations between marital discord and child behaviour problems have also been found in both clinic (Emery & O'Leary, 1984; Oltmanns et al., 1977; Porter & O'Leary, 1980) and non-clinic samples (Oltmanns et al., 1977; Rutter, Graham, Chadwick, & Yule, 1976; Rutter, Yule, B., Quinton, Rowlands, Yule, W., and Berger, 1974). It appears, however, that stronger associations are found in clinic (Emery & O'Leary, 1984; Oltmanns et al., 1977; Porter & O'Leary, 1980) than in non-clinic samples (Oltmanns et al., 1977; O'Leary, 1984).

Despite the evidence supporting the idea of a relationship between marital turmoil and child behaviour problems, some researchers have suggested that a relationship between marital turmoil and child problems has yet to be demonstrated (Herzog & Sudia, 1973). Emery (1982), however, concludes that available evidence seems to indicate that some relationship between the two domains does exist.

FACTORS INFLUENCING THE RELATIONSHIP BETWEEN MARITAL AND CHILD PROBLEMS

Most of the research on marital discord and child behaviour problems suffers from one or more methodological flaws (Emery, 1982; O'Leary, 1984). Emery (1982) observes that the three most common problems encountered in studies of marital and child problems are:

1. Biased sampling with an almost exclusive reliance on clinic populations.

2. Non-independent data, that is the same judges rate both the marriage and the child or the judges are aware of the parent's marital status.

3. The use of measures lacking in reliability and validity.

Despite these methodological flaws it is possible to conclude from these studies that there is a relationship between marital discord and child behaviour problems (Emery, 1982; O'Leary, 1984). Support for the conclusion that marital and child problems are related has been found in investigations using both clinic and non-clinic samples and which have used established measures, as well as in many less sophisticated studies. While possible, it is unlikely that studies involving different flaws would all lead to similar, incorrect, conclusions. Thus as Achenbach and Edelbrock observe "...convergent findings that emerge from diverse studies may be worthy of confidence" (1978, p. 1276). The following sections examine the various factors which may affect the relationship between marital discord and child behaviour problems.

The nature of the interparental conflict

Since marital discord and child behaviour problems appear to be related, the type and amount of discord or interparental conflict to which the child is exposed would seem to be important determinants of the effects of that conflict on the child. Conflict that is ongoing and openly hostile exposes the child to more pathogenic interactions (Emery, 1982). Studies which have investigated interparental conflict agree with this conclusion. Rutter et al. (1974) found a stronger relationship between child problems and unhappy marriages characterised by quarrelsomeness

than between child problems and unhappy marriages characterised by apathy. Porter and O'Leary (1980) found that a self report measure of open marital conflict was a better predictor of child problems than a general index of marital satisfaction. Similarly, Cohn et al. (1984) found that children of mothers who were abused by their husbands, were more deviant and displayed more problems than did children of non-abusive parents.

Recent evidence also supports the assumption that ongoing interparental conflict is detrimental to the child. Rutter (1980) found that children who were separated from their homes at an early age because of marital discord and who later stayed in harmonious homes, were at a decreased risk for emotional disturbance when compared with their earlier status. On the other hand, those children who continued to reside in homes characterised by conflict, continued to show problem behaviour.

Various studies of divorce support these conclusions. Where there is post-divorce conflict between parents, children have more problems and are more frequently referred to professionals (Hetherington, Cox, & Cox, 1976; Kelly & Wallerstein, 1976; Westman, Kline, Swift, & Kramer, 1970).

Almost all marriages have some periods of conflict. Unfortunately, what is not known is at what point this conflict impacts on the child, that is, at what point does marital conflict have serious, detrimental consequences for the child? Emery (1982 b) notes that the magnitude of the effect seems to be a function of both the amount of discord to which a child is exposed and the type of conflict the discord entails. He also notes that further study of these two variables could provide valuable

information on how best to handle marital discord and on when professional help ought to be sought.

Separation effects versus the effects of interparental conflict

Bowlby (1973) interprets the association between divorce and child behaviour problems as evidence that separation per se has a substantial negative effect on the child, regardless of the circumstances surrounding the separation. However, Rutter (1971, 1979) suggests that this hypothesis does not adequately consider the effects of interparental conflict. There is considerable evidence supporting the notion that interparental conflict, and not separation, may be the key explanation for the association found between divorce and child behaviour problems.

In studies comparing children from homes broken by divorce to children from homes broken by death, it was found that the children from homes broken by divorce displayed more behaviour problems than did children from homes broken by death (Gibson, 1969; Gregory, 1965). Other researchers have found that children from broken but conflict-free homes were less likely to have problems than were children from conflictual intact homes (Gibson, 1969; Nye, 1957; Power, Ash, Schoenberg, & Sorey, 1974; Rutter, 1980). Similarly, children of divorced parents who continue to have post-divorce conflicts, have more problems than do children from conflict free divorces (Anthony, 1974; Hetherington et al., 1976; Jacobson, 1978; Kelly & Wallerstein, 1976). In addition, a longitudinal study conducted by Lambert, Essen, and Head (1977) found that many of the problems evident in children from broken homes were present well before the children were separated from a parent.

While such data conflict with the idea that the association between divorce and child behaviour problems can be attributed solely to separation from a parent, there is no inference that separation itself has no effect on a child. An 'acute distress syndrome' is often found in children on separation from a parent (Bowlby, 1973; Rutter, 1979). Emery (1982) stresses that awareness of this syndrome is important in divorce and other situations where a parent is leaving or has left. However, it appears that children's responses to separation are time-limited (Anthony, 1974; Hetherington, 1979), whereas children's responses to conflict may be more enduring (Hetherington, Cox, & Cox, 1978).

In sum, it appears that separation from a parent per se is less important than interparental conflict in terms of its detrimental effects for children. Open and ongoing marital discord seems to be more strongly related to child behaviour problems than is hidden discord, although the latter also appears important.

The child's response to marital discord

Rutter (1971) suggested that discord in intact marriages is related to children's disorders of undercontrol (conduct disorders) but not to their disorders of overcontrol (anxiety disorders). McCord and McCord (1959) found a substantial covariation between marital turmoil and delinquency. The results from later investigations, which included measures of other child behaviours, were more equivocal.

Tuckman and Regan (1966) found that clinic-referred children from homes broken by divorce or separation were likely to have conduct problems,

whereas children from intact families or homes broken by death had more anxiety related problems. A study by Hetherington et al. (1978), using reliable observational measures, showed that non-clinic children of divorce were more dependant, disobedient, aggressive, whining, demanding, and unaffectionate than were those children from intact homes.

In studies of intact families, McCord, McCord, and Thurber (1962) found that discord was related to feminine-aggressive behaviour, antisocial behaviour, and sex anxiety but not to abnormal fears in a non-clinic sample. Porter and O'Leary (1980) found marital discord to be related both to conduct problems and to anxiety problems in clinic children. In contrast to the findings of this study Emery and O'Leary (1982), and Oltmanns et al. (1977) found significant relations only for conduct problems and marital discord. Also in direct contrast, Rutter (1971; Wolkind & Rutter, 1973) found significant relations for conduct problems but not neurotic problems in non-clinic samples. However, another British study, with a large sample size (Whitehead, 1979), found significant relations between both conduct problems and neurotic problems and marital discord. An investigation by Block, Block, and Morrison (1981), which, according to Emery (1982), can be considered methodologically sound, found that a measure of parental agreement about child rearing was, for boys, positively related to ego control and to ego resiliency as reflected in resourcefulness, verbal facility, and acceptance of responsibility for one's actions and feelings. Emery (1982 b) suggests that these conflicting results are, in part, due to the poor diagnostic system that is available for children.

Although the overall pattern of results is conflicting, there is one consistent pattern of results. Every investigation mentioned above found marital discord to be related to some form of conduct problem, aggression, or delinquency, although the findings for problems of overcontrol, that is, anxiety or depression, are contradictory. It appears, therefore, that marital discord is more strongly related to children's problems of undercontrol than to their problems of overcontrol.

Gender differences in children's responses to marital discord

There is considerable evidence indicating that marital turmoil has a greater impact on boys than on girls from both divorced (Cadoret & Cain, 1980; Hess & Camara, 1979; Hetherington et al., 1978; Wallerstein & Kelly, 1980) and intact families (Block et al., 1981; Emery & O'Leary, 1982; Porter & O'Leary, 1980; Rutter, 1971). Using interview data from non-clinic families, Rutter (1971) found that discord in intact marriages was associated with school problems *in boys but not in girls*. Whitehead (1979) questioned this result. Using data from a large non-clinic sample she showed significant associations between mother's reports of the marriage and both boy's and girl's problems at home. Emery and O'Leary (1982) and Porter and O'Leary (1980), however, reported results contrary to Whitehead's. In samples of clinic children they found significant relations between parent's ratings of marital discord and their ratings of *behaviour problems* at home for boys, but not for girls.

Emery (1982) suggests that the type or sample used *may affect* the sex differences more than the setting does. Non-clinic samples of intact marriages have consistently shown problems in both boys and girls to be

related to marital discord (Block et al., 1981; Emery, 1982 b; Whitehead, 1979), whereas in clinic samples, relations between marital discord and child behaviour problems have been found only for boys (Emery & O'Leary, 1982; Porter & O'Leary, 1980). Rutter's (1971) results also become consistent with the clinic versus non-clinic sex differences when it is noted that his sample was pre-selected to contain a high proportion of disturbed children and children of parents with individual psychopathology (Emery, 1982). To explain this difference Ross (1980) points out that children are more likely to be referred to clinics for problems of undercontrolled behaviour than for problems of overcontrolled behaviour. It is possible that boys respond to interparental conflict in a more maladaptive manner that is more likely to lead to a clinic referral, thus biasing the sex differences found in clinic samples (Emery, 1982).

Non-clinic studies of intact marriages (Block et al., 1981; Whitehead, 1979) and divorce (Hess & Camara, 1979) found marital turmoil to be related directly to measures of undercontrol only for boys, whereas those weaker associations that were found for girls were for overcontrolled behaviour. Emery (1982), therefore, suggests that the evident sex differences in children's responses to marital discord may be only in how and how much the sexes respond, not whether they do.

To summarise, it appears that marital discord is more strongly related to boy's than to girl's maladaptive behaviour. Although marital discord is likely to impact equally on boys and girls, it may be that girls demonstrate their feelings in a manner which is more appropriate to their sex role, by becoming anxious, withdrawn, or very well behaved (Emery, 1982; O'Leary & Emery, 1982).

The age of the child

The evidence regarding childrens' age and their responses to marital turmoil is somewhat contradictory. Children as young as one year old have been shown to respond to interparental conflict with upset and anger (Cummings, Zahn-Waxler, & Radke-Yarrow, 1981, 1984). Yet it could be that older children are more sensitive to emotion and may, in addition, be coerced into an involvement in interparental conflict, thus making themselves more vulnerable to its effects (Emery, 1982).

Porter and O'Leary (1980) and Rutter et al. (1976) found no age effects in investigations of marital discord that controlled for age. Based on clinical impressions, Wallerstein & Kelly (1974, 1975; Kelly & Wallerstein, 1975, 1976) suggest that divorce and the accompanying marital turmoil have different effects on children of different ages from two years old to adolescence. To overcome this controversy, O'Leary (1984) recommends that future investigations break down childrens' ages into units that can be more easily and accurately analysed.

Parent-child relationships and marital discord

Recent empirical investigations have supported the impression that the parent-child relationship deteriorates as a result of marital turmoil (Hess & Camara, 1979; Hetherington et al., 1979; Rutter, 1971). None of these investigators suggest that deterioration is inevitable, and Hetherington et al. (1979) argue that a good relationship with one parent can 'buffer' the child from some of the negative effects of marital turmoil.

Rutter (1971), in a study of intact, non-clinic families, found that a good relationship with at least one parent significantly reduced the likelihood that boys would be judged antisocial by their teachers. He still found, however, that boys from discordant families had more problems than boys from happy families.

In studies of children of divorce, Hess and Camara (1979), and Hetherington et al. (1979) found that only particularly good parent-child relationships produced buffering effects. They also found that the good relationship had to be with the mother, whereas Hess and Camara (1979) found good relationships with either parent had a buffering effect. The evidence seems to show that a particularly good relationship with at least one parent can mitigate, but not eliminate, the effects of marital turmoil on children. Emery (1982), and O'Leary (1984) both recommend further investigation of the parent-child relationship as a buffer.

Parental psychopathology and child behaviour problems

There is some evidence that children from families where a parent has a psychological disturbance are at an increased risk for developing a variety of behaviour problems (Mednick & McNeil, 1968). Molholm and Dinitz (1972) report that disordered individuals are more likely to have discordant marriages and to get divorced. It is thus possible that marital discord may partially explain the increased problems among the children of disordered parents (Emery, 1982).

