

**The Relationship Between Couples' Hopelessness and Relationship Satisfaction in Therapy
Moderated by Change in Ineffective Arguing Over Time**

by

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Abstract

Relationship satisfaction is a complex construct that has been studied for decades. While there are a variety of known variables that influence relationship satisfaction, such as conflict management, few studies have examined the role that hopelessness plays in the change in relationship satisfaction, particularly in the context of couple's therapy. Unsurprisingly, there is little to no research on the moderating effect of conflict management, measured through the *Ineffective Arguing Index* (Kurdek, 1994), on the relationship between change in hopelessness and change in relationship satisfaction over time, which this current study aims to investigate. Participants were 302 participants who attended couple's therapy from a large university in the Southeastern United States between 2016 and 2020 (mean age = 31.83 ($SD = 10.44$); 51.7% female; 48.3% male; 83.2% White; 9.6% Black). Change in hopelessness was measured using a 6 question Likert-type scale about perceived hopelessness in the couple relationship; change in couple conflict was measured using the *Ineffective Arguing Inventory (IAI)* (Kurdek, 1994). Change relationship satisfaction was measured using the *Couple Satisfaction Index (CSI-16)* (Funk & Rogge, 2007) across two time points. While a moderation was not found between the variables, findings suggest differences in hopelessness and IAI between men and women. Change in hopelessness accounted for 22.8% of the variance for change in couple's satisfaction in males from pre-therapy to the fourth session of service. In comparison, hopelessness accounted for 37.3% of the variance in women. Future studies should focus on the vulnerability hypothesis of the hopelessness theory, comparing clinical populations with control groups, comparing hopeful and hopeless couples, and investigating the mechanisms that may affect couples' feelings of hopelessness.

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List of Abbreviations

- Δ Hope Change in Hopelessness
- Δ IAI..... Change in Ineffective Arguing
- Δ CSI..... Change in Couples' Satisfaction
- AUMFT Auburn University Marriage and Family Therapy
- T1 Time 1 or Session 1
- T2 Time 2 or Session 4

Chapter 1: Introduction

Repeated exposure to adverse situations that feel inescapable leads to a sense of hopelessness (Abramson et al., 1989; Buursma et al., 2020). While hopelessness has been studied primarily with depression (Seligman, 1972), there is certainly evidence that hopelessness is related to relationship deterioration. Researchers have long linked poor conflict resolution to worse relationship satisfaction (Kurdek, 1995). Likewise, partner perceived negative behaviors during interactions negatively influenced relationship satisfaction in middle age and older couples across contexts. Furthermore, negative behaviors in disagreement were associated with lower marital satisfaction (Henry et al., 2007). Conflict within a relationship has also been associated with a sense of hopelessness related to the potential for resolution (Miller et al., 2014). While different studies suggest a link between hopelessness and relationship satisfaction, none have researched the direct relationship between the two, especially not in the clinical treatment literature. There is a critical need to evaluate the change in hopelessness in the beginning stages of therapy and subsequent adjustments to relationship satisfaction.

The hopelessness theory of depression is robust (Abramson et al., 1978); with research focusing on early childhood experiences (Rose & Abramson, 1992), the risk for suicide (Abramson et al., 2000), and the development of the weakest link hypothesis (Abela & Sarin, 2002). However, the theory utilizes an individualistic approach that tends to overlook an imperative element of the individual's well-being and identity: romantic relationships. Relationship research on applications of the hopelessness theory is relatively limited to hopelessness and partners with a debilitating or terminal illness, such as cancer or dementia (Brothers & Andersen, 2009; Northouse et al., 2000). However, the research concerning couples and illness may provide a foundation for understanding how hopelessness within the relationship

may relate to couple deterioration. Marriages and relationships end every day, based on communication gridlock, fatigue, and criticism (Miller et al., 2014). If researchers identified the relationship as an entity that can deteriorate into a death spiral filled with hopelessness, then addressing the inescapable aspects of relationship deterioration could impact both hopelessness and relationship satisfaction.

While hopelessness theory does not have an exhaustive body of literature in the context of romantic relationships, ample research investigating the possible effects of negative interactions, and couple satisfaction have been published. Often a targeted intervention in couple's therapy (Dimidjian et al., 2008; Johnson, 2008), the effects of negative interactions on couple relationships is a topic that is pursued by clinicians, clients, and researchers alike. Negative interactions are defined as the use of criticism, contempt, defensiveness, and stonewalling (later named the "Four Horsemen of the Apocalypse") in conflictual situations with a romantic partner(s) (Gottman, 1994). With these behaviors identified, Gottman was able to predict future divorce in couples with almost 94% accuracy and found that the more physiologically aroused individuals became during arguments, the more likely marital satisfaction is to decline over three years (Gottman, 1994).

Addressing couple interactions associated with decline are essential in steadying relationship stability and maintenance. Having incongruent interactional patterns can contribute to relationship dissolution and decreases in relationship satisfaction (Gottman, 1994; Heavey et al., 1993; Markman et al., 1993). While the negative interactions are measured through various means, the *Ineffective Arguing Index* is one tool used to quickly measure couple interactional patterns. Ineffective arguing focuses on the conflict between partners but also identifies gridlock

based on communication patterns. If therapy can lessen ineffective arguing, there could be a corresponding positive impact on distress, leading to improved relationship satisfaction. Likewise, the marital distress literature is a parallel concept with Hopelessness Theory. Researchers have worried if marital therapy might make distressed couples less distressed rather than truly happy (Hahlweg & Markman, 1988). Distress is caused by conflicts that lead to feelings of despair, hopelessness, and unhappiness (Lebow et al., 2011). Relationship distress is related to poorer health, impaired work, and suicide (Whisman & Uebelacker, 2006). Relationship distress is linked to worse treatment outcomes for depression anxiety and substance use disorders (O'Farrell et al., 1998). Finally, in a meta-analysis of marital distress, researchers found the problem is unremitting and does not improve without treatment (Baucom et al., 2003). So, while relationship hopelessness is not defined within the literature, the dynamics of relationship distress and negative interactions indeed suggest that hopelessness theory explains the deterioration of the relationship and the subsequent sense of hopelessness that ensues. Hope theory would offer a potential solution to breaking the cycle of hopelessness theory by offering individuals aid in the development of goals, develop specific strategies to reach the goals, and initiate and sustain motivation to use said strategies (Snyder et al., 2001, 2003). Used by therapists, this model would invite clients to establish or reestablish hope within their couple by providing a framework that addresses behavioral changes needed to improve couple's satisfaction while simultaneously addressing feelings of hopelessness.

