Marital Quality in Deaf-Deaf and Deaf-Hearing Marriages

Anthony G. Mosier

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MARITAL QUALITY IN DEAF-DEAF
AND DEAF-HEARING MARRIAGES

by

Anthony G. Mosier

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Family and Human Development

Approved:

UTAH STATE UNIVERSITY
Logan, Utah

1999
ABSTRACT

Marital Quality in Deaf-Deaf and Deaf-Hearing Marriages

by

Anthony G. Mosier, Master of Science
Utah State University, 1999

The purpose of this study was to assess similarities and differences in marital adjustment between Deaf-Deaf and Deaf-hearing married couples. In examining marital adjustment, Spanier's Revised Dyadic Adjustment Scale (RDAS) was translated from English to American Sign Language (ASL) and administered to 30 Deaf-Deaf and 22 Deaf-hearing couple respondents.

Although there were no statistically significant differences between the two groups, Deaf-Deaf couples tended to have higher marital adjustment mean scores than Deaf-hearing couples. Deaf-hearing females reported the lowest levels of marital adjustment.

A qualitative component of the study yielded information concerning what Deaf-Deaf and Deaf-hearing couples consider the most important factors contributing to marital happiness. Both Deaf-Deaf and Deaf-hearing couples reported that language and cultural compatibility is the most important quality of a successful marriage.

The need for continued research on the differences between Deaf-
Deaf and Deaf-hearing marriages was addressed. The theoretical implications of the study were highlighted, along with other recommendations concerning the role of marriage and family therapists who work with Deaf couples.

(83 pages)
For my parents, Gary and Carolyn Mosier.
ACKNOWLEDGMENTS

I would like to thank my major professor, Dr. D. Kim Openshaw, for his advice and encouragement throughout this project. Also, I wish to thank my committee members, Dr. Brent Miller and Dr. Jim Blair, for their careful and timely assistance. I am very grateful for Roxanne Phister’s help with this project’s statistical procedures.

I give a special thanks to Dr. Freeman King, Jan Kelley-King, and Ricky Rose for the services they offered in the ASL translation of the RDAS. Without their help and expertise, this study would not have been possible.

Thanks to my family and friends, both hearing and Deaf, who gave me valuable advice and unending support throughout the duration of this project. I cannot repay you enough for your kindness.

Anthony G. Mosier
A note to the reader: In keeping with the cultural view of deafness, I have chosen to capitalize the word “Deaf” when referring to members of Deaf culture. This communicates the belief that Deaf people belong to a cultural minority as opposed to a disability group.
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CHAPTER I
INTRODUCTION

It has been estimated that at least 90% of Americans marry at some point during their life (Glick, 1984). While it is difficult to explain why so many choose to marry, we do know that marriage itself provides couples with needed psychological and material support (Rhyne, 1981). Keeping this in mind, it would seem logical that in order for people to maximize emotional fulfillment in life, their marital relationship should be satisfying. Therefore, understanding the key factors that contribute to happiness in marriage would play an important role in helping couples build lasting relationships.

Statement of the Problem and Purpose

Marital quality has been one of the most studied social science topics of the past four decades (Glenn, 1990). Unfortunately, almost all of the scholarly attention has gone toward the exploration of marriages within the majority culture. Only recently have researchers looked outside of the United States for answers to questions about marital quality.

The Deaf population is one of the many minority cultures that have been overlooked in the study of marital dynamics. Most of the Deafness studies have focused on educational and language issues facing Deaf children (Geers & Schick, 1988; Hanson, Shankweiler, & Fischer, 1983). This lack of attention to Deaf marital dynamics has left hearing professionals (e.g., marriage and family therapists, social workers, psychologists) with little information to draw from in attempting to
understand how to best serve Deaf-Deaf and Deaf-hearing couples who seek their services. Consequently, the purpose of this study is to explore the dynamics of Deaf-Deaf and Deaf-hearing marriages in relation to marital adjustment and satisfaction. It is hoped that the results will provide hearing professionals with much needed insights into factors contributing to marital quality in this population.

Systems Theory and Deafness

Systems theory holds that "natural systems or groups of persons, such as an individual, family, or a larger social network, are always part of larger systems" (Harvey, 1989, p. 5). This being true, information introduced at one level of the system would have a reciprocal effect on the other levels of the system. That is, if an individual's behavior changes, that change will ripple throughout the entire system.

The concept of "nonsummativity" holds that one cannot understand the functioning of the larger system by observing one of its individual members. In essence, "the whole (gestalt) is qualitatively and 'behaviorally' different than the sum of the system's individual elements" (Harvey, 1989, p. 5).

When deafness is introduced into a system, the entire network of larger systems must adapt. For example, if a hearing individual marries a Deaf person, more than just the newly formed marital system will be changed. Hearing relatives of the hearing spouse will need to accommodate to the Deaf spouse, as will any Deaf relatives to the hearing partner. The larger cultural system will change and be changed by the union. The dominant hearing culture may view the union with suspicion or pity. Likewise, certain members of the Deaf community
associated with the Deaf spouse may frown on Deaf-hearing marriages. All of these factors combine to affect the dyad and the individuals within the dyad. To assume that marital quality would not be affected by the disruption to each system’s homeostasis would be short-sighted. As Bateson (1971) stated, “If you want to understand some phenomena or appearance, you must consider that phenomena [sic.] within the context of all completed circuits which are relevant to it” (p. 244).

A wholistic, systemic viewpoint will be maintained throughout this study. Failing to utilize guiding systemic properties in exploring Deaf marriages would result in the possible distortion of many pertinent results gained from the study.

Definition of Terms

Marital Quality

Because the nominal and operational definitions of marital adjustment and marital satisfaction “spill over” into each other, making a clear distinction between the two can be difficult. For the purpose of this study, “marital quality” will refer to the subjective levels of both marital satisfaction and marital adjustment. That is, couples with higher satisfaction and adjustment levels will be thought of as having higher marital quality. Although the term “marital quality” suggests that there is some type of ideal marital state, it is important to note that this study is designed to solicit individual subjective perceptions of satisfaction and adjustment in marriage.

Marital Adjustment

For the purposes of this study, Spanier’s definition of martial
adjustment will be employed. He defined it as "a process, the outcome of which is determined by the degree of (1) troublesome marital differences; (2) interspousal tensions and personal anxiety; (3) marital satisfaction; (4) dyadic cohesion; and (5) consensus on matters of importance to marital functioning" (Spanier, 1976, p. 127-128).

Marital adjustment will be operationalized through the use of Spanier's Revised Dyadic Adjustment Scale (RDAS), an adaptation of Spanier's original measure (Busby, Christensen, Crane, & Larson, 1995). The measure will be translated into videotaped American Sign Language (ASL) in an effort to minimize confounding language variables.

Marital Satisfaction

Nominally defined, marital satisfaction is a subjective feeling of pleasure, happiness, and satisfaction experienced by spouses when considering all current aspects of their marriage (Hawkins, 1968). Marital satisfaction will be conceptualized as existing on a continuum, ranging from very unsatisfied to very satisfied. Along with the RDAS marital satisfaction subscale, a simple Likert continuum adapted from Spanier's previous DAS (1976) will be included to operationalize subjective satisfaction levels. This item will also be translated into ASL.

Deafness and Deaf Culture

There are about 2.5 million Deaf people in the United States. It is important to note that not all of those 2.5 million use ASL or identify with Deaf culture. The size of the culturally Deaf population is not known (McIntosh, 1995).

Most people unfamiliar with Deaf studies would describe a Deaf person as someone who has difficulty hearing and speaking. While it is
true that Deaf people have a degree of hearing loss, not all have trouble speaking English. Furthermore, the term “Deaf” has “come to symbolize a physical characteristic (i.e., trait of difference) in an individual instead of being used to describe a defect” (McIntosh, 1995, p. 9).

Most people subscribe to what is called the “disease” or “deficit” model of deafness. That is, they see deafness as a handicap—something that needs to be corrected if the “afflicted” individual is to reach his or her full potential. Historically, this outlook has been the motivating force behind the oppression of the Deaf (Lane, Hoffmeister, & Bahan, 1996).

Recently, the word “deaf” capitalized (Deaf) has come to represent members of the Deaf culture. The actual degree of hearing loss has little to do with one’s cultural status in the Deaf community. “What is important is that the deaf person self-identify him/herself as belonging to the deaf community and labeling him/herself as Deaf” (McIntosh, 1995, p. 9).