Rutter (1971) offers some support for this hypothesis. He found that discord in intact marriages was related to antisocial behaviour in the

children of both normal parents and parents with a personality disorder. However, when the marriage was harmonious there was no increased antisocial behaviour associated with parental personality disorders. He also found that there was a trend toward an even greater risk for antisocial problems when both discord and personality disturbance were present.

Emery, Weintraub, and Neale (1982) have reported similar findings. In studies of intact marriages they found that discord explained most of the association between parents' affective disordar and childrens' disturbed school behaviour. When the effect of marital discord was controlled for, little association was found between these parental disorders and childrens' disturbed behaviour. However, when the diagnosis was parental schizophrenia, marital discord did not explain the childrens' problems in school. Emery (1982; Emery et al., 1982) suggests that, except in the case of schizophrenia, associated marital discord may explain a large part of the increased problems among children of disordered parents.

Spouse abuse and child behaviour problems

Unfortunately, research on spouse abuse and its relationship to child behaviour problems is sparse. A recent study (Cohn et al, 1984) has shown that children witnessing spouse abuse often react by withdrawing to protect themselves from the possibility of abuse, a similar reaction to that displayed by children who have themselves been abused. Walker (1979) reaches a similar conclusion when she writes:

> Children whose mothers have been abused learn to become part of a dishonest conspiracy of silence...Like many children who suffer from overt physical abuse, these children *learn to be accommodating* and cooperative. They learn how to blend into the background. They do not express anger (pp. 149-150).

A number of investigations have also shown that observing hitting between one's parents is more strongly related to later adult involvement in severe marital aggression than is being hit as a teenager by one's parents (Gelles, 1976; *Kalmuss*, 1984; *Rosenbaum* & O'Leary, 1981; Straus, Gelles, & Steinmetz, 1980).

It seems that when marital discord escalates to the level of physical violence, it has a different impact on children (Emery, Kraft, Joyce, & Shaw, 1984). Children who are exposed to marital violence appear to show a markedly different pattern of reactions to those displayed by children from discordant families where there is no physical violence. It is likely, therefore, that growing up in a violent home is a qualitatively different experience *for children than growing* up in a home that is characterised solely by marital discord (Cohn et al, 1984).

HOW MARITAL DISCORD AFFECTS CHILDREN'S BEHAVIOUR

The research on the mechanisms by which marital turmoil affects children is sparse, and generally it has not followed broad etiological rationales. Instead, research has been guided by mini-theories which make little allowance for critical evaluation (Emery, 1982). The following

section examines the main hypotheses about how marital turmoil could produce child behaviour problems.

Modelling

Modelling is one of the major mechanisms by which marital turmoil may affect children. Schwarz (1979) suggested that interparental conflict may interfere with imitation of the same-sex parent or may lead to rejection of both parents as models. Either process could then lead to appropriate parental behaviour not being imitated and other, more deviant, models might be found. There is also evidence that parents in an unhappy marriage exhibit more hostile and aggressive behaviour than do happily married couples (Jacobson & Martin, 1976; Patterson et al., 1976). Much of this behaviour might occur in the presence of children who would later imitate this behaviour. Research on marital discord has offered some support for modelling hypotheses. Disagreements and arguments are often features of marital discord (Emery, 1982), and Bandura (1973) has shown that aggression is readily imitated by children.

Modelling also offers explanations for the sex differences found in childrens' responses to marital discord. The modelling literature suggests that boys are, in general, more likely to imitate aggressive behaviour than are girls (Flanders, 1968). An alternative explanation is that fathers in an unhappy marriage are more aggressive than mothers and that boys imitate fathers more than girls do (Emery, 1982). This hypothesis is supported by evidence that children are more likely to imitate a same-sex model (Bandura, 1969; Margolin & Patterson, 1975).

Although the modelling hypotheses appear to fit with data on marital and child problems, there is, however, still a need for detailed research on the subject, as most modelling hypotheses have typically been provided post hoc (Emery, 1982).

Discipline practices

Problems of conduct and aggression have often been related to inconsistent discipline practices (Becker, 1964; Becker, Peterson, Luria, Shoemaker, & Hellmer, 1962; Patterson, 1977). Discipline is a frequent topic of argument between parents, and disagreement about it in front of a child has been shown to produce more inconsistent discipline than when the disagreement is kept private (Hetherington et al., 1976; Rutter, 1972). Emery (1982) suggests that marital discord could be one of the causes of inconsistent discipline practises.

As with modelling theories, theories about discipline also offer explanations for the sex differences found in childrens' responses to marital discord. One study (Baumrind, 1971) found that parents are more involved with disciplining the same-sex child than the opposite-sex child. Thus, if marital discord causes fathers to alter their discipline practices more than mothers do, a greater effect would be seen on sons. In contrast with this view, Margolin and Patterson (1975) showed that sons are disciplined about equally by both parents, whereas daughters are disciplined more by their mothers. Following this line of reasoning, if parents disagree about discipline, it could be expected that boys will be affected more than girls because boys are disciplined more often by both parents (Emery, 1982).

Two other studies support the hypothesis that inconsistent discipline leads to child behaviour problems. Hetherington et al. (1976) found that divorced parents make fewer maturity demands, have poorer communication, are less affectionate, and are more inconsistent with their children than are parents in intact marriages. They also found that children of divorce, especially boys, were less compliant with parental demands than were children of intact marriages. Block et al. (1981), in a study of intact marriages, found that an index of parental disagreement about child rearing was related both to subsequent marital dissolution and to future undercontrol in boys' and overcontrol in girls' school behaviour.

To summarise, it has been shown that discipline has an important influence on children and that this influence alters with marital discord. Emery (1982) points out that inconsistency in discipline is both an aspect of marital turmoil and a precursor of problems in children.

Child effects on marital turmoil

Instead of the assumption that marital turmoil causes behaviour problems in children, it could be argued that it is the deviant child who places strain on a marriage (Bell, 1979; Bell & Harper, 1977). Lerner and Spanier (1978) found that children can decrease marital satisfaction as indexed by such findings as:

- the decline of marital satisfaction after the birth of the first child;

- the negative effect on a marriage as a result of rearing a physically and/or psychologically handicapped child.

- survey data in which parents report that their children are an added stress on their marriage.

Emery (1982) points out that it is likely that a child with a conduct problem would similarly strain a marriage. Emery, Binkoff, Houts, and Carr (1983) suggest that childrens' behaviour plays a prominent role in maintaining patterns of adult-child interactions that are detrimental to the child's psychological well being.

However, despite the possibility of a child-effects alternative, it is probable that the more important causal sequence is the parent to child pathway rather than the child to parent pathway. Oltmanns et al. (1977) found that marital satisfaction did not increase concomitantly with parent-rated improvement in problem childrens' behaviour, a result contrary to what could be expected from a child-effects perspective. Lerner and Spanier (1978) and Margolin (1981) posit that the best explanation of the relation between marital and child problems is reciprocal influence. Emery (1982) concurs and suggests that marital and child problems are best viewed as intaractive, to an extent each causes and exacerbates the other.

THE PRESENT STUDY

That there is a relationship between marital discord and child behaviour problems, and that there is a differential association for boys and girls,

seems clear. Parents in conflict with one another place more stress on their children, are poorer role models, and are more inconsistent in disciplining their children. These, and possibly other, processes are likely to operate interactively in affecting the children of marital discord.

Despite the unanimity of opinion regarding the above, there is little evidence regarding the *specific relationship* between different types of marital problems and different types of child behaviour problems. The present study aims to establish, within a localised South African sample, whether there is, in fact, a relationship between marital discord and child behaviour problems in intact families. The major aim of the study is to investigate the relationship between specific types of marital problems and specific child behaviour problems in normal children. A small clinic group is intended to serve as a control group in order to establish whether marital problems in parents of normal and clinic-referred children differ in any major respects. To assess the different marital problems not only a general index of marital satisfaction will be used, but specific adjuncts of marital satisfaction, namely communication, sexual satisfaction, and interparental verbal and physical abuse, will also be examined in relation to specific child behaviour problems as assessed by the RBPC.

Positive support for the *following hypotheses* will have implications for the well being and treatment of both children and marital couples. It is, therefore, a further aim of the present study to provide some guidelines for clinicians dealing with either children, marital couples, or families.

HYPOTHESES

Based on previous research on the subject, the following hypotheses regarding the relationship between marital discord and child behaviour problems were made.

1. Marital discord will be related to child behaviour problems in both normal and clinic-referred children.

2. Marital discord will be significantly positively related to child behaviour problems in both boys and girls.

3. Although behaviour problems will be more pronounced in clinic-referred children than in normal children, both samples will display problems of undercontrol as well as problems of overcontrol.

4. Parents of clinic-referred children will display significantly more marital distress than will parents of normal children.

5. Marital discord will be related to different child behaviour problems in children of a different sex. Specifically, discord will be related to:

   a. Problems of undercontrol in boys and

   b. Problems of overcontrol in girls.

6. Different types of marital problems will be related to different types of child behaviour problems.

7. Where there is physical abuse between parents, both boys and girls will display problems of overcontrol, rather than problems of undercontrol.

CHAPTER THREE

METHOD

SUBJECTS

The sample constituted subjects from both a clinic and a non-clinic population, with the subjects being drawn from private schools and a child guidance clinic in the Johannesburg area. The subjects consisted of 150 children from 88 different families. Only white families which met the following criteria were included in the sample:

- The families' home language is English.
- It is a two-parent household.
- There is at least one child at primary or junior-primary school, that is, aged between five years old and 14 years old.
- The parents are willing to cooperate.

Sample selection

The non-clinic sample was obtained through various private schools in the Johannesburg area. The rationale for the present study was explained to the principals at these schools and they were asked to distribute questionnaires to all parents of children at their schools. Four of the principals approached agreed and in this manner 800 questionnaires were distributed to parents of children in the target age group. Each questionnaire contained a covering letter which, in broad outline, explained the purpose of the study, as well as stressing that all replies would be anonymous and strictly confidential. In addition, all respondents were offered the opportunity of individual feedback on their responses (see Appendix 1). Of the 800 questionnaires distributed, 81 usable responses were returned, yielding a response rate of approximately 10 percent.

The contrast group of clinic-referred children was obtained through the Child and Family Unit of the Transvaal Memorial Institute in Johannesburg. Questionnaires with a similar covering letter to that sent to non-clinic parents were were sent to 38 families (see Appendix 2). These families were selected on the same basis as the non-clinic families with one additional prerequisite, namely, that the child's presenting problem was similar to one of the RBPC dimensions. Seven usable responses were returned, yielding a response rate of approximately 18 percent.

Demographic characteristics

The non-clinic group consisted of 81 families with children at private

schools in the Johannesburg area. Thirteen percent of the sample was Catholic, 65 percent consisted of other Christian denominations, and three percent was Jewish. The mean age of girls (N = 69) was 9.3 years with a range from five years old to 14 years old. The mean age of boys (N = 71) was 9.5 years with a range from six years old to 13 years old. The mean age of mothers (N = 81) was 37.8 years and the mean age of fathers (N = 81) was 41.3 years. The mean number of years married was 12.5 years. Thirteen percent of fathers had completed part or all of high school and 69 percent had a diploma or university degree. Forty-seven percent of mothers had completed part or all of high school while 53 percent had a diploma or university degree. The Centre for Applied Social Science (CASS) index of occupational status (Schlemmer & Stopforth, 1979) was used to establish socioeconomic status. Seventy-four percent of the sample was upper-class, 23.5 percent was middle or upper-middle class and 2.5 percent was lower class.

The clinic group consisted of seven families. Fourteen percent of the sample was Jewish and 86 percent consisted of other Christian denominations. The mean age of girls (N = 4) was 10 years with a range from 9 years old to 12 years old. The mean age of boys (N = 6) was 9 years with a range from 6 years old to 12 years old. The mean age of mothers (N = 10) was 36 years and the mean age of fathers (N = 10) was 39 years. The mean number of years married was 14 years. Fifty seven percent of fathers had completed all or part of high school and 43 percent had a diploma or university degree. Seventy one percent of mothers had completed all or part of high school and 29 percent had a diploma or university degree. According to the CASS index of occupational status

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(Schlemmer & Stopforth, 1979), 29 percent of the sample was upper-class, 43 percent was middle-class, and 28 percent was lower-class.

ASSESSMENT MEASURES

The principal measure used to assess marital adjustment was the Short Marital Adjustment Test (SMAT) (Locke and Wallace, 1959)(see Appendix 1). The SMAT is a widely used self-report measure which assesses general marital satisfaction. It has been shown to differentiate between persons who are well adjusted and those who are maladjusted in marriage (Locke & Wallace, 1959) and it has demonstrated high reliability (Kimmel & van der Veen, 1974; Locke & Wallace, 1959) and validity (Sears, 1977; Weiss, Hops, & Patterson, 1973). O'Leary and Turkewitz (1978) recommend the SMAT as one of the better available self-report measures assessing marital relations.

