Instrumentalism and couple's therapy: Influential impacts on therapist's values, neutrality, and perceived role in couple's therapy

by

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Abstract

Values dictate who we are, how we see the world, and how we choose to interact with others. They are imbedded in culture. Therapists and clients are dictated by values that in a large part determine the course of therapy (L'Abate, 1982). Mindful to not impose personal values on their clients, therapists may attempt what is being called a value-neutral approach, inadvertently reinforcing certain dominant cultural values about relationships that may, or may not, be in the best interest of the client's relationship. Therapists practicing within American culture may unintentionally reinforce instrumental views of relationships in the therapy room if they attempt to remain value-neutral. The present study explored the influence of instrumentalism on therapist's values and roles they take in therapy with two studies. Study 1 involved the construction and refining of scales that intended to measure (a) attitudes towards commitment (b) instrumentalism in romantic relationships. The attitudes towards commitment scale was created with high reliability and the instrumentalism scale was discarded and new items were created for the second study. Study 2 involved a mixed-methods approach to explore the influence of instrumentalism on therapists' definitions and use of neutrality, as well as therapists' roles in couple's therapy. Participants for study 2 were sent a survey asking about demographics, relationship and commitment values, their definitions of neutrality, and the roles they take in couple's therapy and whether they advocate more for individuals or relationships. When therapists advocate more for the relationship they are more likely to have more positive attitudes towards commitment, are less likely to endorse soft reasons for relationship dissolution, see themselves as part of a collective, and be religiously active.

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Dedication

In honor of his passing, I would like to dedicate this thesis project to Salvador Minuchin (1921-2017) who initially inspired me to enter into the field of Marriage and Family Therapy after randomly stumbling across his book, *Families and Family Therapy*, in a second-hand book shop in my homeland of western Massachusetts.

Chapter 1 - Introduction

The meaning of *values* has changed over time. Bellah et al. (1996) explain that the language of values, once understood in terms of moral choice, has instead become a language of "an absolutely empty and unencumbered and improvisational self … [obscuring] personal reality, social reality, and particularly the moral reality that links person and society" (p. 80). In other words, although current definitions in the literature on human behavior reflect "beliefs and preferences that undergird the ethical decisions made by individuals and groups" (Doherty & Boss, 1991, p. 610), popular culture seems to demonstrate that values are actually understood and lived out in terms of preferences that are to be altered at will in an effort to meet the needs of the individual (Bellah et al., 1996).

Whether defined as a matter of morality or preference, values dictate who we are, how we see the world, and how we choose to interact with others. They are imbedded in culture. And therefore, as products of culture, therapists and clients are dictated by values that in a large part determine the course of therapy (L'Abate, 1982). Moreover, the power a therapist holds, whether admitted to or not, acts as a strong influence in guiding clients towards certain outcomes and values in therapy (Tjeltveit, 1986; Tjeltveit**,** 2015). Accordingly, Peterson (1992) strongly states that "even when we do not feel powerful, having more power creates the obligation to be aware of our impact on our clients" (p. 53). Mindful to not impose personal values on their clients, therapists may attempt what is being called a value-neutral approach, inadvertently reinforcing certain dominant cultural values about relationships that may, or may not, be in the best interest of the client's relationship. For example, feminist family therapists point out that when therapists have no clearly formulated value system regarding gender relations, they are more likely to enforce traditional gender norms in therapy (Hare-Mustin, 2003).

In American society, the status quo reflected with substantial weight is the ideal of the independent self-made person, an ideal that requires an individualistic concept of success in one's life (Bellah et al., 1996). This individualistic milieu manifests itself through what is known as *instrumentalism*. There are a few different ways in which this term has been defined. Aristotle (1999) sees this as one way to arrive at some end goal, explaining instrumentalism as an approach that sees the means and the end as separate. Other definitions identify instrumentalism as a self-focused endeavor. For the current study, the term is seen as a directly related construct of individualism, and defined as a pragmatic philosophical term that sees an activity or practice as a tool for some desired practical end. The term is typically depicted as ethically neutral. However, Fowers (2010) argues that "it is an ethical endeavor because it dictates that choices of values and goals *should* be left to individuals" (p. 105). Fowers continues that at its worst the outlook of instrumentalism regards "societies and institutions [as] simply arenas for individual and interest group aggrandizement, the natural world is reduced to resources, and relationships with family and friends are boiled down to opportunities for obtaining satisfaction, support, material assistance, and so forth" (p. 103). A purely instrumental view of relationships, as observed and argued by Doherty (2013), may increase the vulnerability of relationships to normative stressors and challenges. For example, an individual who sees a romantic committed relationship as a tool primarily for their personal happiness might see any sign that the relationship is not meeting personal needs as a legitimate reason to leave.

As participants and agents of society, therapists practicing within American culture may unintentionally reinforce this instrumental view of relationships in the therapy room, potentially emphasizing clients' instrumental goals at the expense of their relationships. Consequently, it is of utmost importance that therapists engage in a critical evaluation of their values related to

instrumentalism as it applies to the therapy they conduct with their clients, especially in romantic couple cases or addressing relational presenting problems. This argument leads us to the present study which seeks to explore the influence of instrumentalism on therapist's values of commitment in relationships, and in turn how those specific values are used to inform their beliefs and behaviors when conducting couples therapy.

Chapter 2 - Review of the Literature

The Moral Dimension within Marriage and Family Therapy

Individualism, and the related construct of instrumentalism, is a fundamental component of American culture and those who assimilate American ideals into their life. According to John Locke (1632-1704), society only exists because the individual seeks his/her self-interest therefrom. John Locke's influence on America's founding fathers is detected in how Benjamin Franklin conceptualized his definition of personal values, or as he termed them, virtues. MacIntyre (1981) explains that Franklin saw virtues as a means to some end; a virtue was only as good as its utility for the person exercising it. Instrumentalism simply understood as the use of certain means to arrive at separate ends is not inherently problematic. We practice this type of goal-oriented behavior on a daily basis. Moreover, in the context of our consumer habits and earning a living, instrumentalism helps us constantly evaluate the utility of products, drives us to acquire wealth, and prompts us to think for ourselves, judge for ourselves, and make our own decisions (Bellah et al., 1996). The main assumptions of autonomy associated with instrumentalism might also be utilized as a check and balance for traditions that might be considered oppressive in any way. In other words, Bellah et al. (1996) state that "no tradition…is above criticism" (p. 154), and it is with values associated with instrumentalism that give us the ability to constructively criticize traditions which could do possible harm. This desire to avoid oppressing others, though, at its extreme, may lead therapists to fall short of questioning potentially harmful dominant social narratives related to individualism by attempting to adopt a value-neutral stance in order to not sway their client.

The systemic perspective of the field of Marriage and Family Therapy (MFT) has addressed the moral components of family life in a variety of ways. Examples include feminism

(Hare-Mustin, 1986), relational ethics such as loyalty and justice (Boszormenyi-Nagy & Krasner, 1986), and western bias in therapy (McGoldrick, 1998). Fowers (2001) posits that "the breadth and depth of the literature in individual and family therapy compellingly suggests that ethical or moral concerns are systematically intertwined in all of our therapeutic work" (p. 329). It is possible that due to the systemic perspective of their field, MFTs are more immune than other mental health practitioners to reinforcing dominant social values that might undermine the strength of relationships and families, at least in theory. Unfortunately, MFTs who attempt a value-neutral stance counteract that systemic orientation, maintain the presence of dominant social values in the therapy room, including instrumentalism, potentially to the detriment of their clients' relationships.

Instrumentalism in Relationships

MacIntyre (1981) and Bellah et al. (1996), state that in the Western world, people have more or less lost the ability to articulate where their moral traditions come from. Because an ideal like relationship commitment can be seen as a moral matter, the fact that we are losing the ability to articulate why we *should* strive for commitment in our relationships, is significantly problematic. Instrumentalism has replaced moral traditions that focus on values that are evaluated based on the benefit to the community with a focus on the utility of the value to the individual (MacIntyre, 1981). Because instrumentalism has a means-ends focus, a value like commitment may shift, depending on its utility to the individual. Bellah et al. (1996) argue that this type of contractual perspective "leaves every commitment unstable" (p. 130) because it is determined by the subjective feelings of the individual and does not consider an objective or absolute ethic to hold the relationship together. Although instrumentalism may help us evaluate initial compatibility when selecting a potential mate, a *strict* adherence to instrumentalism in our

committed romantic relationships has the potential to weaken fundamental aspects of a flourishing relationship that are disregarded because the central focus of the relationship is on individual satisfaction, which, when unmet, results in premature evaluations of a defective relationship. On the other hand, a strict adherences to traditions (e.g., religiously based commitment) may result in keeping the union intact despite intense dissatisfaction in the relationship. This might be characterized when couples remain together even after trust has been broken, whether because of multiple affairs or when chronic substance use and/or abuse occur throughout an extended period of time. From this view partners might suffer greatly, and yet, their morals around commitment prevent them from relationship dissolution when it might be very necessary. Doherty (2013) labeled such cases as "hard reasons for divorce" (p. 40). These reasons include abuse, abandonment, chronic alcoholism or substance use/abuse, addiction, and infidelity. A balance of instrumentalism and commitment may be optimum for both relationship stability and individual satisfaction.

Instrumental-based perspective. Doherty (2013) explains that a strictly instrumental perspective would evaluate romantic relationships in a similar way as any consumer product on the market. If the relationship stops meeting one's needs, it is simply better to discard and find a replacement than to work through an uncomfortable period on the chance the relationship will improve. Doherty (2013) points out that this consumer attitude demonstrated in instrumentalism becomes most obvious when "we come face to face with our disappointments about our marriage and our mate. That's when we start to ask ourselves, 'Is this marriage meeting my needs?' and 'Am I getting enough back for what I am putting into this marriage?'" (pp. 30-31). Moreover, Doherty explains this perspective lends itself to "[working] your way out of a reasonably good marriage by focusing on what you are not getting out of it and turning negative toward your

mate, who will in turn give you even less and thereby help justifying leaving" (p. 40). Doherty (2013) identifies that these *soft reasons* for divorce are those directly related to narratives reflecting instrumentalism. Other examples of these soft reasons include: "The relationship wasn't working for me anymore…I wasn't happy…After the children left home, there was nothing left…We had no real intimacy. What kind of role model is that for the kids?" (p. 40).

