## Assessment of Positive Feelings Toward Spouse

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A measure of positive affect toward spouse was developed in 1975, and revisions of that measure with subsequent item analyses are presented from a contrasted group comparison (clinic vs. community couples; total couple N = 104). Reliability and validity data are presented to indicate the utility of the measure, positive feelings toward spouse. A 17-item questionnaire with all items that met a homogeneity criterion of >.50 was derived with an alpha of .94; all contrasted group comparisons yielded item differences with ps < .01.

There has been a marked increase in research on the assessment of general marital satisfaction and on the reliability and validity of behavioral components of marital satisfaction (e.g., Christensen & Nies, 1980; Jacobson & Moore, 1981). On the other hand, there is relatively little research on measurement of positive affect, love, and caring for a partner in a marriage. Positive affect and love are quite difficult to define; some legislators have even argued against research having to do with love (Walster & Walster, 1978). Although positive affect or love indeed may be difficult to measure, such affect is judged by women as the most important characteristic of a good marriage; men judged love to be second only to understanding (Broderick, 1981).

Rubin (1970) developed a scale of romantic love, which he defined as "love between unmarried opposite-sex peers, of the sort which could possibly lead to marriage." This measure was used with college students, and external validity was established by its use as a predictor of gazing into a lover's eyes. The measure was not normed or validated for married couples. Shostrom (1975) published a measure of caring that had subscales designed to reflect Maslow's concepts of love. Although this measure was intended for use with married couples and has normative and contrasted-groups validity data, it is a lengthy measure (83 items) to place in an assessment battery for marital therapy, and test-retest reliability is not available for it. Further, in part because this measure was not published in a journal but by a private company, it has not been used much. In fact, it was not referred to at all in *Psychological Abstracts* from 1979 to 1982. Snyder and Regts (1982) assessed alienation or disaffection from one's spouse, but decreases on scales of disaffection are not synonymous with increases on scales of positive affect.

In 1975, we developed an 18-item positive feelings questionnaire (PFO) to assess positive affect towards a spouse. The measure was reliable (r = .93, testretest, 3 weeks) and had a reasonably high correlation (r = .78) with the widely used Locke-Wallace Marital Adjustment Test (Kimmel & Van der Veen, 1974). The readability level of the PFO is seventh grade (Dentch, O'Farrell, & Cutter, 1980). Further, women's scores on the PFQ were predictive (r =.43) of change in therapy (O'Leary & Turkewitz, 1978; Turkewitz & O'Leary, 1981). In addition, the PFO is sensitive to treatment changes. In a recent evaluation in the University Marital Therapy Clinic (State University of New York at Stony Brook) there were significant positive increases on the PFO for 44 husbands and 44 wives who received behavioral marital treatment for an average of 14 sessions (O'Leary & Arias, 1983).

The purposes of the present research were as follows: (a) to complete an item analysis of the PFQ with contrasted groups of maritally discordant and nondiscordant couples, (b) to add several items to the questionnaire and to assess item-total correlation

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Requests for reprints and for copies of the Positive Feelings Questionnaire should be sent to K. Daniel O'Leary, Psychology Department, SUNY, Stony Brook, New York 11794

for all items, and (c) to change the format of some of the items from questions to incomplete sentences to be completed by ratings. The format of some of the items was changed to allow respondents to express feelings rather than reflect on how they felt when their spouse did certain things. For example, the item, "How do you feel when your spouse touches you?" was changed to "Touching my spouse makes me feel . . .". examples of incomplete sentences rated on a positive to negative continuum include, "My spouse's physical appearance makes me feel . . . ; Kissing my spouse makes me feel . . .". Examples of questionnaire items rated on a positive to negative continuum include, "How do you feel about your spouse as a friend to you? How do you feel about how your spouse understands you?" We wished to assess how spouses felt toward one another even though they may never have communicated such feelings to each other.

Fifty-eight distressed couples seen at the University Marital Therapy Clinic received the questionnaire as part of a standard assessment battery. Forty-six community couples were recruited through a newspaper advertisement that described a project assessing marital interactions. No mention was made in the advertisement of a need to have happily married couples; all community couples completed the Locke-Wallace Marital Adjustment Test (Locke & Wallace, 1959), the Positive Feelings Questionnaire, and a demographic questionnaire. The clinic and nonclinic groups did not differ with regard to income, education, age, and number of years married, but they did differ with regard to marital adjustment scores.

Results of the analyses of the revised Positive Feelings Questionnaire for the combined groups (Couple N = 104), with elimination of 7 items that did not meet a homogeneity criterion of .50, yielded a 17-item questionnaire battery with an alpha of .94 and contrasted group comparisons that yielded item differences with ps < .01. Validity correlations of the PFQ for the clinic sample were as follows: Marital Adjustment Test r = .70, p < .001; Navran Communication Scale r = .40, p < .001; Beck Depression Inventory r = .16, p < .05. The PFQ also correlated with spouses' ratings of their commitment to their marriage (r = .40, p < .001) and with ratings of affective responses to hypothetical positive actions by their spouse (r = .48, p = .011). Positive feelings toward spouse were not correlated with age, education, or income. However, there was an interaction of sex and clinic versus nonclinic status. Women had significantly lower PFQ scores than men in the distressed group F(1, 194) = 3.12, p = .075, whereas men and women did not differ on the PFO in the community sample. Means and standard deviations for the PFQ are presented below Table 1

Comparison of Scores on the Positive Feelings Questionnaire (PFQ) and Marital Adjustment Test (MAT)

	PFQ		MAT	
Sample	М	SD	М	SD
Community				_
Men $(N = 46)$	100.52	12.44	108.17	23.97
Women $(N = 46)$	104.26	9.73	112.30	20.56
Clinic				
Men $(N = 58)$	83.98	18,16	77.27	27.14
Women $(N = 56)$	73.86	22.40	69.69	25.99

for the distressed and nondistressed groups along with MAT scores. (See Table 1.)

One might assert that our measure of positive feelings toward spouse is measuring the same thing as assessed by the Locke-Wallace Marital Adjustment Test, since the two measures correlated .70. First it should be noted that with a correlation of .70 only one half of the variance (49%) in the measures is shared. An important percentage (53%) of the items on the Locke-Wallace Test assess the extent to which spouses agree or disagree on certain matters such as family finances, recreation, affection, philosophy of life, and sexual matters. In contrast, items on the PFQ assess how touching, being alone with a spouse, kissing, and sitting close to a spouse affect the spouse. In brief, although one would certainly expect reasonable overlap between caring or love for a spouse and general marital satisfaction, caring for a spouse is not synonymous with satisfaction with a marriage. In fact, therapy changes in Locke-Wallace Marital Satisfaction scores were predicted by women's positive feeling scores but not by men's scores.

In sum, the PFQ is internally consistent, relatively stable over time in nonclinic groups, correlated with a number of important measures of marital interaction, and sensitive to changes during marital therapy.

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