Besides global marital satisfaction the following specific areas of marital relations were also assessed:

- Sexual Satisfaction: This was assessed by the Sexual Inventory which is part of the General Information Form used at the Sex Therapy Centre at the State University of New York at Stony Brook (O'Leary & Arias, 1983) (see Appendix 1). The Sexual Inventory consists of five items which assess:

  - An individual's typical response to his/her spouse's sexual advances;

- An individual's actual and desired frequency of sexual activity and;

- His/her own satisfaction and perception of the spouse's satisfaction with the current status of the sexual relationship.

While the instrument clearly has face validity there are, as yet, no empirical reports on either reliability or validity. Comparison data for these items have been gathered from happily married couples (Heiman, Gladue, Roberts, & LoPiccola, cited in O'Leary & Arias, 1983) and it is possible to compare test scores to these (O'Leary & Arias, 1983).

- Conflict Resolution: The Conflict Tactic Scales (CTS) is a short (15 item) instrument which measures styles of conflict resolution. According to Straus (1974a; 1979) the three primary modes of dealing with conflict and which are assessed by the CTS are:

  - Reasoning, or the use of rational discussion, argument, and reasoning.

  - Verbal aggression, or the use of verbal and nonverbal acts which symbolically hurt the other, or the use of threats to hurt the other.

  - Violence, or the use of physical force against another individual.

There are several methods of scoring the CTS. However, because the violence indexes produce extremely skewed distributions, Straus (1979) recommends dichotomising the violence indexes into violent and non-violent categories as the most satisfactory procedure. For the purposes of the present research this was the scoring method which was adopted.

Straus (1979) reports moderate to high reliability for the CTS and while he stresses that there is no definitive evidence supporting the validity of the CTS, he does report some evidence of concurrent and construct validity.

- Communication: Effective communication has been found to be highly correlated to marital satisfaction (Navran, 1967) and a randomly sampled group of marital therapists rated poor communication as the most frequent and destructive problem presented by clients (Geiss and O'Leary, 1981). The Primary Communication Inventory (PCI) (Navran, 1967) was used to assess communication between spouses. The PCI is a 25-item questionnaire which assesses the frequency of the occurrence of communication behaviours.

Navran (1967) hypothesised that the PCI consisted of two subscales, a verbal and a non-verbal subscale, as well as yielding a total communication score. Beach and Arias (1983) factor-analysed the PCI in order to validate the existence of the verbal and non-verbal subscales. Although their results did not confirm these subscales they did stress that they "...in no way invalidate the total PCI score as an overall indicator of communication ability" (1983, p. 314). O'Leary and Turkewitz (1978)

recommend the use of the PCI in the field of marital research, and the present study, in line with the Beach and Arias (1983) conclusions, made use only of the total PCI score as an indicator of poor or good communication between spouses.

As reported in Chapter One, child behaviour was assessed by the Revised Behavior Problem Checklist (*RBPC*) (*Quay & Peterson*, 1983). The checklist, which was completed by parents, consists of 89 items (12 of which are not scored) that are rated on a three point scale of not present, mild, and severe. The RBPC is based on the original Behavior Problem Checklist (BPC), a scale which has been used for a wide variety of purposes including selection of subjects for research, as an aid in clinical diagnosis, and as part of a battery of classification instruments, among others (Quay & Peterson, 1983). The revision of the BPC was begun in 1980 in order to strengthen the psychometric properties of the original.

The original BPC demonstrated both high reliability (Quay, 1977; Quay & Peterson, 1983) and high validity (Quay, 1977; Quay & Peterson, 1983; Speer, 1971) and it is one of the few instruments that has been recommended for general use in the assessment of child psychopathology (Achenbach & Edelbrock, 1978). Quay and Peterson (1983) also report satisfactory reliability and validity levels for the revised version. Alpha coefficients, a measure of all possible split-half reliabilities (Cronbach, 1951), ranging between a lc of .68 for the PB scale and a high of .95 for the CD scale were found for the samples used in the construction of the RBPC. In addition, interrater reliability for the RBPC was moderately high and Jacob, Grounds, and Haley (1982) reported moderate inter-parent agreement on the original BPC. Quay and Peterson

(1983) suggest that, because of the high correlations (on all except the PB scale) between the original and revised scales and because of the conceptual and actual item overlap, most results already obtained with the BPC could be generalised to the RBPC.

PROCEDURE

Sealed envelopes containing a cover letter, the research questionnaire, and a self addressed, postage paid envelope addressed for return to the present writer, were sent to the parents of all children at the participating schools and to the parents of the clinic-referred children. In an attempt to increase participation in the study parents were offered the opportunity of individual feedback on their own responses. In order to maximise the honesty of responses, parents were guaranteed complete anonymity and confidentiality. Of the 81 usable responses returned from the non-clinic group, three requested feedback and of the seven responses returned from the clinic group, one requested feedback.

To avoid making the parents feel coerced into cooperation the principals from the participating schools would allow only one package to be sent to parents. It is likely that this unavoidable lack of follow-up material played a large part in reducing the response rate. In a further attempt to maintain confidentiality certain schools would not allow teachers to complete the RBPC for the children of participating parents. It was, therefore, not possible to obtain reports of child behaviour independent of those provided by parents.

Statistical procedure

The following statistical procedures were proposed for the analysis of the data. First, the RBPC would be factor analysed to confirm the utility of this scale for a South African sample and the marital relations questionnaires would be correlated with each other to establish their interrelationships. Secondly, the relationship between marital discord and child behaviour problems would then be assessed by means of correlation analyses as well as by means of Chi-square analyses. Finally, the relationship between specific marital problems and specific child behaviour problems would be assessed by means of logistic regressions, with the presence or absence of the marital problems as the dependant variables and the presence or absence of the child behaviour problems as the independent variables.

CHAPTER FOUR

RESULTS

MARITAL DISCORD AND CHILD BEHAVIOUR: THE INITIAL ANALYSES

Before examining the relationship between marital discord and child behaviour problems the different marital measures were subjected to a correlation analysis. Table 1 presents the correlations between these measures. The results indicate that the Short Marital Adjustment Test (SMAT) (Locke and Wallace, 1959) is the best overall indicator of marital discord. It is significantly correlated with all but one of the remaining measures and even this one correlation would be significant at the more lenient .10 percent level.

As the SMAT appears to encompass all of the areas covered by the other scales, it was decided that this measure would serve as the major indicator of marital discord. The remaining measures were only used in the analyses of the relationship between specific marital problems and specific child behaviour problems.

To verify the suitability of the RBPC for a South African sample, the individual items of the RBPC were subjected to a factor analysis. Briefly, factor analysis can be characterised as a method of illustrating

Table 1
Intercorrelations between the different marital relations measures: Non-clinic group (n = 81)

Measures	MAT	Sexsat	Conreas	Converb	Conphys	Comm
MAT	1.0	.64[1]	-.15	-.30[1]	-.22[2]	.61[1]
Sexsat		1.0	-.10	-.07	-.12	.43[1]
Conreas			1.0	.47[1]	.38[1]	.04
Converb				1.0	.48[1]	-.10
Conphys					1.0	-.22[2]
Comm						1.0

NOTE: MAT = Locke-Wallace Marital Adjustment Test
Sexsat = Sexual Inventory
Conreas = Reasoning Scale, Conflict Tactic Scales (CTS)
Converb = Verbal Abuse Scale, CTS
Conphys = Physical Abuse Scale, CTS
Comm = Primary Communication Inventory
[1] = p< .001 [2] = p< .01

the relationships among a number of items along a few conceptually meaningful dimensions or factors (Kim and Mueller, 1973; SAS, 1982). If the RBPC is a suitable instrument for South African use, the factor analysis should yield a small number of factors each of which is conceptually similar to one or more of the RBPC subscales.

The procedure used for the above analysis was a principal components analysis with varimax rotation (SAS, 1982). A commonly accepted method of deciding how many factors to retain is the Scree test (Cattell, 1978). This test plots the eigenvalues against each factor or item being analysed. The cutoff point is that point at which the graph begins to level out, with the remaining factors being considered, in Cattell's terms, as factorial litter or scree. Inspection of Figure One shows that six factors should be retained by this method.

The factors which are extracted can be defined conceptually by those items which 'load highly' on them. For this purpose an item is considered as 'loading highly' on a factor if its loading on that factor is greater than .40 and if it did not load higher on another factor (Harmon, 1976). These criteria are similar to those used by Quay and Peterson (1988) in selecting items for inclusion in the RBPC.

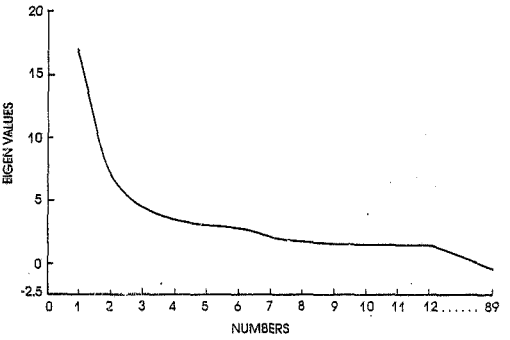

Figure 1: Scree plot from factor analysis of RBPC items.

The rotated factor pattern with item loadings is presented in Table Two. Inspection of this table reveals that the six factors retained by the Scree plot method are conceptually similar to the RBPC subscales. Using the above criteria to determine which items load highly on factor, it was found that the six factors are defined by the following items:

- Factor One: Items 2, 5, 17, 23, 26, 32, 33, 34, 38, 40, 42, 49, 50, 53, 61, 65, 71, 77, 78, and 81. Fifteen of these items are found in the Conduct Disorder subscale of the RBPC.

- Factor Two: Items 7, 20, 46, 51, 54, 59, 72, 74, 83, 87, and 88. Nine of these items can be found in the Socialised Aggression scale of the RBPC.

- Factor Three: Items 13, 15, 31, 44, 45, 47, 56, 58, 66, and 73. All ten of these items appear in the Attention Problems - Immaturity subscale.

- Factor Five: Items 4, 6, 9, 14, 21, 22, and 63. Six of these items appear in the Anxiety - Withdrawal scale of the RBPC.

- Factor Four: Items 11, 16, 18, 19, 68, and 69.

- Factor Six: Items 24, 27, 36, 37, and 89.

The last two factors above, namely factor four and factor six do not 'fit' any of the RBPC scales exactly. Rather, they are primarily composites of the Psychotic Behaviour and Motor Excess scales. As reported in Chapter One, the evidence supporting the existence of these two scales is weak and it is, therefore, not unexpected that there was a failure to replicate these two scales.