Companionate-based perspective. A relationship that values commitment and taking responsibility for the problems that have grown out of a neglected relationship can be seen as a companionate-based perspective (Doherty, 2013). This perspective is rooted in Aristotle's (1999) third type of friendship which is demonstrated when "friends wish alike for one another's good" (p. 219). In other words, a friendship in which there is recognition in someone's good character in addition to a shared pursuit of life goals. Instead of focusing on a purely instrumental means-end pursuit for satisfaction within romantic relationships, a companionate-based perspective will also reflects a consideration of the moral traditions and obligations that help maintain the relationship (Bellah et al., 1996). This perspective is not against happiness and relationship satisfaction. It carefully considers commitment within the societal context of traditions that sustain the relationship when relationship satisfaction is low. Examples of this perspective are demonstrated when couples choose to work through periods of their relationship when they no longer feel personally satisfied. The couple, nevertheless, is influenced by values they hold, such as commitment, loyalty, and generosity, and these morally derived values can bind them together despite instrumental reasons to dissolve the relationship.

Therapist Characteristics and Instrumentalism

Drawing mainly from the work of MacIntyre (1981), Bellah et al. (1996), Doherty (2013), and others mentioned below, there are a few predictions that can be made about

characteristics and demographics that might influence individuals towards more instrumental views of romantic relationships. For example, the very act of being in a committed relationship might very well affect one's own views on long-term commitment. Because of this, these characteristics and demographics matter as we consider the direction therapists take in couple's therapy. Additionally, those who hold religious traditions of commitment, as discussed by Bellah et al. (1996), might articulate their commitment more so in terms of a shared life pursuit based on a moral obligation, thus reporting lower instrumental views of relationship function.

Additionally, parental divorce is a well-researched experience that influences offspring views of romantic commitment. Whitton, Rhoades, Stanley, and Markman (2008) explain that when "compared to offspring of non-divorced parents, those of divorced parents generally have more negative attitudes towards marriage as an institution and are less optimistic about the feasibility of a long-lasting, healthy marriage" (p. 789). A therapist coming from a family of divorce might have views of commitment which influence their own views of the function of a romantic relationship and the importance of commitment.

Research on romantic love and relationship commitment have also been looked at alongside cultural orientations towards individualism and collectivism (Bejanyan, Marshall, & Ferenczi, 2015; Dion, & Dion, 1993). Research and historical analyses have connected the phenomenon of romantic love to the western world, and specifically, to individualism (Dion, & Dion, 1996; Fowers, 2000). One might argue that the current definition of instrumentalism used in this study in regards to intimate relationships parallels with the outcomes of a strict view of romantic love. Subsequently, higher levels of individualism might relate to a more instrumental view of relationships.

These personal demographics and cultural characteristics are often carefully assessed in terms of their impact on self-of-the-therapist issues (i.e., managing the influence of family-of-origin issues on therapist anxiety), potentially leading to therapists becoming aware of their own biases. In an attempt to limit the impact of these biases on the therapeutic process, therapists may avoid raising or addressing topics of relational morality or ethics all together in therapy; believing that as long as their values (or the influence of demographical characteristics) are not expressed, the client(s) will be uninfluenced by them.

Therapeutic Neutrality. Psychology's traditional grounding in individualism can be seen as a cultural response to the tyrannical influence of social institutions. Cushman (1995), in *Constructing the Self, Constructing America*, attempts to address this complicated and dynamic process of psychotherapy and the western world—particularly therapy as an American phenomenon and its effects on the American identity. To depict the complex nature of individualism, for example, he explains that "[it] is a slow building, centuries-old phenomenon that has developed in part because of oppressiveness of certain traditions, the stifling inertia of life in small communities, and the compelling decision to resist the old, the given, the unjust, and to be creative, unique, and unusual" (p. 10). Social science and psychotherapy in particular, then, can be seen as one outgrowth of our culture, attempting to address the wrongs committed by social institutions (Cushman, 1995).

Compounding the influence of individualism in therapy, early leaders in psychology, such as Wilhelm Wundt and William James, understood that in order for psychology to become a credible science, a neutral or objective stance would have to be taken in the endeavor to study human behavior. Since that time, there has been a rather awkward attempt by researchers and practitioners to juggle objective social science (Feigl, 1950; Kendler, 2002; Watson, 1913) while

admitting the inseparability of researcher bias and the facts that are produced (Clegg, & Slife, 2009; Flyvbjerg, 2001; Fowers, 2012a; Gadamer, 1989; Habermas, 1970; Richardson, Fowers, & Guignon, 1999; Slife & Williams, 1995; Taylor, 1985; Tjeltveit, 2015). The current clinical understanding in MFT states that the therapist is just as much of an influencer as the other members of clients' family systems on client outcomes (i.e. second order cybernetics; Bateson, 1972) and that it is impossible for therapist values to remain outside the therapy since our field's values of the good—"autonomy, efficacy, and positive [affect]"—are embedded within the foundational assumptions of our field (Fowers, 2012b). This goal of a value-neutral therapist should not be confused with model specific descriptions of the neutral role of the therapist.

There are numerous MFT models that suggest the optimal stance of the therapist is one of neutrality, although they vary on what this means. In some models, neutrality means that the therapist makes space for every family member to be heard. For example, contextual family therapists understand the construct of neutrality in terms of multidirected partiality: therapists consider the unique perspectives of each family member and oscillate attention back and forth with empathy for each member and their different experiences with entitlement and obligation (Hargrave & Pfitzer, 2003). Similarly, structural family therapists take a leadership role in providing space for each family member and their individual experience in the family's presenting problem, hierarchy, and system (Minuchin & Fishman, 1981).

In other models, neutrality is a synonym for curiosity. For example, Storms (2011) defines neutrality in Milan Family Therapy as an ability "to be open to numerous hypotheses about the system and invite the family members to explore those hypotheses, increasing the number of options for change" (p. 208). Other models, such as solution-focused therapy and narrative therapy, add a not-knowing stance to their description of therapist neutrality (Metcalf,

Thomas, Duncan, Miller, & Hubble, 1996; Leslie, 2011). In Bowen family systems, "neutrality is reflected in the ability to define self without being emotionally invested in one's own viewpoint or in changing the viewpoints of others" (Kerr & Bowen, 1988, p. 150).

Although there are a variety of ways in which marriage and family therapy models define neutrality and the role of the therapist, none of the definitions cited fit the definition of neutrality that this paper argues is discussed in training and practice, and is unrealistic and potentially harmful—the belief that a client should move towards change uninfluenced by their therapist's values, judgments, or case conceptualization, which can be accomplished if the therapist simply monitors their verbal and non-verbal reactions so as to not reveal underlying thoughts, feelings, or values. This definition of neutrality possibly reflects the influence of instrumental values in American culture on the field. In a quest to not infringe upon client autonomy, therapists may hesitate to engage in discussions involving relational morality and ethics with their clients for fear of inadvertently imposing their personal values (Doherty, 1995; Richards & Bergin, 1997; Thomas, 1994; & Tjeltveit, 1986). Unfortunately, therapists acting according to this belief may be doing exactly what they are seeking to avoid in two ways. First, therapists support instrumentalism when clients bring this value into the therapy room and therapists avoid conversations around moral matters involved in the couple's relationship decisions (Fowers, 2010a; Richardson, Fowers, & Guignon, 1999). Second, therapists who are unaware of the ways in which certain interpretations of therapeutic approaches may reinforce instrumentalism in therapy might further reinforce this influence in their clients.

Morality in MFT models. Doherty and Boss (1991) explain that contextual family therapy is possibly the "only major family-therapy model with an explicit theory of the ethical dimensions of family life and therapy" (p. 607). However, even contextual family therapy does

not explicitly address the idiosyncratic cultural interpretation of the theory's concepts of fairness, trustworthiness, and loyalty. These terms, which most clients would consider as matters of morality, are seen instead, as instruments for the reduction of problematic symptoms. Fowers and Wenger (1997) similarly argue that contextual family therapy "slides all too easily into the mutual assertion and negotiation of individual needs characteristic of contemporary individualism" (p. 154).

Examples of the influence of instrumentalism in therapeutic models include cost-benefit analysis interventions, behavior exchange, (Jacobson & Christensen, 1996; Jacobson & Margolin, 1979) and approaches that focus solely on communication (Baucom, Epstein, & LaTaillade, 2002; Gottman, 1999) as one of the more salient aspects of relationship quality emphasize an instrumental view of relationship well-being. The argument is not that these approaches and interventions do not help to make change. However, it is argued that focusing solely on communication and/or behavioral skills in couple's therapy ignores more systemic frameworks of relationship quality and also ignores the larger socially constructed frameworks of how we think about relational morality and ethics (Richardson, Fowers, & Guignon, 1999). Moreover, a purely skills based approach is often void of conversations on the type of character and commitment needed from the person to demonstrate communication skills (Fowers, 2010a).

The Present Study

As systemic thinkers, marriage and family therapists see relationships as reciprocal and dynamic. This perspective is as relevant for the therapist-client relationship as any other system the client is involved with. Therapists who operate from systemically-oriented theories understand that we are always influencing and being influenced because we are always interacting (Bateson, 1972). Although attention has been drawn to the role of cultural

assumptions and subconscious cultural scripts on therapeutic practice, little attention has been called to the ways in which individualism and instrumentalism (major pieces of cultural identity) specifically impact therapeutic decisions for clients in committed relationships. For the present study, I argue that therapists raised mostly in Western-oriented culture, operating through Western-based theories, and/or trained in Western-based institutions are influenced by instrumentalism in their personal and professional world, and therefore, without critical self-examination, may influence and encourage clients to operate in their relationships with instrumental perspectives even when it may be at odds with client goals. Because *strict* instrumentalism can theoretically give way to weaker romantic relationships (Fowers, 2010; Fowers & Owenz, 2010; Fowers & Wenger, 1997), therapists operating unknowingly under the dominant cultural narrative of instrumentalism may maintain forces leading to weak long-term relationship commitment, and at worst, relationship dissolution.

If we cannot be certain of the apprehension therapists feel in discussing moral matters, we can at least be sure that there is a shortage of models in marriage and family therapy that explore the moral realm of clients' presenting problems. We might also assume that because there lacks any robust process to discuss such matters in therapy, the dialogue around the moral realm often goes undiscovered, or at best explored without a map. Therefore, psychotherapy maintains an instrumental focus for clients not only through the cultural narratives therapists may be unaware of, but also through models and interventions of therapy that neglect the moral realm of client's lives that is ever-present in our decisions. Accordingly, the purpose of this study is to better understand the influence of instrumentalism on therapists-in-training in Marriage and Family Therapy programs in the United States. This will be accomplished through two studies: (1) a preliminary study to refine scales that will measure (a) attitudes towards the idea of long-

term commitment (b) and the influence of instrumentalism on decisions to end committed romantic relationships, and (2) a mixed-method study to explore the influence of instrumentalism on therapists' definitions and use of neutrality, as well as therapists' roles in couple's therapy.