McIntosh (1995) describes Deaf culture as “a tightly-knit community of individuals who strongly identify with American Sign Language (ASL) and view the world from a non-hearing perspective” (p. 14). While some consider Deaf people quantitatively less than hearing people (deficit-model), others consider them qualitatively different. Those who accept this concept of a separate and distinct Deaf culture are said to subscribe to the “cultural view” of deafness. Currently, the cultural viewpoint seems to be the most popular in Deaf studies (Higgins, 1980; Levine, 1981; Padden & Humphries, 1988). This study will adopt a cultural outlook in considering marital quality among Deaf couples.
Objective and Research Questions

Because the design of this study does not call for hypothesis testing or variable manipulation, a general research objective will be stated. It is: To explore and describe marital quality in Deaf-Deaf and Deaf-hearing marriages. Six specific research questions will be addressed to accomplish the objective of this study.

Research Question #1
Are RDAS scores different in Deaf-Deaf as compared to Deaf-hearing couples?

Research Question #2
Are the 1-item marital satisfaction scale scores different in Deaf-Deaf as compared to Deaf-hearing couples?

Research Question #3
Is there a relationship between the scores on the 1-item marital satisfaction scale and the scores on the RDAS marital satisfaction subscale among Deaf-Deaf and Deaf-hearing couples?

Research Question #4
Which RDAS items are more likely to accumulate higher scores?

Research Question #5
Are there statistically significant differences between RDAS scores for husbands and wives among Deaf-Deaf and Deaf-hearing couples?

Research Question #6
What do spouses in Deaf-Deaf and Deaf-hearing marriages perceive
to be the most important factors contributing to marital happiness?

By examining marital satisfaction and marital adjustment, the researcher hopes to gain information that could help marital therapists and other professionals understand the cultural dynamics of Deaf-Deaf and Deaf-hearing marriages. Furthermore, this project will attempt to strengthen the cultural model of deafness by approaching the study from a culturally based paradigm.
Controversy has surrounded Deaf-Deaf and Deaf-hearing relationships since the early 1600s. Before the advent of residential schools for the Deaf, Deaf marriages were rare. Most Deaf people were geographically scattered with few opportunities to socialize. As residential schools gained popularity, Deaf marriages increased due to more frequent contacts. Hearing educators fought to keep students separated by sex in an effort to discourage Deaf marriages. These efforts were based on the assumption that a Deaf person marrying another Deaf person would serve to propagate their "disease" (Lane et al., 1996).

In the first part of this century, those who opposed Deaf marriages in the United States headed movements to enforce the mandatory legal sterilization of Deaf people. Although the campaign never became law, it did succeed in persuading many Deaf people to abandon their plans for marriage and undergo voluntary sterilization procedures. Publicity about the movement also led many hearing parents to have their Deaf children sterilized (Lane et al., 1996).

Alexander Graham Bell was a key motivating figure behind the attempted eradication of deafness. His studies of the Deaf population in the United States indicated that the numbers of congenitally Deaf children were rising at a rate greater than were the normal population. Furthermore, he concluded that the numbers of Deaf offspring of Deaf parents were rising at a faster rate than were the Deaf offspring of hearing parents. Based on these findings, he concluded that the use of
sign language "causes the intermarriage of deaf-mutes and the propagation of their physical defect" (Bell, 1883, p. 216). Bell's views on sign language led him to champion the use of "oralism" in educating Deaf children.

Though Bell opposed Deaf-Deaf marriages, he was not for the total celibacy of Deaf people. He encouraged Deaf people to marry hearing people in hopes that the transmission of deafness would be disrupted by the hearing partner's genes. Bell himself had come from a Deaf-hearing marriage--his mother was Deaf. Later in his life he married a Deaf woman and succeeded in having several hearing children. These experiences undoubtedly strengthened his stance concerning Deaf-Deaf marriages (Mcintosh, 1995).

Edward Miner Gallaudet, Bell's chief adversary, opposed strict oralism in the education of the Deaf. Instead, he supported a bilingual approach entailing ASL and written English. Gallaudet also believed that Deaf people would benefit from marrying hearing people, but he did not champion his beliefs as vehemently as did Bell (Mcintosh, 1995).

Historically, not much attention has been given to the study of Deaf-hearing marriages. One of the few studies done on this small population was conducted in the late 1800s by Edward Allen Fay. Fay (1897) found that Deaf-Deaf relationships were more successful than mixed marriages because of the shared language between spouses and mutual social networks. Fay claimed that the absence of these factors in mixed marriages led to lower marital satisfaction and higher divorce rates.

Although Fay's findings shed some light on Deaf-hearing marital dynamics, his studies (usually made up of simple frequency counts) were
“plagued with mathematical errors” (McIntosh, 1995, p.19). These errors greatly reduced the validity and generalizability of his results.

Deaf Relationships Now

The National Association of the Deaf (NAD) conducted the National Census for the Deaf Population (NCDP) in 1972. Schein and Delk (1974) analyzed the data and concluded that nearly 90% of all Deaf marriages are Deaf-Deaf, that is, 9 out of 10 married Deaf people are married to another Deaf person. Furthermore, they indicated that these marriages were much more likely to succeed than were typical hearing marriages, with only 10% of Deaf-Deaf marriages ending in divorce (Schein & Delk, 1974). McIntosh speculated that the “reasons for the lower Deaf-Deaf dissolution rates may not be that the partners are more satisfied with their marriages, but because the pool of available alternatives who are also Deaf is limited” (1995, p. 3). In other words, Deaf persons may be reluctant to divorce their spouse because they know that it will be difficult to find another eligible Deaf person to marry.

A common statistic found throughout Deafness studies literature is the divorce rate of Deaf-hearing marriages. It is estimated that 90% of all Deaf-hearing marriages end in divorce. McIntosh (1995) indicated that while this estimate has been widely referred to, it has received little empirical support.

Most researchers are unable to agree on exact percentages when it comes to Deaf-Deaf and Deaf-hearing divorce rates, but they do (generally) agree that Deaf-Deaf divorce rates are lower than the national average, and Deaf-hearing rates are higher (McIntosh, 1995). Many theorists have speculated as to why this is so, but their speculations are
rarely backed by empirical data. McIntosh (1995), noting that two languages play a role in Deaf-hearing relationships, suggested that communication (or the lack thereof) may be the key to understanding the discrepancy between the divorce rates.

The issue of Deaf-hearing marriage evokes strong opinions from some members of the Deaf community. Certain Deaf Rights activists feel that Deaf individuals who marry hearing people pose a threat to the purity and cohesion of Deaf culture. The same sentiments are shared by some hearing people, who see deafness as a handicap. Rousso (1988) found that most people believe that "the prospect of intimate contact with disabled people is far more uncomfortable and distressing than professional or casual interactions" (p. 140). In essence, the idea of cross-cultural marriage can have negative undertones (e.g., cultural stigmas, communication problems, a lack of shared experiences) for both Deaf and hearing people. These undertones may combine with the normal stresses of marriage to undermine the stability of Deaf-hearing relationships.

In 1980, Michael Medoff wrote the play *Children of a Lesser God*. The story centers on a young speech therapist who falls in love with a culturally Deaf woman. Conflict arises as the speech therapist persuades his lover to abandon her cultural heritage by learning to speak. The play won a Tony award and was later made into a motion picture in which the Deaf actress Marlee Matlin gave an Oscar-winning performance. *Children of a Lesser God* raised the hearing population's consciousness of Deaf issues and Deaf-hearing relationships more significantly than any other event in history (Lane et al., 1996).

Given the interest the general public has shown in Deaf issues, it
is surprising that there are few empirical studies attempting to explore marital satisfaction and adjustment in Deaf-Deaf and Deaf-hearing relationships. This lack of research leaves hearing professionals (e.g., marital therapists) with a limited knowledge base when helping Deaf clients.

Marital Quality Research

Marital quality has been one of the most studied topics in the field of family research. Because the research surrounding this concept is so extensive, a brief review of only the most prominent studies from the last four decades will be outlined. Following the decade reviews, highlights from current marital quality studies will be discussed. An examination of marital satisfaction research surrounding Deaf-Deaf and Deaf-hearing couples will conclude the review.

Research in the 1960s

Researchers in the sixties struggled with the conceptualization of marital adjustment. Several terms were used synonymously in defining concepts (e.g., marital happiness, marital satisfaction, marital success, marital adjustment). Lacking agreed upon meanings, most researchers used the terms interchangeably. Methodological flaws, representativeness, and small sample sizes were among the most common research concerns of the decade (Hicks & Platt, 1970). As quantitative social science research gained popularity and recognition, methods were developed to greatly reduce these problems.