VARIMAX

ROTATED FACTOR PATTERN

	FACTOR1	FACTOR2	FACTOR3	FACTOR4	FACTOR5	FACTOR6	FACTOR7
F1	C.43996	0.03496	0.15984	-0.01706	0.05381	-0.06335	-0.06010
F2	C.60853	0.01395	0.14984	0.17040	0.10995	-0.04493	-0.06010
F3	C.06726	-0.00480	-0.11543	0.01457	0.07749	-0.05081	-0.03553
F4	C.11527	0.06088	-0.10735	0.00830	0.75910	-0.04295	0.03999
F5	C.68020	0.01570	0.16727	-0.09659	0.00461	0.11551	0.03729
F6	C.06269	0.07443	0.17418	0.23677	0.46300	0.01126	0.10889
F7	C.02439	0.50826	-0.04122	-0.03760	0.05676	0.61553	0.11035
F8	C.21265	0.03091	0.03668	0.00116	0.05119	0.13929	0.37520
F9	C.14283	0.05702	-0.02870	-0.02177	0.73484	0.06264	0.10267
F10	-C.07433	0.09493	-0.05234	-0.02163	0.28198	0.08256	0.36258
F11	C.10172	0.08622	0.12801	0.66133	-0.00209	0.15581	0.07196
F12	C.10908	0.07815	0.22295	0.16916	0.15982	0.02666	0.00478
F13	C.13472	0.01018	0.80264	-0.07876	-0.03158	-0.07275	-0.01012
F14	C.00722	0.09603	0.08721	0.18592	0.58235	0.08242	0.17547
F15	C.29	0.00877	0.53405	0.16034	-0.01563	0.68174	0.13610
F16	C.03	0.09661	0.13553	0.53507	0.03410	-0.10246	0.16077
F17	C.56347	-0.03611	-0.03954	0.25197	0.27676	0.02434	0.04273
F18	C.13537	0.15130	0.06526	0.60526	0.16106	0.40692	0.02661
F19	C.33183	0.04567	-0.00679	0.39106	0.16466	0.16951	-0.08993
F20	C.02562	0.67299	0.01763	0.04663	0.22011	0.13164	0.07560
F21	C.39092	0.05553	0.04850	0.09811	0.41534	0.10571	-0.07427
F22	C.34322	0.00321	-0.01288	0.22858	0.67331	0.24298	0.11270
F23	C.46654	0.08203	0.37716	0.38723	0.18059	0.00011	-0.03632
F24	C.04076	0.27725	0.03019	0.16462	-0.02760	0.03818	0.09470
F25	C.20616	0.01257	0.06511	0.17495	0.19829	0.26062	0.36590
F26	C.68680	0.09978	0.12364	-0.13037	-0.00061	0.00457	0.18220
F27	C.16763	0.29978	-0.05114	-0.63844	0.23421	0.51579	0.05645
F28	C.39203	0.12005	0.16367	-0.03102	0.13035	-0.04850	0.42394
F29	C.00596	0.09561	0.24506	0.21992	0.20557	0.17767	0.09343
F30	C.45437	0.02598	0.16750	0.01165	-0.00184	-0.03527	-0.07965
F31	C.18070	0.02698	0.79678	-0.08254	-0.02080	-0.03361	-0.04615
F32	C.55504	0.17140	0.13573	0.15114	0.07079	-0.06765	-0.02057
F33	C.62188	0.11028	0.16479	-0.08061	0.06300	0.08254	0.08335
F34	C.62221	0.01728	0.05935	0.11866	0.06661	-0.01322	-0.01328
F35	-C.10691	-0.23865	0.28500	0.01260	-0.05175	0.14908	0.11538
F36	C.00953	0.28110	0.08549	0.06037	0.05532	0.66357	0.13572
F37	C.45581	0.02864	-0.04977	0.13578	0.12262	0.48298	0.04586
F38	C.41916	0.05456	0.15139	0.12367	0.10215	0.13865	-0.09295
F39	C.21899	0.09131	0.06550	-0.07471	0.09267	0.11777	0.00264
F40	C.55385	-0.06898	0.07510	0.25017	0.13525	0.18131	0.07943
F41	C.28862	0.00175	0.08905	0.17392	0.17144	0.35281	-0.04122
F42	C.24350	-0.03240	0.23113	-0.01587	0.24587	0.10307	0.04017
F43	C.06008	-0.17272	-0.04788	-0.06028	0.15320	0.29675	0.60713
F44	C.03404	-0.01637	0.52449	0.29821	0.00616	0.12824	-0.01821
F45	C.24039	0.06778	0.62774	-0.06597	0.13277	-0.06956	0.04537
F46	C.07971	0.96892	0.06244	0.08378	0.02327	0.18074	0.08074
F47	C.20107	-0.01634	0.67358	0.24760	0.00661	-0.05482	-0.03437
F48	C.18261	0.06718	0.09605	0.14286	-0.07610	0.02260	0.36759
F49	C.61373	0.02520	0.02339	0.33525	0.13152	0.13783	0.12398
F50	C.45634	0.09252	0.10817	0.09062	0.02356	0.06524	0.05011
F51	-C.00103	0.57991	-0.02741	0.07903	-0.03948	0.08752	-0.01153

Table 2
Rotated factor pattern with item loadings of RBPC items.

:: VARIMAX

ROTATED FACTOR PATTERN

	FACTOR1	FACTOR2	FACTOR3	FACTOR4	FACTOR5	FACTOR6	FACTOR7
F52	(-.09349	0.16756	-0.07599	0.10318	0.13856	0.29112	0.24288
F53	0.49790	0.01985	-0.05613	0.16347	0.06366	0.29961	0.11004
F54	(.25198	0.48630	-0.01803	-0.00257	0.07136	0.61563	0.06250
F55	(.21910	0.14240	0.04845	0.36061	-0.02914	0.33760	0.02015
F56	(.05947	0.04866	0.67791	0.19691	-0.03070	0.00060	-0.01559
F57	(.04160	0.22730	0.34126	-0.02066	0.07070	0.17544	0.07514
F58	(.18993	0.03105	0.74760	0.16368	0.06260	-0.05682	-0.00477
F59	-(.06283	0.60207	0.10638	-0.00226	0.04044	-0.03565	0.06800
F60	(.19278	0.29343	0.02845	-0.14145	0.12339	0.61663	-0.02200
F61	(.44177	0.19796	0.18195	0.11259	0.07159	0.07415	-0.10173
F62	(.20080	0.11584	0.22357	-0.10365	0.09043	0.23917	0.08925
F63	-(.01877	0.71067	0.07915	-0.09051	0.41117	0.09533	0.05218
F64	(.19226	0.78018	0.26690	-0.05678	0.29113	-0.03069	0.13702
F65	(.43775	0.07992	0.15948	0.13984	-0.17343	-0.08281	0.13411
F66	(.20004	-0.03447	0.61072	0.38614	0.08781	0.12161	0.04736
F67	(.29253	0.09208	0.16900	0.06017	0.13254	0.11721	0.43122
F68	(.24566	0.04719	0.48706	0.49017	0.07638	0.11952	0.06297
F69	-(.03768	0.25074	0.31082	0.48725	0.18128	-0.09762	-0.09325
F70	-(.01350	0.31573	0.04759	-0.12550	0.38028	0.07242	0.04554
F71	(.44609	0.02941	0.15958	0.16371	0.20855	0.09774	-0.04423
F72	(.07971	0.94892	0.06244	0.08378	0.02327	0.18074	0.08074
F73	(.17313	0.05292	0.60878	-0.03076	-0.13314	0.19336	0.08433
F74	(.04338	0.51442	0.03659	0.06370	0.01924	0.06663	0.02012
F75	(.19658	0.17034	0.13932	0.00228	-0.00961	0.03226	-0.01403
F76	-(.00392	0.40528	0.01447	0.15528	0.00461	-0.01845	0.64228
F77	(.39497	0.02159	0.25916	0.09751	0.14748	0.10812	-0.15105
F78	(.05325	0.07284	0.36420	0.09238	-0.12779	0.69442	0.15986
F79	(.22260	0.02479	0.05373	0.19868	0.16415	0.19460	0.06836
F80	(.15649	0.28015	0.23411	0.36169	-0.00403	0.16954	0.02909
F81	(.46329	0.11817	0.22723	-0.01981	-0.02121	-0.06620	0.03537
F82	(.39245	-0.03792	0.33668	0.18265	-0.12186	0.17150	0.18659
F83	(.23108	0.52575	0.08906	0.46173	0.02669	-0.00470	0.02834
F84	(.14385	0.16542	0.36704	-0.04833	0.20295	0.65815	0.18068
F85	(.06032	0.25788	0.03052	0.08080	-0.04283	0.02347	0.14983
F86	(.07918	0.23114	0.02066	-0.02001	0.03896	0.03553	0.07656
F87	(.07971	0.94892	0.06244	0.08376	0.02327	0.18074	0.08074
F88	-(.03527	0.75100	0.01669	0.06811	0.02012	0.66003	0.01764
F89	(.29638	0.34464	-0.04340	0.23034	-0.02786	0.53142	0.10049

In order to confirm the above conclusions the RBPC scales were then correlated with factors one to six. A stringent significance level was chosen and correlations were only considered *significant* if the correlation coefficient was *significant* BEYOND the .01 percent level. The results of this correlation analysis appear in Table Three. Inspection of this table reveals that the RBPC subscales correlated with Factors One to Six in the expected manner. Factor one correlated with the Conduct Disorder scale, factor two with Socialised Aggression, factor three with Attention problems - Immaturity, and factor five with the Anxiety - Withdrawal scale. Also as expected, Factors four and six did not correlate with any one RBPC scale. Factor four is significantly correlated with Conduct Disorder and Socialised Aggression, and factor six is significantly correlated with Psychotic Behaviour and Motor Excess.

Table 3
Correlation between RBPC subscales and factors derived from factor analysis of RBPC items (n = 140)

Subscales	CD	SA	AP	AW	PB	ME
Factor 1	.82[1]	.16	.27[2]	.28[2]	.17	.61[1]
Factor 2	.08	.64[1]	.08	.13	.29[2]	.03
Factor 3	.21[3]	.19	.89[1]	.11	.23[3]	.23[3]
Factor 4	.40[1]	.56[1]	.24[3]	.19	.22[3]	.11
Factor 5	.21[3]	.15	.06	.82[1]	.18	.06
Factor 6	.07	.17	.05	.08	.67[1]	.53[1]

NOTE: CD = Conduct Disorder
SA = Socialised Aggression
AP = Attention Problems-Immaturity
AW = Anxiety-Withdrawal
PB = Psychotic Behaviour
ME = Motor Excess
[1] = p< .0001 [2] = p< .001 [3] = p< .01

Although not conclusive, the above results, especially when looked at in conjunction with the item analysis, suggest that the RBPC can confi-

dently be used in its original form with South African children. Consequently, most of the remaining analyses of the relationship between marital discord and child behaviour problems utilised only the RBPC.

Means and standard deviations for the RBPC and SMAT for the total sample of non-clinic children together and for non-clinic boys and girls separately are presented in Table Four. The means for both the SMAT and the RBPC are similar to those found in previous studies using non-clinic samples (eg. Emery, 1982 b; Quay and Peterson, 1983). Although no significant differences were found for the SMAT, there were some significant differences on the RBPC scales. Interestingly, the sex differences on the RBPC did not follow the usual pattern of boys being rated higher on problems of undercontrol and girls being rated higher on problems of overcontrol (Achenbach and Edelbrock, 1978). Instead, girls were rated higher on both Socialised Aggression and Psychotic Behaviour and there were no significant sex differences on any of the subscales measuring problems of overcontrol.

Table 4
Means, standard deviations, and t-tests for marital and child measures by sex: Non-clinic group

	Total (n = 140)		Boys (n = 71)		Girls (n = 69)		
Measures	M	SD	M	SD	M	SD	t
MAT	119.7	26.1	121.6	24.3	117.7	27.8	n.s.
CD	6.07	6.05	5.96	5.48	6.19	6.63	n.s.
SA	.77	1.78	.65	.97	.90	2.33	5.76[1]
AP	4.27	4.94	4.62	4.60	3.91	5.27	n.s.
AW	3.39	3.26	3.24	3.01	3.54	3.52	n.s.
PB	.60	1.21	.48	.91	.72	1.45	2.56[1]
ME	1.29	1.85	1.31	1.86	1.26	1.86	n.s.

[1] = $p<.01$ n.s. = not significant

MARITAL DISCORD AND CHILD BEHAVIOUR PROBLEMS: THEIR INTERRELATIONSHIPS

The association between marital discord and child behaviour problems was examined by computing Pearson product - moment correlation coefficients between parental measures of discord and parental ratings of child behaviour. The results of this analysis appear in Table Five for the entire sample of non-clinic children and for non-clinic boys and girls separately.

Inspection of this table reveals that some statistically significant correlations were found between parental measures of marital discord and children's behaviour problems. However, in general, the magnitude of the coefficients indicates that only a relatively small proportion of the variance in child behaviour is being accounted for by any one form of marital discord. The most consistent significant associations with parental measures of discord are for the measures of undercontrol (conduct disorder and socialised aggression), with far fewer significant associations being found for the measures of overcontrol (Attention Problems - Immaturity and Anxiety - Withdrawal). Finally, an interesting pattern which emerges from Table Five, is that more statistically significant associations between marital and child measures were found for girls than were found for boys.

As an additional check on the suitability of the RBPC for a South African sample, the parental measures of discord were correlated with factors one to six as well. The results of this correlation analysis are pre-

Table 5
Correlation between marital measures and RBPC ratings for the total non-clinic sample and for boys and girls separately

	RBPC Ratings					
	CD	SA	AP	AW	PR	ME
Marital	Total (n = 140)					
MAT	-.04	-.22[2]	.00	-.07	-.05	-.02
Sexsat	-.17[3]	-.32[1]	-.13	-.07	-.13	-.12
Conreas	-.03	-.03	-.17	.01	-.07	-.08
Converb	.02	-.06	-.05[3]	.04	-.07	-.02
Conphys	-.04	-.05	-.09	-.09	-.16[3]	-.12
Comm	-.02	-.16[3]	-.03	-.03	.17	.10
	Boys (n = 71)					
MAT	.01	-.08	.17	-.06	.07	-.02
Sexsat	-.08	-.34[2]	.00	-.08	-.09	-.11
Conreas	-.06	-.12	-.37[1]	.10	-.07	-.14
Converb	-.04	-.21	-.11	.12	.05	.05
Conphys	-.09	-.06	-.18	-.14	-.19	-.21
Comm	.00	.07	.13	.07	.24	.16
	Girls (n = 69)					
MAT	-.08	-.29[2]	-.14	-.06	-.08	-.03
Sexsat	-.23	-.34[1]	-.24[3]	-.06	-.15	-.13
Conreas	.00	.00	-.01	-.05	-.07	-.02
Converb	.08	.00	.00	-.03	-.15	-.09
Conphys	-.01	-.06	-.01	-.06	-.16	-.04
Comm	-.02	-.24[2]	-.16	-.09	.15	.05

[1] = p< .001 [2] = p< .01 [3] = p< .05

sented in Table Six. On the whole, the correlation coefficients in Tables Five and Six, respectively, are similar and those correlations which are statistically significant are *almost* identical. This result once again points to the suitability of the RBPC for a South African sample as well as to the unusual pattern of associations which was found in the present study.