Negative interactions play an influential role in relationship satisfaction and relationship outcome. The clients often present in couples therapy feeling hopeless and exhibiting ineffective arguing patterns. The theory of hopelessness predicts that the interaction between negative thinking styles (attributions) is coupled with damaging interactions fostering a sense of

hopelessness, impacting the relationship (Liu et al., 2015). It can then be posited that the negative interactions couple have validate and augment the relationship hopelessness, which in turn negatively impacts relationship satisfaction. However, what is left is a gap in how hopelessness and negative interactions work together to affect couple's satisfaction. This research study aims to examine the relationship between hopelessness, couple's satisfaction, and ineffective arguing/negative interaction cycles to address the gap in the literature. Also, the researchers will investigate how ineffective arguing may moderate the relationship between hopelessness and couple's satisfaction.

Chapter 2: Literature Review

The usual trend of marital satisfaction is a decline over time (Burgess & Wallin, 1953; Vaillant & Vaillant, 1993; Lewis & Kreider, 2015). With an estimated 58 million romantic couples in the United States (U.S. Census Bureau, 2018), understanding how to make relationships/marriages successful is imperative. More than 90% of people marry at some point in their lives (Kiersz, 2017; Yau, 2015), and most people report they would like to be married (Kuo & Raley, 2016; McDonald et al., 2011). However, what people are often left to wonder is how to make a relationship last, while maintaining positive regard.

A quick search on marriage.com will provide readers with a variety of tools and tactics that claim to improve couple satisfaction, such as “decide to ‘do and be better,’ make a schedule, and stop ‘keeping up with the Joneses’.” Whether or not these tactics anecdotally improve relationships is up for debate; however, studies show one of the ways to enhance couple satisfaction is through participation in couple’s therapy. Lebow et al. (2011) report that couples therapy positively impacts 70% of couples who attend services. Furthermore, Owen et al. (2018) research concluded that couples’ therapy aided in arresting the decline of marital satisfaction over time. Studies focused on efficacy revealed that treatment groups that received couple’s therapy had superior results regarding their relationship satisfaction compared to control groups that did not receive treatment (Gurman & Snyder, [2011](#); Hahlweg & Markman, [1988](#); Shadish & Baldwin, [2003](#), [2005](#)).

There are a variety of reasons couples attend relationship counseling, such as finances, preventative care, sexual functioning, and concerns about children (Doss et al., 2004). While one of the most frequently reported reasons for attending therapy, the presenting problem of “communication” is rarely straightforward. Communication problems are often not clearly

defined by clients seeking services, clinicians, or researchers (Doss et al., 2004). Some researchers have identified communication by the elements that create communication, such as directness and cooperation (Overall & McNulty, 2017). Others have defined communication as the verbal and non-verbal tone of the couples' communication as well as the behavioral interactions that are categorized as "positive" or "negative" (Jacobson & Margolin, 1979).

While communication may be one of the most common presenting problems, many couples arrive at therapy, not only disagreeing but doing so without an effective means to resolve differences (Doss et al., 2004). Many couples have yet to develop the skills imperative for conflict resolution, especially in the context of previous traumas, negative interaction cycles between couples, or feelings of hopelessness. The inability to resolve disagreements and ineffectively communicate within the couple suggest higher levels of relationship distress and potential feelings of relationship hopelessness (Jacobson & Moore, 1981). As Owen and Quirk (2014) stated: "Many couples enter psychotherapy in the wake of devastating arguments or piercing emotional voids, which over time can ultimately leave them inept in knowing how to move forward or feeling unmotivated to make changes" (p. 7). In turn, these increased levels of distress within the relationship may also relate to an increase in feelings of hopelessness when thinking about the future success of the relationship.

Hopelessness and Hope

Theories of hopelessness evolved from studies that focused on investigating helplessness. These studies subjected dogs to repeated uncontrollable shocks and how the dogs' tactics of escape changed over time (Overmier & Seligman, 1967; Seligman & Maier, 1967). Researchers found that the dogs stopped attempting to escape even when the opportunity was available to them (Overmier & Seligman, 1967; Seligman & Maier, 1967). Seligman (1972) went on to

describe this phenomenon as “learned helplessness of depression,”; in which repeated exposure to adverse stimuli and environments would lead to the belief that said environment or stimuli are inescapable, fostering a sense of helplessness. The hopelessness theory of depression emerged in response to the limitations of the learned helplessness theory (Abramson et al., 1978) and has been expounded upon to include experiences in childhood as contributing factors to levels of hopelessness (Abramson et al., 1989). Ultimately, hopelessness is defined as individuals having goals or a fantasy of how the relationship should function; however, neither party believes these desires can be achieved (Hadley & MacLeod, 2010). Both partners begin to believe that what once existed can never be discovered again and is unobtainable. The relationship is hopelessly deteriorated and dysfunctional.

Historically, hopelessness theory has been founded in the study of depression. At its core, hopelessness theory predicts the interaction between negative cognitive/thinking styles and adverse events experienced and how the interaction creates or bolsters a sense of general hopelessness (Liu et al., 2015). Also, Panzarella and colleagues (2006) included a subsystem within hopelessness theory that involves social support networks directly influencing the interactions that engender or combat hopelessness. Many couples who are facing marital distress can often become hopeless about the potential for a solution to be found (Coleman, 2000; Pruitt & Olczak, 1995). Therefore, it seems reasonable to extrapolate that hopelessness within relationships is potentially fueled by negative cognitions about the relationship (i.e., negative attributions) and negative lived experiences and interactions (i.e., ineffective arguing and adverse childhood experiences) with partner(s).

Most literature on hopelessness and couple’s satisfaction is primarily focused in the context of terminal illness. Feelings of hopelessness are common in patients with end-stage

cancer (Pessin et al., 2002). While a general feeling of hopelessness reflects end-of-life despair or loss of dignity, what is most interesting is how it relates to a loss of feeling intimately dependent on partners (Pessin et al., 2002; Hack et al., 2004; Buursma et al., 2020). Kissane and colleagues' (1994) research found that couples with one (or both) partners battling cancer, those who reported a higher level of marital functioning report lower levels of distress and morbidity. In addition, it has been found that patients who had higher marital satisfaction had lower levels of hopelessness and that the strongest predictor for women's emotional distress was hopelessness (Northouse et al., 2000). However, in couples with at least one partner with terminal illnesses, McLean and colleagues (2011) found that male caregivers had higher levels of hopelessness that may be influenced by their anticipation of the loss of their intimate relationship through their partner's death (Kissane, 2003; MacCormack et al., 2001; Harding & Higginson, 2003). Also, hopelessness had a significant direct effect on the husband's distress when evaluating couples with a partner who is terminally ill (Northouse et al., 2000).