Chapter 3 - Study 1

Due to the lack of relevant measures, this study piloted and refined two scales based on the previously cited theory for assessing the presence of instrumental components in peoples' views of relationships: The Relationship Function Scale (RFS) and the Attitudes Towards Commitment Scale (ATCS). The RFS assesses beliefs about relationships with two subscales reflecting an instrumental perspective and a companionate perspective by having individuals react to reasons for ending and maintaining romantic relationships. Individuals operating under strict instrumental perspectives may define the main purpose of romantic relationships as a way to meet personal needs (sexual, emotional, intellectual, psychological, etc.) and thus react with stronger agreement to the statements that reflect a self-focused view of relationships. Partners that value commitment and taking responsibility for the problems that have grown out of a neglected relationship is reflected in a companionate-based perspective (Doherty, 2013). This perspective is rooted in Aristotle's (1999) third type of friendship which is demonstrated when "friends wish alike for one another's good" (p. 219). In other words, a friendship in which there is recognition in someone's good character in addition to a shared pursuit of life goals.

The ATCS draws from the same research on instrumentalism that sees unstable commitment as an outgrowth of strict instrumental perspectives. Bellah et al. (1996) argue that this type of contractual, instrumental perspective "leaves every commitment unstable" (p. 130) because it is determined by the subjective feelings of the individual and does not consider an objective or absolute ethic to hold the relationship together. Therefore, the ATCS assesses people's attitude towards commitment (positive and negative) in romantic relationships (commitment being understood within the context of relationships and defined as a quality or characteristic of dedication to a certain cause, in this case, another individual). After piloting the

scale items with a small sample to increase clarity and focus, a larger sample was recruited to assess the factor structure, reliability, and validity of the scales using the following hypotheses:

1. Participants' relationship status will correlate with ATCS, predicting that those in a committed relationship will report more positive attitudes toward commitment than people who are currently single or dating.
2. The ATCS will be positively correlated with respondents who report coming from homes where the majority of their upbringing included parents with an intact marital relationship.
3. The ATCS will be positively correlated with positive attitudes towards marriage and negatively correlated with the positive attitudes towards divorce.
4. Frequency of religious activity will be positively correlated with the companionate subscale of the RFS.
5. The instrumental subscale on the RFS will be positively correlated with individualistic cultural beliefs and the companionate subscale of the RFS will be positively correlated with collectivist cultural beliefs.

Study 1 Methods

Procedures. First, 5 individuals were selected using a convenient sampling method to review the items in the RFS and ATCS for clarity. These individuals included faculty and students in a Family Studies and Human Services Department at a large Midwestern university, as well as individuals in the personal life of the student researcher. Participants who agreed to help refine the scales were asked to look over and complete the scales while noting possible changes. After participants completed the task, they were asked to discuss their view on the clarity of the items with the researcher. Modifications were made based on this feedback. This

process was repeated with additional participants until participants reported minimal confusion with the item wording.

The second phase of Study 1 included sending out a Qualtrics survey containing the refined RFS and ATCS, demographic information, and measures of participants' attitudes towards divorce, general attitudes towards marriage, and a cultural orientation scale measuring individualism and collectivism among participants (see Appendix A). This anonymous link was sent to teaching assistants and academic advisors in a Family Studies and Human Services Department at a large Midwestern university with a request for them to email the research opportunity to their students. A random cash prize drawing was the incentive for participation.

Participants. A total of 79 individuals participated in the second phase of Study 1 with a mean age of 22.7 (SD = 7.03). Although the emphasis of this entire study is on therapist's beliefs and values, the non-therapy specific theoretical assumptions regarding correlates of instrumental beliefs about romantic relationships should also hold true for the general population. The majority of participants were female (91%), white/non-Hispanic (83%), single (42%), dating (41%), and Christian/Protestant (53%; see Table 1). The lack of diversity in this norming sample required additional psychometric analyses that were done in study two.

Table 1
Study 1 Demographics for Norm Sample: Descriptive Statistics (N = 79)

Variables	*M* or *n*	*SD* or *%*	*Range*
Age	22.67	7.03	17 - 53
Gender			
Female	72	91.1%	
Male	7	8.9%	
Race			
White (Non-Hispanic)	66	83.5%	
American Indian	2	2.5%	
Asian/Pacific Islander	3	3.8%	
Latino/Hispanic	2	2.5%	
Black/African American	2	2.5%	
Multiracial	4	5.1%	
Religious Affiliation			
Christian (Protestant)	44	55.7%	
Christian (Catholic)	16	20.3%	
Atheist	2	2.5%	
Agnostic	11	13.9%	
Other	4	5.1%	
Relationship Status			
Single	31	39.2%	
Dating	30	38%	
Cohabiting	3	3.8%	
Engaged	3	3.8%	
Married	9	11.4%	
Divorced	3	3.8%	
Parent Relationship Status			
Married	59	74.7%	
Widowed	2	2.5%	
Divorced	13	16.5%	
Separated	2	2.5%	
Other	3	3.8%	

Measures. In the survey participants were asked to indicate their age, gender, current relationship status, race/ethnicity, religious affiliation, frequency of religious activity, and parents' relationship status during the majority of their childhood. Next, participants answered items from the RFS and ATCS along with the scales indicated below.

Relationship function scale. The RFS included 11 items and contained two subscales. The Instrumental RFS subscale (RFSI) included 5 items reflecting reasons for maintaining and ending romantic relationships reflecting instrumental beliefs. The Companionate RFS subscale (RFSC) included 6 items reflecting beliefs around shared goals, mutual growth, and sacrifice for

the relationships needs. For all 11 items participants were asked to rate items on a scale from *strongly disagree* (1) to *strongly agree* (6). Each of the subscales scores were averaged so that a higher score reflected more positive views on that respective perspective.

Attitudes towards commitment scale. The ATCS includes 10 items and contains two subscales. The subscales are labeled *negative (*ATCN) and *positive* (ATCP). Examples of the ATCN subscale include: (a) "The idea of life-long commitment to another person is unrealistic" (b) and "Long-term committed relationships can get in the way of individual growth." Examples of the ATCP subscale include: (a) "Commitment is necessary for having a personally fulfilling romantic relationship" (b) and "Long-term committed relationships give life meaning." A higher score on the negative ATCS subscale reflected more negative attitudes towards divorce and vice versa for the positive ATCS subscale. Participants were asked to rate items on a scale from *strongly disagree* (1) to *strongly agree* (6). Items were recoded to create a total scale score with a lower score indicating less positive attitudes towards commitment.

Attitudes towards divorce scale. The ATD scale is taken from a study by Whitton, Stanley, Markman, & Johnson (2013) and is measured with three items addressing the degree individuals feel divorce is an acceptable option for distress in marriage. The three items include the following: (1) "When married people realize that they no longer love each other, they should get a divorce even if they have children"; (2) "Sure, divorce is bad, but a lousy marriage is even worse"; and (3) "When there are children in the family, parents should stay married even if they do not get along." Participants were asked to rate items on a scale from *strongly disagree* (1) to *strongly agree* (6). After item 3 was reversed coded all items were averaged with higher scores indicating a greater acceptance of divorce. The scale reported good internal consistency (α =.72).

Attitudes towards marriage scale. The ATM scale, developed by Park and Rosén (2013), included 10 items measuring general attitudes about marriage. Participants were asked to rate items on a scale from *strongly disagree* (1) to *strongly agree* (6). Items included some of the following: (a) "Marriage is beneficial" (b) and "I do not have fears of marriage." After reverse scoring items 2, 3, 4, 8, and 10, the scale's items were averaged with a higher score indicating more positive attitudes towards marriage. The scale reported good internal consistency (α =.88).

Cultural orientation scale. Triandis and Gelfand's (1998) scale includes 27 items asking participants to rate their agreement with statements along 4 subscales including horizontal individualism, horizontal collectivism, vertical individualism, and vertical collectivism. Horizontal individualism reflects desires to be unique, distinct from groups, highly self-reliant, but may not desire status. Vertical individualism reflects a desire for status, which is acquired with a competitive nature. Horizontal collectivism is demonstrated when people see themselves as similar with others, emphasize common goals and interdependence, but do not easily respond to hierarchical authority. Vertical collectivism reflects someone who is loyal to their own group, and emphasizes self-sacrifice within their group. Participants were asked to rate items on a scale from *strongly disagree* (1) to *strongly agree* (6). The questions from the 4 main categories were scrambled in the survey. After reverse scoring item 6 in the vertical individualism subscale, the subscale's items are averaged so that higher subscale scores indicated greater identification with the respective ideals about self and culture. The alpha reliability coefficient for each group were as follows: horizontal individualism (α = .68), horizontal collectivism (α = .65), vertical individualism (α = .84), and vertical collectivism (α = .58).

Religious activity scale. The scale, taken from Loewenthal, MacLeod, and Cinnirella (2002), includes three items measuring frequency of various religious and/or spiritual habits

falling under the categories of prayer, religious study, and attending a place of worship. The items included the following: “How often do you attend a place of religious worship?”, “How often do you pray?”, and “How often do you study religious texts?” Participants answered each item with a scale ranging from *never* (1) to *daily* (5). Items were averaged such that a higher score indicated more religious activity frequency. The scale reported good internal consistency (α =.87).

Study 1 Results

In Phase 2, exploratory factor analyses (EFAs) with oblique rotation were conducted to establish the factor structures of the ATCS and RFS. Correlations and ANOVA’s were used to explore concurrent validity of the ATCS and RFS with theoretically related constructs.

Attitudes towards commitment scale. Skewness and kurtosis values indicated a normal distribution with the ATCS items (see Table 2). Prior to conducting the EFA, correlations for all items were analyzed to test inter-item reliability (see Table 2). It was expected that the items reflecting negative views of commitment (ATCN) would negatively correlate with the items reflecting positive views of commitment (ATCP). It was found that all items from the ATNC, with the exception of ATCP_1, had statistically significant correlations with most of the ATCP items in the expected direction. Item ATCN_5 was positively correlated with most items from both subscales involving positive and negative views of commitment, even though it was expected to correlate negatively with all ATCP items (see Table 2). This item was not included in the subsequent EFA.