Table 6
Correlation between marital measures and Factors 1 to 6:
Non-clinic group (n = 140)

	Factors					
Marital	1	2	3	4	5	6
MAT	-.08	-.33[1]	.02	.0	-.05	.07
Sexsat	-.09	-.14	-.08	-.18[3]	-.03	-.07
Conreas	.02	-.05	-.16[3]	.02	.04	-.09
Convarb	.07	-.02[2]	-.11	.01	.07	-.13
Cenphys	-.03	-.01	-.05	-.01	-.03	-.16[3]
Comm	-.03	-.26	-.03	-.03	-.04	.23[2]

[1] = p< .001 [2] = p< .01 [3] = p< .05

The above correlation analyses have merely substantiated the belief that there is some, albeit a weak, relationship between marital discord and child behaviour problems. For the purposes of this study it is, however, necessary to examine this association, between discord and child behaviour problems, in a manner which enables one to evaluate the relative risk of developing child behaviour problems given the presence of marital discord. In order to perform this analysis it was necessary to transform the continuous measures of marital discord and child behaviour into categorical variables. Two strategies, similar to those used by Emery (1982 b), were used in performing this transformation for the SMAT. In the first strategy a score of 100 on the SMAT was used to divide the sample into happily and unhappily married couples. This is a well accepted cutoff point for the SMAT, as a score below 100 is commonly used as an indication of discord (Emery 1982 b; Locke & Wallace, 1959). In the

second strategy, normal and discordant couples were arbitrarily defined by median splits which were forced on the data.

For the RBPC only one strategy was used to transform the continuous measures into categorical variables. For each subscale, cutoff points were set at two standard deviations above the mean (of the present sample) in the direction of increased disturbance. An inspection of RBPC subscale score comparisons provided by Quay and Peterson (1983) reveals that, for non-clinic children, a subscale score equal to the mean plus two standard deviations almost always falls above or near the mean for a clinic group.

In this manner, using the SMAT and the RBPC, two sets of eighteen two by two Chi-Squares were computed for the total sample and for each sex separately.

Results for the Chi-Square analysis based on the SMAT with a cutoff point of 100 are presented in Table Seven. It is apparent that relatively few significant associations were found between marital discord and child behaviour problems, with most of these being in agreement with the earlier correlation analysis. There is again, however, an interesting deviation in that there were no significant associations between marital discord and child behaviour problems for boys. In other words the results indicate that girls, but not boys, from discordant families are more likely to be members of the 'disturbed' group.

The risk factor for girls from discordant families as opposed to to girls from happy families is more than 10 times higher for Socialised Aggression, seven times higher for Conduct Disorder, six times higher for

Attention Problems - Immaturity, four times higher for Anxiety Withdrawal, and three times higher for Psychotic Behaviour.

Table 7
Chi-squares of MAT by RBPC: Deviant responder splits non-clinic group (n = 139)

	MAT					
	Total (n = 139)		Boys (n = 70)		Girls (n = 69)	
RBPC	Happy	Sa	Happy	Sa	Happy	Sa
CD Adj.	113	19	58	8	55	11
Dist.	5	2	4	0	1	2
	$X^2 = 1.04$		$X^2 = .55$		$X^2 = 4.70^3$	
SA Adj.	114	17	58	7	56	10
Dist.	4	4	4	1	0	3
	$X^2 = 8.06^2$		$X^2 = .40$		$X^2 = 13.51^1$	
AP Adj.	113	17	60	8	53	9
Dist.	5	4	2	0	3	4
	$X^2 = 6.46$		$X^2 = .27$		$X^2 = 7.47^2$	
AW Adj.	114	19	60	8	54	11
Dist.	4	2	2	0	2	2
	$X^2 = 1.62$		$X^2 = .27$		$X^2 = 2.70$	
FB Adj.	110	19	57	8	53	11
Dist.	8	2	5	0	3	2
	$X^2 = .20$		$X^2 = .70$		$X^2 = 1.58$	
ME Adj.	111	20	59	8	52	12
Dist.	7	1	3	0	4	1
	$X^2 = .03$		$X^2 = .40$		$X^2 = .01$	

NOTE: 'Happy' = no marital discord 'Sad' = marital discord
'Adj.' = no child problem 'Dist.' = child problem
$^1 = p < .001$ $^2 = p < .01$ $^3 = p < .05$

For the total sample combined only two significant associations were found, for Socialised Aggression and Attention Problems - Immaturity. However, as no significant associations were found for boys, it is likely that these two associations are merely due to the highly significant associations that were found for girls.

Results for the Chi-Square analysis based on the SMAT with the median score as the cutoff point appear in Table Eight. Although overall there were fewer significant associations between marital discord and child behaviour problems, there was again a greater number of significant associations for girls, with only one significant association (Attention Problems - Immaturity) being found for boys.

Looking at the association between discord and behaviour problems in girls, the pattern is clear. In four of the six ratings there are either statistically significant differences, or marked trends toward significance, which indicate that girls from discordant families are rated as being more devisnt than are girls from happy families.

It is interesting to note that on all of the RBPC scales, including Conduct Disorder and Socialised Aggression, boys are rated more favourably than girls. This paradoxical finding did not appear in the earlier correlation analysis and it also conflicts with the findings of previous studies.

Table 8
Chi-squares of MAT by RBPC: Median splits
non-clinic group (n = 140)

		MAT					
		Total (n = 140)		Boys (n = 71)		Girls (n = 69)	
RBPC		Happy	Sad	Happy	Sad	Happy	Sad
CD	Adj.	80	53	41	26	39	27
	Dist.	3	4	3	1	0	3
		X^2 = .82		X^2 = .31		X^2 = 4.08[3]	
SA	Adj.	80	52	41	25	39	27
	Dist.	3	5	3	2	0	3
		X^2 = 1.67		X^2 = .01		X^2 = 4.08[3]	
AP	Adj.	80	51	42	27	38	24
	Dist.	3	6	2	0	1	6
		X^2 = 2.68		X^2 = 1.26[3]		X^2 = 5.66[2]	
AW	Adj.	81	53	43	26	38	27
	Dist.	2	4	1	1	1	3
		X^2 = 1.75		X^2 = .13		X^2 = 1.72	
PB	Adj.	78	52	41	25	37	27
	Dist.	5	5	3	2	2	3
		X^2 = .39		X^2 = .01		X^2 = .60	
ME	Adj.	78	54	42	26	36	28
	Dist.	5	3	2	1	3	2
		X^2 = .04		X^2 = .03		X^2 = .03	

NOTE: [2] = $p < .01$ [3] = $p < .05$

EFFECTS OF PARTICULAR MARITAL PROBLEMS ON CHILD BEHAVIOUR

In order to assess the relationship between individual marital problems and individual child behaviour problems the FUNCAT procedure (SAS, 1982) was used. This procedure models FUNctions of CATegorical responses as

a linear model. The *FUNCAT* procedure is similar to the Analysis of Variance (ANOVA) procedure except that the response is categorical rather than continuous as would be the case with ANOVA.

FUNCAT can also be used for logistic regressions. As the available data was categorical it was necessary to use this option to evaluate the relationship between specific marital problems and specific child behaviour problems. The effect of the individual marital problems on each child behaviour problem was evaluated by performing a separate FUNCAT analysis for each of the six RBPC subscales. The Chi-Square value yielded by the Funcat procedure is a measure of that variance in the dependant variable which is explained by the response, or independant variable. Significant values were interpreted as the effect of the marital problem on the child behaviour. The results of these analyses appear in tables Nine to Fourteen.

Table 9
Logistic regression to evaluate the effects of various marital problems on child behaviour: Abridged table

Response:	Conduct Disorder		
Source:	Df	Chi-square	
MAT	1	0.76	n.s.
Converb	1	0.99	n.s.
Conphys	1	0.81	n.s.
Comm	1	0.36	n.s.
Sexsat	1	3.57	p= .05

Table 10
Logistic regression to evaluate the effects of various marital problems on child behaviour: Abridged table

Response:	Socialised Aggression		
Source:	DF	Chi-square	p
MAT	1	0.99	n.s.
Converb	1	0.15	n.s.
Conphys	1	0.49	n.s.
Comm	1	0.07	n.s.
Sexsat	1	5.17	p< .05

Table 11
Logistic regression to evaluate the effects of various marital problems on child behaviour: Abridged table

Response:	Attention Problems-Immaturity		
Source:	Df	Chi-square	p
MAT	1	0.07	n.s.
Converb	1	0.05	n.s.
Conphys	1	0.20	n.s.
Comm	1	0.45	n.s.
Sexsat	1	0.88	n.s.

Table 12
Logistic regression to evaluate the effects of various marital problems on child behaviour: Abridged table

Response:	Anxiety-Withdrawal		
Source:	Df	Chi-square	p
MAT	1	0.00	n.s.
Converb	1	4.57	p< .05
Conphys	1	1.45	n.s.
Comm	1	2.89	p< .10
Sexsat	1	0.21	n.s.

Table 13
Logistic regression to evaluate the effects of various marital problems on child behaviour: Abridged table

Response:	Psychotic Behaviour		
Source:	Df	Chi-square	p
MAT	1	0.06	n.s.
Converb	1	0.46	n.s.
Conphys	1	0.00	n.s.
Comm	1	0.02	n.s.
Sexsat	1	0.41	n.s.

Table 14
Logistic regression to evaluate the effects of various marital problems on child behaviour: Abridged table

Response:	Motor-Excess		
Source:	Df	Chi-square	p
MAT	1	0.78	n.s.
Converb	1	1.24	n.s.
Conphys	1	0.17	n.s.
Comm	1	0.62	n.s.
Sexsat	1	4.39	$p < .05$

A brief inspection of these tables reveals that there were few significant results. Poor sexual satisfaction was associated with Conduct Disorder, Socialised Aggression, and Motor Excess. Verbal abuse and poor inter-parental communication were associated with Anxiety-Withdrawal. It is interesting to note that no measures of marital discord were associated with Attention Problems - Immaturity or Psychotic Behaviour.

MARITAL DISCORD AND CHILD BEHAVIOUR PROBLEMS: CLINIC CHILDREN

No significant sex differences in clinic boys and girls were found for

any of the marital measures or for the RBPC subscales. However, as with the non-clinic children, the results did not follow the usual pattern. Although not significant, the mean scores for girl's problems of undercontrol were higher than those for boys. Clinic boys, however, were not rated higher than clinic girls on problems of overcontrol (see Table 15).

Table 15
Means, standard deviations, and t-tests for MAT and RBPC: Clinic group

	Boys (n = 6)		Girls (n = 4)		
Measures	M	SD	M	SD	t
MAT	121.8	33.6	108.8	5.3	n.s.
CD	7.50	8.4	14.00	13.56	n.s.
SA	.83	1.6	1.50	.58	n.s.
AP	5.50	7.4	10.00	6.27	n.s.
AW	4.33	5.7	5.50	2.38	n.s.
PB	.83	1.3	2.00	2.44	n.s.
ME	2.17	2.5	1.75	1.71	n.s.

The association between marital discord and child behaviour problems was again assessed by computing Pearson product-moment correlation coefficients between parental measures of discord and their ratings of child behaviour. Table Sixteen reveals that no significant associations were found between marital discord, as assessed by the Locke-Wallace Marital Adjustment Test, and child behaviour problems in clinic children. This result is interesting in that it conflicts with previous research on the relationship between discord and child behaviour problems which has utilised clinic samples (e.g. Emery & O'Leary, 1982; Porter & O'Leary, 1981), as such research has found a stronger relationship between these two domains in clinic children than in non-clinic children. The one sig-

nificant result, between communication and socialised agression, which does appear in Table 16 indicates that there is, however, some relationship between marital discord and child behaviour problems in clinic children.

Table 16
Correlation between *marital measures* and RBPC ratings for clinic sample (n = 10)

	RBPC					
Marital	CD	SA	AP	AW	PB	ME
MAT	-.33	.04	-.45	-.32	-.17	-.29
Sexsat	-.44	-.08	-.13	-.18	.17	-.29
Converb	-.07	.30	.45	.24	.04	.44
Conphys	.18	.23	.50	.50	.15	.41
Comm	.37	.66[1]	.09	.26	.07	.36

[1] = $p < .05$

DISCORD AND CHILD BEHAVIOUR PROBLEMS IN NORMAL AND CLINIC CHILDREN

Means, standard deviations, and t tests comparing the normal and clinic groups on the RBPC, SMAT, CTS, and PCI appear in Table 17 for the total clinic and normal samples and in Tables 18 and 19 for clinic and normal boys and girls separately. For the combined samples no significant differences were found for any of the marital measures. As Table 17 reveals, however, for the RBPC there were a number of significant differences. Clinic-referred children had significantly higher scores than normal children on Conduct Disorder, Attention Problems - Immaturity, Anxiety Withdrawal, and Motor Excess.