While the presence of hopelessness in couple relationships that have terminal illness present is fascinating, it should not be translated directly into the examination of coupled relationships without terminal illness. Having a threat to physical health present brings on different stressors that influence levels of hope in the relationship than those who do not have such stressors. Therefore, hope theory was explored to understand the spectrum of hope and how it influences relationships satisfaction. Hope theory proposes that hope represents individuals' perceptions regarding their abilities to develop goals, develop specific strategies to reach the goals, and initiate and sustain motivation to use said strategies (Snyder et al., 2001, 2003). It provides a framework for individuals and clinicians to utilize that empowers people to develop and implement their own goals while sustaining motivation to complete them to instill hope and

agency in the client (Snyder et al., 2003). Levels of hope would be viewed as a continuum ranging from hopeless to hopeful, and these levels of hope have a direct influence on the outcomes of individuals (Snyder et al., 1991). It can, therefore, be extrapolated that in a couple who is hopeless, conflict may be defined as intractable or unsolvable, while in a couple who is hopeful they may feel as though their conflict will ultimately be solved (Miller et al., 2014). The hopelessness that is present in couples conflict often results in the couple feeling “gridlocked” (Miller et al., 2014). Gridlocked couples often feel overwhelmed and rejected by the conflict and lose hope that problems will ever change (Driver et al., 2003). Couples in this state often reach a “death state” where they feel fatigued and apathetic toward the relationship, or the couple reaches a “hot state” where elements of criticism, contempt, defensiveness, and stonewalling are commonplace (Miller et al., 2014).

In the current study, researchers will focus on the elements of “hot states” where couples display elements of negative relationship attributions about the ability of the relationship to meet their needs, which hopelessness is manifested through ineffective arguing. It is assumed that changes in ineffective arguing will moderate changes in hopelessness to positively impact relationship satisfaction for both partners during the beginning stages of therapy.

Ineffective Arguing

Conflict management is significantly correlated with relationship satisfaction, changes in relationship satisfaction, and stability of relationships—as the “happier” couples fight more frequently, but manifest greater relationship satisfaction, relationship stability, and positive change in relationship satisfaction (Gottman, 1994; Heavey et al., 1993; Markman et al., 1993; Noller & White, 1990). Different perspectives offer various definitions of conflict, however irresolvable conflicts, or intractable conflicts, are often characterized by gridlock in

communication and a sense of hopelessness (Coleman, 2000; Priutt & Olczak, 1995) that often negatively impacts relationship satisfaction (Gottman, 1999; Johnson & Roloff, 2000a, 2000b). Arguing inevitably results in feelings of frustration, and when these feelings of frustration are allowed to reign free, couples often escalate into intense hostility (Johnson & Roloff, 2000b).

The current study is primarily focused on communication issues surrounding conflict, and how conflict relates with hopelessness, the researchers determined the *Ineffective Arguing Inventory* (IAI) would be the most appropriate measure of conflict/communication (Kurdek, 1994). The IAI is a self-report measure that assesses the partner's view of how the respondent and their partner handle conflict (Kurdek, 1994). The measure utilizes eight questions that act under the assumption that ineffective arguing is a global pattern that can include fighting over repetitive issues, ending arguments without feeling like they (or the partner) has been given a fair hearing, and arguments ending without resolution (Kurdek, 1994). These elements of conflict play a key role in influencing relationship maintenance and stability (Gottman, 1994; Heavey et al., 1993; Markman et al., 1993). In addition, the IAI aligns well with measuring hostility and other forms of ineffective arguing tactics that are often present when couples find themselves in conflict.

Research has consistently shown that couples will have conflict. However, the distress that couples face when attempting to respond to conflict can often lead to lower relationship satisfaction (Koerner & Jacobson, 1994). Researchers have shown that the frequency of conflict and specific conflict-related behaviors (i.e., constructive or withdrawing) can influence future relationship perceptions (Johnson et al., 2018).

Couple Satisfaction

According to Rusbult (1983), couples' satisfaction can generally be defined as having overall positive feelings about one's partner and relationship. While research has consistently shown that marital satisfaction declines over time (Karney & Bradbury, 2020), this does not mean that couples should "give up" on maintaining positive relationship satisfaction. There are many benefits to being in a romantic relationship. Researchers have found that when couples are in relationships with high marital satisfaction, partners are healthier (Robles et al., 2014), happier (Be et al., 2013), and have increased longevity (Whisman et al., 2018; Karney & Bradbury, 2020). Also, when couples have higher relationship satisfaction, couples often perceived less instability in their marriages (Johnson et al., 2018). However, couples often run into conflict that makes them feel frustrated with their relationship. Hopelessness is a manifestation of frustrations and hurt, without resolution, and with an increasing perspective of disconnect and conflict.

One of the most influential factors affecting satisfaction in the relationship is conflict (Christensen & Walczynski, 1997). While conflict is often studied in the context of failing relationships, the presence of conflict does not inherently mean the relationship is doomed. Instead, researchers have found that the way couples resolve conflict with one another can deepen the relationship, if done well (Havaasi et al., 2018). On the contrary, destructive conflict behaviors are harmful to marital satisfaction and well-being (Kurdek, 1995) and linked to higher levels of divorce (Birditt et al., 2010; Gottman et al., 1998). Destructive conflict behaviors, such as yelling, criticism, and not listening to partners, are consistent with the behaviors measured in the Ineffective Arguing Index (Manalel et al., 2019). Ultimately, it is not the presence of conflict in the relationship that determines declines in couples' satisfaction, but rather the way couples handle conflict with each other and within the self that impacts satisfaction. Correspondingly, researchers have demonstrated that hopelessness plays a significant role in couple's perceptions

about the kinds of conflict they are having—such as perpetual or solvable conflict—which modifies the way couples interact with one another (Gottman, 1994; Miller et al., 2014).

The Present Study

There is a gap in the literature that leaves the possibilities of integrating hopelessness theory into other domains of research. The current study plans to address this gap in the literature by investigating the relationship between hopelessness, couple's satisfaction, and ineffective arguing to start the integration of hopelessness theory in the context of working with couples.

H1: There is a relationship between relationship hopelessness and couple satisfaction.

According to Northouse and colleagues (2000), in couples where one partner had end-stage cancer, patients who had higher marital satisfaction had lower levels of hopelessness. Likewise, couples who did report having feelings of hopelessness in their relationship often end up feeling angered and frustrated by their partner, to the point of using ineffective arguing tactics, or they feel apathetic toward their relationship (Miller et al., 2014). Based on these findings, I hypothesize that relationship hopelessness will be negatively correlated with couple satisfaction.

H2: There is a relationship between hopelessness and change in ineffective arguing.

