

Explanations for Family Events in Distressed and Nondistressed Couples: Is One Type of Explanation Used Consistently?

Frank D. Fincham

John H. Grych

University of Illinois at Urbana-Champaign

Distressed and nondistressed spouses differ in their attributions or explanations for marital events. This study investigated whether the attributional patterns of distressed and nondistressed spouses are (a) unique to marriage or instead reflect a general attributional style used in the family, and (b) an artifact of depression. Sixteen couples seeking marital therapy and 19 couples drawn from the community made attributions for marital difficulties and child behaviors. It was found that clinic couples, compared to community couples, viewed the cause of both types of events as more global, and tended to perceive their spouse as the cause of marital problems. In addition, attributions for child behavior and marital events correlated positively. Finally, depression did not account for the association found between attributions and marital satisfaction. These results are discussed in terms of their significance for understanding family dysfunction, and their implications for therapy are outlined.

The importance accorded attributions in understanding marital and family dysfunction (e.g., Baggarozzi & Giddings, 1983) has been supported by several recent studies. For example, distressed spouses, compared to their nondistressed counterparts, tend to perceive the causes of negative partner behaviors and of marital difficulties as located in the spouse, to be stable or enduring over time, and to be global or influential in many areas of the marriage (see Bradbury & Fincham, 1990). Such patterns of attribution are thought to accentuate the impact of negative marital events and to maintain and/or initiate marital distress. In a similar vein, attributions for child behavior have been linked to parental maltreatment of children. Larrance and Twentyman (1983) found that mothers with a prior history of abuse or neglect rated the causes of their child's negative behavior as more internal to the child and more stable than did mothers with no such history. The emergence of such studies on attributions in dysfunctional marital and parent-child relationships has resulted in recent attempts to develop interventions designed

Address correspondence to Frank Fincham, Psychology Department, University of Illinois, 603 E. Daniel, Champaign, IL 61820.

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to change attributions in the family (e.g., Alexander, Waldron, Barton, & Mas, 1989; Baucom & Lester, 1986; Twentyman, Rohrbeck, & Amish, 1984).

Despite the documentation of a reliable association between attributions and marital distress, there has been little attempt to examine distressed and nondistressed spouses' attributions within the broader context of the family. For example, there are no data available on attributions for multiple family members. This is an important omission because family systems theorists suggest that distress in the marital relationship is likely to affect other family members, especially children (cf. Margolin, 1981). Research on the relation between marital distress and child behavior problems is consistent with this viewpoint in that children with behavior problems are often found to have parents with a distressed marriage (Emery, 1982). The existence of an association between marital and child problems raises the possibility that the attribution patterns found in the marital literature may reflect a manner of perceiving and explaining behavior that is applied across different family members. For example, maritally distressed spouses may be more likely than nondistressed spouses to consider their children's behavior as problematic and to view the causes of the behavior as more internal, stable, and global. It is important to investigate this possibility because it suggests that the attribution patterns reported in the marital literature may not be unique to the marriage but reflect instead a general attributional style used to explain the behavior of different family members.

The first major goal of the present study therefore is to investigate spouses' attributions relating to both their children and their marriages. It was predicted that a similar pattern of findings would be obtained in both domains. That is, spouses seeking marital therapy, as compared to spouses drawn from the community, would be more likely to see their spouse as the cause of marital difficulties, to view the cause of negative child behaviors as located in the child, and to see the causes of marital difficulties and child behaviors as more global and stable. It was also predicted that any attributional differences obtained between the two groups of spouses would be related directly to marital satisfaction and would not simply reflect help seeking or some other variable associated with seeking therapy.¹

The second major goal of the study is to investigate whether any associations found between marital satisfaction and attributions can be accounted for by spouses' level of depression. Maritally distressed spouses often report depressive symptoms (cf. Gotlib & Hooley, 1988), and such symptoms have been reliably related to attributions (cf. Robins, 1988). Consequently, the attribution patterns documented in the marital literature may simply be an artifact of depression. Depression may also account for the association

between marital satisfaction and attributions for child behavior. Maternal depression has been found to be a better predictor of mothers' perceptions of child behavior problems than the children's actual behavior (Brody & Forehand, 1986; Griest, Wells, & Forehand, 1979; see also Webster-Stratton, 1988). Thus differences in distressed and nondistressed spouses' level of depression may account for the differences found in their attributions. Surprisingly, however, there have been no published attempts to examine whether depression might explain the association between attributions and marital satisfaction.