Family sociologists separated marriage types into two main categories: institutional and companionship. Institutional marriages are
characterized by "adherence to traditional role specifications, custom, and mores, [these factors] being the most significant to the success or happiness of the marriage" (Hicks & Platt, 1970, p. 61). These traditional roles are typically sex-specific, in which the husband plays an instrumental role while the wife is more emotionally expressive and accommodating (Hicks & Platt, 1970).

The second marriage type (companionship) is characterized by spouses who place a great emphasis on the affective qualities of the relationship. "Variables such as esteem (affection) for spouse, sexual enjoyment, companionship, and communication might be expected to be significant to happiness in the pattern" (Hicks & Platt, 1970, p. 61).

**Instrumental Marriage Variables**

In a study done at the University of Minnesota, Luckey (1960) found that the congruence of role perceptions was positively related to marital satisfaction. Husbands whose self-concept was congruent with his wife's opinion of him had happier marriages than did incongruent couples. Interestingly, the correlation did not hold true for the wives' self-concepts. In a related study (Katz, Goldstein, Cohen, & Stucker, 1963), it was found that males with positive self-descriptions had higher marital satisfaction scores than those with less favorable self-descriptions.

Much of the research linking maternal employment to lower levels of marital satisfaction came from the sixties. Nye (1961) found that mothers working outside the home had, on average, more conflictual marriages than did unemployed mothers. Furthermore, he found that if a husband disapproved of his wife's employment status (regardless of
whether or not she is employed), her satisfaction levels were lower.

Contrary to what was previously believed, researchers in the sixties found that marital satisfaction was negatively related to number of children (Gurin, Veroff, & Feld, 1960; Hurley & Palonen, 1967). This was the first of several studies suggesting that children did not necessarily improve the quality of marriage. Contradictory findings were reported by Luckey (1966), who reported no statistically significant relationship between number of children and happiness in marriage.

Companionship Marriage Variables

In keeping with the main focus on companionship marriages, affective involvement and marital quality was explored in the 1960s. In one study, people who viewed their spouse as bighearted, neighborly, tender, friendly, and warm reported high happiness levels. Conversely, unsatisfied couples described their spouses as cruel, gloomy, bitter, and jealous (Luckey, 1964). These findings supported the previously assumed notion that individuals' personality traits are linked to the quality of their marriage.

Navran (1967) compared 24 happily married couples to 24 couples seeking counseling for relational problems. His results indicated that happy couples have better verbal and nonverbal communication skills than distressed couples. He found that happy couples:

(a) talk more to each other, (b) convey the feeling that they understand what is being said to them, (c) have a wider range of subjects available to them, (d) preserve communication channels and keep them open, (e) show more sensitivity to each other's feelings, (f) personalize their language symbols, and (g) make more use of supplementary non-verbal techniques of communication. (p. 182)
Research in the 1970s

Marital quality continued to be a major focus of attention in the seventies. During the decade "there were some 150 articles published which primarily examined the quality of marriage" (Spanier & Lewis, 1980, p. 825). Many of the methodological concerns of the 1960s were attended to through the development of multivariate analysis and improvements in research design and measurement techniques (Spanier & Lewis, 1980).

One of these improvements had to do with the inclusion of males in research samples. Prior to the seventies men were often left out of family studies due to the accessibility of female homemakers. As researchers included both sexes, they became more aware of the traditional biases that had tainted the research of the previous decade (Spanier & Lewis, 1980).

Older studies' findings concerning the negative effects of children on marital happiness were reinforced by new studies in the seventies. Feldman (1971) performed a longitudinal study in which he found that couples who reported the highest levels of satisfaction before marriage had the most drastic decrease in happiness level after the birth of their first child.

Major strides were taken in the conceptual work done to clarify the difference between terms such as "marital satisfaction," "marital stability," and "marital adjustment" (Spanier & Lewis, 1980). With these clarifications came the emergence of solid theory where there had previously been nothing more than unorganized data. Lewis and Spanier (1979) developed the first comprehensive theory of marital quality by
extracting and synthesizing empirical propositions from over 700 studies (see Figure 1).

In essence, the 1970s furthered the study of marital quality by clarifying concepts and introducing theory. Quantitative findings from the sixties were, for the most part, reinforced and replicated with few new discoveries (Spanier & Lewis, 1980).

Research in the 1980s

Most of the marital quality research in the eighties dealt with findings already emphasized in earlier research. While methodological advances were made, little theory was developed to guide future research. Of this, Glenn wrote, "One can only lament the relative lack of attention paid by quantitative marital quality researchers to the theoretical literature and the theoretical insights of qualitative researchers" (1990, p. 819).

One methodological stride came with the emergence of the first solid longitudinal studies on the topic. These studies (Anderson & Schumm, 1983; Glenn, 1989) supported the curvilinear relationship between number of children and marital quality discovered in the seventies. Longitudinal studies were important at this point due to the fact that "the cross-sectional relationship between family stage and marital quality confounds the effects of so many influences that studying it by itself is not very useful" (Glenn, 1990, p. 823).

As traditional values diminished and new family types became more prominent, researchers began studying cohabiting couples. Booth and Johnson (1988) found that cohabitation was negatively associated with marital success. As these results were replicated, the myth that
Figure 1. A theory of marital quality.

cohabitation enhances marital fulfillment was abolished among sociologists.

Another variable of interest to come from the changing family landscape was that of marriage order. Vemer, Coleman, Ganong, and Cooper (1989) performed a meta-analysis on 34 studies linking trends in levels of marital quality to remarried couples. They found that “(a) average marital quality is slightly greater in first marriages than in remarriages after divorce, and (b) average quality in remarriages is somewhat higher for men than for women” (p. 826).

Research in the 1990s

In the current decade, marital quality research has shifted away from the well-studied topics of interest popular in the past three decades to more obscure variables. With cultural diversity on the rise, many researchers have focused on marital quality in other cultures, both in and out of the United States. For example, it was found that better marital adjustment in Japanese women was associated with a higher standard of living, lower neuroticism, and a more caring father. Japanese men had higher marital adjustment scores if they had lower levels of psychoticism and a more caring mother (Kitamura, Watanabe, Aoki, & Fujino, 1995). In a similar study, Chang (1993) found that marital satisfaction scores among Taiwanese couples mirrored the curvilinear relationship across the life cycle found among American couples.

A library search of marital quality literature in the nineties yielded an assortment of studies examining the effects of maternal employment on dyadic adjustment (Husain & Sharma, 1994; Kumar, 1994; Srivastava
Interestingly, most of these studies examined samples from minority cultures and other countries. Apparently, having exhausted the study of working women and marital adjustment in the majority culture, researchers have turned to other nations for further exploration.

The effects of war on marital adjustment was studied by Rosen, Durand, Westhuis, and Teitelbaum (1995) shortly after Operation Desert Storm. They found that most spouses had adjusted well to deployment and reunion. Couples with strained marriages upon reunion were found to have problems with distance/closeness governance and the maintenance of appropriate boundaries. The effects of Post Traumatic Stress Disorder and combat level on Vietnam veterans' perceptions of their children's behavior and their own marital adjustment were examined by Caselli and Motta (1995). They found that levels of PTSD severity reliably predicted perceived behavioral problems in the children. Within veteran marriages, PTSD severity predicted lower dyadic consensus, marital satisfaction, affectional expression, and cohesion.

Several studies dealt with the impact of illness, disease, and injury on marital adjustment (Dahlquist, Czyzewski, & Jones, 1996; Peters, Stambrook, Moore, & Zubek, 1992; Stravynski, Tremblay, & Verreault, 1995). In one study, 84 parents of children with cancer were given marital adjustment measures 2 and 20 months after the initial diagnosis. It was found that neither the fathers' nor mothers' mean marital adjustment scores changed between the two tests; however, marital adjustment in mothers was predicted by depression levels and the spouse's satisfaction level (Dahlquist et al., 1996). Another study looking at the possible relationship between depression and marital
adjustment found that clinically depressed patients had lower marital adjustment scores than the control group; however, neither group's scores were below the maladjustment cutoff point. These results served to question the assumed causal relationship between depression and low marital satisfaction (Stravynski et al., 1995). Peters et al. (1992) divided hospital patients with spinal cord and head injuries into severe and moderate groups based on the severity of their injuries. They found that on all subscales, the severe injury group had lower marital adjustment scores than the moderate injury group. Furthermore, adjustment difficulties were more difficult for the spouses of the severe head injury group than the severe spinal cord injury group. The researchers hypothesized that the spouses of patients with severe head injuries scored lower because of the added stresses of possible neuropsychological and physical fall-out.