In a study conducted by Miller and colleagues (2014), researchers found that hopelessness in relationships is associated with feelings of “gridlock.” Specifically, researchers found that couples who had relationship hopelessness present during conflict often used withdrawing patterns (a form of ineffective arguing) like denial of affection and “acting cold” (Miller et al., 2014). With these findings in mind, I hypothesize that hopelessness will be positively correlated with ineffective arguing.

H3: There is a relationship between the change in ineffective arguing and couple satisfaction.

Research suggests that couples who are distressed are more defensive than couples who are not distressed (Genshaft, 1980), engage in fewer positive interactions with one another (Birchler et al., 1975), and engage in less problem-solving behaviors (Margolin & Wampold, 1981). Overall, studies suggest that couples who are distressed use ineffective arguing tactics that encourage criticism, disagreement, and reciprocity of negative behaviors (Birchler et al., 1975, Gottman et al., 1977; Margolin & Wampold, 1981). Based on these findings, I hypothesize that ineffective arguing will be negatively correlated with couples' satisfaction.

H4: A change in ineffective arguing will moderate the association between relationship hopelessness and couple satisfaction.

Based on previous research, the relationship between ineffective arguing, hopelessness, and couple satisfaction intersect with one another to shed light on the complexity of relationship satisfaction. Because of the behavioral changes that can be completed in therapy, I hypothesize that the change in ineffective arguing scores will moderate the relationship between hopelessness and couple satisfaction. In particular, I hypothesize that couples who decrease ineffective arguing scores will have lower hopelessness scores and higher couple satisfaction scores.

Chapter 3: Method

This study utilized data from the Auburn University Marriage and Family Therapy Center (AUMFTC). AUMFTC provides low-cost individual, couple, and family therapy sessions to the community. These services are provided by graduate students currently enrolled in the marriage and family therapy master's program at Auburn University.

Participants

The study used longitudinal data from 302 clients who reported being in a coupled relationship and started services between 2016 and 2020 at AUMFT. In order to be included in the study, all participants had to identify as married or in a coupled relationship (living together or living separately). A majority of the participants identified as female (51.7%) while males represented the minority identity (48.3%). Participants ranged from ages 19-69, with the mean age being 31.83 ($SD = 10.44$). On average, participants were in their current relationship for 64.51 months or 5.376 years with a range of relationship length from one month to 35 years. A majority of participants identified their primary racial identity as: White (83.2%); African American (9.6%); Other (2.7%); Hispanic/Hispanic American (2.7%); and Asian (1.7%). The highest level of educational achievement obtained by participants in the study varied. Roughly one fifth of participants obtained their graduate or professional degree (20.3%), 104 participants attained their bachelor's degree (35.3%), and another near quarter of participants achieved a high school diploma or GED (27.8%). Participants also reported they received an associate degree or 2-year degree (13.6%) or vocational or technical training degree (2.4%) and junior high or less (0.7%). Participants in the study reported earning a gross annual income of: under \$5,500 (11%); \$5,501 to \$11,999 (5.7%); \$12,000 to \$15,999 (5.7%); \$16,000 to \$19,999 (3.9%); \$20,000 to \$24,999 (6.4%); \$25,000 to \$29,999 (4.9%); \$30,000 to \$34,999 (5.3%); \$35,000 to \$39,999

(5.3%); \$40,000 to \$49,999 (10.2%); \$50,000 to \$59,999 (6.0%); \$60,000 to \$69,999 (7.8%); \$70,000 to \$79,999 (6.7%); \$80,000 to \$89,999 (5.7%); \$90,000 to \$99,999 (3.9%); or \$100,000 or more (11.7%).

Procedures

AUMFTC's ability to collect data was approved by Auburn University's Institutional Review Board (IRB). Data collection for this sample occurred between January 2019 – January 2020. To attract participants/clients, the clinic utilized referral sampling in the community as well as promotion via social media and fliers. For this paper, the data originated from “intake” and “follow-up” paperwork. These paperwork packets are given to each participant of therapy above the age of twelve at the intake session, and follow up data packets are consequently collected from each participant every fourth session. At intake, the participants are also given informed consent that outlines the clinic policies and participant rights. Both the intake and follow-up paperwork packets contain the measures described below; however, the intake data packet includes the demographic questions that the participants do not need to answer in the subsequent follow-up packets. All questionnaires and paperwork packets are available in either English or Spanish.

Measures

The study used the following data measures to explore the relationship between couple satisfaction, hopelessness, and ineffective arguing.

Change in Couple Satisfaction

Those attending sessions filled out the *Couple Satisfaction Index-16* (CSI-16; Funk & Rogge, 2007) to assess overall relationship satisfaction. The measure includes 16 self-report questions (i.e., “How well does your partner meet your needs?”) or statements (i.e., “Our

relationship is strong.”) about the participant’s view about their relationship. The measure is internally consistent ($\alpha = .92$). The participants are then to rate the degree to which they agree with each statement or question using a 6-point Likert scale (0 = *Never/Not true at all*, 1 = *A little true/rarely*, 2 = *Somewhat/occasionally*, 3 = *Mostly/more than not*, 4 = *Almost completely true*, 5 = *All the time/Completely true*). Exceptions to the 5-point Likert scale include the first question of the measure, which asks about the overall degree of happiness within the relationship, which is rated on a 7-point Likert scale from 0 to 7 (0 = *Extremely unhappy... 6 = Perfect*). Responses are summed to create a total score, with lower scores representing lower satisfaction within the relationship. Data were collected at session 1 and session 4, and the difference between sessions was used to measure the change in couple satisfaction at time 1 (T1) and time 2 (T2).

Change in Hopelessness

Relationship hopelessness is measured through 6 statements (i.e., “All I see ahead of me are bad experiences within this relationship” and “I am about to give up because I don’t expect this relationship to change”) addressing the respondent’s perceived hopefulness in the relationship. Responses are measured on a 4-point Likert scale (1 = *Strongly disagree*, 2 = *Disagree*, 3 = *Agree*, 4 = *Strongly Agree*). Data were collected at T1 and T2, and the difference was taken to measure the change in hopelessness between sessions. According to George and colleagues (2003), the measure has excellent internal consistency ($\alpha = .95$).