Table 17
Means, standard deviations, and t-tests by group for RBPC, MAT, and PCI

	Clinic (n = 10)		Normal (n = 140)		
Measures	M	SD	M	SD	t
CD	14.43	9.76	6.07	6.05	2.24[3]
SA	1.57	1.27	0.77	1.78	n.s.
AP	10.43	6.00	4.27	4.94	3.19[1]
AW	6.86	3.80	3.39	3.26	2.72[1]
PB	1.86	1.95	0.60	1.21	n.s.
ME	2.84	2.04	1.29	1.85	2.18[2]
MAT	116.6	26.1	119.7	26.1	n.s.
PCI	92.8	8.2	[illegible]	8.9	n.s.

[1] = p< .01 [2] [illegible] [3] = p< .10

Table 18
Means, standard deviations, and t-tests by group for RBPC, MAT, and PCI: Girls only

	Clinic (n = 4)		Normal (n = 69)		
Measures	M	SD	M	SD	t
CD	14.00	13.56	6.19	6.63	n.s.
SA	1.50	0.58	0.90	2.53	n.s.
AP	10.00	6.27	3.91	5.27	2.22[2]
AW	5.50	2.38	3.54	3.52	n.s.
PB	2.00	2.45	0.72	1.45	n.s.
ME	1.75	1.71	1.26	1.86	n.s.
MAT	108.8	5.4	117.7	27.8	2.10[2]
PCI	97.5	5.7	93.3	10.0	n.s.

[2] = p< .05

Table 19
Means, standard deviations, and t-tests by group for RBPC, MAT, and PCI: Boys only

	Clinic (n = 6)		Normal (n = 71)		
Measures	M	SD	M	SD	t
CD	15.00	3.00	5.96	5.48	2.82[1]
SA	1.67	2.08	0.65	0.97	n.s.
AP	11.00	6.93	4.62	4.60	2.31[2]
AW	8.67	5.13	3.24	3.02	2.98[1]
PB	1.67	1.53	0.48	0.91	2.16[2]
ME	4.33	1.53	1.31	1.86	2.78[1]
MAT	121.8	33.6	121.6	24.3	n.s.
PCI	89.7	8.4	94.2	7.7	n.s.

[1] = $p < .01$ [2] = $p < .05$

As Tables 18 and 19 show, the results for boys and girls separately were more conclusive. Clinic girls scored significantly higher on Attention Problems - Immaturity (M = 10.0) than did normal girls (M = 3.91), t (1) = 2.22 $p < .05$. Although not significant, the mean scores for all of the clinic girl's ratings were higher than those of normal girls (see Table 18). Table 19 reveals that clinic boys scored significantly higher than normal boys on five of the RBPC subscales, and their mean scores on the remaining subscale, Socialised Aggression, although not significantly different, were also higher than the scores achieved by normal boys.

Finally, an unusual finding brought out in Tables 18 and 19 is that parents of clinic girls rated their marriages as significantly more un-

happy than did parents of normal girls. For boys, however, there were no such differences and parents of clinic and normal boys rated their marriages as equally happy.

CHAPTER FIVE

DISCUSSION

The present study aimed to investigate whether, in a South African population, there is a relationship between marital discord and child behaviour problems in intact families. The answer, in this instance, can only be a tentative 'yes'. The findings, which to some extent support the above conclusion, differed in some respects from expectations based on previous studies, and unavoidable methodological problems also prevented more conclusive results.

As mentioned previously, it was not possible to obtain teacher ratings of child behaviour. Thus, although the parents rated both their own marriages and their children's behaviour, the results were viewed as if the child ratings were independent of the marital ratings and, therefore, accurate reflections of the children's behaviour at home.

MARITAL DISCORD AND CHILD BEHAVIOUR PROBLEMS IN SOUTH AFRICAN FAMILIES

A relatively small number of statistically significant associations between marital discord and child behaviour problems are found in the correlation analyses. Also, the magnitude of the correlation coefficients for these associations is considerably lower than those reported in earlier studies (eg. Emery & O'Leary,1982; Porter & O'Leary, 1981).

It must be remembered, however, that the samples in the above two studies differed from the sample in the present study. The latter utilises a non-clinic sample with a small clinic sample as a contrast group, whereas the former two studies used clinic samples. Interestingly, though, the magnitude of the correlation coefficients is even lower than those reported by Emery (1982 b), who also used a non-clinic sample.

These differences permit at least two interpretations. First, that the apparent differences between local and foreign studies are real and there is a smaller, or at least different, relationship between marital discord and child behaviour problems in South Africa. Alternatively, there could be additional 'moderator variables' which affect the relationship. With this in mind, it is possible that the differences are due to sampling bias as reflected by the different geographic location (South Africa versus United States of America) or possible differences in socioeconomic status, education, religion, and values. It is suggested that a combination of the above explanations has led to the present results.

South Africa has been described as a relatively conservative culture (Barling, 1981). Wilson, Ausman, and Mathews (1973) describe the typical conservative as being conventional, conforming, punitive, authoritarian, and anti-hedonistic, and Barling and Fincham (1980) found that more conservative individuals report less interest in a wide range of sexual activities. The marital relations questionnaire used in the present study contains several sexually explicit items. It is possible that participants in the study were not entirely honest in their responses to the sexual items and therefore stuck to the (safe) socially acceptable answers. This 'social desirability' effect would have resulted in

over-inflated marital satisfaction scores which, in turn, would reduce the association between marital discord and child behaviour problems.

The general conclusions that one can draw from the present results are, in some respects, similar to those found in earlier non-clinic studies (eg. Emery, 1982 b; Whitehead, 1979), yet differ markedly from those which can be drawn from the results of earlier clinic studies (eg. Porter & O'Leary, 1981). In the present study, a weak association is found to exist between marital discord and child behaviour problems in non-clinic children. Yet, with clinic children, where the association should be far stronger, there is only one significant association found between marital discord and child behaviour problems. It is suggested that this latter result is, in some measure, due to response bias. All the participating parents had been informed, in the explanatory letter which was sent to them, that the present study aimed to examine the relationship between parental and child behaviours. It is possible that parents of clinic children, more so than the parents of non-clinic children, 'faked good' on the the marital relations questionnaire to avoid being 'blamed' for their children's problems. Also, the clinic sample is a small one ($N = 10$), and it may well be that a larger sample would have yielded more significant results. It is recognised that such post hoc explanations are not conclusive and suggestions for future research are discussed at the end of the chapter.

Inspection of the results reported in chapter four reveals that not all of the hypotheses in the present study receive positive support. Although marital discord is significantly related to child behaviour problems in both boys and girls (see Table 5), it is not, to any meaningful extent,

significantly related to behaviour problems in clinic-referred children (see Table 15). Also contrary to expectations, marital discord is more strongly related to girl's behaviour problems than it is to boy's behaviour problems (see Tables 7 & 8). As expected, child behaviour problems are more pronounced in clinic-referred children than in normal children (see Tables 16, 17, & 18). It must be noted, however, that contrary to expectations, the association between marital discord and child behaviour problems is not more pronounced in clinic-referred children than it is in non-clinic children. Rather the reverse is true. In non-clinic children there is a significant association between marital discord and child behaviour problems, whereas in clinic-referred children the association is far less significant (see Tables 5 & 16). Interestingly, the parents of clinic-referred girls display significantly more marital distress than do parents of non-clinic girls (Table 17). The parents of clinic-referred and non-clinic boys, however, do not differ in this respect.

As predicted, marital discord is related to different child behaviour problems in boys than in girls. The nature of this relationship, however, is exactly the opposite of what was expected. Marital discord is more significantly related to problems of undercontrol in girls, rather than to such problems in boys (Tables 7 & 8). Some support is found for the hypothesis that different aspects of marital discord would be related to different child behaviour problems (see Tables 9 - 14). Low sexual satisfaction is associated with conduct disorder, socialised aggression, and motor excess (problems of undercontrol). As expected, verbal abuse and poor inter-

parental communication are associated with problems of overcontrol in children. No significant associations are found between physical abuse and children's problems of overcontrol. This result can be explained by the fact that only one family reported recent incidents of physical abuse. This low incidence of physical abuse is either the true incidence, or it can be ascribed to response *bias*. *It is* entirely likely that purportedly *happy couples* would be unwilling to admit to the use of physical violence in the home. Whatever the reason, only one incident of physical abuse in a sample of 81 families would not be enough to yield a significant result.

The occurrence of anxiety problems or *withdrawal* reactions in the presence of *interparental* verbal abuse, then, is of considerable importance. It appears that witnessing even verbal abuse between parents, and not necessarily physical abuse as earlier research (eg. Cohn et al., 1984; Walker, 1979) seems to indicate, can have deleterious effects on children. This finding is especially important when looked at with evidence which shows that observing *interparental physical* abuse is one of the *major predictors* of later adult involvement in severe marital aggression (Kalmuss, 1984; Rosenbaum & O'Leary, 1981; Straus, Gelles, & Steinmetz, 1980). It appears that the withdrawal reaction found in the present study, which is associated with witnessing interparental verbal abuse, is similar to that associated with witnessing interparental *physical* abuse (Walker, 1979). There *is*, then, *a strong* possibility that their *long term consequences*, that is, a later adult indulgence in severe marital aggression (Kalmuss, 1984; Rosenbaum & O'Leary, 1981), will also be similar. What needs to be investigated in future research is whether this was a chance finding, and if not, then how and how much physical

or verbal abuse is needed before a child is affected. That is, at what point does such (verbal) abuse have a negative impact on children. It is important to be aware of the above findings and long term studies will be required to evaluate the validity of this hypothesis.

In Chapter Two it was hypothesised that low marital satisfaction would correlate highly with children's problems of undercontrol. Emery and O'Leary (1982) report that it is usual for marital discord to be related to such problems. In the present study, however, this was not so. Rather, low sexual satisfaction, which itself is highly correlated with marital satisfaction in the present study (see Table 1), is significantly associated with children's problems of undercontrol. It is suggested that the low correlation between marital satisfaction per se (as measured by the SMAT) and children's problems of undercontrol, can, once again, be attributed to a 'faking good' response bias.

There is evidence, however, aside from that found in the present study, that a poor sexual relationship with one's spouse is usually associated with low marital satisfaction (O'Leary & Arias, 1983). Thus, it could be said that, in effect, the children's problems of undercontrol are, indeed, associated with low marital satisfaction. The above only serves to illustrate the importance of, whenever possible, using multiple assessment measures. What is missed by one instrument may well be picked up by another.

The sex differences which manifested in the present study, and which are in direct conflict with previous findings, merit further discussion. The most notable difference is that girls are rated higher on problems

of undercontrol, whereas boys are rated higher on problems of overcontrol. At least two interpretations of these findings are evident. The first is simply that sampling error and / or response bias led to these unusual results. The second, and more speculative interpretation, is more complex and currently lacks satisfactory supporting evidence.

It has been maintained (Nias, 1973) that children's attitudes are inculcated mainly by parents. It has also been shown that children exposed to marital aggression initially display withdrawal reactions and later, as adults, they tend to be more aggressive (Kalmuss, 1984; Rosenbaum & O'Leary, 1981). For the purposes of the second proposed interpretation it is essential that, while taking the above into account, the results of the present study are also looked at in the South African context.

It has been said that South Africa is a country, more so than other Western societies, which is steeped in sex-role stereotyping (B Unterhalter, personal communication, October 22, 1985). Traditionally, in South Africa, it has been the boys who have been taught to be aggressive 'go getters', whereas girls have been able, in fact expected, to grow up as more passive and well behaved people who are expected to conceal any aggressive tendencies. Although South African parental values are changing, children of the current generation are still trapped in these rigid sex-role stereotypes (B. Unterhalter, personal communication, October 22, 1985). Looking at the present results in this perspective, offers a possible explanation for the apparent differences in the relationship between marital and child problems in South African and foreign children.

In the South African context, because boys are expected to be more aggressive, it is suggested that boys who display mild conduct problems, or inappropriate aggression, will not be seen as problem children and will not, therefore, be rated high on problems of undercontrol. The corollary to this, naturally, is that girls who display any form of conduct problems will be rated high on problems of undercontrol.

Based on the present results, as well as evidence from earlier research (Cohn et al., 1984), a similar reversal can be expected for problems of overcontrol. In the presence of interparental abuse it can be expected that both boys and girls will display problems of overcontrol (Walker, 1979). In the South African context this behaviour would be seen as normal 'good behaviour' for girls who would, consequently, not be rated high on problems of overcontrol. On the other hand, boys who display withdrawal reactions might be considered as 'problem children' and they would, therefore, be rated high on problems of overcontrol.

Support for parts of the above explanation is offered by Emery (1982, b) who found that boys, but not girls, from discordant marriages were rated by their teachers as being significantly better behaved than were boys from happy marriages. It would be interesting to find out the type of discord and the extent of sex-role stereotyping which exists in these families, as such information could offer additional support for the explanation offered above. It is, however, recognised that the design of the present study does not specifically address this problem. The explanation offered must, until future research either confirms or rejects it, remain as speculation.

