PREDICTING 2-YEAR MARITAL SATISFACTION FROM PARTNERS' DISCUSSION OF THEIR MARRIAGE CHECKUP

Christina B. Gee
George Washington University

Rogina L. Scott and Angela M. Castellani
University of Illinois at Urbana-Champaign

James V. Cordova
Clark University

This study tested whether the observed marital interactions of partners following a marriage checkup predicted marital satisfaction 2 years later. In addition, this study examined whether recommendations to pursue therapy predicted subsequent treatment seeking and whether changes in marital distress following the checkup remained stable over 2 years. Results suggest that the affective tone of a couple's interaction predicts later marital satisfaction. Further, receiving a treatment recommendation predicted subsequent treatment seeking for wives. Finally, support was found for the hypothesis that changes in marital distress are self-sustaining.

Although most marital interventions focus on either prevention or treatment, the vast majority of couples at risk for marital dissolution are neither newly married nor distressed enough to seek tertiary treatment. Few programs have been studied for intervention with this potentially large population of at-risk couples. The Marriage Checkup (MC) is an early intervention program designed to attract and improve the marital health of established at-risk couples and to prevent relationship deterioration by providing a marital health assessment and motivational feedback (Cordova, Warren, & Gee, 2001).

The MC utilizes motivational interviewing (Miller & Rollnick, 1991) to facilitate partners' movement through the successive stages of change (e.g., from not considering change to changing actively; Prochaska & DiClemente, 1984). A central premise of motivational interviewing is that providing people with information about the likely effect of their current behavior on their future health will motivate them to work toward positive change. For example, providing a couple with information about the association between their demand–withdraw pattern and marital distress should increase their motivation to improve their communication.

The two-session MC provides partners with an assessment of their relationship functioning based on empirically demonstrated correlates of marital health and deterioration. Results are reviewed with partners during a feedback session designed to reinforce relationship strengths, facilitate intimacy and acceptance, and motivate partners to address potential weaknesses.

This article follows earlier work demonstrating the attractiveness, tolerability, and safety of the MC (Cordova et al., 2001) by testing whether partners' observed reactions to their MC predict their marital satisfaction 2 years later, whether treatment recommendations made during the MC predict subsequent treatment seeking, and whether changes in relationship satisfaction remain stable over time.

Christina B. Gee, Department of Psychology, George Washington University; Rogina, L. Scott and Angela M. Castellani, Department of Psychology, University of Illinois; James V. Cordova, Department of Psychology, Clark University, at the time of the study, all authors were at the Department of Psychology, University of Illinois.
Correspondence concerning this article should be sent to James V. Cordova, Department of Psychology, Clark University, 950 Main Street, Worcester, Massachusetts 01610. E-mail: jcordova@clarku.edu

Theoretically, an active and positive response to the feedback should reflect the likelihood that partners will actively address issues raised by the MC. In addition, there is a great deal of literature showing an association between partners' interaction and their current and future satisfaction (e.g., Gottman, 1994; Weiss & Heyman, 1997). Therefore, we hypothesized that partners' discussion of the MC would predict their long-term satisfaction.

In addition, many couples received treatment referrals as one of the options for addressing their issues. Referrals were made based on therapists' judgment; thus, only some partners received referrals. Theoretically, receiving a referral should increase subsequent treatment seeking by normalizing and otherwise lowering barriers to pursuing therapy. Therefore, we hypothesized that receiving a referral would predict subsequent treatment seeking.

Finally, Cordova et al. (2001) showed that a substantial proportion of couples self-referring for the MC could be categorized as at risk for marital deterioration, the MC was well tolerated (low refusal to participate and drop-out rates), and the MC was safe for use with at-risk partners (marital satisfaction improved following the MC and remained improved at a 1-month follow-up). The question remained, however, whether those increases in satisfaction were temporary or stable. There are two competing hypotheses concerning these changes in satisfaction. The first is that the changes will remain stable because the process of change is self-sustaining, regardless of cause. The second is that improvements will return to baseline because they reflect a random fluctuation or temporary reactivity to participation. Although we cannot judge whether the MC caused the changes, we can determine whether those changes are stable.