Change in Ineffective Arguing

Change in ineffective arguing will be the moderating variable in the analysis for this study. Ineffective arguing can be seen as participants fighting over the same thing repeatedly, ending an argument without a resolution, or ending arguments without each participant in the

coupled relationship feeling like they have had a fair hearing (Kurdek, 1994; Snyder, 1981). In the data packets, participants filled out Kurdek's (1994) *Ineffective Arguing Index (IAI)*. This self-report measure contains eight statements that participants rate their degree of agreement to using a 5-point Likert type scale (1 = *Disagree Strongly*, 2= *Disagree*, 3= *Neutral*, 4 = *Agree*, 5 = *Agree Strongly*). Of the eight items on the scale, three are reverse scored. The measure has an excellent internal consistency ($\alpha = .98$) (George & Mallery, 2003). Lower scores of IAI represent the participants' perception that the couple fights effectively, while higher scores represent the perception of the couple's inability to argue effectively.

Covariates

Several covariates will be controlled for when conducting analyses. First, because experiencing trauma has lasting impacts on the brain and body, such as heightened responses to perceived threats and inability to self-regulate through perceived moments of danger (such as fighting with a significant other) (Van der Kolk, 2014), participant trauma exposure, measured with the *Adverse Childhood Experiences Survey (ACES)* serves as a control. Likewise, the length of the relationship was also controlled to more accurately measure the relationship between hopelessness and couple satisfaction. Couples who have higher quantities of perceived positive behaviors and affect generally have higher levels of couples' satisfaction (Bouchard & Arseneault, 2005; Gottman, 1994). To understand the relationship between hopelessness and couples' satisfaction in more depth, it was essential to control for the length of relationship, which affects both relationship dedication and commitment (Rhoades et al., 2010)

Trauma. The *ACES* internal consistency for this sample is considered to be excellent ($\alpha = .91$) (George & Mallery, 2003). In the intake data packet, 11 categories are presented to participants (i.e., "Emotional Abuse," "Household Mental Illness," "Attempted suicide or

suicide”) that are representative of their experiences growing up with their families or as a child. The participants are then to rate their experiences with the categories on a scale for severity and frequency. Both were on 3-point Likert scales. For the severity scale, 1 represented “mild,” 2 represented “moderate,” and 3 represented “severe.” On the frequency scale, 1 represented “once,” 2 represented “some,” and 3 represented “often” For all categories, participants were able to select N/A if they did not have experiences during their childhood in that category.

Length of Relationship. Relationship duration was assessed by asking participants, “Your current relationship length (in years and months)?” Responses were calculated as total months.

Chapter 4: Results

Analysis

A preliminary model was fit to gather descriptive data to understand the normality of the data. All continuous predictors and variables were mean-centered. To answer hypotheses 1-3, correlations were fit, split by males and females, between all variables measured to verify a potential relationship between the measured variables. An interaction term was created between change in hopelessness (i.e., predictor variable) and change in ineffective arguing (i.e., moderator variable), was fit for both men and women to answer research question four. Model 1 included only the predictor, change in hopelessness. Model 2 added change in ineffective arguing, ACES, and length of relationship. Model 3 added the interaction term.

Addressing Assumptions

To begin my analyses, I first checked to see if the data met all assumptions for running an independent samples t-test. Gender is a categorical variable that has two levels, and all other variables tested (i.e., hopelessness, change in ineffective arguing (ΔIAI), length of relationship, and frequency of ACES) were continuous variables. Thus, the first through third assumptions were fulfilled. However, it cannot be determined that participants in either group, male or female, did not influence others, because most participants completed couples' therapy together; therefore, the fourth assumption was violated. The fifth assumption, normal distribution, was violated. For women, normal distribution for ACES and length of relationship could not be determined. The measure for ACES was moderately skewed, with a skewness statistic of 0.715 ($SE = 0.206$), and kurtosis of -0.555 ($SE = 0.408$). Additionally, length of relationship for female participants is positively skewed (2.112, $SE = 0.197$) with a kurtosis of 5.207 ($SE = 0.392$).

Change in hopelessness (0.371, $SE = 0.196$), change in ineffective arguing (-0.206, $SE = 0.196$), and couple satisfaction (-0.429, $SE = 0.195$) were determined to be normally distributed.

In participants who identify as male, change in ineffective arguing was determined to be normally distributed, with skewness of -0.264 ($SE = 0.201$). The measures of ACES (1.340, $SE = 0.207$) and length of relationship (2.233, $SE = 0.204$) show a positive skewness, while change in hopelessness (-0.610, $SE = 0.202$) skews moderately negative. Couple satisfaction in males is slightly negatively skewed (0.572, $SE = 0.201$) and produces a kurtosis of -0.551 ($SE = 0.399$). However, larger samples that have a violation of normality can still produce accurate p values; therefore, a non-parametric test was not run to correct for normality. The continuous data were mean-centered. Lastly, homogeneity of variance was determined for hopelessness and length of relationship. Equal variance could not be determined for the frequency of ACES and length of relationship; therefore, a Welch t -test was conducted.

Group Differences: Men and Women

An independent samples t -Test was completed to determine whether there are statistically significant group differences in change in hopelessness, change in ineffective arguing, change in couple satisfaction, ACES, and length of relationship based on gender identity. There was no significant effect for sex, $t(283.7) = 1.037$, $p = .297$, despite women ($M = -0.035$, $SD = 0.676$) attaining a larger decrease in hopelessness scores than men ($M = 0.038$, $SD = 0.519$). Differences in males ($M = -0.041$, $SD = 0.537$) and females ($M = 0.039$, $SD = 0.682$) did not differ significantly $t(286.6) = -1.117$, $p = 0.265$ when examining changes in ineffective arguing scores. In addition, change in couple satisfaction scores did not differ $t(297) = -0.239$, $p = 0.811$ between men ($M = -0.011$, $SD = 0.735$) and women ($M = 0.011$, $SD = 0.825$), nor did length of relationship $t(290) = -0.160$, $p = 0.873$ between men ($M = -2.476$, $SD = 72.923$) and women ($M =$

-1.143, $SD = 69.729$). Scores between ACES did differ significantly $t(270.3) = -3.071, p = 0.002$ between men ($M = -0.143, SD = 0.731$) and women ($M = 0.147, SD = 0.835$). After running Levene's Test, equal variance was assumed for ACES and length of relationship; while changes in hopelessness, ineffective arguing, and couples' satisfaction required a Welch t-test for unequal variance was completed (Derrick et al., 2016).

Hypothesis Testing

Correlation tables were created to measure the relationship between change in hopelessness, change in ineffective arguing, and change in couple satisfaction over the course of therapy for men and women to test hypotheses one through three. To address hypothesis one, the correlation matrix for men revealed a weak to moderate negative correlation between change in hopelessness and change in couples' satisfaction ($r(142) = -.480, p < .001$). In the sample of women, there was a moderate to strong negative correlation between change in hopelessness and change in couples' satisfaction ($r(151) = -.599, p < .001$). In order to address hypothesis two, a Pearson correlation was completed between change in hopelessness and change in ineffective arguing, revealing a weak negative correlation in men ($r(142) = -.363, p < .001$) and a moderate negative correlation in women ($r(151) = -.511, p < .001$). Lastly, testing hypothesis three revealed a positive correlation approaching moderate level between change in ineffective arguing and change in couple satisfaction in men ($r(142) = .479, p < .001$) and women ($r(151) = .480, p < .001$). See Tables 2 and 3 for a summary of the results for men and women.