Benazon et al. (1992) studied marital adjustment in infertile couples. They administered adjustment measures to 165 couples at their initial visit to an infertility clinic. The couples were monitored frequently throughout their treatment. An increase in stress and a decrease in marital adjustment level was experienced by most of the couples; however, those who achieved conception had lower stress levels and higher adjustment levels than did the unsuccessful couples.

As stated earlier, marital adjustment research in the nineties diverged in part from the common variables of previous decades. Obscure, interesting variables were explored, such as the role of humor in marital happiness (Rust & Goldstein, 1990), the impact of child death on marital adjustment (Najman, Vance, Boyle, & Embleton, 1993), and the effects of differing sleep/wake patterns on dyadic adjustment (Larson,
The examination of such variables and relationships served to identify the nineties as a decade of dynamic, interesting marital quality research.

**Marital Quality Research and the Deaf**

Considering the depth and breadth of the marital quality literature of the past four decades, it is surprising that Deaf-Deaf and Deaf-hearing couples have received so little research attention. While many professionals have theorized about the complications of Deaf-hearing marriages (Harvey, 1989; Lane et al., 1996), few have attempted to quantifiably measure levels of relationship quality. In fact, library database searches yielded only one study attempting to explore marital satisfaction among Deaf-Deaf and Deaf-hearing couples.

McIntosh (1995) administered five quantitative measures to 51 Deaf-hearing spouses, 34 Deaf-Deaf spouses, and 54 hearing-hearing spouses. The variable of interest was the concept of self-disclosure (the process of expressing one’s own thoughts, ideas, and feelings through verbal or non-verbal communication) and how it related to marital satisfaction. In relation to marital satisfaction levels, McIntosh found that “while it is not statistically significant, Deaf-hearing couples do lag behind Deaf-Deaf couples [and hearing-hearing couples] in the value they place on disclosure and their overall level of marital satisfaction” (1995, p. 162). She concluded that her findings did nothing to support or refute the belief that 90% of Deaf-hearing marriages end in divorce. While the information gleaned from this ground-breaking study is valuable, it must be noted that the marital satisfaction measures used were administered to the Deaf participants in written English with no
ASL translation. This language factor alone could have confounded study results.

Synthesis of the Literature

Marriages involving deafness have been a source of heated debate since the 1800s. Historically, Deaf people have been oppressed and manipulated in their desires to marry by the hearing majority. The "disease model" of deafness has served to perpetuate myths and rumors that taint public opinion against cross-cultural marriages between Deaf and hearing people (Lane et al., 1996).

While marital quality research has covered a broad range of topics over the past four decades, not until recently has satisfaction in Deaf-Deaf or Deaf-hearing marriages been examined. The one existing marital satisfaction study involving the Deaf (McIntosh, 1995) offers insight into satisfaction levels and self-disclosure, but generalizability of the results is questionable due to measurement translation issues.

In conclusion, social researchers have a solid empirical grasp on factors influencing marital quality in the majority population, but these factors cannot be generalized to all cultures. The relational dynamics specific to Deaf-Deaf and Deaf-hearing marriages have remained relatively unexplored. With current marital quality research branching out to explore other cultures, races, and persuasions (Husain & Sharma, 1994; Kumar, 1994; Srivastava & Shukla, 1995), Deaf marriages also should be studied. The purpose of the present research is to begin building an empirical knowledge base addressing subjective happiness levels in Deaf-Deaf and Deaf-hearing marriages.
CHAPTER III
METHODS

Design

Few attempts have been made to investigate marital quality in Deaf-Deaf or Deaf-hearing marriages prior to this study. With this in mind, the essence and thrust of this study was to describe marital quality within the sample. Comparisons were made between Deaf-Deaf and Deaf-hearing marriages. Due to this project's descriptive nature, no variables were introduced for control or manipulation. It is hoped that the results of this analysis will help establish the beginnings of a marital quality knowledge-base for those interested in Deafness studies, and in Deaf marriages in particular.

Population and Sample

It is difficult to find an agreed-upon statistic reflecting the total number of Deaf-hearing couples in the United States. McIntosh (1995) crudely estimated the population's parameters through deductive logic and census data. She said:

The total population of Deaf-hearing couples in the United States is estimated to be 250,000 couples based on the following figures: There are 250,000,000 million [sic] Americans. Ten percent of those, or 25,000,000 are hearing-impaired. Ten percent of those hearing-impaired are considered profoundly deaf. Of the 2,500,000 deaf persons, ten percent marry hearing spouses, giving a rough approximation of 250,000 deaf-hearing couples. (p. 58)

It should be noted that McIntosh did not acknowledge infants and children in her population estimation. Given this information, the total number of Deaf-hearing couples would most definitely be smaller.
Sample size in this study was difficult to determine in advance due to the method of participant selection. A convenience sample was used to locate as many Deaf couples as possible. Because data were gathered through the mail, the actual number of study participants was not known until after the data had been collected. It was also impossible to predetermine the proportions of Deaf-Deaf/Deaf-hearing couples in the sample. It was hoped that at least 20 couples from each marriage type would respond.

The sample consisted of 22 Deaf-hearing couple respondents, 11 male and 11 female. Ten of the Deaf-hearing females were hearing, and one was Deaf. Of the Deaf-hearing males, 10 were Deaf and one was hearing. The mean age of the Deaf-hearing respondents was 41.14 years (SD= 16.62). Their average length of marriage was 10.45 years (SD= 10.44).

Of the 30 Deaf-Deaf couple respondents, 14 were male, and 16 were female. Their mean age was 49.73 years (SD= 11.83), with an average marriage length of 22.53 years (SD= 15.22). Appendix D contains a complete list of descriptive statistics for the demographic information of the sample, results from the individual items on the RDAS, and the results of the 1-item marital satisfaction scale.

Measurement

Revised Dyadic Adjustment Scale

The Revised Dyadic Adjustment Scale (RDAS) consists of three subscales (Consensus= items 1-6, Satisfaction= items 7-10, Cohesion= items 11-14) derived from 14 items that combine to measure overall dyadic adjustment (Busby et al., 1995). Construct validity was
demonstrated by Busby et al. through calculating correlation coefficients with other established marital adjustment measures. Furthermore, reliability was demonstrated through a Chronbach’s alpha coefficient of .90 (Consensus subscale: .81, Satisfaction subscale: .85, Cohesion subscale: .80) and a Guttman split-half coefficient of .94 (Busby et al., 1995).

Table 1 illustrates the reliability estimates for the RDAS and its subscales based on the responses of the participants of this study. While slightly lower than Busby and others’ alpha coefficient (1995), the RDAS in this study demonstrates an exceptional overall level of reliability with a alpha coefficient of .87. The individual subscales also generated alpha coefficients within an acceptable range. Based on this information, the study’s results can be interpreted with relative certainty as to the internal consistency of the instrument used.

Validity of the RDAS

Researchers who use instruments to measure abstract concepts such as marital quality should assess how valid their instruments are.

Table 1
Reliability Estimates (Alpha Coefficient) for the RDAS

<table>
<thead>
<tr>
<th>Scale</th>
<th>Alpha</th>
<th>N</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consensus subscale</td>
<td>.73</td>
<td>52</td>
<td>6</td>
</tr>
<tr>
<td>Satisfaction subscale</td>
<td>.88</td>
<td>52</td>
<td>4</td>
</tr>
<tr>
<td>Cohesion subscale</td>
<td>.66</td>
<td>52</td>
<td>4</td>
</tr>
<tr>
<td>Total RDAS</td>
<td>.87</td>
<td>52</td>
<td>14</td>
</tr>
</tbody>
</table>
That is, they should attempt to determine how accurately their instruments measure the content domain they wish to explore. Because the RDAS has never been translated into ASL and used in the Deaf population, face validity plays a role in lending the instrument its first step toward credibility. Face validity is derived from examining the appearance of an assessment device, and subjectively determining that it seems to be a reasonable measure for its purpose (Linn & Gronlund, 1995). For the purposes of this study, it is assumed that the linguistic skills of the translators (Jan Kelley-King and Dr. Freeman King) are sufficient to preserve the intent and meaning of each RDAS item (which holds face validity in the hearing culture) throughout the translation from English to ASL.

In terms of content validity, it is difficult to determine an agreed-upon domain of content for marital quality as it relates to Deaf-Deaf and Deaf-hearing marriages. This fact points toward the need to determine whether the same factors that contribute to marital quality in hearing marriages also contribute to marital quality in Deaf-Deaf and Deaf-hearing marriages. For these reasons, content validity in this study is not assessable.