Finally, the study allowed the association between marital distress and child behavior problems to be examined when the presenting problem for therapy related to the marriage rather than to the child. This is important because most studies documenting an association between marital and child problems use samples in which the child is referred for treatment (O'Leary & Emery, 1984). A complete understanding of the relation between marital and child problems also requires the examination of samples in which couples seek therapy for marital problems.

METHOD

Subjects

Thirty-five couples participated in the study. Sixteen couples were seeking marital therapy, and 19 couples were recruited from the community. The couples seeking marital therapy were recruited with the help of three area practitioners. These practitioners referred all consecutive couples who sought marital therapy from the time that the project was initiated until its termination. With one exception, all referred couples agreed to participate in the study, and none of the couples had attended more than three therapy sessions at the time of their participation. These couples were paid \$10 for their participation. Community couples were recruited through newspaper advertisements. The advertisements asked for volunteer couples who were interested in participating in a research survey on marriage. Couples with at least one child between 4 and 11 years of age were invited to participate in the project. For families with several children in this age range, one child was randomly chosen as the focus for questions.

The clinic group had been married an average of 9.1 years ($SD = 5.1$), and had a mean income of \$18,000 to \$21,000. The average number and age of children in these families were 2.1 ($SD = .6$) and 7.2 years ($SD = 2.7$), respectively. The husbands averaged 31.7 years of age ($SD = 5.2$) and 14.9 years of education ($SD = 2.6$). Corresponding figures for wives were 30.6

years of age ($SD = 5.9$) and 14.7 years of education ($SD = 2.6$). The community couples had been married an average of 11.6 years ($SD = 5.8$), and had an average income of \$18,000 to \$21,000. The average number and age of children in these families were 2.3 ($SD = .9$) and 6.9 ($SD = 2.7$) years, respectively. Husbands averaged 37.1 ($SD = 8.4$) years of age and 15.3 ($SD = 2.6$) years of formal education. Wives averaged 34.8 ($SD = 5.9$) years of age and 15.3 ($SD = 2.5$) years of education.

As expected, clinic and community groups differed in their scores on the Marital Adjustment Test (Locke & Wallace, 1959), $F(1, 33) = 5.22, p < .03$, with the clinic group expressing greater dissatisfaction ($M = 83.41, SD = 28.88$) than did the community group ($M = 101.11, SD = 22.02$). There were no significant sex differences in marital satisfaction, and clinic and community groups did not differ significantly in the number of years married, age, education, income, and number or age of children.

Materials

Spouses completed the questionnaires used in this study during their participation in a larger research project (Fincham, 1985). Each of the questionnaires used in the study is described below.

Marital Adjustment Test. Marital satisfaction was measured with the widely used Marital Adjustment Test (MAT; Locke & Wallace, 1959). According to Locke and Wallace this measure of marital satisfaction has satisfactory reliability (split half, .90), and discriminates between nondistressed spouses and spouses who have documented marital problems. Spouses' responses on this instrument are also correlated with clinicians' judgments of marital discord (Crowther, 1985).

Beck Depression Inventory. The Beck Depression Inventory (BDI; Beck & Beamesderfer, 1974) was employed as a measure of depressive symptoms. The BDI is a reliable measure of the severity of depressive symptoms in nonpsychiatric samples (coefficient alpha, .93, Beck & Beamesderfer, 1974) and correlates highly with clinical ratings of depression and other depression scales (see Beck, Steer, & Garbin, 1988).