Change in Hopelessness Predicting Change in Couple's Satisfaction

A series of stepwise linear regression models were fit to determine if a change in hopelessness from time one at pre-therapy reporting (T1) to time two (T2) fourth session reporting, for predicted change in couple satisfaction from pre-therapy to fourth session change

to test the fourth hypothesis. First, continuous control and predictor variables were mean-centered, and the length of relationship and frequency of ACES demographic variables were included in all analyses. Step one included the change of hopelessness over time, predicting the change in couple satisfaction over time. Then, step two added ΔIAI and the control variables, ACES, and length of relationship. The last step included adding in moderation/interaction term ($\Delta hope * \Delta IAI$). Regressions for men and women were completed separately. See Table 4 for a summary of the results.

In male populations, Models 1 and 2 tested hypothesis four by regressing change in hopelessness onto the change in couple's satisfaction. This analysis yielded a statistically significant result [$F(1,129) = 38.065, p < .001, \text{Adjusted } R^2 = 0.23$]. In Model 2, change in ineffective arguing was added, and there was a statistically significant change ($p < .001$) between the two models. The R-square change from Model 1 to Model 2 was $\Delta R^2 = .114$, indicating that the addition of change in ineffective arguing accounted for 11.4% added variation in change in couple's satisfaction. The regression equation for Model 2 was also significant [$F(1,128) = 22.131, p < .001, \text{Adjusted } R^2 = 0.114$]. Initially, length of relationship and frequency of ACES were included as covariates in Models 2 for both men and women. Both control variables were insignificant and did not improve the regression equation and, therefore, were removed to make the model more parsimonious. A moderated linear regression model with the interaction between change in hopelessness and change in ineffective arguing was fit as moderator of the relationship. The interaction effect was not statistically significant ($\beta = .027, p = .712$), therefore follow-up analyses were not performed.

In female populations, Models 1 and 2 tested hypothesis four using the same method as the males. Change in hopelessness was first regressed onto change in couples satisfaction. This

analysis yielded a statistically significant result [$F(1,133) = 79.023, p < .001, R^2 = 0.373$]. In Model 2, change in ineffective arguing was added to the model, and there was a statistically significant change ($p < .001$) between the two models. The R-square change from Model 3 to Model 4 was $\Delta R^2 = .031$, indicating that the addition of change in ineffective arguing accounted for 3.1% of the added variation in change in couple's satisfaction. The regression equation for Model 2 was also significant [$F(1,132) = 6.761, p = .010, R^2 = 0.031$]. See Table 5 for a summary of the results. As with the regression run with males, length of relationship and frequency of ACES were included as covariates in Models 2. Both of the control variables were insignificant and did not improve the regression equation and, therefore, were removed to make the model more parsimonious. A moderated linear regression with the interaction between change in hopelessness and change in ineffective arguing was fit as moderator of the relationship. Similar to the regression run with men, the interaction effect was not statistically significant ($\beta = .079, p = .255$), therefore follow-up analyses were not performed.

Chapter 5: Discussion

The results of this study were consistent with previous analyses of the factors that influence change in couple's therapy, yet this study further adds to the literature in several ways. Analysis of t-tests reveals that men and women seem to report relatively similarly in their change in hopelessness scores, ineffective arguing scores, and couple satisfaction scores throughout therapy. Also, this study clarifies the relationship between hopelessness and couple satisfaction, which was sparsely investigated in general populations of romantic couples.

Of particular note is the significant role that sex of the participant plays in how much change in hopelessness' impacts change in couple satisfaction. Change in hopelessness accounted for 22.8% of the variance for change in couple's satisfaction in males from pre-therapy to the fourth session of service. In comparison, hopelessness accounted for 37.3% of the variance in women. In both men and women, the combination of the change in hopelessness and ineffective arguing shift accounted for 34.2% and 40.4% of the variance in change in couples satisfaction, respectively. ACES, length of relationship, and the interaction between change in hopelessness and change in ineffective arguing were not included in any of the four final models, as they did not add significance to the models.

Though the results from the t-test revealed that men and women did not score differently in their reporting of ineffective arguing or the change in it over time, change in ineffective arguing over time accounted for a larger variance in couples satisfaction over time for men; meaning that ineffective arguing played a larger role in predicting the change in couple satisfaction scores when compared to women. This could potentially be due to the nature of the Ineffective Arguing Scale (Kurdek, 1994) that measures perceptions of couple conflict, including the perceptions of the partner's conflict management tactics. Conflict tends to manifest differently in men and

women; men often withdraw while women tend to demand in the face of conflict (Christensen & Heavey, 1990; Christensen & Shenk, 1991). Therefore, if therapy is effectively lowering levels of ineffective conflict in the couple relationship, men may feel less demand, which subsequently increases satisfaction in the relationship. On the contrary, ineffective arguing for women plays a much smaller role in effecting change in relationship satisfaction. When ineffective arguing is lowered, women are benefitted, which connects to relationship satisfaction, but it is not the driving force. Rather than focusing on ineffective arguing, women's experience of decreasing hopelessness is more directly related to increasing satisfaction. More accurately, a therapist directly addressing the couple's feelings of hopelessness may create positive change in couple satisfaction for both women and men, but particularly for women.

Correspondingly, loneliness has been associated with increased levels of hopelessness in general populations (Bonner & Rich, 1991). Even when in a couple relationship, loneliness can be an isolating experience that drives relationships apart. Notably, research has shown that couples who indicate a sense of "we-ness," as opposed to separateness, show greater relationship satisfaction and lower levels of loneliness (Flora & Segrin, 2000). In a couples relationship with moderate to high levels of hopelessness and potentially high levels of ineffective arguing, couples may lose a sense of "we-ness" that increases a sense of loneliness within their once unified relationship.