Table 2
Study 1 Attitudes Towards Commitment Scale Items: Correlations (N = 79)

Variables	1	2	3	4	5	6	7	8	9	10	M	SD	*Skewness* (SE)	*Kurtosis* (SE)
1. ATCP_1	1										5.04	.98	-1.08 (.27)	1.06 (.54)
2. ATCP_2	.300**	1									4.29	1.36	-.44 (.27)	-.65 (.54)
3. ATCP_3	.516**	.316**	1								4.60	1.05	-.87 (.27)	1.10 (.54)
4. ATCP_4	.293**	.393**	.306*	1							3.77	1.29	-.30 (.27)	-.69 (.54)
5. ATCP_5	.519**	.390**	.420**	.296**	1						5.41	.73	-1.21 (.27)	1.50 (.54)
6. ATCN_1	-.491**	-.206	-.300**	-.278*	-.564**	1					1.86	.96	1.10 (.27)	.76 (.54)
7. ATCN_2	-.192	-.061	-.287*	-.141	-.304**	.488**	1				2.97	1.29	.12 (.27)	-.67 (.54)
8. ATCN_3	-.229*	-.020	-.167	.044	-.422**	.442**	.636**	1			2.67	1.32	.64 (.27)	-.44 (.54)
9. ATCN_4	-.152	-.148	-.200	-.125	-.303**	.320**	.415**	.403**	1		3.32	1.12	.14 (.27)	-.30 (.54)
10. ATCN_5	.023	.154	.039	-.027	.008	.069	.198	.254*	.068	1	4.39	1.04	-.51 (.27)	-.01 (.54)

Note: Range 1-6 applies to all items ATCP_1 to ATCN_5

*p < .05. **p < .01. ***p < .001

The initial EFA resulted in two factors that accounted for 42.6% of the variance in the items. Factor loadings below .4 and those that strongly cross-loaded were discarded one at a time for an additional 6 EFA calculations until items loaded onto only one factor and loadings were above .4. The 3 remaining items loaded at .68 and above on one factor accounting for 53.1% of the variance in the items. The reliability of the three item ATCS was then assessed using Cronbach's alpha and the items reported good reliability (α = .76) with a mean of 4.12 (*SD* = .43).

Convergent validity was assessed by correlating the ATCS with other measures which were theoretically similar to the ATCS, including the Attitudes Towards Marriage scale (ATM) and the Attitudes Towards Divorce scale (ATD). There was no statistically significant correlations between the ATCS and ATM and ATD (Table 3). There was a small positive correlation between the ATCS and horizontal collectivism (r = .26, p < .05).

Table 3
Study 1 Scales: Correlations (N = 79)

Variables	1	2	3	4	5	6	7	8	M	SD
1. ATC	-								4.12	.43
2. ATM	.183	-							4.64	.83
3. ATD	.074	.090	-						3.19	.80
4. COSHI	.108	-.154	.185	-					4.55	.68
5. COSVI	-.027	-.154	.121	.349**	-				3.13	.82
6. COSHC	.260*	.325**	.080	.119	-.021	-			4.75	.51
7. COSVC	.208	.412**	.043	.172	.241*	.538***	-		4.47	.70
8. RAS	-.038	.277*	-.554***	-.123	-.107*	.380***	.262*	-	2.73	1.22

Note: Range 1-6 applies to all scales

*p < .05. **p < .01. ***p < .001

Relationship function scale. Skewness and kurtosis values indicated the RFS items were normally distributed (see Table 4). Correlations for all items were analyzed to test inter-item reliability (see Table 4). There were statistically significant correlations within subscales and between subscales but many of these correlations were unexpected and inconsistent with theory. For example, RFSI_3 was positively correlated with a number of items across both subscales. It seemed as though this item did not differentiate between the two constructs of instrumentalism and companionate perspectives. Also, RFSI_5 correlated positively with most RFSC items when it was expected that these correlations would be negative and that it would be positively correlated with other RFSI items, which it was not (see Table 4). Because the RFS inter-item correlations reflected pervasive theoretical inconsistencies, scale development of the RFS stopped at this point.

Table 4
Study 1 Relationship Function Scale Items: Correlations (N = 78)

Variables	1	2	3	4	5	6	7	8	9	10	11	M	SD	*Skewness* (SE)	*Kurtosis* (SE)
1. RFSI_1	1											3.51	1.15	-.01 (.27)	-.65 (.54)
2. RFSI_2	.591**	1										4.32	1.03	-.32 (.27)	-.61 (.54)
3. RFSI_3	.315**	.186	1									3.76	1.18	-.44 (.27)	-.24 (.54)
4. RFSI_4	.238*	.117	.322**	1								3.94	1.26	-.43 (.27)	-.56 (.54)
5. RFSI_5	-.016	.054	.197	-.046	1							5.10	.78	-.52 (.27)	-.25 (.54)
6. RFSC_1	.159	.231*	.333**	.170	.345**	1						1.94	.74	.10 (.27)	-1.17 (.54)
7. RFSC_2	.096	-.019	.146	-.066	.246*	.195	1					4.56	1.11	-.57 (.27)	-.33 (.54)
8. RFSC_3	.011	.000	.131	-.172	.302**	.344**	.086	1				1.69	.74	.76 (.27)	-.09 (.54)
9. RFSC_4	.247*	.163	.420**	.065	.130	.273*	.258*	.299**	1			4.19	1.09	-.57 (.27)	.07 (.54)
10. RFSC_5	.163	.105	.181	.033	.322**	.247*	.136	.413**	.439**	1		2.53	1.04	.43 (.27)	-.34 (.54)
11. RFSC_6	.168	.187	.402**	.290*	.066	.394*	-.027	.156	.370**	.292*	1	2.36	.97	.46 (.27)	.04 (.54)

Note: Range 1-6 applies to all items RFSI_1 to RFSC_6

*p < .05. **p < .01. ***p < .001

Study 1 Discussion

The three item ATCS scale determined had adequate reliability (α = .76) but poor convergent validity when compared to the scales assumed to be theoretically similar. It is possible that attitudes about commitment are no longer associated strictly with marriage and divorce. With a mean age of 22.7, it is possible that generational values account for the lack of convergent validity. As the trend of cohabitation without marriage increases and the need to marry decreases, the constructs of commitment and marriage might not be as strongly associated as they once were. It is also highly possible that the small, and non-diverse sample effected this as well. The analyses conducted for the RFS concluded that the items may contain multiple constructs based on low validity and reliability. It might be that people's beliefs about the function of relationships are not easily accessible as a conscious framework and may be more easily accessible when applied to a scenario. For example, Doherty (2010) suggests that one of

the ways that people's leaning toward an instrumental versus companionate view of relationships is through the intensity of the reason they would need to consider ending a committed, long term relationship. No scale has yet been developed to assess the extent to which people would endorse soft versus hard reasons for relationship termination. Further research is needed on how to assess people's orientation towards an instrumental versus companionate perspective of relationships, as this would be important for therapists assessing for vulnerabilities in a relationship in addition to therapists understanding their own values.

Chapter 4 - Study 2

In order to better understand how instrumentalism influences therapists' definitions of neutrality and the role it plays when working with couples, Study 2 involved surveying students in Marriage and Family Therapy programs about their stance on neutrality and whether they would advocate more for the individuals or the relationship in their role as therapist applied to three vignettes illustrating soft reasons for divorce in couples therapy. In order to explore how therapists' beliefs around commitment and instrumentalism impacted their response to the vignettes and their stance on neutrality, an additional purpose of Study 2 was to further examine the convergent validity of the ATCS and to do initial analysis on the Instrumental Relationship Function Scale (IRFS). The IRFS was developed, with author permission, to assess underlying instrumental values by asking the extent to which they agree with Doherty's (2010) soft reasons for divorce (see appendix B). The specific research questions and hypotheses of Study 2 were the following:

1. What characteristics, demographics, and values of therapists correlate with more instrumental attitudes towards relationships? Based on theory, I expect:
    a) The ATCS will be positively associated with having continuously married parents, being in a romantic relationship, having a collectivist cultural orientation, and being religiously active. The ATCS will be negatively associated with the IRFS, and an individualistic cultural orientation.
    b) The IRFS will be positively correlated with an individualistic cultural orientation and negatively correlated with a collectivist cultural orientation and being religiously active.

c) Therapists who advocate more for the relationship than the individual in their role as a therapist in the three vignettes will be more likely to be religiously active, have positive attitudes towards commitment, score lower on the IRFS, have more positive views about commitment, and have a more collectivist (versus individualistic) cultural orientation than therapists who advocate more the individual.

2. What influence does "therapist neutrality" have in how therapists conceptualize their role during couple's therapy?
    a) To what degree do therapists' definitions of neutrality and their role as a therapist working with couples reflect an instrumental-based perspective of relationships?
    b) How congruent are therapists' definitions of neutrality and their role as a therapist with the main models those therapists use?

Study 2 Methods

Procedures. Study 2 included sending out a Qualtrics survey containing demographic information, main therapy models used in couple's therapy, the ATCS, the revised IRFS, the additional scales used in Study 1, and open-ended questions on neutrality and the justification for the role the therapist indicated they would take with the couples in three different vignettes (see Appendix B). The survey link was sent to AAMFT accredited programs nationwide through the program director's email list serve.

Participants. Requirements for participation in the study included the following: (1) current masters or PhD student in accredited Marriage and Family Therapy program in the United States; (2) completion or current enrollment in a couple's therapy course; (3) and a minimum of 100 completed hours of therapy, with at least 25 of those hours being couple

observation or direct clinical hours with couples. This was to ensure that there was some basic level of therapy skill, theoretical conceptualization, and supervision of conducting couple's therapy. The total number of participants who completed the survey was 24 with the majority being female (79%), and Caucasian (83%) with an average age of 26.2 (*SD* = 2.82). Participants were also asked about religious affiliation, their parent's marital status for the majority of their upbringing, their own relationship status, and the program and year of their current graduate student status (see Table 5).