METHODS

Participants

Participants were 29 married couples (93% White). Mean age was 41.8 ($SD = 12.2$) for husbands and 39.5 ($SD = 10.3$) for wives. Average length of marriage was 11.9 years ($SD = 11.7$; range = 5 months–40 years). All participants had a high school education; 41% of husbands and 38% of wives completed college; 14% of husbands and 35% of wives had master's degrees; and 14% of husbands had doctoral degrees. Seven husbands and six wives reported having been previously married. (Two husbands and 3 wives reported having previously been married twice.) Of the 29 couples, 20 reported having children together. Of those, 7 reported having 1 child, 8 reported having 2 children, 4 reported having 3 children, and 1 reported having 4 children. All 29 couples provided full data at pre- and immediately post-MC. Only 24 couples provided full data at the 2-year follow-up. Three couples were divorced at 2-year follow-up (10.3%) and two additional couples provided incomplete data. No differences were evident between partners with and without 2-year follow-up data on their pre-MC scores, as shown by t–tests $t(56) = -1.63$, $p = .11$).

Procedure

The Marriage Checkup. The first component of the MC involved advertising designed to attract at-risk couples that may not consider themselves distressed or that may be ambivalent about addressing their problems. Newspaper ads described the MC as a brief marital health checkup for any couple interested in professional assessment of their marriage. Ads made it clear that the MC was not therapy and that partners were free to use the feedback as they saw fit.

The second component was an assessment consisting of questionnaires and an in-lab interview. The lab visit included the Oral History Interview (Buehlman, Gottman, & Katz, 1992), two problem-solving interactions (e.g., Christensen & Heavey, 1990) and an interview about the deeper meaning each spouse associated with their main issues. The third component was a feedback session provided 2–4 weeks postassessment. Partners were given a synopsis of their history, a review of their strengths, their questionnaire scores and interpretations, and a review of their problem areas. Partners were told about identified areas of concern and the empirical finding concerning those problems and relationship functioning. Motivational statements were elicited, menus of options were provided, and action plans were developed. For example, couples whose problem-solving interaction rated high in contempt and

defensiveness were informed of their rating and of the evidence associating those behaviors with marital deterioration (e.g., Gottman, 1994). Following elaboration, couples were asked for their reactions. Any statements showing motivation to address the issue were reflected and developed. Finally, partners were directed to the section of the feedback report outlining options for addressing their issue and those options were discussed. Options varied depending on the specifics of each relationship. All recommendations were based on the current couple therapy literature, particularly integrative couple therapy (e.g., Jacobson & Christensen, 1998). A more detailed description of the MC can be found in Cordova et al. (2001).

Postfeedback interaction. Following the session, partners were asked to spend 15 min discussing their reactions to the feedback. Interactions were videotaped with couples' consent. Following the discussion, couples completed a battery of questionnaires.

Two-year follow-up. Partners were contacted by phone approximately 2 years after their MC and interviewed separately. Each spouse was asked about treatment seeking; to rate how useful the MC had been to their marriage, and how much the problems addressed during the MC had changed for the better or for the worse. Marital distress was also assessed.

Measures

Marital satisfaction. The Global Distress Subscale (GDS) is a 43-item true–false scale of the Marital Satisfaction Inventory (MSI; Snyder, 1979) assessing general relationship dissatisfaction. Sample items include; "The good things in my marriage seem to far outweigh the bad," and "The future of our marriage is too uncertain to make any serious plans." Global Distress Subscale scores were obtained at pre- and post-MC, as well as 1-month and 2-year follow-up. Higher GDS T-scores reflect higher levels of relationship distress. The GDS has a reported alpha of .97 and a test–retest reliability of .92 over a 6-week period (Snyder, 1979).

Feedback discussion coding system. A coding system was developed for assessing couples' discussion of the feedback. Trained observers rated partners separately on four dimensions: Active engagement in the discussion, positivity of the interaction, pessimism, and working toward solutions. Active engagement was defined as exhibiting curiosity and interest during the interaction, asking clarifying questions, actively listening, initiating discussion, or redirecting the conversation back to relationship issues. Positivity was defined as positive affect and positive behavior related to the feedback. Pessimism was defined as statements suggesting pessimism about change, lack of commitment to working on the relationship, or ambivalence about the future together. Finally, working toward solutions was defined as brainstorming, planning, or compromising in relation to issues raised in the feedback.