Loneliness may contribute to a sense of hopelessness within the relationship at a significant magnitude—particularly emotional loneliness when examining couple relationships (Weiss, 1973). Many couples avoid conflict under the assumption that if there is conflict, there is a discrepancy between the ideal partner and the realistic partner (Dyksta & Fokkema, 2007). In an attempt to improve or salvage relationship satisfaction, partners end up driving a wedge of

silence into potential intimacy. Loneliness and social isolation within a relationship may directly fuel the feelings of hopelessness couples feel about their partners. Directly contributing to hopelessness theory, loneliness may present as a factor that continues to keep people in the cycle of feeling hopeless, depressed, and resigned within their current relationship. Hopelessness theory is a diathesis-stress lens that suggests people learn to negatively anticipate events when they have: 1) experienced similar events in that domain and 2) that when these negative anticipations match an individual's current circumstance, the individual is at risk for increasing hopelessness (Liu et al., 2016). Ultimately, a person's experience with loneliness in their past and present relationships can continue to restrict a person to a cycle of hopelessness and a perceived future of loneliness.

However, therapists do not necessarily directly dissolve hopelessness but instill hope for change. Hope theory would offer a potential solution to breaking the cycle of hopelessness theory. Hope theory, initially conceptualized by Snyder and colleagues (2001), proposes that hope represents individuals' perceptions regarding their abilities to develop goals, develop specific strategies to reach the goals, and initiate and sustain motivation to use said strategies (Snyder et al., 2003). In a way, this model can be utilized by therapists to invite clients to establish or reestablish hope within their couple relationship through focusing on the establishment of clear goals, behavioral plans to meet those goals, and addressing core beliefs and thinking styles that elicit feelings of hope and motivation. Ultimately, hope theory provides a framework for individuals and clinicians to utilize that address the behavioral changes needed to improve couple's satisfaction (i.e., IAI) as well as addressing feelings of hopelessness within the relationship. Even though couples who start with lower levels of hope may struggle to find multiple pathways for change (Snyder et al., 2003), clinicians may be able to intervene to bridge

pathways of hope, particularly when utilizing a combination of both emotion-focused and behaviorally driven techniques.

Lack of Moderation

Results of the present study suggest the change in hopelessness and change in ineffective arguing, while both strong main effects for change in relationship satisfaction over the course of therapy do not interact with one another to influence couple satisfaction. Rather, it seems as though both hopelessness and ineffective arguing play unique roles in couple satisfaction. Research suggests that hopelessness is influenced by experiences with adverse situations, negative cognition, and stressful childhood experiences (Liu et al., 2015). Therefore, ineffective arguing may play a role in the level of hopelessness a couple feels due to the couples' continual aversive experiences and patterns of destructive communication. However, as previously stated, the interaction between the two variables was found to be insignificant; there is some evidence to suggest that ineffective arguing does play a role in hopelessness, though the current study indicates that the two variables are different constructs impacting relationship satisfaction rather than integrated qualities affecting change. The variables are correlated but do not interact to create change in satisfaction

While ineffective arguing and hopelessness are two separate constructs that do not significantly interact, it is of interest to understand the factors that may interact with hopelessness. Hopelessness theory was created through an attempt to understand depression (Abramson et al., 1989), and it is understood that hopelessness is highly related to and predictive of depression and suicidal ideation in clinical samples (Nekanda-Trepka et al., 1983; Wetzel, 1973). Also, it is understood that depressive symptoms of both partners influence marital satisfaction (Pruchno et al., 2009) and that depressive symptoms and marital satisfaction

bidirectionally influence one another relatively similarly (Fincham et al., 1997). Understanding the influence of depression in this sample would help shed light on how changes in hopelessness occur in the session. For example, a future study could examine the change in depression scores in couples while also controlling for the model of therapy being used. This, in turn, could produce results that would elucidate the influence of model-specific interventions on depression scores, and therefore how depression scores influence couple satisfaction. Likewise, it would clarify the influence of depression on couple satisfaction in past and future studies (i.e., Do depressive symptoms or the hopelessness that accompanies depressive symptoms influence couple satisfaction?).

Also, another interesting variable of focus is power dynamics. Hopelessness could be interacting with the level of power a partner feels in the relationship. While partners in relationships are generally mutually dependent on each other (Overall et al., 2016), unequal dependence dynamics can result in a partner having more power than the other (Attridge et al., 1995; Felmlee, 1994; Sprecher et al., 2006). The principle of least interest would suggest that individuals who have lower levels of dependence on their partner possess greater levels of power in the relationship, particularly for influencing their partner and the relationship outcomes they desire (Sprecher et al., 2006). Lower relationship power is associated with greater aggressive responses during relationship interactions and conflict when men experience low situational power (i.e., influencing partner) and high levels of dependence (Overall et al., 2016). This finding suggests that men may feel pressure to possess and demonstrate power in relationships to be masculine at the detriment of relationship quality and increased risk for psychological aggression (Overall et al., 2016). A lower sense of power may manifest differently in men and women; however, having a lower sense of power in the relationship may interact with an

accompanying sense of hopelessness that deteriorates satisfaction. In an attempt to lower hopelessness and increase power, couples may unintentionally increase ineffective conflict that perpetuates a sense of hopelessness, as outlined through hopelessness theory (Liu et al., 2015).

Limitations

A significant limitation of this current study is that it is a non-experimental design within a naturalistic setting. Without a control group, it is impossible to measure causality versus correlated interactions. If a control group was included, it might be more feasible to understand the components to influence hopelessness and ineffective arguing in random samples of couples. Likewise, the participants of the study were the ones to initiate contact with the AUMFT center and self-selected to participate in data collection and services. There may be a significant difference in those who seek services and those who do not.

Furthermore, the measurement of the data is across two timepoints during therapy and did not contain follow-up longitudinal data. On average, couples attend weekly sessions, and data are collected every four sessions, meaning most data time points were within a month of the last collection. The average session number for couples is five sessions at the *AUMFTC*. Future research should measure multiple timepoints providing a clearer picture of hopelessness, ineffective arguing, and relationship satisfaction across therapy. Likewise, the post-therapy follow-up would give perspective about the maintenance of change. Another limitation of the study is the lack of representation of racial minorities and non-heterosexual couples. White individuals comprised 83.2% of the sample, and there were four non-heterosexual couples in the study, accounting for 1.4% of the sample. This study does not provide an accurate reflection of the population demographics of the state of Alabama or the United States.

Clinical Implications

Results seem to indicate that hopelessness and, to a much smaller extent, ineffective arguing in women and hopelessness and ineffective arguing in men directly relate to change in couple satisfaction. Further, men could potentially benefit more from a focus on behavioral communication changes to decrease ineffective arguing over the course of therapy to increase couple satisfaction in the relationship, especially when compared to women. Also, the study suggests that in both men and women, changes in hopelessness are a driving force behind change in couple satisfaction. Clinicians should spend more time in session instilling hope into couple relationships and possibly working on the we-ness in the relationship when working to improve relationship satisfaction. Through a variety of means, such as common factors techniques where the therapist plays a role in instilling hope into clients (Duncan et al., 2010) or in emotion-focused therapy where the therapist focuses on the clients introducing hope to one another (Greenburg, 2015), addressing hopelessness in session is an important place to begin should change occur.