Table 5
Study 2 Therapist Demographics: Descriptive Statistics (N = 24)

Variables	*M* or *n*	*SD* or %	*Range*
Age	26.17	2.82	23 – 32
Gender			
Female	19	79.2%	
Male	5	20.8%	
Race			
White (Non-Hispanic)	20	83.3%	
Asian/Asian American	1	4.2%	
Mexican/Mexican American	1	4.2%	
Multiracial	2	8.3%	
Religious Affiliation			
Christian (Protestant)	6	25%	
Christian (Catholic)	3	12.5%	
Christian (Mormon)	5	20.8%	
Jewish	1	4.2%	
Muslim	1	4.2%	
Atheist	5	20.8%	
Agnostic	3	12.5%	
Relationship Status			
Single	5	20.8%	
Dating	5	20.8%	
Cohabiting	2	8.3%	
Engaged	3	12.5%	
Married	9	37.5%	
Parent Relationship Status			
Married	19	79.2%	
Divorced	5	20.8%	
Program/Year			
MS 2nd Year	9	37.5%	
MS 3rd Year	7	29.2%	
PhD 1st Year	2	8.3%	
PhD 2nd Year	4	16.7%	
PhD 3rd Year	2	8.3%	

Measures. In addition to demographic information, participants were asked to indicate type and frequency of religious activity and types of therapy models most used in couple's therapy in addition to the scales described below (see Appendix B).

Instrumental relationship function scale. The IRFS included nine items. Participants were asked to rate the amount they agree with possible reasons for dissolving a long-term committed relationship on a scale ranging from *strongly disagree* (1) to *strongly agree* (6). Examples of possible reasons to end a relationship included "I wasn't happy," "We just grew apart," and "I grew and he didn't." An exploratory analysis with oblique rotation revealed one factor that accounted for 79.4% of the variance in the items. All items loaded on this factor at .7 or higher with high reliability (α =.96). The items were averaged and a higher score reflected a more instrumental perspective of relationship dissolution.

Attitudes towards commitment scale. Based on the analyses in Study 1, the ATCS included 3 items: (1) "Commitment is necessary for having a personally fulfilling romantic relationship"; (2) "Committed relationships are worth investing in"; and (3) "The idea of long-term commitment to another person is unrealistic" (reverse coded). Items were recoded and averaged so that a higher score indicated more positive attitudes towards commitment. The scale reported good internal consistency (α =.62).

Cultural orientation scale. Triandis and Gelfand's (1998) scale included 27 items asking participants to rate their agreement with statements along 4 subscales including horizontal individualism, horizontal collectivism, vertical individualism, and vertical collectivism. Participants were asked to rate items on a scale from *strongly disagree* (1) to *strongly agree* (6). The questions from the 4 main categories were scrambled in the survey. The subscales were coded and averaged so that higher scores indicated greater identification with the respective

ideals about self and culture. The reliability coefficient for each group was as follows: horizontal individualism (α = .58), horizontal collectivism (α = .77), vertical individualism (α = .63), and vertical collectivism (α = .86).

Religious activity scale. The scale, taken from Loewenthal, MacLeod, and Cinnirella (2002), includes three items measuring frequency of various religious and/or spiritual habits falling under the categories of prayer, religious study, and attending a place of worship: "How often do you attend a place of religious worship?", "How often do you pray?", and "How often do you study religious texts?" Participants answered each item on a scale ranging from *never* (1) to *daily* (5). Items were averaged so that a higher score indicated higher frequency of religious activity. The scale reported good internal consistency (α =.93).

Therapist's role. After reading each of the three vignettes, participants were asked to identify whether they would advocate more for the individuals or the relationship in their role as a therapist on a six point scale with advocating for the individuals on one end and advocating for the relationship on the other. Moving more towards the middle either way indicated a more balanced view of advocating for individuals and relationships. The scale was recoded to range from -3 to 3, with negative numbers indicating a stance that advocated more for the individuals, and positive numbers indicating a stance that advocated more for the relationship. Participant answers on this item were averaged across the three vignettes for further analysis. The three items reported good internal consistency (α =.72). After indicating on the aforementioned continuum whether they would advocate more for the individual or the relationship in their role as a therapist, participants were asked to provide a rationale for their stance for each vignette.

Analysis strategy. Analysis for Study 2 included a mixed-methods approach utilizing both quantitative and qualitative methods. The quantitative data analysis included correlations

and ANOVAs between therapist demographics and characteristics, their responses to the scales indicated above, and the role they indicated they would take either advocating for individuals or relationships for the three vignettes.

The open-ended therapist responses were analyzed using directed content analysis to explore and determine how instrumentalism influenced therapist's definitions of neutrality and the role they indicated they would take in response to the vignettes. The codes for analysis were defined *a priori* from previous research and theory and were expanded upon during the data analysis (Hsieh & Channon, 2005; Elo & Kyngäs, 2008). With the guidelines and key concepts taken from existing literature (i.e. Bellah et al., 1996; Doherty, 1995; Doherty, 2001; Doherty, 2010; Fowers, 2000; Richardson, Fowers, & Guignon, 1999), this method determined the initial coding schemes (Potter & Levine-Donnerstein, 1999). Any information from the transcripts that did not fit into any predetermined category was given a new code when needed.

The method used for coding included three different phases: preparation; organization; and reporting. The first phase of preparation began with identifying the unit of analysis (Elo & Kyngäs, 2008). In this study the main unit of analysis was a unit of meaning (i.e., text from transcripts consisting of questions on neutrality and moral matters in couple's therapy). The organization phase included the development of the actual coding scheme. There were three main categories derived from the literature (Bellah et al., 1996; Doherty, 1995; Doherty, 2001; Doherty, 2010; Fowers, 2000; Richardson, Fowers, & Guignon, 1999) that helped to determine the *a priori* coding scheme: (1) definitions of neutrality; (2) instrumental reasons for relationship function; and (3) companionate-based perspectives of relationship function. In order to provide cross-checks of the codes there was an additional coder that also coded the transcripts. Once both

of us coded the data, we came together and discussed in order to come to consensus on any differences in both of our coding outcomes.

The final coding schemes for therapist's answers to their definitions of neutrality, and their justification for their stance on the three vignettes included both the *a priori* codes developed, edits to these *a priori* codes, and new codes. For the first main category, definitions of neutrality, the following codes and themes were developed *a priori* respectively: (1) objective (value-free) neutrality; (a) "Being able to keep your values out of therapy"; (b) "Being able to stay objective"; (c) "Avoiding influencing the client down a certain direction"; (d) "The individual clients will make the decision that is best for them"; and (e) "It is not my place to consult couples on the different impacts of morally laden decisions"; and (2) theory-based neutrality; (a) "Taking a curious stance"; (b) "Remaining open to possibilities and new hypotheses"; (c) "Considering the different perspectives of each member of the system"; (d) "Allowing space so that each member of the system can voice their side"; (e) "Without being too emotionally invested in the client's experience." Category two, instrumental reasons for relationship function, included the following themes: (a) "If a couple is unhappy it is best for them to end the relationship"; (b) "It is my role to help the individuals be happy, even if that takes ending the relationship"; and (c) "A couple needs to weigh out how happy they are to help them make a decision about their relationship." For category three, companionate-based perspectives of relationship function, the following codes and themes were developed *a priori* respectively: (1) mutual support of character growth; (a) "Couples help each other grow"; (2) pursuing shared goals together; (a) "Focusing on the relationship together leads to individual well-being"; and (b) "Realistically, couples need to be ready for the fact that a relationship is sharing life together, the good times and the bad;" and (3) traditions of commitment; (a) "If a

couple believes in commitment, it is my role to help them live out the values they hold"; and (b) "Committing means working through difficult times."

Study 2 Results

Quantitative. One-way ANOVAs were conducted to examine the association of current relationship status and parental relationship status during upbringing with the ATCS. There was no significant association with either of these variables and the ATCS. As predicted, though, the ATCS was positively correlated with the vertical collectivist cultural beliefs and religious activity. There was also a positive correlation approaching statistical significance between the ATCS and horizontal collectivist beliefs. The ATCS was negatively correlated with the IRFS and there was a negative correlation approaching significance between the ATCS and vertical individualistic cultural beliefs. There was no negative correlation between the ATCS and horizontal individualistic beliefs (see Table 6). The IRFS was positively correlated with vertical individualistic cultural beliefs, as predicted, but not positively correlated with horizontal individualistic beliefs. Also as predicted, the IRFS was negatively correlated with the vertical collectivist cultural beliefs and religious activity.

Correlations were used to examine to what extent therapists responded similarly in their role as a therapist across the three vignettes. The mean score for vignette one was 1.42 (*SD* = 1.72), which was higher than the mean for vignette two (*M* = 0.83, *SD* = 1.83), but lower than the mean for vignette three (*M* = 2.00, *SD* = 1.14). Responses for vignettes 1 and 2 were positively correlated and approaching statistical significance, $r(22) = .38$, $p = .065$. Responses for vignettes 1 and 3 were positively correlated, $r(22) = .64$, $p = .001$. Lastly, responses for vignettes 2 and 3 were also positively correlated, $r(22) = .50$, $p = .013$. These correlations indicated that therapists remained relatively consistent in their chosen therapist roles across vignettes. Therapists'

responses on these three items were averaged across all three vignettes for further analysis. As hypothesized, choosing to advocate for the relationships in one's therapist role was positively correlated with both vertical and horizontal collectivist beliefs, religious activity, and the ATCS, and negatively related to the IRFS. Interestingly, therapists' role choice in response to the vignettes (advocating for the individuals or the relationship) was not related to either vertical or horizontal individualistic cultural beliefs (see Table 6).

Table 6
Study 2 Scales: Correlations and Descriptive Statistics (N = 24)

Variables	1	2	3	4	5	6	7	8	M	SD
1. COSHI	-								4.56	.58
2. COSVI	.407*	-							3.10	.60
3. COSHC	-.109	-.106	-						4.44	.61
4. COSVC	.215	-.202	.482*	-					3.81	.94
5. RAS	-.157	-.192	.314	.606**	-				3.00	1.53
6. ATCS	-.195	-.382	.394	.592**	.624***	-			5.17	.83
7. IRFS	.223	.404*	-.119	-.532**	-.795***	-.677***	-		2.73	1.50
8. TRS	-.090	-.295	.478*	.613***	.462*	.513**	-.574**	-	1.42	1.27

Note: Range 1-6 applies to variables 1-7; Range -3 – 3 applies to variable 8

*p < .05. **p < .01. ***p < .001

Qualitative. As the data from participants were coded, a new coding scheme emerged. Evaluation of therapists' open-ended definitions of neutrality, five codes emerged: model specific definitions (37.2% of participants), an objective stance (20.9%), not influencing the client (23.3%), an awareness of values (11.6%), and valuing transparency in session (7%). In assessing the congruence of therapist's definitions of neutrality and the models they reported using, most participants defined neutrality in model specific, and congruent ways to the models they used. It was observed that participants who defined neutrality in model specific ways also added to their definition with objective or value-free language. For example, one participant

defined neutrality as “being able to take the client's worldview without imparting your own values and judgments onto them. Additionally, staying neutral with couples and families means not taking one person's side—staying balanced” (participant indicated main models used were Bowen family systems, emotionally-focused therapy, and cognitive behavioral therapy). Another participant defined neutrality as “being mindful of your own biases and values while approaching clients with unconditional positive regard. Another part of neutrality is adopting the client's worldview and approaching their story in a nonjudgmental way and also accepting that the client is the expert of their own life” (participant indicated main models used were narrative therapy, emotionally-focused therapy, and cognitive behavioral therapy). In both of these examples participants articulate model specific stances and also add themes that reflect the ability for the client to be uninfluenced by the therapist’s directives throughout the course of therapy. When model specific definitions were not directly present in responses, other common definitions of neutrality included themes related to objectivity and not influencing clients. Examples include “I would be neutral when I do not allow my own biases to play a part in my client’s outcomes [not influencing clients]. Acknowledging them is important and knowing how they affect me [awareness of values]” (participant indicated main model used was solution-focused therapy). Another participant defined neutrality as “allowing [clients] to go through their own process as they figure things out for themselves with the help of therapy [not influencing clients]” (participant indicated main models used were Bowen family systems, structural family therapy, and solution-focused therapy).