Two coders watched each interaction independently and rated each partner on each item using a 7-point scale (1 = never, 7 = extensively). Each rating reflected a combination of the frequency, duration, and intensity of the behavior. All coders were trained together until reliable (intraclass correlations > .70). Coders were blind to the couples' distress levels and follow-up data. Coders did not observe feedback sessions. To provide context, coders read an excerpt of the feedback report before coding each tape. These excerpts were edited to remove references to the couple's satisfaction level. To assure that excerpts did not reveal couples' satisfaction, three blind independent raters rated partners' distress on a scale from 1 (very happy) to 7 (very distressed). The correlation between coders' ratings and the couples' GDS scores was nonsignificant (r [29] = .31, p = .11), suggesting that excerpts did not break the blind.

Intraclasss correlations between the two coders were adequate: Engaged in discussion, $r(29) = .78$; pessimism, $r(29) = .80$; positivity, $r(29) = .80$; and working towards solutions, $r(29) = .81$. We averaged the two ratings for each item to yield a more stable rating.

RESULTS

Do Partners' Reactions to Their Marriage Checkup Predict Marital Satisfaction 2 Years Later?

Descriptive statistics and correlations are provided in Table 1. Tests for differences between wives' and husbands' correlations (Bruning & Kintz, 1987) revealed only one difference. The correlation between pessimism and the 2-year GDS score was significantly larger for husbands, $r(24) = .69$, than for wives, $r(24)$

TABLE 1
Correlations and Descriptive Statistics for Global Distress Scale (Pre-, Post- and 2-Year follow-up) and Feedback Interaction Codes

Scale	Pre-GDS	Post-GDS	2-year-GDS	Engaged	Positive	Pessimism	Solution	M	SD
Pre-	—	.75***	.70***	−.10	−.36*	.55**	.10	54.6	10.5
Post-	.51**	—	.78***	−.25	−.44*	.70***	−.11	50.0	19.7
2-year	.56**	.71***	—	−.26	−.50*	.69***	−.17	50.8	8.0
Engaged	−.16	−.43*	−.44*	—	.59***	−.13	.44*	3.5	0.9
Positive	−.38*	−.59***	−.66***	.66***	—	−.51**	.66***	3.4	1.0
Pessimism	.31	.44*	.16	−.22	−.48**	—	−.16	2.2	1.0
Solution	−.04	−.18	−.11	.55**	.38*	−.13	—	2.7	1.2
M	56.10	50.30	49.70	3.90	3.50	2.20	2.80	—	—
SD	10.40	9.30	6.60	0.90	0.90	1.10	1.10	—	—

Notes. Numbers above the diagonal refer to men and numbers below the diagonal refer to women. GDS = Global Distress Scale. Engaged = Engaged in discussion. Positive = Positivity of the interaction. Solution = Working toward solutions. Correlations involving the 2-year follow up are based on $n = 24$; otherwise $n = 29$. * $p < .05$. ** $p < .01$. *** $p < .001$.

$= .16$. The Fisher z score for the difference between correlations was $z = 2.23$, $p < .05$, two-tailed.

Regressions were conducted separately for husbands and wives predicting relationship distress 2 years following the MC. Pre-MC relationship distress was entered in the first step followed by a second step in which all four feedback codes were entered simultaneously. These analyses allowed determination of whether reactions to the feedback added to initial levels of relationship distress in predicting relationship distress 2 years later. For husbands, both pre-MC relationship distress and pessimism were significant predictors of marital distress at 2-year follow-up ($\beta = .60$, $p < .01$ and $\beta = .42$, $p < .05$, respectively; $n = 24$). The less pessimism husbands displayed during discussion of the MC feedback, the more satisfied they were with their marriages 2 years later, even after accounting for their level of distress before the MC. For wives, both pre-MC relationship distress and positive affect were significant predictors of marital satisfaction at 2-year follow-up ($\beta = .39$, $p < .05$ and $\beta = −.56$, $p < .05$, respectively; $n = 24$). The more positive affect wives displayed during discussion of the MC feedback, the more satisfied they were with their marriages 2 years later, even after accounting for their level of distress prior to the MC. None of the other feedback codes predicted 2-year distress.

Do Therapy Recommendations Predict Subsequent Treatment Seeking?

Therapy recommendations were given during feedback to 12 of the 29 couples (41%). Couple therapy was recommended for 7 couples, and individual assessment was recommended to 5 couples (3 couples for partners' symptoms of depression, 1 for erectile dysfunction, and 1 for obsessive–compulsive symptoms).