In summary, several possible explanations for the present findings have been offered. It has been shown that marital discord definitely appears to be one (although not the major) source of child behaviour problems. With these conclusions in mind, the hypothesis that marital discord and child behaviour problems are related certainly warrants further investigation in the South African context.

LIMITATIONS OF THE PRESENT STUDY

Although every effort has been made to ensure a sound research design, there are some methodological shortcomings in the present study which it is important to be aware of. These problems relate *primarily* to the nature of the *sample*, the *assessment* measures used, and the cross-sectional design of the study.

The sample used in the present study is potentially biased in a number of ways. First, the study relies solely on volunteers. The obtained response rate is fairly low (approximately 10 percent), which suggests the possibility of self-selection. If this is the case, though, it is likely that the self-selection is not in the area of childhood disturbance, but rather in the area of marital discord. The child ratings are in line with expectations based on previous research (Quay & Peterson, 1983), whereas the marital satisfaction scores are considerably inflated when compared with scores obtained in previous research (eg. Emery, 1982 b).

Secondly, as has been mentioned, it was originally intended to obtain a sample from broad selection of schools in the Witwatersrand area. The

Transvaal Education Department, however, declined permission to conduct this research in their schools on the grounds that research in the field of parent-child relationships 'has no bearing on the school as such...' consequently '...The department cannot allow schools to be used to facilitate your research'. It therefore became necessary to obtain a sample from a number of private, parochial schools in the same geographic area. This means that the population sampled is, primarily, a white, upper middle to upper-class group, which limits the generality of the findings. It is the present writer's belief that, in order to conduct methodologically adequate research, it is essential for state or provincial departments to be more open to research which may be of only indirect concern to such departments. It is submitted that the present research is of more than indirect concern to schools, teachers, and children and that it would have been more facilitative of sound independent research if permission could have been obtained to use a sample from the public schools.

A definite methodological improvement in the present study is the utilisation of both clinic and non-clinic groups. This refinement avoids the over-inflated association between marital discord and child behaviour problems which has been found in studies that have used only clinic samples. The clinic group in the present study is also a volunteer group, however, and this has resulted in an extremely small sample (N = 10). Combined with the possibility of self selection, as with the non-clinic group, and the problems that this entails, it is recognised that the results obtained from the clinic group should be interpreted with extreme caution.

In both the clinic and non-clinic groups there is also the possibility of response bias. The clinic and schools that were involved in the study asked for an exp[1] atory letter to be sent to all parents on the mailing list. This letter included the fact that the aim of the study is to examine the relationship between parental and child behaviours. Although the letter did not mention child behaviour problems specifically, it would have been evident from the nature of the questionnaire that this *was what was meant. It is possible that this explanation could* have prompted parents to be less than honest in their responses in order to avoid being 'blamed' for their children's problems.

The assessment measures used in the present research are also open to criticism. Although the actual instruments used have been recommended as the best available (Achenbach & Edelbrock, 1978; O'Leary & Turkewitz, 1978), they are still potentially flawed as they are self-report measures. This reliance on self-report measures poses some problems of reliability and validity. These problems have, however, been considered elsewhere (Ciminero, Calhoun, & Adams, 1977), and as they are not central to this thesis they will not be considered in further detail here. It is enough that these problems are recognised and taken into account when interpreting results obtained from self-report measures.

Finally, the cross-sectional design of the study also presents certain problems. Some causal language has been used when referring to the association between marital discord and child behaviour problems. It is recognised, however, that only longitudinal studies can adequately address the issue of causality. Until such time as longitudinal studies have been conducted, any inferences about causality, in the relationship

between marital discord and child behaviour problems, remain open to criticism.

IMPLICATIONS FOR TREATMENT

The present research has shown that, in a South African sample, although the association between marital and child problems is a weak one, marital discord clearly has a negative impact on children. It is probable, though, that marital discord per se does not cause childhood behaviour problems. Rather, the marital discord has its effects on children through interactions the parents have with or in front of children (Emery & O'Leary, 1982). In this regard, marital discord is likely to be both a marker variable and a stressor that should alert one to other factors which, in combination with marital discord, could have a deleterious effect on the psychological well being of children.

It is important that people dealing with children, be they doctors, mental health personnel, or teachers, are aware of the above issues. These personnel, when dealing with problem children or families, should be careful to enquire about the existence of such multiple stressors as behaviour problems in the child, severe job stress, marital discord, and psychological problems of either parent. In situations where multiple stressors exist, if the child problems are to be effectively resolved, it is essential that the child is treated with the total family context in mind. The scope of the present study does not extend to an analysis of treatment effectiveness, and although important, this issue cannot be discussed in any greater detail here.

FUTURE RESEARCH DIRECTIONS

Despite the recent theoretical convergence on the subject of marital discord and child behaviour problems, there is still a need to carefully examine the pattern of associations which exists between marital discord and child behaviour problems. It has been shown, in this and earlier studies (eg. Emery, 1982 b), that the pattern of associations differs *in clinic and non-clinic groups*. Future *research* will have to take these findings into consideration as it will no longer be possible to generalise from clinic children to non-clinic children or vice versa.

In order to answer questions of causality and etiology what is needed are prospective longitudinal studies. Ideally, these studies should begin with both clinic and non-clinic groups of children. They should look at both age and sex differences in these groups and, in so doing, they should use multiple assessment measures and should obtain data from multiple sources. It is also necessary to examine the type, duration, and content of the marital discord and whether one parent is able to 'buffer' or shield a child from the effects of marital discord. In terms of the present study's findings, it is especially important to look at the the relationship between interparental abuse, be it verbal or physical, and child behaviour problems. Finally, research is also needed on how marital discord affects the outcome of traditional child therapies and the effectiveness of new therapies.

It is important that the overall picture of the relationship between marital discord and child behaviour problems be pieced together as soon as possible. Unfortunately, the simultaneous examination of many vari-

ables requires enormous samples and financial resources. At present, the needs of the many children at risk of developing behaviour problems are not being met. Given the importance and the frequency of the problem, research of this nature should, in future, be given a high priority. Careful investigation of the problem, with cooperation and assistance from both the state and the private sector, will help professionals to meet the needs of these 'at-risk' families in the future.

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APPENDIX A. QUESTIONNAIRE AND COVERING LETTER SENT TO PARENTS.

1 Jan Smuts Avenue
Johannesburg
2001 South Africa

Telegrams Uniwits
Telex 4-22460 SA
☎ (011) 716-1111

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Telephone (011)

Enquiries

Date

Dear Parent

I am registered as an M.A. Student in the School of Psychology at the University of the Witwatersrand and I am conducting a research project under the auspices of the School of Psychology. The study is intended to investigate families and the interrelationships between parental and child behaviours. The research project has been approved by the University and your child's principal has given permission to distribute the questionnaire to parents.

It would be greatly appreciated if you would fill in the attached questionnaire. Completion of this questionnaire should take no longer than 20 - 30 minutes of your time. In order to obtain accurate results it is important that the questionnaire be filled in accurately and honestly. *Please note that nowhere are you required to state* your name or any other personal information by which you may be identified. Consequently the anonymity and confidentiality of your response is assured.

Enclosed is a self-addressed, stamped envelope addressed for return to the School of Psychology, University of the Witwatersrand. It would be appreciated if you could fill in the questionnaire and post it back as soon as possible.

If you would like to discuss the results of your own individual response, please contact me at the address which appears on the enclosed envelope and I will arrange an appointment with you. When writing to me for this purpose, please indicate your name and where you can be contacted. Also, please quote the number which appears at the top of page one of your questionnaire. As your original response will be anonymous, this is the only way in which I will be able to locate your specific response.

Thanking you in anticipation.

Yours sincerely

Ian Friedman, B.A. (Honours)

1 Jan Smuts Avenue
Johannesburg
2001 South Africa

Telegrams 'Unwits'
Telex 4-27125 SA
(011) 716-1111

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Telephone (011)

Enquiries

Date April 1985

Dear Parent,

The enclosed questionnnaire forms part of a research project being conducted by myself under the auspices of the School of Psychology at the University of the Witwatersrand. The study is intended to investigate families and the interrelationships between parental and child behaviours. The research project has been approved by the University as well as the Child and Family Unit of T.M.I.

It would be greatly appreciated if you would fill in the attached questionnaire. Completion of this questionnaire should take no longer than 20 - 30 minutes of your time. In order to obtain accurate results it is important that the questionnaire be filled in correctly and honestly. Please note that nowhere are you required to state your name or any other personal information by which you may be identified. Consequently the anonymity and confidentiality of your response is assured.

I would like to stress that the Child and Family Unit, itself is not at all involved in this research project but they have assisted me by providing a list of names and addresses of parents. I would also like to stress that no information from this questionnaire will be given to the Child and Family Unit, unless you specifically request this.

For your convenience a self addressed, postage paid envelope addressed for return to the School of Psychology, University of the Witwatersrand has been enclosed. It would be greatly appreciated if you would fill in the questionnaire and post it back as soon as possible.

If you would like to discuss the results of your own individual response, either with me or with a staff member from T.M.I., please write to me at the address which appears on the enclosed envelope and I will arrange an appointment with you. When writing to me for this purpose, please give your name and leave a phone number or address where you can be contacted. Also please quote the number which appears at the top of page one of your questionnaire. As your name does not appear on the questionnaire, this number is the only way in which I will be able to locate your response for you.

Once again please remember that participation in this study is voluntary and all replies will be anonymous and strictly confidential. Should you decide not to participate in this study, your decision will in no way effect your involvement with the Child and Family Unit.

Yours sincerely,

IAN FRIEDMAN, B.A. (Honours)

Instructions

1. Please remember this questionnaire is anonymous and therefore your name should not be written anywhere on these pages.

2. This questionnaire must only be completed if you have one or more children below 14 years of age.

3. Please answer all the questions.

Part I

Please fill in the appropriate information. Do not write your name.

1. Marital Status: *Single* ☐ *Married* ☐ Divorced ☐
   Separated ☐
2. Number of years married. _____ years.
3. Father's age. _____ years.
4. Mother's age. _____ years.
5. Father's highest level of education (eg matric). _____
6. Mother's highest level of education (eg matric). _____
7. Father's occupation. _____
8. Mother's occupation. _____
9. Religion. _____
10. Details of children below 14 years of age.

Sex	Age
_____	_____
_____	_____
_____	_____
_____	_____

Part II

To be completed for all children under 14 years of age. If you have more than one child below 14 years of age please use a different colour pen or pencil for each child when completing part II. Indicate in the space provided which child each colour refers to.

example 1.	Male	12 years	Blue Pen
example 2.	Female	8 years	Pencil

Person who completed Part II (circle one)
a) mother b) father

Details of children

Sex	Age of Children	Colour of Pen/Pencil
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate which of the following are problems, as far as each child is concerned. If an item does not constitute a problem or if you have had no opportunity to observe or have no knowledge about the item, circle the zero (0). If an item constitutes a mild problem, circle the one (1); if an item constitutes a severe problem, circle the two (2). Please complete every item.