The codes that arose from participants’ explanations of how they saw their role (advocating for the individual or relationship) in response to the vignettes are in Table 7 and included: model specific problem; model specific intervention; ethical stance of issue; aligning

with the client's goals; prioritizing the individual's needs; systemic stance; encourage dissolution of relationship; value bias; participant wanting more context; participant not providing additional information past the scale question on stance; and unsure of code. The results highlighted below represent the most prominent themes for therapist who viewed their role as advocating for the individual versus those who saw their role as advocating for the relationship in response to the vignettes.

Table 7
Study 2 Frequencies for Qualitative Codes for Justification of Advocating for Individuals or Relationships for all Vignettes (N = 24)

	Individual		Relationship	
Codes	*N*	Percentage*	*N*	Percentage*
Model specific problem	0	0%	7	7.4%
Model specific intervention	4	18.2%	17	17.9%
Ethical stance on issue	1	4.5%	4	4.2%
Align with client goals	3	13.6%	32	33.7%
Priority of individual needs	5	22.7%	2	2.1%
Systemic stance	0	0%	13	13.7%
Encourage dissolution of relationship	4	18.2%	4	4.2%
Value bias	1	4.5%	1	1.1%
Needing more info	1	4.5%	10	10.5%
No additional info than scale question	2	9.1%	1	1.1%
Unsure of code	1	4.5	4	4.2%

**Percentage calculated out of total number of individuals responding with the respective code within each group.*

For therapists who saw their role as advocating for individuals, the most common codes included prioritizing individual needs (22.7% of participants), encouraging dissolution of the relationship (18.2%), model specific interventions (18.2%), and aligning with client goals (13.6%). An example of prioritizing individual needs include the following: "I would put the individuals first before the relationship because maybe one partner (Amy) will choose that she can't deal with it and that is her prerogative." An example of encouraging dissolution of the

relationship include the following: “It seems that Tina and Pat have basic value differences, and due to the conflictual nature of their relationship, it may be best for them to split up.” The model specific problem code represented portions of participant answers that included a theory driven conceptualization of the problem presented in the vignette. The code, align with client goals, represented a participants who made decisions in therapy mostly based on what the client(s) were asking for. Often participants with this code cited the portion of the vignette that addressed the couples desire to make things work.

For those advocating for relationships, the most common codes included align with client goals (33.7%), model specific interventions (17.9%), systemic stance (13.7%), and model specific problem (7.4%). Examples of systemic stances included the following: “This is not an individual's problem, it is a couple's problem,” and “I would work toward advocating for the relationship and attempting to resolve the relational issues which leave both partners feeling like the relationship isn't working for them anymore.” Examples of aligning with client goals included: “as long as they are still stating they want to try, it should be explored,” and “The partners clearly have ideas about why they stay together, and those ideas could be utilized to find how the relationship could be stronger.” The model specific intervention code represented actions that the therapist reported they would take if they were the therapist for the couple in the vignette. Other codes, including taking an ethical stance on the issues, value bias, and needing more information, represent close to verbatim phrases used in participant answers. The code, no additional information than scale question, represented a participant that repeated their scale question for who/what they would advocate for. Phrases or answers given that had little clarity were coded as “unsure of code” (see Table 7).

Mixed-methods results. Code frequencies were also correlated with scale response means. The objective stance code from therapist's definitions of neutrality was negatively correlated with the IRFS, $r(22) = -.43$, $p = .04$. The objective stance seemed to be used frequently among all participants. It doesn't appear this code is related to instrumental views. The encouraging relationship dissolution code and the IRFS were positively correlated, $r(22) = .44$, $p = .03$. Those who are more likely to endorse soft reasons for relationship dissolution seem to consider more readily the potential benefits individuals might gain if the relationship ends. In other words, the difficulties associated with working through relational problems outweigh the possible gain of dissolving the relationship and thus be rid of the issues causing distress.

Study 2 Discussion

For the quantitative section of study 2 it was discovered that many of the hypotheses were supported. When therapists advocate more for the relationship they are more likely to be religiously active, have more positive attitudes towards commitment, less likely to endorse soft reasons for relationship dissolution, and more likely to see themselves as part of a collective. Previous literature cited (Bellah et al., 1996) notes that religious and civic traditions often involve ethical or moral frameworks in the relational context. This might explain why those in the study who reported a higher frequency of religious activity also reported they would be less likely to endorse soft reasons for relationship dissolution, more positive attitudes towards commitment, and more frequently prioritized advocating for the relationship in therapy.

Conversely, the data also suggests that those who associate themselves with more vertical individualism also are more likely to endorse soft reasons for relationship dissolution. It is interesting that this association exists, especially when the items for vertical individualism are considered. Example items include, "It is important that I do my job better than others," and

"When another person does better than I do, I get tense and aroused" (see Appendix A & B). Competition as a law of nature can be compared to the definition and consequences of strict instrumentalism. To see people, organizations, family, and even romantic relationships as opportunities that necessitate competition might also relate to a consumer mentality regarding the purpose of these relationships. Therefore, larger cultural narratives around the self and others along the constructs of individualism and collectivism seem to influence how we view relationships and in turn how we conduct couples therapy. As previously discussed, therapists are taught to consider what values they hold because systemic understanding leads us to recognize the influence of our values on how we conduct therapy. These findings emphasize the therapist's values specifically around relationships and relating as a self in society. The degree to which therapists are aware of these values seems to matter as the findings demonstrate a close connection between these values and how therapy hypothetically would be conducted in the couple therapy setting, potentially impacting the outcomes of couple's therapy.

The qualitative data demonstrated that therapists often use a definition of neutrality that reflects the theoretical models they work from. It was also common for therapists from both groups to define neutrality in terms of objectivity and it appears this code was not related to, nor correlated with instrumental views. However, what also emerged from therapists who advocated more for the individuals was a higher frequency for them to justify their stance with codes reflecting an individualized focus. These findings seem to reiterate the quantitative findings, implying that those who would encourage relationship dissolution or prioritize individual needs in couple's therapy tend to have more negative views of commitment, and are more likely to endorse soft reasons for relationship dissolution. Although the vignettes were all created to reflect soft reasons for divorce, therapists' scores on their predicted role for vignette 2 (which

included a leaning-in and a leaning-out partner) was much lower than the other two vignettes, with the mean falling just barely on the side of advocating for the relationship. This couple dynamic seemed to make a difference with how therapists decided to intervene and how they justified their perceived plans for therapy. It is possible that when a therapist is faced with a couple who presents with disparate goals for the relationship, values of the therapist around relationship dissolution show forth more transparently. For the code of prioritizing individual needs, both groups for vignette 2 (though more for the individual group) included this code in their justifications: individual group (25%); and the relationship group (4%).

Chapter 5 - Overall Discussion

Relationship formation, maintenance, and dissolution can be understood within a larger cultural context, influenced by larger narratives about the purpose of relationships, some that help to maintain relationships and some that may lead to premature relationship dissolution (i.e., strict instrumental perspectives). In an effort to understand the influence of instrumentalism on therapists, the current study attempted to develop scales to measure values and attitudes around commitment in relationships, and reasons to maintain and/or dissolve a long-term relationship. The argument for the current research study is that therapist's values and beliefs influence the direction of therapy. As therapists become more aware of their own values around relationships and commitment they can more intentionally conduct couple's therapy.

Study 1 produced the ATCS to measure attitudes towards commitment that demonstrated high reliability and concurrent validity. It is important that we develop various ways of understanding and measuring relational values, and the ATCS can do this generally for relationship commitment. Self-of-the-therapist work within the field of MFT continues to push clinicians to consider the impact of their own worldview on their effectiveness and intentionality in therapy (Aponte, 1982; Bowen, 1972; Satir, 2000; & Simon, 2005). The failed attempt in Study 1 at creating a scale to assess how people view the function of committed relationships led to the development of the IRFS based on Doherty's (2010) soft reasons for divorce. This one-factor scale had high reliability and showed strong concurrent validity. This means that measuring views of the function of committed romantic relationships might be more effectively accomplished through examining thresholds for leaving as opposed to directly asking about those beliefs. It is possible that the soft reasons for relationship dissolution worked as well as they did for the IRFS because they represent concrete and realistic answers we might hear in our

everyday life. Both the ATCS and IRFS can be further validated if used with a larger and more diverse sample. It would also help to further validate the IRFS if other relationship functions (i.e. companionate, traditional, faith-based, etc.) are considered and fleshed out theoretically, that way these other functions can be analyzed alongside instrumental views of relationship function.

One of the main clinical implications for this research is the necessity for greater therapist self-awareness so that more intentional couple's therapy occurs. The ATCS and IRFS might help therapists (especially those in training) to explore their attitudes and values towards commitment and relationship function. A measure that assesses commitment attitudes can help therapists to engage clients in dialogue around personal or cultural factors influencing the couple's decision to make the relationship work. It is also possible that strict instrumental views may impact the joining process, especially when there is a partner less committed than another. In these scenarios, a therapist may find it difficult to remain neutral in model specific ways or prevent siding with one partner over the other. Often this struggle is considered in supervisory conversations but may only address the need for providing equal space in therapy for both partners. This important point may stop short of addressing larger cultural narratives that influence therapist values around relationships—instrumental narratives that in turn could influence siding, and as a result harm the alliance. I have argued earlier that couple's therapy is a process that is heavily influenced by the ethical or moral frameworks of clients and therapists. Couple therapists who transparently critique their own ethics around relationship formation and dissolution automatically equip themselves with tools necessary to have this same conversation with the couples they see. This process and reasoning is similar to a therapist who confronts their own use and abuse of power and privilege and begins to detect it with greater clarity in their clients' lives (Dickerson, 2013; Knudson-Martin, & Mahoney, 2009).