Global Distress Subscale scores were significantly higher for husbands that received treatment recommendations ($M = 60.5$, $SD = 10.2$), than for husbands that did not receive recommendations ($M = 48.8$, $SD = 7.7$; $t [27] = −3.5$, $p < .01$). Global Distress Subscale scores were also significantly higher for wives that received treatment recommendations ($M = 61.3$, $SD = 9.9$), than for wives that did not receive recommendations ($M = 50.5$, $SD = 8.6$; $t [27] = −3.1$, $p < .01$). Thus couples' level of distress played a role in determining therapy recommendation.

Of the 24 couples with data at follow-up, 29% (7 of 24) sought treatment by 2-year follow-up. Of those, 71% of husbands and 86% of wives had received a treatment recommendation. Of those receiving a treatment recommendation (11 of 24), 45% of husbands and 60% of wives sought therapy. Of partners that were not given treatment recommendations, only 15% of husbands and 7% of wives obtained therapy (see

TABLE 2

Cross-tabulation of Treatment Recommendation During Feedback by Treatment Seeking Within Subsequent 2 Years

Husbands (N = 24)	Did not seek treatment	Sought couple treatment	Sought individual treatment
No treatment recommendation	11	2	0
Couple treatment recommendation	3	2	1
Individual treatment recommendation	3	2	0
Wives (N = 24)			
No treatment recommendation	13	1	0
Couple treatment recommendation	2	3	1
Individual treatment recommendation	2	1	1

Note: 2 analyses collapse across type of treatment. Husbands χ^2 (1) = 2.61, *ns.* Wives χ^2 (1) = 7.89, $p < .01$.

Table 2). In general, more wives followed specific treatment recommendations than husbands (40% vs. 18%, respectively). Wives and husbands were comparable in their tendency to seek a type of treatment different from that recommended (20% and 27%, respectively). Finally, husbands were somewhat more likely than wives to ignore a treatment recommendation altogether (55% vs. 40%, respectively). Regression analyses revealed that therapy recommendations predicted subsequent treatment seeking for wives but not for husbands ($\beta = .53$, $p < .01$; $\beta = .33$, $p = .12$, respectively; $n = 24$). Entering pre-MC global distress score in the prediction of treatment seeking revealed that treatment recommendation remained a significant predictor of treatment seeking for wives (Table 3).

TABLE 3

Regression Analyses Testing the Prediction of Treatment Seeking from Pre–Marriage Checkup Marital Satisfaction and Treatment Recommendation

Treatment seeking	B	SE B	β
Husbands			
Step 1			
Pre-MC Global Distress Scale	2.80	.01	.64***
Step 2			
Pre-MC Global Distress Scale	2.81	.01	.63**
Treatment recommendation	5.38	.18	.01
Wives			
Step 1			
Pre-MC Global Distress Scale	2.49	.01	.56**
Step 2			
Pre-MC Global Distress Scale	1.63	.01	.37
Treatment recommendation	0.36	.17	.40*

Notes. $R^2 = .41$ for husbands Step 1; $\Delta R^2 = 0$ for Step 2 ($p < .001$ and *ns*, respectively). R^2 for Wives Step 1 = .31; $\Delta R^2 = .12$ for Step 2 ($p < .01$ and $p < .05$, respectively). * $p < .05$. ** $p < .01$. *** $p < .001$. MC = Marriage Checkup.

TABLE 4
Change on the Global Distress Scale from Pre-Checkup to 2-year Follow-up (*N* = 24)

	Pre-Checkup Mean (*SD*)	2-year follow-up Mean (*SD*)	*t*	*df*	*d*
Wives	56.08 (10.44)	49.71 (6.59)	–3.59**	23	.75
Husbands	54.58 (10.52)	50.75 (8.04)	–2.50*	23	.41

* $p < .05$, ** $p < .01$, *** $p < .001$. d = effect size.

Are Changes in Marital Satisfaction Stable?

Pre-MC GDS scores were compared to follow-up scores using paired *t*-tests. Analyses presented in the original paper (Cordova et al., 2001) showed that GDS scores improved from pre- to post-MC and remained improved at 1-month follow-up. Analyses of the 2-year follow-up revealed that distress decreased for both husbands and wives from pre-MC to 2-year follow-up (see Table 4), and that husbands' and wives' distress scores did not change from post-MC to 2-year follow-up, or from 1-month to 2-year follow-up. Thus, participants maintained the improvements they showed immediately following the MC (excluding the 3 couples that divorced).