Child Behavior Checklist. The Child Behavior Checklist (CBC; Achenbach & Edelbrock, 1983) was used to obtain parent reports of behavior problems exhibited by their children. This measure provides an assessment of the extent to which a child displays symptoms of undercontrol or externalizing problems and symptoms of overcontrol or internalizing problems.

Attributional assessment. Our goal was to obtain ratings of real rather than hypothetical events, and so child-related attributions were obtained by having spouses independently list two child behaviors for which they and their

partner had different causal explanations. Thus the attributions studied had occurred in the natural environment and had been communicated to the spouse. They were not therefore simply products of the experimental context, a concern that has been raised by several studies of attributions. For each behavior, spouses responded to several questions: the frequency with which it occurred, the importance of the behavior to them and to their partner, their positive versus negative feeling about the behavior, the degree to which they would reward or punish the child for the behavior, and the frequency with which they and their spouse discussed the behavior. Almost all of the behaviors were rated as causing negative feelings in respondents, indicating that these child behaviors were perceived as problematic by parents. Spouses then wrote down their explanation for the child's behavior, and rated the cause on the locus, stability, and globality causal dimensions. Corresponding ratings for the two behaviors were summed to yield more reliable measures.

Two marital difficulties were identified by giving spouses a list of topics that might lead to disagreements in marriage (e.g., money management, communication, sex, making decisions). The topics were those obtained in prior surveys on issues that result in marital difficulties (Geiss & O'Leary, 1981). Spouses could also add topics to the list. For each of the two most important difficulties identified, spouses wrote down the major cause of the difficulty. They then rated the extent to which the cause of the difficulty rested in their spouse, was stable, and global. Responses were made on rating scales similar to those used in assessing attributions for child behaviors, and again corresponding ratings for the two marital difficulties were summed.

Procedure

Couples were invited to visit our research rooms at the university where they completed the battery of questionnaires in a single session. Spouses filled out the questionnaires independently, in a random order that varied across couples.

RESULTS

Attributions for Child Behavior

The first set of hypotheses concerns the attributions made by clinic and community spouses for their children's behavior. In testing these hypotheses it is important to first rule out the possibility that any difference in parent attributions simply reflect differences in child behaviors. Therefore we analyzed spouses' ratings of the frequency of the behavior that caused the attributional conflict, its importance to them, how positive or negative they

TABLE 1 Means and Standard Deviations of Attribution Ratings for Child Behaviors and Marital Difficulties

	<i>Clinic Spouses</i>		<i>Community Spouses</i>	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Child behavior				
Locus (child)	8.65	4.91	10.88	4.94
Stability	10.95	3.92	11.71	4.32
Globality	10.85	2.89	7.24	5.43
Marital difficulty				
Locus (spouse)	9.10	2.29	7.67	2.89
Stability	10.16	2.95	11.08	1.96
Globality	10.39	2.03	7.58	3.05

NOTE: Higher scores indicate more internal, stable, and global ratings.

felt about the behavior, the degree of reward or punishment they felt the behavior deserved, and the frequency with which they discussed the behavior. A 2 (Clinic vs. Community) \times 2 (Parent Sex) MANOVA, in which group membership was a between-subjects factor and parent sex was a repeated measure, showed no significant effects for these variables. Thus it is unlikely that the results of this study are attributable to differences in the behaviors that served as stimuli for the attribution judgments.

It was predicted that clinic spouses, compared to spouses drawn from the community, would perceive the cause of their children's behavior as more internal to the child, stable, and global. A 2 (Clinic vs. Community) \times 2 (Parent Sex) MANOVA revealed a significant main effect for group— $F(3, 23) = 4.09, p < .02$. Univariate analyses showed that the clinic group judged the cause of the behavior to be more global than did the community couples— $F(1, 25) = 4.90, p < .04$. (see Table 1). No other significant effects were obtained.