Clarity is still needed to determine the effect of instrumental beliefs and values on relationship quality and stability. So far, most of these claims have been anecdotal, theoretical, and philosophical. The IRFS and the ATCS can help to determine relationship stability and satisfaction if used in longitudinal research on couple satisfaction. It might also prove enlightening to use these scales along with valid measure of couple satisfaction over time in therapy to determine changes in relationship values and commitment attitudes.

It is also important to consider the implications of this study on cultural competency. As the field of family therapy develops on an international scale, it places upon itself an ethical obligation to rigorously critique many of the theoretical and personal assumptions of its clinicians, clinicians who mostly operate from worldviews that are mostly based out of western thought (Richardson, Fowers, & Guignon, 1999). Scales like the IRFS provide a way to measure the influence of instrumentalism (an outgrowth of individualism) and give therapists a way to critique their own cultural assumptions of relationship function.

Limitations and Future Directions

Sample sizes for both study 1 and 2 were small and non-diverse. This significantly impacts the generalizability of the findings and conclusions drawn from the discussion. It also may have affected alphas for pre-developed scales, like the cultural orientation subscale for vertical collectivism which reported an alpha of .58. For study 1, the RFS lacked the theoretical and conceptual depth and clarity, which resulted in discarding the scale. As it's replacement, the IRFS, although it showed good reliability, was compiled from a list of reasons why a relationship might end and did not include items to assess views of companionate-based perspectives for relationship formation, maintenance, and dissolution. Because of this, the explicit exploration of

companionate relationships and the associated aspects are still needed to fully assess views of relationship function past instrumentalism.

The qualitative data gathered was brief due to open ended responses within the online survey. This prevented a richer description of therapists' definitions of neutrality and their justifications for their stance in the couple's vignettes. Also, as a main research question, the influence of instrumentalism on therapist's stance and definitions was difficult to detect because therapists generally justified their stances in similar ways regardless of their prioritizing individuals or relationships. This may also have been due to lack of content and depth with qualitative data.

It has been argued that a balance of instrumentalism and commitment may be optimum for both relationship stability and individual satisfaction and that steering away from strict instrumentalism is necessary if we want to effectively maintain long-term relationships. However, the question remains, what might we be steering towards if away from strict instrumentalism? This question echoes those of Bellah et al. (1996), arguing that it will be impossible and unwanted to return to and replicate historic ethics of commitment—these historical frameworks for ethical action often oppressed minority and marginalized groups. Further research is needed to discover non-instrumental functions for long-term relationship commitment, and how these ideas enter the therapeutic dialogue.

Chapter 6 - Conclusion

As therapists develop self-awareness, they increase their effectiveness and intentionality in the therapy room. Literature on biases and values, and how these influence therapy abound. We often discuss the unintended ways we as therapists maintain destructive cultural narratives of gender oppression, racial, ethnic, and sexual minority discrimination—more often than not, because of the lack of awareness to these things, and rarely because of intentional efforts to hurt our clients. The results of the present studies suggest that awareness of our individualistic culture and its effects on our values of relationship function and commitment may also have an impact on how we conduct therapy. As we reflect upon our own views of relationship function we can become more aware of how dominant social narratives around instrumentally contingent commitment play out in the lives of the couples who attend therapy.

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Appendix A - Scale Development Survey

Scale Development: Demographics and Scales

Consent Details and Procedures

Project Title: Views on Relationships and Commitment
Principal Investigator & Co-Investigator: Amber Vennum & James G. Bridges
Contact Info for Questions/Concerns: jamesgb@ksu.edu
IRB Chair Contact Info (Questions/Concerns of rights as a research participant): Rick Scheidt, rscheidt@ksu.edu, (785) 532-3224

Purpose of Research: This research project explores the different views and values that people have about relationships and commitment. The results of this study might be used in conference presentations and/or published in a journal.

Procedures of Study: Your completion of this survey indicates your consent to participate in this research study.

Anticipated Risks and Benefits: There are no risks associated with participation in this study. If participants feel uncomfortable during any part of the study they are free to withdraw at any time without penalty. Your participation in this survey provides you the opportunity to be awarded a cash prize. The following amounts will be rewarded for the 8 participants whose names are drawn: two 1st place winners, $30; two 2nd place winners, $20; two 3rd place winners, $15; and two 4th place winners, $10. If you do not complete the entire survey you will not be entered into the drawing. Completion of this survey does not grant you any research credit or credit for any class you currently are or previously have enrolled in.

Length of Study: Participation in the survey will take 10-15 minutes.

Extent of Confidentiality: The information you provide through this survey will be kept confidential and all data will be housed on Qualtrics which omits personally identifying information.

Q3 Age: please answer numerically (i.e. 25)

Q5 Gender

- ❍ Male (1)
- ❍ Female (2)
- ❍ Transgender (3)
- ❍ Do not identify as Male, Female, or Transgender (5)
- ❍ Other (please specify) (6) _____

Q7 Relationship Status (Mark all that apply)

- ❑ Single (1)
- ❑ Dating (2)
- ❑ Cohabiting (3)
- ❑ Engaged (4)
- ❑ Married (5)
- ❑ Separated (6)
- ❑ Divorced (7)
- ❑ Widowed (8)
- ❑ Other (9) _____

Q9 Race/Ethnicity

- ❍ American Indian or Other Native American (1)
- ❍ Asian, Asian American, or Pacific Islander (2)
- ❍ Black or African American (3)
- ❍ White (Non-Hispanic) (4)
- ❍ Mexican or Mexican American (5)
- ❍ Puerto Rican (6)
- ❍ Other Hispanic or Latino (7)
- ❍ Multiracial (8)
- ❍ Other (9) _____

Q18 Religious Affiliation

- ❍ Christian: Protestant (Baptist, Evangelical, Lutheran, Non-Denominational, etc.) (1)
- ❍ Christian: Catholic (2)
- ❍ Christian: Mormon (3)
- ❍ Christian: Orthodox (4)
- ❍ Jehovah's Witness (5)
- ❍ Jewish (6)
- ❍ Muslim (7)
- ❍ Buddhist (8)
- ❍ Hindu (9)
- ❍ Atheist (10)
- ❍ Agnostic (11)
- ❍ Other (Please Specify) (12) _____

Q13 Religious activity

	Never (1)	Occasionally (2)	Monthly (3)	Weekly (4)	Daily (5)
How often do you attend a place of religious worship? (1)	❍	❍	❍	❍	❍
How often do you pray? (2)	❍	❍	❍	❍	❍
How often do you study religious texts? (3)	❍	❍	❍	❍	❍

Q15 What was the status of your parent's relationship during the majority of your childhood and adolescence? (Between the ages of 4-18.)

- ❍ Married (1)
- ❍ Widowed (2)
- ❍ Divorced (3)
- ❍ Separated (4)
- ❍ Domestic Partner (Not married) (5)
- ❍ Other (please specify) (6) _____

Relationship Function Scale: 1 (strongly disagree) to 6 (strongly agree)

1. Instrumentalism
    a. A person should end a relationship when their partner is no longer meeting their needs.
    b. People should consider ending the relationship if they are not personally satisfied in a relationship.
    c. Enhanced satisfaction in life is the main reason for being in a relationship.
    d. For commitment to happen, it's more important to make sure your needs will be met by your partner.
    e. In healthy relationships, meeting each partners' emotional needs should be a top priority.
2. Companionate
    a. People should prioritize hard work and commitment in romantic relationships.
    b. It is occasionally necessary for partners to sacrifice individual needs to develop a healthy relationship.

c. In healthy relationships, cooperation towards mutual growth should be a top priority.
d. Having similar goals and supporting each other is the main reason for being in a relationship.
e. For commitment to happen, it's more important to have similar goals in life and to help each other reach those goals.
f. Staying in a relationship should be based on how well partners support each other's growth.

Attitudes Towards Commitment Scale: 1 (strongly disagree) to 6 (strongly agree)

1. Positive
    a. Commitment is necessary for having a personally fulfilling romantic relationship.
    b. Long-term committed relationships give life meaning.
    c. Committing to a romantic partner builds integrity and moral character.
    d. Committed romantic relationships are the building block of a stable society.
    e. Committed relationships are worth investing in.
2. Negative
    a. The idea of life-long commitment to another person is unrealistic.
    b. Long-term committed relationships can get in the way of individual growth.
    c. Entering into a committed relationship limits people's ability to adapt to changing life circumstances.
    d. Personal development is more easily accomplished outside a committed relationship.
    e. Independence and exploration gives life meaning.

Attitudes toward divorce (α =.70): 1 (strongly disagree) to 7 (strongly agree)

a) When married people realize that they no longer love each other, they should get a divorce even if they have children.
b) Sure, divorce is bad, but a lousy marriage is even worse.
c) When there are children in the family, parents should stay married even if they do not get along.*

$*$ indicates reverse scoring.

General Attitudes Toward Marriage Scale: 1 (strongly disagree) to 6 (strongly agree)

a) Marriage is beneficial.
b) I am fearful of marriage.$*$
c) People should not marry.$*$
d) I have doubts about marriage.$*$
e) Marriage is a "good idea."
f) I do not have fears of marriage.
g) Marriage makes people happy.
h) Most marriages are unhappy situations.$*$
i) Marriage is important.
j) Marriage makes people unhappy.$*$

$*$ indicates reverse scoring.

Cultural Orientation Scale: 1 (strongly disagree) to 6 (strongly agree)

Horizontal Individualism (.65):
I'd rather depend on myself than others.
I rely on myself most of the time; I rarely rely on others.
I often do my own thing.
My personal identity, independent of others, is very important to me.
Being a unique individual is important to me.

Vertical Individualism (.81):
It is important that I do my job better than others.
Winning is everything.
Competition is the law of nature.
When another person does better than I do, I get tense and aroused.
I enjoy working in situations involving competition.
Some people emphasize winning; I am not one of them.*
Without competition, it is not possible to have a good society.
It annoys me when other people perform better than I do.

Horizontal Collectivism (.70):
If a coworker gets a prize, I would feel proud.
The well-being of my coworkers is important to me.
To me, pleasure is spending time with others.
I feel good when I cooperate with others.
If a relative were in financial difficulty, I would help within my means.
It is important to me to maintain harmony in my group.
I like sharing little things with my neighbors.
My happiness depends very much on the happiness of those around me.