To test whether the decrease in distress from pre-MC to 2-year follow-up was associated with whether or not partners had sought additional treatment, a correlation coefficient was computed between the pre-MC to 2-year follow-up GDS change score and treatment seeking for both wives and husbands. Results show that there was no significant association between change in global distress from pre-MC to 2-year follow-up and whether or not partners had sought additional treatment, $r(24) = .35, p = .10$ and $r(24) = .31, p = .14$, for wives and husbands, respectively.

Considering increases and decreases in relationship satisfaction following the MC, the following results were found. From pre-MC to post-MC (*n* = 29), 71% of husbands and 57% of wives reported decreased relationship distress. Within that group, 11 husbands and 5 wives reported decreases of 5 points or fewer, 3 husbands and 5 wives reported decreases between 6 and 10 points, and 6 husbands and 6 wives reported decreases of greater than 10 points. Note that the GDS provides *T*-scores (i.e., 10 points = 1 *SD*). Only 18% of husbands and 25% of wives reported increases in relationship distress, with the remainder reporting no change. Within that group, 4 husbands and 4 wives reported no changes, 3 husbands and 7 wives reported increases of fewer than 5 points, one husband and one wife reported increases of between 6 and 10 points, and one husband and no wives reported increases of greater than 10 points. At the 2-year follow-up (*n* = 24), 63% of husbands and 71% of wives reported decreases in relationship distress compared to the pretest. Within that group, 5 husbands and 5 wives reported decreases of fewer than 5 points, 3 husbands and six wives reported decreases of between 6 and 10 points, and seven husbands and seven wives reported decreases of greater than 10 points. Only 25% of husbands and 25% of wives reported increases in relationship distress with the remainder reporting no change. Within that group, 3 husbands and no wives reported no change, 5 husbands and 4 wives reported increases of fewer than 5 points, no husbands and 2 wives reported increases of between 6 and 10 points, and one husband and no wives reported increases of greater than 10 points.

Participant Satisfaction with the MC 2 Years Later.

At 2-year follow-up (*n* = 24), participants were asked to rate on a scale of 1 (not at all useful) to 10 (extremely useful) how beneficial the MC was to their relationship. Overall, 92% of husbands and 88% of wives rated the MC as at least moderately useful (a rating of 5 or greater). The mean husband rating was 7.0 (*SD* = 2.3), and the mean wife rating was 6.4 (*SD* = 2.7). Six husbands gave a rating of 8, one gave a

TABLE 5
Participants Ratings of Amount of Change in Their Biggest Area of Disagreement
Following Their Marriage Checkup (*N* = 24)

	Wives	Husbands
Changed for the better		
0 = Not at all	3 (13%)	1 (4%)
1 = A little	7 (29%)	7 (29%)
2 = Moderately	5 (21%)	9 (38%)
3 = Quite a bit	5 (21%)	4 (17%)
4 = A great deal	4 (17%)	3 (13%)
Changed for the worse		
0 = Not at all	17 (71%)	19 (79%)
1 = A little	4 (17%)	5 (21%)
2 = Moderately	2 (8%)	0 (0%)
3 = Quite a bit	1 (4%)	0 (0%)
4 = A great deal	0 (0%)	0 (0%)

rating of 9, and one gave a rating of 10. Three wives gave a rating of 8, 3 gave a rating of 9, and 3 gave a rating of 10.

Participants rated how much the biggest area of disagreement between them had changed for the better following the MC (see Table 5). The scale ranged from 0 to 4 (0 = not at all; 1 = a little; 2 = moderately; 3 = quite a bit; and 4 = a great deal). Overall, 67% of husbands and 58% of wives indicated that the issue had changed for the better at least moderately. The mean rating for husbands and wives was 2.0 (*SD* = 1.1 and *SD* = 1.3, respectively). Participants also rated how much these areas of disagreement had changed for the worse. The majority of partners reported that their biggest area of disagreement had not changed for the worse and had changed at least moderately for the better.

DISCUSSION

This study suggests that how couples respond to feedback about their marriage predicts their long-term marital health. It also suggests that treatment recommendations given at feedback predict wives', but not husbands' subsequent participation in therapy. In addition, it suggests that improvements in marital satisfaction following the MC remain stable. Finally, it suggests that most couples find the MC at least moderately useful and experience at least moderate changes for the better (and none for the worse) in their main area of disagreement. Note that these and the following conclusions only apply to those couples that stayed together between pre-MC and the 2-year follow-up, and do not apply to those couples that divorced.