Research question #2 addresses the correlation between the 1-item marital satisfaction scale and the RDAS marital satisfaction subscale. Both scales are intended to measure subjective levels of dyadic happiness and satisfaction. In support of the instrument’s concurrent validity, the two scales share a high correlation ($r= .73$ for males and $r= .88$ for females).
Additions to the RDAS

Two items were added to the RDAS to further assess the respondent's subjective viewpoints: (1) a marital satisfaction continuum adapted from Spanier's 1976 DAS and (2) one open-ended question asking participants to list their perceptions of the five most important factors contributing to marital happiness. This last item gave the study a qualitative dimension, yielding information inaccessible through quantitative means.

It is important to note that the entire measure was translated into ASL. Jan Kelley-King, an advisor and instructor in Sign Language Studies and Deaf Education at Utah State University, worked with her husband, Dr. Freeman King (also a professor in Sign Language Studies and Deaf Education), to translate the measure from English to ASL. Taking into account their 40 years of collective experience in working with the Deaf, it is believed that the King's ASL competency is sufficient to translate the measure in such a way that the interpretation reflects the same concepts as the original instrument. It should be noted that the interpretation of some of the more difficult concepts were discussed with Deaf native signers to assure the accuracy of the translation.

In order for the study to be successful, it had to be accepted by the Deaf community without suspicion. In an attempt to gain the trust and confidence of the participants, Ricky Rose, a Deaf man, introduced the study (on videotape) prior to the administration of the measure. He commented on the importance of the study, explained the participants' rights (e.g., confidentiality, anonymity, the right to withdraw from the study), thanked them for their cooperation, and introduced the interpreter (Mrs. Kelley-King). Furthermore, the instructional cover
sheet explaining the study was signed by two prominent members of the Deaf community (Mr. Dale Link and Mr. Rusty Wales). It was hoped that the married couples who received the study packets would be reassured by the participation and sponsorship of these Deaf people, thus increasing the likelihood that they would complete the measure and return it to the researcher.

Demographics Questionnaire

A short questionnaire calling for general demographic information (Deaf or hearing status, cultural identity, sex, years married, etc.) was attached to the RDAS. This information was used to assess demographic characteristics possibly associated with marital adjustment.

Data Collection Procedures

The researcher's Deaf and hearing friends and acquaintances were asked to identify as many married couples as possible to participate in the study. Once an adequate number of names and addresses were generated, the researcher sent out the videotaped measure in a packet containing (1) the RDAS answer sheet with the two additional items (see Appendix B), (2) an instructional cover letter (see Appendix A) briefly introducing the study and explaining participant rights (this cover letter was endorsed with the signatures of two prominent members of the Deaf community), (3) an informed consent form verifying the participants' willing involvement, (4) the demographics sheet (see Appendix C), and (5) two self-addressed stamped envelopes.

The instructional cover letter included a deadline by which the surveys were to be returned to the researcher (1 week from the time they
received the packet). Follow-up reminder cards prompting the timely completion and return of the answer sheets (and stressing the importance of the study) were sent to packet recipients if they had not responded within 2-3 weeks of the initial contact. Keeping in mind the typically low response rates in mail survey studies, it was hoped that these reminder cards would serve to increase the number of completed surveys returned to the researcher. An additional third contact was made by phone approximately 2 months after the packets were sent out.

In keeping with predetermined standards for ethical research, the forms and measures used in this project were submitted to and approved by the Utah State University Institutional Review Board (IRB) for the protection of human subjects prior to data collection and analysis.

Analysis

Data analysis addressed the study's main research objective: to explore and describe marital quality in Deaf-Deaf and Deaf-hearing marriages. The first phase of the analysis focused on marital adjustment. RDAS data was analyzed using a summated scale (procedures detailed in Busby et al., 1995) for each of the three subscales along with an overall score. Internal reliability was determined by calculating Cronbach's alpha for each subscale on the RDAS. Once descriptive statistics were calculated for the RDAS and demographic information, statistical procedures were employed to address the six research questions of the study.

Research Question #1

Are RDAS scores different in Deaf-Deaf as compared to Deaf-
hearing couples? A group t test was run to measure the difference in RDAS mean scores between the two groups, by spouses' gender.

Research Question #2

Are the 1-item marital satisfaction scale scores different in Deaf-Deaf as compared to Deaf-hearing couples? A group t test was run to measure the difference in 1-item scale mean scores between the two groups, by spouses' gender.

Research Question #3

Is there a relationship between the scores on the 1-item marital satisfaction scale and the scores on the RDAS marital satisfaction subscale among Deaf-Deaf and Deaf-hearing couples? A Pearson’s r correlation was run to determine the association between the 1-item marital satisfaction scale and the RDAS marital satisfaction subscale.

Research Question #4

Which RDAS items are more likely to accumulate higher scores? Descriptive statistics for each item (mean, median, mode) were calculated to determine which items accumulated higher scores (see Appendix D).

Research Question #5

Are there statistically significant differences between RDAS scores for husbands and wives among Deaf-Deaf and Deaf-hearing couples? A paired t test was run to measure the difference in effect size between husbands and wives within each group.

Research Question #6

What do spouses in Deaf-Deaf and Deaf-hearing marriages perceive
to be the most important factors contributing to marital happiness?

Responses to item #15 were reviewed and summarized. The researcher used the Q-sort method of qualitative data analysis to look for the common themes in the answers. This method offered insights unattainable through the quantitative measures.
CHAPTER IV

RESULTS AND DISCUSSION

Research Question #1

Results of the t test indicated although there are noticeable differences between Deaf-Deaf and Deaf-hearing couples' RDAS mean scores (Deaf-Deaf couple scores being higher), they do not approach statistical significance at the .05 level (see Table 2).

Because of the small sample size, it is unclear whether differences in the RDAS mean scores are indicative of a "real" trend toward higher marital adjustment levels in the Deaf-Deaf couple population as compared to the Deaf-hearing population. A larger-scale study may or may not produce similar results.

It is interesting to note that the largest difference in mean scores is between Deaf-hearing husbands and wives. Because Deaf-hearing

Table 2

Analysis of t-Test Examining for Differences in RDAS Scores by Gender for Deaf-Deaf and Deaf-Hearing Couples

<table>
<thead>
<tr>
<th>Hearing status</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>df</th>
<th>p</th>
<th>ES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaf-Deaf males</td>
<td>54.64</td>
<td>7.61</td>
<td>-.171</td>
<td>23</td>
<td>.866</td>
<td>.05</td>
</tr>
<tr>
<td>Deaf-hearing males</td>
<td>54.00</td>
<td>11.20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaf-Deaf females</td>
<td>55.62</td>
<td>5.77</td>
<td>-1.58</td>
<td>25</td>
<td>.126</td>
<td>.47</td>
</tr>
<tr>
<td>Deaf-hearing females</td>
<td>50.54</td>
<td>10.85</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
spouses come from different cultures with different languages, one could hypothesize that the lower RDAS mean scores are an indication of a communication difficulty stemming from a lack of a shared native language. Cultural differences between the Deaf and hearing worlds could generate conflict that undermines marital quality, thus producing lower RDAS scores. It is also possible that cultural differences influence the meanings spouses attach to the concepts listed in the RDAS. In other words, the difference in the scores could be less a product of differing levels of marital quality and more an artifact of the measure itself.

RDAS mean scores for males, regardless of marriage type (Deaf-Deaf or Deaf-hearing), were similar. This may be related to the fact that of the 11 Deaf-hearing couple wives that participated in the study, 10 were hearing. In other words, there were 11 hearing respondents in the entire study, and 10 of them were female. Deaf-hearing couple wives (making up 90% of the hearing participants in the study) had the lowest RDAS mean score. This may suggest that the major differences in RDAS mean scores are not between husbands and wives, but between Deaf people and hearing people.

It seems clear that a larger-scale study is warranted by the trends manifested in the RDAS scores of the participants. A larger study may be able to generate statistically significant differences between Deaf-Deaf and Deaf-hearing married couple RDAS scores, thus supporting the hypothesis that Deaf-Deaf couples are better able to adjust to marriage than are Deaf-hearing couples.
Research Question #2

Results of a t test indicated that Deaf-hearing males produced a 1-item marital satisfaction mean score of 4.27 (SD= 1.34), and Deaf-hearing females produced a mean of 3.45 (SD= 1.57). Deaf-Deaf males produced a 1-item marital satisfaction mean score of 4.85 (SD= 1.09), and Deaf-Deaf females produced a mean score of 4.50 (SD= 1.09). As with the RDAS mean scores, although there are differences between Deaf-Deaf and Deaf-hearing couples' 1-item marital satisfaction scale mean scores (Deaf-Deaf being higher), statistical significance was not achieved. As with research question #1, the small size of the sample threatens the generalizability of the findings associated with this research question.