Vertical Collectivism (.72):
Parents and children must stay together as much as possible.
It is my duty to take care of my family, even when I have to sacrifice what I want.
Family members should stick together, no matter what sacrifices are required.
It is important to me that I respect the decisions made by my groups.
Children should be taught to place duty before pleasure.
I usually sacrifice my self-interest for the benefit of my group.

∗ indicates reverse scoring.

Thank you for your participation. To be entered into the drawing please click (or copy, paste, and enter) the link below. The link will take you to a separate survey where you will fill in your mailing information so that if your name is drawn the prize money will be sent to the appropriate place. The extra survey link ensures that your answers to the survey are not connected in any way with your name. Link to mailing info.

Appendix B - Therapist Survey

Consent Form

Project Title: Therapist values on commitment and definitions of neutrality in couples therapy.
Principal Investigator & Co-Investigator: Amber Vennum & James G. Bridges
Contact Info for Questions/Concerns: jamesgb@ksu.edu
IRB Chair Contact Info (Questions of rights as a research participant): Rick Scheidt, rscheidt@ksu.edu, (785) 532-3224

Purpose of Research: This research project explores the different values that therapists have on relationships and commitment, and values and definitions of neutrality. The results of this study might be used in conference presentations and/or published in a journal.

Procedures of Study: Those who choose to participate in this study are asked to complete the survey below which will take 15-20 minutes. There is an option to participate in a face-to-face or zoom interview as well with the researcher, which will last 15-30 minutes. The interview is not required for the prize drawing. **The survey closes October 8th 2017 at 11:59pm.**

Anticipated Risks and Benefits: There are no risks associated with participation in this study. If participants feel uncomfortable during any part of the study they are free to withdraw at any time. However, complete participation in the study is required to be entered in to win Amazon gift card prizes which will be randomly given to participants. **1-$100 card; 2-$50 cards; 3-$25 cards; 4-$20 cards; and 5-$10 will be awarded randomly**.

Extent of Confidentiality: The information participants provide will be kept confidential and all data files will be housed on Qualtrics (which omits personally identifying information) and at the KSU family center. If participants additionally volunteer for an interview with the researcher, the audio files and/or video files will not include names of the participants. All files will be assigned numbers representing participants, and that will correspond with both the Qualtrics results, video and/or audio files. The video and/or audio files, once transcribed, will be deleted from the software and from drives that they are saved on within the family center. All software and computers that data will be stored on will be located in a locked building on campus and will be password protected by the researcher.

By continuing you automatically give your consent to the above conditions.

Reminder

Participants should meet the following criteria...

- Masters or PhD student in an accredited Marriage and Family Therapy (MFT) program.
- At least 100 hours of therapy; at least 25 alternative and/or clinical couple hours.
- Students need to have taken a Couples therapy class or be currently enrolled in one.

Age: please answer numerically (i.e. 25)

Gender
- ❍ Male
- ❍ Female
- ❍ Transgender
- ❍ Do not identify as Male, Female, or Transgender
- ❍ Other (please specify) _____

Relationship Status (Mark all that apply)
- ❑ Single
- ❑ Dating
- ❑ Cohabiting
- ❑ Engaged
- ❑ Married
- ❑ Separated
- ❑ Divorced
- ❑ Widowed
- ❑ Other _____

Race/Ethnicity
- ❍ American Indian or Other Native American
- ❍ Asian, Asian American, or Pacific Islander
- ❍ Black or African American
- ❍ White (Non-Hispanic)
- ❍ Mexican or Mexican American
- ❍ Puerto Rican
- ❍ Other Hispanic or Latino
- ❍ Multiracial
- ❍ Other _____

What program and year are you in?
- ❍ MS 1st Year (1)
- ❍ MS 2nd Year (2)
- ❍ MS 3rd Year (3)
- ❍ MS 4th Year (4)
- ❍ PhD 1st Year (5)
- ❍ PhD 2nd Year (6)
- ❍ PhD 3rd Year (7)
- ❍ PhD 4th Year (8)

Religious Affiliation

- ❍ Christian (Protestant) (1)
- ❍ Christian (Catholic) (2)
- ❍ Christian (Mormon) (3)
- ❍ Christian (Orthodox) (4)
- ❍ Jehovah's Witness (5)
- ❍ Jewish (6)
- ❍ Muslim (7)
- ❍ Buddhist (8)
- ❍ Hindu (9)
- ❍ Atheist (10)
- ❍ Agnostic (11)
- ❍ Other (Please Specify) (12) _____

Religious activity

	Never	Occasionally	Monthly	Weekly	Daily
How often do you attend a place of religious worship?	❍	❍	❍	❍	❍
How often do you pray?	❍	❍	❍	❍	❍
How often do you study religious texts?	❍	❍	❍	❍	❍

What was the status of your parent's relationship during the majority of your childhood and adolescence? (Between the ages of 4-18)

- ❍ Married
- ❍ Widowed
- ❍ Divorced
- ❍ Separated
- ❍ Domestic Partner (Not married)
- ❍ Other (please specify) _____

What theoretical models do you use most in couples therapy (select at least 1, and no more than 3)?

- ❑ Milan Strategic (1)
- ❑ Haley Strategic (2)
- ❑ Structural (3)
- ❑ Bowen Family Systems (4)
- ❑ Differentiation-Based Approach (5)
- ❑ Emotionally Focused Therapy (6)
- ❑ Contextual (7)
- ❑ Collaborative Language Systems (8)
- ❑ Narrative (9)
- ❑ Solution-Focused (10)
- ❑ Whitaker Experiential (11)
- ❑ Satir Experiential (12)
- ❑ Cognitive/Behavioral Therapy (13)
- ❑ Integrative Behavioral Couple's Therapy (14)
- ❑ Gottman Couple's Therapy (15)
- ❑ Internal Family Systems (16)
- ❑ Other (17) _____

Instrumental Relationship Function Scale: 1 (strongly disagree) to 6 (strongly agree)

Please indicate the level to which you agree with these statements as appropriate reasons for ending a long-term committed relationship.

Assume that within these relationships there is no abuse, intimate partner terrorism, chronic and problematic drug use/abuse, infidelity, alcoholism, abandonment.

- The relationship wasn't working for me anymore.
- Our needs were just too different.
- I wasn't happy.
- We just grew apart.
- I grew and he didn't.
- She has changed too much.
- I deserve more.
- We are not the same people we were when we got married.
- The relationship became stale.

Attitudes Towards Commitment Scale: 1 (strongly disagree) to 6 (strongly agree)

- Commitment is necessary for having a personally fulfilling romantic relationship.
- Committed relationships are worth investing in.
- The idea of long-term commitment to another person is unrealistic.*

Items with * get reversed coded.

Cultural Orientation Scale: 1 (strongly disagree) to 6 (strongly agree)

Horizontal Individualism (.65):
I'd rather depend on myself than others.
I rely on myself most of the time; I rarely rely on others.
I often do my own thing.
My personal identity, independent of others, is very important to me.
Being a unique individual is important to me.

Vertical Individualism (.81):
It is important that I do my job better than others.
Winning is everything.
Competition is the law of nature.
When another person does better than I do, I get tense and aroused.
I enjoy working in situations involving competition.
Some people emphasize winning; I am not one of them.*
Without competition, it is not possible to have a good society.
It annoys me when other people perform better than I do.

Horizontal Collectivism (.70):
If a coworker gets a prize, I would feel proud.
The well-being of my coworkers is important to me.
To me, pleasure is spending time with others.
I feel good when I cooperate with others.
If a relative were in financial difficulty, I would help within my means.
It is important to me to maintain harmony in my group.
I like sharing little things with my neighbors.
My happiness depends very much on the happiness of those around me.

Vertical Collectivism (.72):
Parents and children must stay together as much as possible.
It is my duty to take care of my family, even when I have to sacrifice what I want.
Family members should stick together, no matter what sacrifices are required.
It is important to me that I respect the decisions made by my groups.
Children should be taught to place duty before pleasure.
I usually sacrifice my self-interest for the benefit of my group.

Items with * get reversed coded.

How do you define neutrality in therapy?

The following three vignettes are presenting problems that a therapist might encounter in couples therapy. The vignettes include possible moral issues that the clients face and present to the therapist.

Gary and Heather both report a happy marriage of 15 years. Heather recently learned that Gary has been, what she labels an emotional affair for the past year with a business associate in another town. Neither partner wants a divorce, but Gary doesn't want to end his other relationship because of thoughts that his current relationship doesn't have the intimate sharing and passion that it used to. He sees this new close friend as an important part of his life. Since this discovery their marriage has become progressively less intimate. *(Marriage as meeting personal needs versus communal values).*

Based on the above information, how would you describe your role in this case?

Advocate for the individuals					Advocate for the relationship
1	2	3	4	5	6

Please explain your rationale for the answer given to the question above?

Tina and Pat have been together for 5 years. They came into therapy because of Tina's concern around Pat's regular trips to the bar. Pat frequents the bar as an "escape" from his conflictual home life. Pat expressed giving up on the relationship because he feels like they have grown apart. Tina is still committed but believes there are aspects of Pat that will never change and Tina will just have to live with them. They report staying together primarily for their children's sake but that "the relationship isn't working for them anymore." *(Believe it's important for kids to have both parents together).*

Based on the above information, how would you describe your role in this case?

Advocate for the individuals					Advocate for the relationship
1	2	3	4	5	6

Please explain your rationale for the answer given to the question above?

Amy recently discovered that Randy has been viewing pornography since they met and has managed to keep it hidden for the past 5 years of their marriage. When they came in for therapy Randy quit viewing pornography. They both have been trying to move past this but Amy is having trouble forgiving Randy. Both Randy and Amy are devout Catholics and Amy saw Randy's behavior similar to infidelity. *(Religious reasons to stay together, values about marriage & forgiveness).*

Based on the above information, how would you describe your role in this case?

Advocate for the individuals				Advocate for the relationship	
1	2	3	4	5	6

Please explain your rationale for the answer given to the question above?

Thank you for your participation.

PLEASE READ CAREFULLY BELOW.

To be entered into the drawing please copy the link below, open another tab and paste the link into the search browser. Come back to this survey and click the button at the bottom right to ensure your results are entered. Then you can go back to the other tab, fill out the information required to be entered into the prize drawing.

The extra link ensures that your responses are not attached to your personal information.

https://kstate.qualtrics.com/jfe/form/SV_br7gzrD3taJOVJb