Predicting Long-term Marital Satisfaction from Partners' Reactions to a Marriage Checkup.
The more pessimistically husbands responded during discussion of the MC, the less satisfied they were with their marriages 2 years later, even after accounting for their initial levels of distress. Similarly, the more positively wives responded during these discussions, the more satisfied they were with their marriages 2 years later. It is interesting to note that it was the affective codes that were the most predictive of later marital satisfaction, whereas the more instrumental codes (problem solving and discussion engagement) were not predictive. Affective codes have previously been found to be valuable as longitudinal predictors of marital health. For example, Gottman, Coan, Carrere, and Swanson (1998) found that positive affect was the principal predictor of relationship satisfaction and stability over a 6-year period in a sample of newlywed couples. Similarly, Smith, Vivian, and O'Leary (1990), in a sample of newlywed couples, found that after

controlling for premarital relationship satisfaction, affective disengagement was associated with marital dissatisfaction both 18 and 30 months after the marriage. Thus, existing evidence suggests that couples' affect at one moment in time is robustly predictive of satisfaction years later. This study demonstrates that this association holds even in well-established marriages. These studies suggest that the affective tone of a couple's interactions may be one of the principal indicators of the trajectory of their relationship.

Although emotional positivity has been studied previously (Gottman et al., 1998), husbands' pessimism has been overlooked and appears to have unique predictive potential. That the association between pessimism and later relationship satisfaction was significantly stronger for husbands than for wives suggests that there may be something particularly telling about husbands' hopelessness. However, wives' generally higher baseline negativity during in-lab marital interactions (e.g., Gottman, 1994) may obscure an association between wives' pessimism and long-term satisfaction.

These findings also suggest that we may be able to predict couples' long-term response to an intervention from how they talk about it afterward. In keeping with clinical wisdom, it appears to be better for partners to leave an intervention feeling positive and hopeful than feeling negative or pessimistic. This has implications for the delivery of motivational feedback. Motivational feedback works, in part, by drawing contrasts between current behavior and valued goals. For example, if partners are engaging in a demand–withdraw pattern, the therapist might note the research demonstrating an association between demand–withdraw patterns and marital deterioration. That contrast between continuing their pattern and their valuing of their marriage theoretically facilitates motivation to change. This study implies, however, that if the couple hears only the negative message and as a result feels stuck or pessimistic, then that intervention is less likely to lead to sustained change. Conversely, if the feedback emphasizes the positive benefits of change, provides strategies for change, and highlights the couple's strengths, then long-term improvements may be more likely. For example, rather than simply informing a couple that the demand–withdraw pattern is associated with relationship distress, the therapist might emphasize that successfully addressing the pattern should result in greater intimacy, improved problem solving, and overall greater marital health.

It should be noted that this study cannot determine whether couples' affective tone was a product of the intervention or of previously existing relationship factors. Future control group studies will be better able to determine the effect of the MC on couples' emotional tone.

Treatment Recommendation and Treatment Seeking.

Our results suggest that recommending therapy in the context of a marriage checkup may be an effective way of facilitating treatment seeking for wives. For wives, receiving a treatment recommendation was the best predictor of subsequent treatment seeking. For husbands, pre-MC distress was the best predictor of subsequent treatment seeking. Approximately twice the percentage of wives as husbands followed specific treatment recommendations (40% vs. 18%) versus seeking a different type of treatment or no treatment at all. Given these results, along with the fact that none of the couples had been seeking therapy prior to the MC, it appears that a therapy recommendation given as part of a checkup has the potential to get couples at risk for marital deterioration into treatment sooner and may facilitate treatment seeking for couples that otherwise might never consider it an option.

Stable Change in Marital Satisfaction.

Increases in marital satisfaction following the MC remained stable at both 1-month and 2-year follow-ups. Furthermore, at 2-year follow-up, a substantial majority of husbands and wives continued to report decreased relationship distress (63% and 71%, respectively). Although improvements in marital satisfaction reported cannot be attributed specifically to the intervention, the results suggest that the process set in motion, regardless of its cause, is self-sustaining, and is not a random fluctuation or reflection of short-lived reactivity to the study. Furthermore, partners perceived their participation as useful and generally leading to at least moderate improvements on their specific issues. This implies that the MC continues to be perceived as a valuable and attractive option for this population of couples.