Attributions for Marital Difficulties

For attributions regarding marital difficulties, it was hypothesized that clinic spouses, compared to community spouses, would perceive the causes of marital difficulties as more global and stable, and would be more likely to see their spouses as the source of the difficulties. The means and standard deviations for these variables are shown in Table 1. A 2 (Clinic vs. Community) \times 2 (Parent Sex) MANOVA indicated only a significant effect for group— $F(6, 25) = 6.25, p < .001$. Univariate analyses showed that spouses

seeking marital therapy were more likely than community spouses to perceive the cause of the difficulty as resting in their partner — $F(1, 32) = 6.73$, $p < .02$. Clinic spouses also judged the cause of the difficulty to be more global — $F(1, 32) = 21.74$, $p < .001$, but did not differ from the community group in their ratings of stability.

To examine the consistency of spouses' attributions for child behavior and marital difficulties, Pearson correlations were computed between corresponding attribution ratings for marital and child events. The results obtained for husbands and wives did not differ significantly, and hence correlations of husbands and wives are averaged for these analyses. Significant correlations were found for judgments pertaining to causal locus — $r(35) = .31$, $p < .05$; stability — $r(35) = .33$, $p < .05$, and globality — $r(35) = .30$, $p < .05$.

Alternative Explanation for Attribution Findings

As anticipated, the BDI scores of clinic spouses ($M = 12.09$, $SD = 9.60$) were significantly higher than those of community spouses ($M = 7.18$, $SD = 7.20$) — $F(1, 33) = 5.94$, $p < .05$. Moreover, this difference is not simply due to help seeking as the association found in previous research between marital satisfaction and depression was replicated in the present study — $r(35) = -.57$, $p < .01$. These findings raise the possibility that the results reported earlier may reflect spouses' level of depression rather than marital satisfaction.

To examine the relative effects of depression and marital satisfaction on attributions for child behavior and marital problems, two additional sets of analyses were performed. First, all between-group analyses that produced significant effects were repeated using BDI scores as covariates. The results of these MANCOVAs were the same as those reported earlier.

Second, regression analyses were performed in which marital satisfaction and depression scores served as predictors of the various attribution ratings.² This approach was used because couples seeking therapy may differ from community couples in a number of ways in addition to marital satisfaction. The use of MAT scores provides an additional test of the relationship between marital satisfaction and attributions, and of the relative influence of satisfaction and depressive symptoms.

The first set of regression analyses concerned attributions for child behavior. A significant difference had been found between clinic and community spouses on the global causal dimension, and only this dimension was predicted by MAT and BDI scores. Ratings of globality correlated with both marital satisfaction — $r(35) = -.37$, $p < .05$ — and depressive mood — $r(35) = .28$, $p < .05$; but only marital satisfaction scores showed a margin-

ally significant tendency to account for unique variance in this rating— $t = 1.77, p < .09$.

It is possible, however, that the perceived globality of a cause may be affected by the parent's general beliefs about the child's behavior. Parents who perceive their children as exhibiting a high degree of undesirable behavior may be likely to consider the cause of a particular behavior to be more global than would a parent without such a view. To investigate this possibility, a regression analysis was performed on globality ratings with parents' rating of the child's behavior on the CBC (summing internalizing and externalizing scales) entered with BDI and MAT scores as predictor variables; MAT scores still tended to predict ratings of the global causal dimension— $t = 1.94, p < .06$ —but only at a marginal level of significance. Although influenced by spouse's perceptions of behavior problems, the association between global attributions and marital satisfaction does not appear to simply reflect dissatisfied spouses' perception that their children exhibit more behavior problems than do the children of more satisfied couples.

Turning to attributions for marital difficulties, causal locus correlated with marital satisfaction— $r(35) = -.33, p < .05$; and perceiving the partner as the cause of marital difficulties was predicted by both marital satisfaction— $t = -3.87, p < .01$ —and level of depression— $t = -2.40, p < .05$. This analysis indicates that distressed spouses are more likely to perceive their spouse as a cause of marital difficulties, and spouses with higher levels of depression are less likely to view their partner as a cause of difficulties.