The 1-item scale mean scores mirrored the RDAS mean scores for all groups. Deaf-hearing couple wives had the lowest mean (3.45), while the other groups' scores, nearly a full point higher, were all comparable. The difference between Deaf-hearing husbands and wives mean scores is .82, and the difference between Deaf-Deaf spouses' mean scores is .30. These results, along with the RDAS scores, support the hypothesis that Deaf-Deaf couples are better able to adjust to marriage than are Deaf-hearing couples. It should be restated that, although there are differences between the 1-item marital satisfaction means scores for Deaf-Deaf and Deaf-hearing couples, the differences are small, and they did not reach statistical significance at the .05 level.

The results associated with this research question further the need for a larger-scale study involving more participants from a wider geographical area. Because the results of this question reflect the same
trends as the RDAS mean scores, another study is justified.

Research Question #3

A Pearson's correlation was run to determine the association between the 1-item marital satisfaction scale and the RDAS marital satisfaction subscale. It was found that, for males, the correlation between the two measures was quite high ($r = .73$). The correlation for females was even higher ($r = .88$).

It can be concluded that the two marital satisfaction scales are highly correlated with each other. This finding lends strength to the RDAS's internal validity.

Research Question #4

Measures of central tendency for each item (mean, median, mode) were calculated to determine which items accumulated higher scores (see Appendix D). The four items that generated the highest mean scores for Deaf-hearing couples were item #6 (Career decisions. $M = 4.45$), item #7 (How often do you discuss or have you considered divorce, separation, or terminating your relationship? $M = 4.36$), item #9 (Do you ever regret that you married? $M = 4.27$), and item #3 (Making major decisions. $M = 4.22$). The item that generated the lowest score was #13 (Work together on a project. $M = 2.68$).

The four items that generated the highest mean scores for Deaf-Deaf-couples were item #6 (Career decisions. $M = 4.70$), item #1 (Religious matters. $M = 4.70$), item #9 (Do you ever regret that you married? $M = 4.67$), and item #7 (How often do you discuss or have you considered divorce, separation, or terminating your relationship? $M =$
4.57). The item that generated the lowest score was #8 (How often do you and your partner quarrel? \( M = 3.30 \)).

One limitation associated not only with this research question, but the entire study, has to do with instrumentation. Because the Deaf and hearing cultures are different, members of each culture may attach different meanings to the same linguistic concepts within the RDAS. In answering the questions on the measure, it cannot be assumed that Deaf respondents understood the items in exactly the same way as the hearing respondents (regardless of the ASL translation). This linguistic factor may have confounded the true meaning of the results.

Although three of the four highest response items were shared by Deaf-Deaf and Deaf-hearing couple respondents, the mean scores on the items were lower for Deaf-hearing couples. This may indicate that while Deaf-Deaf and Deaf-hearing couples score the highest on similar items, Deaf-Deaf couples are better able to excel in enhancing the relational strengths that those items represent.

Another explanation for the difference in the mean scores between Deaf-Deaf and Deaf-hearing couple respondents could be the greater life-experience of the Deaf-Deaf couples in the sample. The mean age of the Deaf-Deaf couple respondents was 49.73 years and the mean number of years married was 22.53. The Deaf-hearing couples had a mean age of 41.13 years and an average marriage of 10.45 years--over 10 years less that Deaf-Deaf couples. A larger-scale study that controlled for age and years married would help determine whether the trends in marital quality generated by this study are a true reflection of the population.
Research Question #5

Results of a t test indicated that Deaf-hearing males produced a RDAS mean score of 54.00 (SD= 11.20), and Deaf-hearing females produced a mean of 50.54 (SD= 10.85). Deaf-Deaf males produced a RDAS mean score of 54.64 (SD= 7.61), and Deaf-Deaf females produced a mean score of 55.62 (SD= 5.77). As with research questions #1 and 2, there are differences in the RDAS mean scores between husbands and wives within each group, but the differences are not statistically significant at the .05 level.

As stated earlier, the largest difference in RDAS means was between Deaf-hearing spouses (a difference of 3.55 points out of 64 total points), and the lowest mean score was produced by Deaf-hearing females. The questions generated by these findings were discussed with the results of research questions #1 and 2. See Appendix E for the intercorrelations of all variables investigated in this study.

Research Question #6

Responses to item #15 were reviewed and sorted into one of 13 categories using the Q-sort method (see Figure 2). The most frequent responses fell into the (1) proper communication, (2) language and cultural issues, and (3) mutual support categories.

Deaf-hearing couple responses dealt with (2) language and cultural issues (20.81%) more so than Deaf-Deaf couple responses. “Don’t use your hearing partner as an interpreter,” and “Try to understand each other’s culture” were typical responses.

Twenty-one percent of the Deaf-Deaf couple responses were
Figure 2: Percentages of items used in the survey (Item #15). Sorted by percentage.

- Agree on Parenting Styles
- Religious Unity
- Language/Cultural Issues
- Proper Communication
- Overlook Faults
- Honesty
- Mutual Support
- Trust
- Financial Security
- Sexual Compatibility
- Similar Interests
- Demonstrations of Love & Affection
- Other

Other items include
- Overlook Faults
- Honesty
- Mutual Support
- Trust
- Financial Security
- Sexual Compatibility
- Similar Interests
- Demonstrations of Love & Affection
- Other

Legend:
- Deal/Deal
- Deal/having

Legend:
- Deal/Deal
- Deal/having
included in the (1) proper communication category. Typical responses included, "You should make time to talk every day," and "Never shout (sign loud) at each other." The second most popular responses for Deaf-Deaf couples had to do with the need for a (2) shared language and common cultural beliefs (19.25%). Typical responses included, "Spouses should understand and respect each other's culture," and "Spouses should both use ASL."

One major limitation associated with the results of this research question involves the medium by which responses were given. In order to answer this question, respondents were required to write their responses on the answer sheet. Because the English reading level of the average Deaf adult is fifth grade or lower (Moores, 1987), the respondents' written expressive skills may not have been sufficient to communicate the intended concepts.

In comparing these findings to what is known about marital quality in the majority (hearing) culture, it is interesting to note that some of the established, "typical" factors contributing to marital happiness, such as husband-wife similarities in religion, sexual enjoyment, and esteem for spouse (Glenn, 1990), were not among the frequent responses for Deaf-hearing or Deaf-Deaf couple respondents. Instead, most attention was given to communication, language, and cultural issues. This suggests that Deaf-hearing and Deaf-Deaf couples are unique in what they consider to be the most important dimensions of a happy marriage.

Marriage and family therapists, as well as other professionals, may be better able to help their Deaf-Deaf and Deaf-hearing clients by understanding the importance Deaf people place on language and
cultural issues. These findings suggest that interventions promoting congruence of language and cultural tolerance may have a greater impact on marital happiness than the more traditional factors linked to marital happiness in the majority (hearing) culture.

Due to the linguistic limitation associated with this research question, a face-to-face interview in which Deaf participants could express themselves in ASL may yield results that can be interpreted with more certainty. In the context of an interview, respondents could expand on and clarify their answers, allowing researchers the luxury of knowing that the responses accurately represented what the participants intended to communicate.
CHAPTER V
SUMMARY AND CONCLUSIONS

Summary

Fifty-two participants belonging to either a Deaf-Deaf or Deaf-hearing marriage completed an assessment device measuring subjective levels of marital adjustment. It was found that Deaf-hearing couples had lower marital adjustment levels than Deaf-Deaf couples. Deaf-hearing couple females had the lowest mean score of all the groups measured. Although it is hypothesized that language and cultural differences play a role in the decreased levels of marital adjustment, there were no statistically significant differences found.

Limitations

Several limitations effecting the generalizability of the findings were identified. These limitations dealt mainly with sampling and instrumentation.

Sampling Limitations

The first limitation had to do with the size of the sample. It is possible that the analyses failed to achieve statistical significance due to the sample size. When working with smaller samples, the risk of committing a "type II error" is magnified (Cuzzort & Vrettos, 1996). This means that the chances of the data not indicating trends that do exist in the population are higher.

The second limitation was sample selection. The nature of the population in question made it difficult to select a random sample of
couples. Because Deaf-Deaf and Deaf-hearing married couples make up an extremely small percentage of the total population, a convenience sample was utilized. Without a random selection of subjects, it is impossible to be certain that the sample was a true representation of the target population.