Limitations

Limitations to the current study include both the absence of a control condition and a homogeneous sample with regard to ethnicity and socioeconomic status. Due caution should be taken regarding efficacy implications and in generalizing results to more heterogeneous populations. In addition, the results apply only to those couples that stayed together between completing their marriage checkup and the 2-year follow-up. Because we did not have 2-year data from those couples that divorced, these results cannot be generalized to that population of couples.

Although the number of divorced couples was not large enough to warrant conducting formal analyses ($n = 3$), informal examination of their data revealed several interesting details that serve as a caution about the current results. First, none of the couples that eventually divorced had children. The existing literature suggests that although the presence of children tends to decrease marital satisfaction, it also tends to increase marital stability (for review, see Weiss & Heyman, 1997). Second, on average those couples that eventually divorced had not been married as long at pre-MC as the remainder of the sample (3.6 vs. 13.4 years, respectively). Again, the literature suggests that risk of divorce is highest within the first few years of marriage (Karney & Bradbury, 1995). Third, two of the three couples that eventually divorced were in second marriages, and the divorce rate for second marriages has consistently been found to be higher than for first marriages (e.g., Furstenberg & Spanier, 1984). Fourth, at pre-MC none of the six partners that subsequently divorced scored in the severely distressed range on the GDS ($T > 65$). One husband and two wives scored in the moderately distressed range ($T = 50$–65), and two husbands and one wife scored in the satisfied range ($T < 50$). Finally, none of the couples that eventually divorced had been given a therapy recommendation. It is interesting to note that the couples that divorced scored primarily in the nondistressed and moderately distressed range and that none of them were evaluated as warranting a therapy recommendation at the time of their marriage checkup. This clearly points out the limitations of both clinical and actuarial prediction of divorce and highlights the need for continuing research into the factors that effectively predict marital dissolution.

REFERENCES

Buehlman, K., Gottman, J. M., & Katz, L. (1992). How a couple views their past predicts their future: Predicting divorce from an oral history interview. *Journal of Family Psychology, 5,* 295–318.

Bruning, J. L., & Kintz, B. L. (1987). *Computational handbook of statistics* (3rd ed.). Glenview, IL: Scott, Foresman, and Company.

Christensen, A., & Heavey, C. L. (1990). Gender and social structure in the demand/withdraw pattern of marital conflict. *Journal of Personality and Social Psychology, 59,* 73–81.

Cordova, J. V., Warren, L. Z., & Gee, C. B. (2001). Motivational interviewing with couples: An intervention for at-risk couples. *Journal of Marital and Family Therapy, 27,* 315–326.

Furstenberg, F. F., Jr., & Spanier, G. B. (1984). The risk of dissolution in remarriage: An examination of Cherlin's hypothesis of incomplete institutionalization. *Family Relations, 33,* 433–441.

Gottman, J. M. (1994). *What predicts divorce: The relationship between marital processes and marital outcomes.* Hillsdale, NJ: Erlbaum.

Gottman, J. M., Coan, J., Carrere, S., & Swanson, C. (1998). Predicting marital happiness and stability from newlywed interactions. *Journal of Marriage and the Family, 60,* 5–22.

Jacobson, N. S., & Christensen, A. (1998). *Acceptance and change in couple therapy: A therapist's guide to transforming relationships.* New York: Norton.

Karney, B. R., & Bradbury, T. N. (1995). The longitudinal course of marital quality and stability: A review of theory, method, and research. *Psychological Bulletin, 118,* 3–34.

Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior.* New York: Guilford.

Prochaska, J. O., & DiClemente, C. C. (1984). *The transtheoretical approach: Crossing traditional boundaries of therapy.* Homewood, IL: Dow Jones/Irwin.

Smith, D. A., Vivian, D., & O'Leary, K. D. (1990). Longitudinal prediction of marital discord from premarital expressions of affect. *Journal of Consulting and Clinical Psychology, 58,* 790–798.

Snyder, D. K. (1979). Multidimensional assessment of marital satisfaction. *Journal of Marriage and the Family, 41,* 813–823.

Weiss, R. L., & Heyman, R. E. (1997). Couple interaction. In W. K. Halford & H. J. Markman (Eds.), *Clinical handbook of marriage and couples intervention* (pp. 13–41). New York: Wiley.