The regression analyses pertaining to ratings of causal globality and stability indicated that dissatisfied spouses perceived the cause of marital difficulties as more global— $t = -4.79, p < .01$. Dissatisfied spouses also showed a tendency to rate the cause as more stable— $t = -1.94, p < .06$. Those with higher BDI scores viewed the causes of marital difficulties as less global— $t = -2.22, p < .05$ —a finding that was not obtained for perceived stability.

In sum, the findings from both the MANCOVAs and the regression analyses also indicate that marital satisfaction is related to attributions for child behavior and marital difficulties. Although depressive symptoms are also related to some attributions, they do not account for the relation between marital satisfaction and attributions.

The Association Between Marital and Child Problems

Finally, this study allowed the association between marital and child problems to be examined. Clinic and community groups differed in the extent

to which they perceived their children to exhibit problem behaviors. The clinic group ($M = 21.08$, $SD = 13.47$) rated their children higher than did the community group ($M = 12.53$, $SD = 7.15$) on the CBC index of internalizing behaviors— $F(1, 30) = 7.99$, $p < .01$. However, the groups did not differ significantly on the index of externalizing behaviors, although the means were in the predicted direction (clinic $M = 24.46$, $SD = 16.20$; community $M = 18.45$, $SD = 12.57$). These findings support the view that both marital and child problems occur in families where therapy is sought for marital problems.

DISCUSSION

The present data suggest that spouses may view the causes of child behavior and marital difficulties similarly and therefore provide some support for the proposal that spouses explain events involving different members of the family in a consistent manner. Compared to nondistressed spouses, distressed spouses viewed the causes of both negative child behavior and marital difficulties as more global. These findings were not altered when the effects of depression were statistically controlled, and the findings are consistent with research on attributions for spouse behavior in that distressed and nondistressed spouses tend to differ most reliably on the globality dimension (Bradbury & Fincham, 1990). The findings of the present study suggest that a more complete understanding of attributions in marriage may be gained by assessing the manner in which spouses explain the causes of both marital and nonmarital events that occur in the family.

Although this study cannot address questions of causality, it raises the issue of whether global attributions for negative family events lead to marital dissatisfaction or vice versa. Attributions for spouse behavior have been found to predict later marital satisfaction (Bradbury & Fincham, 1990), but marital dissatisfaction may also lead individuals to perceive the causes of negative child and marital events as affecting many areas of family life. A model of reciprocal effects may be most appropriate: Marital dissatisfaction may lead to global attributions for negative family events, which in turn maintain or increase dissatisfaction. It is also possible that a tendency to make distress-maintaining attributions for family events reflects a more general attributional style that affects both family and nonfamily events. Because of the implications for therapy, it is important to investigate the possible causal relation between attributions and satisfaction and to determine whether the attribution patterns obtained are unique to the spouse's explanations for the behavior of family members or if they reflect a pervasive personality char-

acteristic of the spouse. For example, interventions that focus only on changing attributions in the context of the family may prove to be inadequate when the attributions reflect a general attributional style that is applied to both family and nonfamily events.

Clinic and community spouses also differed in their judgments pertaining to the locus of marital difficulties. Distressed spouses viewed their partner as a cause of difficulties to a greater extent than did nondistressed spouses. Although perceiving one's partner as the locus of marital difficulties is not equivalent to holding them responsible or accountable for the difficulties, internal attributions are necessary for blame to occur. Studies directly examining responsibility attributions for partner behavior have found that distressed couples hold their partner responsible for negative behaviors to a greater degree than do nondistressed spouses (see Fincham & Bradbury, *in press*). The results of the present study are consistent with such findings.