A third limitation relating to sampling was associated with the demographic characteristics of the study participants. Most of the respondents lived in Utah and Montana. This limited geographical diversity raises questions regarding possible effects of extraneous variables (e.g., religion, socioeconomic status). A larger-scale study controlling for more variables and randomly selecting subjects may yield results that can be interpreted with a greater degree of certainty as to their generalizability to the larger population.

Instrumentation Limitations

There is one obvious limitation dealing with instrumentation. Concerning the assessment device, it is possible that the concepts in the RDAS lost some meaning in the translation from English to ASL. Because the Deaf and hearing cultures are different, members of each culture may attach different meanings to the same linguistic concepts. For example, very few idioms are used in ASL. The idiom making up RDAS item #10 (How often do you and your mate “get on each other’s nerves?”) has no logical meaning when translated “word for word” from English. The translators had to determine the basic meaning of the idiom and find the appropriate signs to communicate that meaning in ASL. Although the translators were highly skilled, to assume that the translation was perfect would be naive at best.
Conclusions and Implications

With the limitations in mind, conclusions and implications concerning theory, research, and clinical practice can be addressed.

Theoretical Implications

There has been no statistically significant empirical evidence supporting the belief in the Deaf (and hearing) community that Deaf-hearing relationships are disadvantaged by the cultural and linguistic differences between partners (McIntosh, 1995). The findings from this study do nothing to support this belief.

When Busby et al. (1995) revised Spanier's original Dyadic Adjustment Scale, they calculated mean scores for distressed and nondistressed couples. Of the 242 couples participating in the study, 98 were seeking marital therapy at Brigham Young University or Montana State University. These couples, making up the "distressed group," had a mean score of 41.6 on the RDAS. The "nondistressed group," composed of nonclinical volunteers, had a mean score of 52.3. It should be noted that all hearing status groups, including Deaf-hearing females, had RDAS mean scores comparable to Busby and others' "nondistressed group" mean score. No hearing status groups approached the "distressed group" mean of 41.6. This finding would imply that although the Deaf-hearing couples' scores are lower than the Deaf-Deaf couples' scores, they are not necessarily in need of marital intervention.

The results of research question #6 suggest that Deaf-Deaf and Deaf-hearing couples consider language and cultural compatibility important to the quality and success of a marriage. Marital quality literature focuses little attention on the relationship between dyadic
adjustment and cross-cultural marriages. It is hoped that the theoretical implications of this study will lead to further research into marriages involving deafness.

Research Implications

Based on a review of current and past literature, little is known about marital quality in Deaf-Deaf and Deaf-hearing marriages. It is hoped that this study is a precursor to larger-scale, more in-depth investigations into marital quality within the Deaf community. Future research should address the issue of language and cultural compatibility in relation to marital quality in Deaf-Deaf and Deaf-hearing relationships.

The first step in building a Deaf-Deaf and Deaf-hearing couple database would be to replicate this study using a larger random sample. More participants would allow for greater control and generalizability of results, thus eliminating some of the study’s limitations.

Another important consideration in the replication of the study would be the analysis of the RDAS itself. Several pilot studies utilizing the feedback of Deaf couples and linguistic experts would serve to “work out the kinks” in the translation, rendering a truer likeness of the original instrument.

The field of marriage and family therapy in particular could benefit from a study investigating the possibility of a correlation between signing skill and marital satisfaction in Deaf-Deaf and Deaf-hearing marriages. If there were a correlation, marriage and family therapists (MFTs) could base interventions around improving the signing ability of the less-
skilled partner in an attempt to raise the happiness levels within the relationship.

Qualitative studies addressing cultural differences between partners in Deaf-hearing marriages could give MFTs direction in helping distressed couples integrate beliefs, rituals, and traditions in a way that would reduce conflict and increase satisfaction levels. Such a study would provide therapists with contextual information critical to the success of therapy.

The lack of literature surrounding deafness and marriage and family therapy reveals that few, if any, therapists know how to go about treating families where one or more members are Deaf. A qualitative study involving Deaf-Deaf and Deaf-hearing couples' experiences with therapy could provide MFTs with guidelines for helping them benefit from the therapeutic process.

Clinical Implications

MFTs receive extensive systemic training in which the processes involving marital quality are taken into consideration (Huber, 1994). It has been stated that, of all of the helping professionals, MFTs are the most qualified to assess and treat relational problems (Shadish, Ragsdale, Glaser, & Montgomery, 1995). In order for MFTs to be of assistance to the Deaf community, they must have access to information regarding the intricacies of marriages and families involving deafness. As of yet, there is no literature addressing marital quality in Deaf-Deaf and Deaf-hearing marriages. Therefore, MFTs currently have no resources to draw from in attempting to understand marital relations in this population.
In preparation for this study, the researcher interviewed several Deaf-Deaf and Deaf-hearing couples regarding the resources available to them when attempting to strengthen a distressed relationship. When asked what Deaf couples do when they are in need of marital therapy, most said that they turn to friends for support and advice. This action, they said, usually resulted in more stress as once-neutral friends became triangulated in interspousal conflict. This suggests the great need for marriage and family therapists (along with other types of clinicians) that are trained in working with the Deaf.

Some Deaf couples interviewed by the researcher reported going to hearing therapists with the aid of an interpreter. Of the couples who had tried this, all reported difficulty in understanding the therapist, financial strain due to the combined cost of interpreter and therapist fees, and premature, client-initiated termination.

When asked to list the factors contributing to a happy marriage, the majority of both Deaf-Deaf and Deaf-hearing couples’ responses had to do with the compatibility of language and culture between partners. With linguistic unity being the most important factor in marital happiness for the couples in this study, how important is it that therapists share a common preferred language with their clients when working with the Deaf? This is one of the many questions that should be addressed by future studies.

Many questions are raised when considering the role of therapy with the Deaf. The results of this study indicated that Deaf-hearing females had the lowest levels of marital quality as measured by both the RDAS and the 1-item marital satisfaction scale. Of these 11 respondents, 10 were hearing. This raises a question regarding the
gender versus the hearing status of the participants within this group. Are the lower scores associated with gender differences, or are they linked to being a hearing partner in a Deaf-hearing marriage? Regardless of the answer, MFTs should be aware of possible gender differences and challenges unique to both Deaf and hearing partners in Deaf-hearing marriages.

Several models of family therapy work from the assumption that problems are created and maintained when people are unable to see their subjective world from multiple perspectives (Breunlin, Schwartz, & Mac Kune-Karrer, 1992). Typically, when Deaf-hearing couples come into therapy, they do so with two different realities created by the different cultural backgrounds they were raised in. That is, each partner sees the presenting problem differently. This study's findings highlight differences in how Deaf-hearing spouses' view their marital quality. These differences are evidenced by the 5 point difference (64 points possible) between husbands' and wives' mean RDAS scores. This suggests that language and cultural factors may affect how partners in Deaf-hearing marriages feel about their relationship. Marriage and family therapists should strive to help Deaf-hearing couples see their world from multiple perspectives. By doing so, couples will be better able to negotiate a linguistic and cultural stance that facilitates happiness within the marriage.

In most hearing marriages, spouses have similar levels of marital adjustment (Glenn, 1990). The results of this study suggest that Deaf-Deaf couple husbands and wives have comparable marital quality levels as well. Their RDAS mean score was 2 points higher than the "nondistressed group" mean calculated by Busby et al. (1995). This
finding suggests that MFTs who work with the Deaf should not assume that Deaf-Deaf couples are relationally disadvantaged due to the stressors involved with being a minority. On the contrary, the results imply that being a Deaf-Deaf couple in a hearing society can strengthen a relationship.

According to Lane et al. (1996), approximately 90% of all Deaf children are born to hearing parents. As a result, many Deaf children grow up feeling caught between two cultures. This cultural isolation can adversely affect the social development children. Therapists who understand the need for cultural identity can intervene in the family system in a way that will foster healthy social development in the Deaf child without breaking familial loyalties.

Becvar and Becvar (1996) stressed the need for therapists to be aware of cultural variations in clients, and not pinpoint differences as signs of pathology. Most Deaf couples are proud of their culture, and find it offensive to be labeled a “disability group” (Lane et al., 1996). Marriage and family therapists should be respectful of the cultural differences between them and their Deaf clients. Every effort should be made by the therapist to accommodate the client’s linguistic needs. This may involve referring Deaf clients to MFTs who specialize in ASL and Deaf culture.