Changes in ineffective arguing are also a significant contributor for men and, to a lesser extent, women. The take-home message is that 40% of the change in relationship satisfaction for women and 34% of the change in relationship satisfaction for men is based on addressing two variables, which are relatively changeable. Therapists should take note in the early stage of therapy that hopelessness is addressed and that arguments meet the relationship needs of the partners.

Future Directions

While the direct effects for both variables of interest are significant, an interaction between the variables is non-significant. Future research needs to evaluate the interaction

between hopelessness and variables such as power differences in the relationship, mild violence, and clinical symptoms. Both the dynamics of the relationship and individual functioning need to be evaluated to ascertain variables that mutually influence adjustments in relationship improvement. Likewise, how hopelessness contributes to relationship satisfaction as a direct result of precipitating relationship events, such as sexual affairs, financial difficulties, or unmitigated mental illness. It appears that hopelessness theory within a relational context might not parallel hopelessness theory and depression (Liu, Kleiman, Nestor, & Cheek, 2015).

Hopelessness theory related to depression surmised that individuals form causal attributions along dimensions of internal and external attributions associated with the global event, the depression. The theory predicts that an individual who argues with a friend is likely to suffer from depression if they interpret the event as a product of their poor interpersonal ability, which is an internalization. However, a person who experiences the same event with a friend, but interprets the event as the friend being irritable, which is an externalization would be less likely to experience depression. The current research attempted to measure hopelessness within a troubled relationship. The hypothesis is that if the ineffective arguing within the relationship changed, then the attribution about the relationship would change. Likewise, the interaction between the two variables would improve relationship satisfaction. However, there was no interaction. The change in ineffective arguing does not elicit a change in hopeless attributions nor a change in negative inferential styles, as there would have been an interaction between the two variables.

The aspect of the theory that does appear to be indirectly supported by the model is that adverse life events seem to generate a feeling of hopelessness in the relationship leading to worse relationship satisfaction. Future testing of the theory related to relationship satisfaction should

look at the diathesis-stress relationship. First, research should focus on the vulnerability hypothesis of the hopelessness theory, which posits that individual vulnerability exists that promote adverse inferences. While some individuals may form negative inferences based on adverse interpersonal events, others may have negative inferences because of the lack of positive interactions within the interpersonal relationship. Matching cognitive perspective with the driving force for the negative inference will clinicians be able to evaluate the effectiveness in treating hopelessness versus moving towards a theory of hope.

A future direction of the study should focus on comparing clinical populations with control groups to understand the differences between those who self-select into therapy in comparison to those who do not receive services. Researchers should consider comparing hopeful and hopeless couples within a clinical sample in future studies. This may help distinguish the unique roles both hopelessness and hopefulness play in influencing relationship satisfaction. Additionally, it would be interesting to understand further the mechanisms that may affect couples' feelings of hopelessness, such as income, children, religiosity, and gender role expectations.

Conclusion

While the results of the moderation analysis were not statistically significant, the present study explored the link between the changes in hopelessness and ineffective arguing over the course of therapy and how they relate to the change in couple satisfaction between four sessions. Understanding the factors that influence levels of hope in men and women could potentially change the way therapists interact with couples, the way couples interact with one another, and how researchers focus their resources. For example, for couples who find themselves in the pursue-withdraw (or demand-withdraw) cycle, it may be relevant for clinicians to address the

role hope plays in extracting the couple “stuck” in a hopeless cycle. Another fruitful avenue clinicians can explore is the role power plays in influencing couples’ levels of hope. If males in relationships feel as though they need to maintain power through the societally engrained lesson of “standing up for themselves,” couples may find themselves in an unequal power dynamic that negatively affects couple satisfaction (Handley et al., 2019). These findings help us to understand the points of prevention and intervention for couples and their families.

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Appendix 1

Table 1.

Sample Demographics

Categorical Variables:	N (%)
Gender	
Male	146 (48.3%)
Female	156 (51.7%)
Race	
White	243 (83.2%)
African American	28 (9.6%)
Hispanic/Hispanic American	8 (2.7%)
Asian	5 (1.7%)
Other	8 (2.7%)
Education	
Graduate/Professional	60 (20.3%)
Bachelor's	104 (35.3%)
Associates	40 (13.6%)
Vocational or Technical	7 (2.4%)
High School or GED	83 (27.8%)
Junior High or Less	2 (0.7%)
Continuous Variables:	
Mean Age (SD)	31.83 (10.44)
Mean Relationship Length in Months	64.51
Median Household Income	\$40,000 to \$49,999

Table 2.
Correlations of Study Variables (Males)

	1	2	3	4	5	6
1. Change in Hopelessness	-					
2. Change in Ineffective Arguing	-.363***	-				
3. Change in CSI	-.480***	.479***	-			
4. Interaction	.090	.107	.023	-		
5. ACES	.025	.148	.020	-.049	-	
6. Length of relationship	-.089	-.045	-.061	.030	-.089	-
Mean (%)	-2.05	64.51	0.798		0.171	0.250
SD	0.606	71.17	0.797		0.616	0.781

Note. * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 3.
Correlations of Study Variables (Females)

	1	2	3	4	5	6
1. Change in Hopelessness	-					
2. ACES	-.511***	-				
3. Length of relationship	-.599***	.480***	-			
4. Change in Ineffective Arguing	-.148	.108	.188*	-		
5. Change in CSI	-.078	.083	.093	-.016	-	
6. Interaction	-.039	-.018	-.010	.039	-.106	-
Mean (%)	-2.05	64.51	0.798		0.171	0.250
SD	0.606	71.17	0.797		0.616	0.781

Note. * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 4.

Summary of Hierarchical Regression Analysis for Variables Predicting Couple's Satisfaction in Males (N = 131)

	Model 1			Model 2			ΔR^2
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	
Intercept	0.009	0.058	-	0.030	0.054	-	-
Hopelessness	-0.696***	0.113	-0.477***	-0.478***	0.114	-0.328***	.228***
Ineffective Arguing				0.517***	0.110	0.369***	.114***

Note. * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 5.

Summary of Hierarchical Regression Analysis for Variables Predicting Couple's Satisfaction in Females (N = 135)

	Model 1			Model 2			ΔR^2
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	
Intercept	-0.057	0.058	-	-0.055	0.057	-	-
Hopelessness	-0.745***	0.084	-0.610***	-0.616***	0.096	-0.505***	.373***
Ineffective Arguing				0.254**	0.098	0.204**	.031**

Note. * $p < .05$, ** $p < .01$, *** $p < .001$.