As regards attributions for child behavior, it is noteworthy that clinic and community groups did not differ in their ratings of the locus or stability causal dimensions. The lack of significant differences on these two dimensions may be attributable to parents' awareness of the malleable nature of children's personality. Internal, stable attributions generally reflect the belief that enduring dispositions or abilities are the cause of a behavior. As children's personality is developing throughout the elementary school years, parents tend to make fewer dispositional attributions for the behavior of younger children than for older children (Dix, Ruble, Grusec, & Nixon, 1986). Thus it might be expected that children's age would be associated with parents' internal, stable, and possibly global attributions for children's behavior.

Interestingly, only community couples exhibited a correlation between their children's age and attributions for their behavior. Community spouses perceived their children's behavior as more internal— $r(19) = .50, p < .05$; stable— $r(19) = .47, p < .05$; and global— $r(19) = .53, p < .05$, with increasing age. In contrast, clinic spouses exhibited no relationship between their children's age and attributions. This lack of an association between age and attributions cannot be attributed to restricted range; the variance of these measures does not differ appreciably between groups. Moreover, the difference in correlations obtained for each group tended to differ reliably (for stability— $z = 3.30, p < .05$; for globality— $z = 1.80, p < .08$; for internality— $z = 1.70, p < .10$). These findings suggest that, compared to nondistressed spouses, distressed spouses may be less sensitive to their children's developing capacities and make attributions based more on their own beliefs than on the children's actual behavior. Although this possibility is intriguing, these findings need to be replicated before definite conclusions can be drawn.

The present study is a promising first step in examining attributions in the family. However, two characteristics of the study limit its contribution. First, only causal attributions were assessed. Although there is an extensive literature documenting the importance of causal attributions, there is some evidence to suggest that responsibility attributions, which concern judgments of accountability, may be more important in interpersonal relations. Causal and responsibility attributions are related because normally the issue of responsibility or accountability only arises for events that a person produces or causes. In contrast to causal attributions, however, responsibility attributions are more likely to be linked to affective and behavioral responses to spouse behavior (Fincham, Bradbury, & Grych, 1990). Responsibility attributions also seem more relevant in therapy. For example, "reframing" in family therapy can be conceptualized as an attempt to alter responsibility attributions.³

Second, our study did not attempt to measure directly affective and behavioral responses of either parents or children. Because attributions are proposed to influence the evaluation of and response to the behavior of others, demonstrating an empirical association between these variables is crucial. For example, investigating whether attributions for children's behavior affect discipline practices may provide valuable insight regarding attributions as potential mediators of behavioral responses.

Despite these limitations, the present study is important because it is the first to examine spouse attributions relating to multiple members of the same family. Our findings provide some support for the proposal that spouses tend to make similar attributions for marital and child events. The significance of this finding is emphasized by the fact that the attributional patterns documented in the marital literature may not be unique to marriage but reflect a general style that spouses use to explain the behavior of family members.

NOTES

1. Although the subject of intense study for at least 50 years, the construct of marital distress-satisfaction remains subject to debate (see Fincham & Bradbury, 1987). In this article we do not attempt to resolve longstanding and thorny problems about how this construct is best conceptualized and measured. Instead, we operationalize distress in terms of (a) couples seeking therapy (assuming therefore that help seeking is indicative of marital distress) and (b) a widely used, self-report measure of marital satisfaction. We chose the former because there is a pragmatic need to understand couples seeking therapy, and by including the latter our findings can be related to a vast literature on marital satisfaction.

2. All predictor variables were entered simultaneously in the regression analyses.

3. Investigating responsibility attributions in the family and in family therapy poses several challenges. For example, the developmental level of children needs to be taken into account.

Judgments of responsibility or accountability rest on criteria involving the knowledge and ability to willingly produce a behavior, and the degree to which children possess these capacities increases with age. Not surprisingly, parents view their children's behavior as more intentional with increasing age, and so are more likely to hold them responsible for their behavior as they get older (Dix et al., 1986). However, because distressed spouses demonstrated no relationship between children's age and internal attributions for their behavior, they may not be sensitive to their children's growing capacities and thus may make inappropriate responsibility attributions for their children's actions.

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