When interviewing Deaf couples prior to this study, one of the most typical complaints was the therapist’s lack of understanding regarding deafness and Deaf culture. Michael Harvey, an expert in psychotherapy with Deaf families, stated, “Given the therapist’s wishes to join or align with a client, it is important that linguistic matching occur between both parties--that they use a common language... It is
important that he or she be a competently trained family therapist and be knowledgeable about deafness" (1986). It is hoped that the information gained from this study will form the beginnings of a knowledge base for helping professionals to work from when treating Deaf-Deaf and Deaf-hearing couples. By doing so, they will be better able to understand the cultural intricacies and contextual factors so important in providing quality individual, couple, and family therapy.
REFERENCES


McIntosh, R.A. (1995). *Self-disclosure in Deaf-hearing, Deaf-Deaf, and*


Rousso, H. (1988). Daughters with disabilities: Defective women of minority women? In M. Fine & A. Asch (Eds.), *Women with disabilities: Essays in psychology, culture, and politics* (pp. 131-


APPENDICES
Appendix A

Cover Letter/Informed Consent to Study Participants
Dear Married Couple:

Greetings. We’re sponsoring a study at Utah State University for the Marriage and Family Therapy program. The study will look at marital happiness in Deaf-Deaf and Deaf-hearing marriages. This study is very important, because it is the first one to involve Deaf marriages. One of your friends gave us your name because they thought that you would be willing to help us with the study.

In this packet, you will find two papers titled “DEMOGRAPHICS SHEET” (there is one for each spouse). It asks general questions about you. Please fill it out. You will also find a 15 minute videotape and two papers titled “ANSWER SHEET.” On the videotape are 16 questions about your marriage. The questions are in ASL. Please watch the videotape separately from your spouse, and mark your answers to the questions on the “ANSWER SHEET.” When you are finished, put your “DEMOGRAPHICS SHEET” and “ANSWER SHEET” in one of the two self-addressed, stamped envelopes and put it in the mail. Please mail it within one week of the time you receive this packet, or as soon as possible. You may discard the videotape when you’re finished.

There are no right answers to the questions. We want to know your feelings and opinions. Be open and honest.

Your answers will be anonymous. We will not know your identity (so please do not write your name on the “ANSWER SHEET” or envelope). The answers you give us will be kept confidential. They will be analyzed and presented with all the other answers as a group. If you feel uncomfortable with the study, you may withdraw at any time without consequence. Remember, you should not answer the questions with your spouse or share your answers with each other. By filling out these papers and sending them back to us, you are giving permission to use this information in the study.

Again, you should:
(1) Fill out the “DEMOGRAPHICS SHEET.”
(2) Watch the video separately from your spouse and fill out the “ANSWER SHEET.”
(3) Put your “DEMOGRAPHICS SHEET” and the “ANSWER SHEET” in one of the envelopes and mail it within one week of the time you receive this packet, or as soon as possible.

We are trying to learn more about Deaf-Deaf and Deaf-hearing couples. Your answers are very important to us. You may have a copy of the results from this study if you wish.

Thank you for your help— it is greatly appreciated. If you have any questions or comments about your involvement in this study, please contact Anthony Mosier at 301 1/2 West, 500 North, #4 Logan, UT 84321.

Sincerely,

Dale Link

Rusty Wales

Anthony Mosier
Appendix B

RDAS and Additional Items
**ANSWER SHEET**

* It is normal for people to have disagreements in their relationships. Please mark below the amount of agreement or disagreement between you and your partner for each item on the following list.
* Be sure to fill out the questionnaire separately from your partner. Do not share your answers with your spouse.
* Please complete **every** item on the list.

<table>
<thead>
<tr>
<th></th>
<th>Always Agree</th>
<th>Almost Always Agree</th>
<th>Occasionally Agree</th>
<th>Frequently Disagree</th>
<th>Almost Always Disagree</th>
<th>Always Disagree</th>
</tr>
</thead>
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<td>1. Religious matters</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Demonstrations of affection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Making major decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Sex relations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Conventionality (correct or proper behavior)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Career decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All the time</td>
<td>Most of the time</td>
<td>More often than not</td>
<td>Occasionally</td>
<td>Rarely</td>
<td>Never</td>
</tr>
<tr>
<td>---</td>
<td>--------------</td>
<td>------------------</td>
<td>---------------------</td>
<td>-------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>7. How often do you discuss or have you considered divorce, separation, or terminating your relationship?</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>8. How often do you and your partner quarrel?</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>9. Do you ever regret that you married?</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>10. How often do you and your mate &quot;get on each other's nerves&quot;?</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>11. Do you and your mate engage in outside interests together?</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
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</table>
How often would you say the following events occur between you and your mate?

<table>
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<tr>
<th>Event</th>
<th>Never</th>
<th>Less than once a month</th>
<th>Once or twice a month</th>
<th>Once or twice a week</th>
<th>Once a day</th>
<th>More often</th>
</tr>
</thead>
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<tr>
<td>12. Have a stimulating exchange of ideas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Work together on a project</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Calmly discuss something</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Because we believe it is important to learn about Deaf-Deaf and Deaf-hearing marriages, we would like your opinion. In the space below, write what you think are the 5 most important things people need in order to be happy in marriages where 1 or more persons are Deaf.

1.  
2.  
3.  
4.  
5.  

9
16. Circle the dot that best describes how happy you are in your relationship.

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

* Please do not share these results with your partner.
* Remember to fill out the “DEMOGRAPHICS SHEET” and return it with this sheet in one of the two envelopes.
Appendix C

Demographics Sheet
DEMOGRAPHICS SHEET

Instructions: Please check the appropriate space or fill in the blank next to each question. Do not put your name anywhere on this sheet.

1. Sex: _____ Male _____ Female

2. Age: _____

3. Ethnicity: _____ Caucasian _____ Black _____ Hispanic _____ Asian American _____ Native American _____ Other.___________.

4. What do you consider yourself? _____ Deaf _____ Hearing
   _____ Hard-of-hearing
   _____ Other._________.

5. Do you consider yourself a member of the Deaf culture? _____ Yes _____ No

6. How well do you sign (ASL)? _____ Very well _____ Fairly well
   _____ Not very well _____ Poorly
   _____ Not at all

7. Occupation: __________________

8. Education level: _____ Some high school (grades 9-12)
   _____ High school graduate
   _____ Some college (freshman through senior)
   _____ BA or BS
   _____ MA or MS
   _____ PhD, MD, DDS, JD

9. How long have you been married? _________

10. Is this your first marriage? _____ Yes _____ No

11. Is this your spouse’s first marriage? _____ Yes _____ No
Appendix D
Descriptive Statistics for Deaf-Deaf and Deaf-Hearing Couples
Table 3

Descriptive Statistics for Deaf-Hearing Couples

<table>
<thead>
<tr>
<th>Variable</th>
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<th>Median</th>
<th>Mode</th>
<th>SD</th>
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</thead>
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<td>40</td>
<td>25</td>
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</tr>
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</tr>
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<td>4.0</td>
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</tr>
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Note. RANK= Hearing status, CULTURE= Cultural affiliation, SIGNING= Signing ability, YRSMAR= Years married, RELIGION= RDAS item #1, DEMAFFEC= Item #2, MAJ.DEC= Item #3, SEX.REL= Item #4, CONVEN= Item #5, JOB.DEC= Item #6, DISC.DIV= Item #7, QUARREL= Item #8, REGR.MAR= Item #9, ON.NERV= Item #10, OUT.INT= Item #11, EXC.IDEA= Item #12, WORK.TOG= Item #13, CALM.DIS= Item #14, MHSCALE= 1-item MS Scale
Table 4

Descriptive Statistics for Deaf-Deaf Couples

<table>
<thead>
<tr>
<th>Variable</th>
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<th>Median</th>
<th>Mode</th>
<th>SD</th>
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</table>

Note. RANK= Hearing status. CULTURE= Cultural affiliation. SIGNING= Signing ability. YRSMAR= Years married. RELIGION= RDAS item #1. DEMAFFEC= Item #2. MAJ.DEC= Item #3. SEX.REL= Item #4. CONVEN= Item #5. JOB.DEC= Item #6. DISC.DIV= Item #7. QUARREL= Item #8. REGR.MAR= Item #9. ON.NERV= Item #10. OUT.INT= Item #11. EXC.IDEA= Item #12. WORK.TOG= Item #13. CALM.DIS= Item #14. MHSCALE= 1-item MS Scale
Appendix E

Correlation Matrix
Table 5

Intercorrelations Between Variables for Males and Females

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*p < .05, two-tailed  **p < .01, two-tailed

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