REVISED BEHAVIOR PROBLEM CHECKLIST

1.	Restless; unable to sit still	0	1	2
2.	Seeks attention; "shows-off"	0	1	2
3.	Stays out late at night	0	1	2
4.	Self-conscious; easily embarrassed	0	1	2
5.	Disruptive; annoys and bothers others	0	1	2
6.	Feels inferior	0	1	2
7.	Steals in company with others	0	1	2
8.	Preoccupied; "in a world of his own;" stares into space	0	1	2
9.	Shy, bashful	0	1	2
10.	Withdraws; prefers solitary activities	0	1	2
11.	Belongs to a gang	0	1	2
12.	Repetitive speech; says same thing over and over	0	1	2
13.	Short attention span; poor concentration	0	1	2
14.	Lacks self-confidence	0	1	2
15.	Inattentive to what others say	0	1	2
16.	Incoherent speech, what is said doesn't make sense	0	1	2
17.	Fights	0	1	2
18.	Loyal to delinquent friends	0	1	2
19.	Has temper tantrums	0	1	2
20.	Truant from school, usually in company with others	0	1	2
21.	Hypersensitive; feelings are easily hurt	0	1	2
22.	Generally fearful; anxious	0	1	2
23.	Irresponsible, undependable	0	1	2
24.	Has "bad" companions, ones who are always in some kind of trouble	0	1	2
25.	Tense, unable to relax	0	1	2
26.	Disobedient; difficult to control	0	1	2
27.	Depressed; always sad	0	1	2
28.	Uncooperative in group situations	0	1	2
29.	Passive, suggestible; easily led by others	0	1	2
30.	Hyperactive; "always on the go"	0	1	2
31.	Distractible; easily diverted from the task at hand	0	1	2
32.	Destructive in regard to own and/or other's property	0	1	2
33.	Negative; tends to do the opposite of what is requested	0	1	2
34.	Impertinent; talks back	0	1	2
35.	Sluggish, slow moving, lethargic	0	1	2
36.	Drowsy; not "wide awake"	0	1	2
37.	Nervous, jittery, jumpy; easily startled	0	1	2
38.	Irritable, hot-tempered; easily angered	0	1	2
39.	Expresses strange, far-fetched ideas	0	1	2
40.	Argues; quarrels	0	1	2
41.	Sulks and pouts	0	1	2
42.	Persists and nags; can't take "no" for an answer	0	1	2
43.	Avoids looking others in the eye	0	1	2
44.	Answers without stopping to think	0	1	2
45.	Unable to work independently; needs constant help and attention	0	1	2
46.	Uses drugs in company with others	0	1	2
47.	Impulsive; starts before understanding what to do; doesn't stop and think	0	1	2
48.	Chews on inedible things	0	1	2
49.	Tries to dominate others; bullies, threatens	0	1	2
50.	Picks at other children as a way of getting their attention; seems to want to relate but doesn't know how	0	1	2
51.	Steals from people outside the home	0	1	2

(please go on to next page)

52. Expresses beliefs that are clearly untrue (delusions)	0	1	2
53. Says nobody loves him or her	0	1	2
54. Freely admits disrespect for moral values and laws	0	1	2
55. Brags and boasts	0	1	2
56. Slow and not accurate in doing things	0	1	2
57. Shows little interest in things around him or her	0	1	2
58. Does not finish things; gives up easily; lacks perseverance	0	1	2
59. Is part of a group that rejects school activities such as team sports, clubs, projects to help others	0	1	2
60. Cheats	0	1	2
61. Seeks company of older, "more experienced" companions	0	1	2
62. Knows what's going on but is listless and uninterested	0	1	2
63. Resists leaving mother's (or other caretaker's) side	0	1	2
64. Difficulty in making choices; can't make up mind	0	1	2
65. Teases others	0	1	2
66. Absentminded; forgets simple things easily	0	1	2
67. Acts like he or she were much younger; immature, "childish"	0	1	2
68. Has trouble following directions	0	1	2
69. Will lie to protect his friends	0	1	2
70. Afraid to try new things for fear of failure	0	1	2
71. Selfish; won't share; always takes the biggest piece	0	1	2
72. Uses alcohol in company with others	0	1	2
73. School work is messy, sloppy	0	1	2
74. Does not respond to praise from adults	0	1	2
75. Not liked by others; is a "loner" because of aggressive behavior	0	1	2
76. Does not use language to communicate	0	1	2
77. Cannot stand to wait; wants everything right now	0	1	2
78. Refuses to take directions, won't do as told	0	1	2
79. Blames others; denies own mistakes	0	1	2
80. Admires and seeks to associate with "rougher" peers	0	1	2
81. Punishment doesn't affect his or her behavior	0	1	2
82. Squirms, fidgets	0	1	2
83. Deliberately cruel to others	0	1	2
84. Feels he or she can't succeed	0	1	2
85. Tells imaginary things as though true; unable to tell real from imagined	0	1	2
86. Does not hug and kiss members of family; affectionless	0	1	2
87. Runs away; is truant from home	0	1	2
88. Openly admires people who operate outside the law	0	1	2
89. Repeats what is said to him or her; "parrots" others' speech	0	1	2

	CD	SA	AP	AW	PB	ME
Raw Score						
T Score						

Part III

Please answer the following questions as accurately and as honestly as possible. Part III should be filled in by the same person who completed Part I.

1. Mark with an X the space below which best describes the degree of happiness, everything considered, of your present marriage. The middle point, "happy", represents the degree of happiness which most people get from marriage, and the scale gradually ranges on one side to those few who are very unhappy in marriage, and on the other, to those few who experience extreme joy or happiness in marriage.

Very Unhappy			Happy			Perfectly Happy

State the approximate extent of agreement or disagreement between you and your mate on the following items. Please mark each question.

		always agree	almost always agree	occasionally disagree	frequently disagree	almost always disagree	always disagree
2.	Handling family finances						
3.	Matters of recreation						
4.	Demonstrations of affection						
5.	Friends						
6.	Sex Relations						
7.	Conventionality (right, good or proper conduct)						
8.	Philosophy of life						
9.	Ways of dealing with in-laws						

10. When disagreements arise they usually result in wife giving in ☐, husband giving in ☐, agreement by mutual give and take ☐.

11. Do you and your mate engage in outside interests together? All of them ☐, some of them ☐, very few of them ☐, none of them ☐.

12. In leisure time: a) Do you generally prefer to be "on the go" ☐, to stay at home ☐? b) Does your mate generally prefer to be "on the go" ☐, to stay at home ☐?

13. Do you ever wish you had not married? Frequently ☐, occasionally ☐, rarely ☐, never ☐.

14. If you had your life to live over do you think you would: marry the same person ☐, marry a different person ☐, not marry at all ☐?

15. Do you confide in your mate: almost never ☐, rarely ☐, in most things ☐, in everything ☐?

Please find the most appropriate response for each question.

1. When your mate makes sexual advances *how do you usually respond?*
   a) Usually accept with pleasure ☐ c) Often refuse ☐
   b) Accept reluctantly ☐ d) Usually refuse ☐

2. *How frequently do you and your mate* have sexual intercourse or activity?
   a) more than once a day ☐ f) once every two weeks ☐
   b) once a day ☐ g) once a month ☐
   c) 3 or 4 times a week ☐ h) less than once a month ☐
   d) twice a week ☐ i) not at all ☐
   e) once a week ☐

3. How frequently would you like to have sexual intercourse or activity?
   a) more than once a day ☐ f) once every two weeks ☐
   b) once a day ☐ g) once a month ☐
   c) 3 or 4 times a week ☐ h) less than once a month ☐
   d) twice a week ☐ i) not at all ☐
   e) once a week ☐

4. Overall, how satisfactory do you think your sexual relationship is to your mate?

a)	extremely unsatisfactory ☐	d)	slightly satisfactory ☐
b)	moderately unsatisfactory ☐	e)	moderately satisfactory ☐
c)	slightly unsatisfactory ☐	f)	extremely satisfactory ☐

5. Overall, how satisfactory to you is your sexual relationship with your mate?

a)	extremely unsatisfactory ☐	d)	slightly satisfactory ☐
b)	moderately unsatisfactory ☐	e)	moderately satisfactory ☐
c)	slightly unsatisfactory ☐	f)	extremely satisfactory ☐

No matter how well a couple gets along, there are times when they disagree on major decisions, get annoyed about something the other person does, or just have spats or fights because they're in a bad mood or tired or for some other reason. They also use many different ways of trying to settle their differences. Below is a list of things you or your spouse might have done when you had a conflict or disagreement with each other. Try and remember what went on during the last year. Please circle a number for each of the items listed below to show how often you or your spouse did it that year.

Key 0 = never
1 = once that year
2 = two or three times
3 = often but less than once a month
4 = about once a month
5 = more than once a month

1.	Tried to discuss the issue relatively calmly.	0 1 2 3 4 5
2.	Did discuss the issue relatively calmly.	0 1 2 3 4 5
3.	Got information to back up their side of things.	0 1 2 3 4 5
4.	Brought in someone else to try and settle things (or tried to).	0 1 2 3 4 5
5.	Argued heatedly but short of yelling.	0 1 2 3 4 5
6.	Yelled and/or refused to talk about it.	0 1 2 3 4 5
7.	Sulked and/or refused to talk about it.	0 1 2 3 4 5
8.	Stomped out of the room.	0 1 2 3 4 5
9.	Threw something (but not at the other one) or smashed something.	0 1 2 3 4 5

10.	Threatened to hit or throw something at the other one.	0 1 2 3 4 5
11.	Threw something at the other one.	0 1 2 3 4 5
12.	Pushed, grabbed or shoved the other one.	0 1 2 3 4 5
13.	Hit (or tried to hit) the other one but not with something hard.	0 1 2 3 4 5
14.	Hit (or tried to hit) the other one with something hard.	0 1 2 3 4 5
15.	Beat up the other one.	0 1 2 3 4 5

The following 25 items should be completed by both husband and wife. A separate sheet containing the identical items has been attached for the use of the spouse who has not completed the rest of part III.

Below is a list of items on communication between you and your spouse. In the columns on the right are five possible answers. Opposite each item place an X in the column which best represents the extent to which you and your spouse behave in the specific way.

	Item	Very Frequently	Frequently	Occassionally	Seldom	Never
1.	How often do you and your spouse talk over pleasant things that happen during the day?					
2.	How often do you and your spouse talk over unpleasant things that happen during the day?					
3.	Do you and your spouse talk over things you disagree about or have difficulties over?					
4.	Do you and your spouse talk about things in which you are both interested?					
5.	Does your spouse adjust what he (she) says and how he (she) says it to the way you seem to feel at the moment?					
6.	When you start to ask a question, does your spouse know what it is before you ask it?					
7.	Do you know the feelings of your spouse from his (her) facial and bodily gestures?					

	Item	Very Frequently	Frequently	Occasionally	Seldom	Never
8.	Do you and your spouse avoid certain subjects in conversation?					
9.	Does your spouse explain or express himself (herself) to you through a glance or gestures?					
10.	Do you and your spouse discuss things together before making an important decision?					
11.	Can your spouse tell what kind of day you have had without asking?					
12.	Your spouse wants to visit some close friends or relatives. You don't particularly enjoy their company. Would you tell him (her) this?					
13.	Does your spouse discuss matters of sex with you?					
14.	Do you and your spouse use words which have a special meaning not understood by outsiders?					
15.	How often does your spouse sulk or pout?					
16.	Can you and your spouse discuss your most sacred beliefs without feelings of restraint or embarrassment?					
17.	Do you avoid telling your spouse things which put you in a bad light?					
18.	You and your spouse are visiting friends. Something is said by the friends which causes you to glance at each other. Would you understand each other?					
19.	How often can you tell as much from the tone of voice of your spouse as from what he (she) actually says?					
20.	How often do you and your spouse talk with each other about personal problems?					
21.	Do you feel that in most matters your spouse knows what you are trying to say?					
22.	Would you rather talk about intimate matters with your spouse than with some other person?					
23.	Do you understand the meaning of your spouse's facial expressions?					

Item	Very Frequently	Frequently	Occasionally	Seldom	Never
24. If you and your spouse are visiting friends or relatives and one of you starts saying something, does the other take over the conversation without the feeling of interrupting?					
25. During marriage, have you and your spouse, in general, talked most things over together?					

The following 25 items are to be completed by the spouse who did not complete the rest of the questionnaire.

Below is a list of items on communication between you and your spouse. In the columns on the right are five possible answers. Opposite each item place an X in the column which best represents the extent to which you and your spouse behave in the spucific way.

Item	Very Frequently	Frequently	Occasionally	Seldom	Never
1. How often do you and your spouse talk over pleasant things that happen during the day?					
2. How often do you and your spouse talk over unpleasant things that happen during the day?					
3. Do you and your spouse talk over things you disagree about or have difficulties over?					
4. Do you and your spouse talk about things in which you are both interested?					
5. Does your spouse adjust what he (she) says and how he (she) says it to the way you seem to feel at the moment?					
6. When you start to ask a question, does your spouse know what it is before you ask it?					
7. Do you know the feelings of your spouse from his (her) facial and bodily gestures?					
8. Do you and your spouse avoid certain subjects in conversation?					
9. Does your spouse explain or express himself (herself) to you through a glance or gestures?					
10. Do you and your spouse discuss things together before making an important decision?					
11. Can your spouse tell what kind of day you have had without asking?					
12. Your spouse wants to visit some close friends or relatives. You don't particularly enjoy their company. Would you tell him (her) this?					
13. Does your spouse discuss matters of sex with you?					

Item	Very Frequently	Frequently	Occasionally	Seldom	Never
14. Do you and your spouse use words which have a special meaning not understood by outsiders?					
15. How often does your spouse sulk or pout?					
16. Can you and your spouse discuss your most sacred beliefs without feelings of restraint or embarrassment?					
17. Do you avoid telling your spouse things which put you in a bad light?					
18. You and your s[illegible] are visiting friends. Something is [illegible]e friends which causes your to gla[illegible]. [illegible]ther. Would you understand [illegible]					
19. How often can you tell as much from the tone of voice of your spouse as from what he (she) actually says?					
20. How often do you and your spouse talk with each other about personal problems?					
21. Do you feel that in most matters your spouse knows what you are trying to say?					
22. Would you rather talk about intimate matters with your spouse than with some other person?					
23. Do you understand the meaning of your spouse's facial expressions?					
24. If you and your spouse are visiting friends or relatives and one of you starts saying something, does the other take over the conversation without the feeling of interrupting?					
25. During marriage, have you and your spouse, in general, talked most things over together?					