A defining feature of behavior therapy is its application of general psychological principles and its consequent responsiveness to developments in general psychology. However, there are indications that a new movement already labeled in behavioral circles as "affect in the eighties" may be influencing the cognitive behavior therapy of the seventies. Distressed couples (N=58) and couples who responded to a newspaper ad (N=96) participated in a study to assess affect in marriage and its position in the behavior-cognition-affect linkage. The revised Positive Feelings Questionnaire (PFQ) correlated with spouses' ratings of affective responses to hypothetical positive actions by their spouses. Positive feelings toward a spouse were not correlated with age, education, or income. Women in the distressed group had lower PFQ scores than women in the nondistressed group. The data suggest that behavioral marital therapists should consider how to modify affective responses and that the PFQ can aid such exploration by assessing spouses' feelings.

(JAC)
Affect in the eighties: A new direction in behavioral marital therapy?

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A defining feature of behavior therapy is its application of general psychological principles and its consequent responsiveness to developments in general psychology. This was clearly seen when the cognitive revolution of the seventies firmly established cognitive behavior therapy. However, there are indications of a new revolution in the current decade which has already been recognized in behavioral circles and labelled "affect in the eighties" (Wilson, 1982).

At the turn of the decade Zašonč (1980) published a provocative position paper entitled "Thinking and feeling: Preferences need no inferences". He argued, inter alia, that not only are the affective and cognitive systems relatively independent but that affective responses actually precede cognitive responses and even stimulus recognition. Rachman (1981) has explored the clinical implications of this position and recommends that "we should aim to expand behavior modification to include affect modification" (Rachman, 1981, p. 289). There are clear indications that this call is likely to be heeded.

Behavioral marital therapy with its recent beginnings has understandably lagged behind developments in behavior therapy. For example, cognitive variables have only recently entered the literature in this field (Arias, Note 1; Epstein, 1982; Fincham, in press) following a period of concern with the behavioral components of marital satisfaction (Jacobson & Margolin, 1979). Affect stands as the remaining member of psychology's tripartite division (cognition-behavior-affect) which has yet to be integrated into the behavioral marital literature. In the remainder of this paper I shall briefly outline the development of an instrument to assess affect in marriage and report data bearing on the position of affect in the behavior-cognition-affect linkage.

An attempt to move in the direction of "affect modification" with couples presupposes assessment devices to gauge the effect of such intervention.
Unfortunately there is relatively little research on measurement of positive affect, love and caring for a partner in a marriage. Positive affect and love are not easy to define and some legislators are even against research having to do with love (Walster & Walster, 1978). While positive affect or love indeed may be difficult to measure, such affect is judged by women as the most important characteristic of a good marriage; men judged love to be second only to understanding (Broderick, 1981).

A 20-item "Positive Feelings Questionnaire" (PFQ) has been used for some time at Stony Brook to assess positive affect towards a spouse. This measure had an acceptable test-retest reliability (r = .93, three weeks) and had a reasonably high correlation (r = .78) with the widely used Locke Wallace Marital Adjustment Test. Further, women's scores on the PFQ were predictive (r = .43) of change in therapy (O'Leary & Turkewitz, 1978; Turkewitz & O'Leary, 1981). According to Dentch, O'Farrell & Gutter (1980), the readability level of the PFQ is seventh grade.

Recently, the test has been expanded and subject to more rigorous psychometric analysis. First, several items were added to the questionnaire. Second, an item analysis has been carried out to assess item total correlations and the ability of each item to discriminate maritally discordant from non-discordant groups. Finally, the format of some of the items has been changed from a questionnaire to a rating scheme. The format was changed to allow respondents to express feelings directly rather than reflect on how they felt when their spouse did certain things. For example, the item, "How do you feel when your spouse touches you?" was changed to "Touching my spouse makes me feel...". We wished to assess how spouses felt toward one another even though they may never have communicated such feelings to each other.
of items rated on a positive to negative continuum include: My spouse's physical appearance makes me feel ...; Kissing my spouse makes me feel ... Examples of questionnaire items rated on a positive to negative continuum include: How do you feel about your spouse as a friend to you? How do you feel about how your spouse understands you?

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

Results of the analyses of the revised Positive Feelings Questionnaire for the combined groups (Couple N = 104), with elimination of seven items that did not meet a homogeneity criterion of > .50, yielded a 17 item questionnaire battery with an alpha of .94 and contrasted group comparisons which yielded item differences < .01. Validity correlations of the PFQ for the clinic sample were as follows: Marital Adjustment Test $r = .70, p < .001$;
Navran Communication Scale $r = .40, p < .001$; Beck Depression Inventory $r = .16, p < .05$. The PFQ also correlated with spouses' ratings of commitment to their marriage ($r = .40, p < .001$) and with ratings of affective responses to hypothetical positive actions by their spouse ($r = .48, p < .011$). Positive feelings towards spouse were not correlated with age, education or income. However, women had lower PFQ scores in the distressed group than
the nondistressed group; men and women did not differ on the PFQ in the community sample.

While the above assessment device serves an important technological need it does not speak to the theoretically important question regarding the role of affect vis-a-vis cognition and behavior. One position on this issue is most likely to determine one's intervention, and hence it is a question of clinical importance. In a recent study an attempt was made to address this issue (Fincham & O'Leary, Note 2). Distressed and nondistressed spouses responded to positive and negative hypothetical acts by their partners. They were asked to give the probable cause of the action which they then rated on the dimensions global-specific, spouse-external to spouse and stable-unstable. In addition, they indicated their affective response to the hypothetical act (positive-negative) and their most likely behavioral response (punishing-rewarding).

Causal models regarding the relation between causal perceptions, affect and behavior were tested. For both positive and negative acts it was found that causal attributions did not directly affect behavioral responses. To the extent that they did have an effect it was mediated by the affective or feeling response. Moreover, causal perceptions accounted for a significant portion of the variance in feelings only in the case of positive acts.

These findings imply that causal inferences may not be as critical as hitherto thought in marital functioning especially when it involves negative behavior. But this behavior is precisely what characterises distressed couples. If this is indeed the case, and we are currently conducting further research to verify this finding using different cognitive inferences, then the late arrival of cognition in the marital literature may indeed be fortunate. We may be able to proceed directly to the affective eighties. In any event the present data suggest that behavioral marital therapists seriously consider
how to directly modify affective responses and we have provided an instrument
to assess spouses' feelings, a technological need integral to such exploration.
Reference Notes


References


Positive Feelings Questionnaire & MAT

Community Sample

Positive Feelings Questionnaire  Marital Adjustment Test
Men N = 46, $\bar{X} = 100.52$, SD = 12.44 ; $\bar{X} = 108.17$, SD = 23.97
Women N = 46, $\bar{X} = 104.26$, SD = 9.73 ; $\bar{X} = 112.30$, SD = 20.56

Clinic Sample

Men N = 58, $\bar{X} = 83.98$, SD = 18.16 ; $\bar{X} = 77.27$, SD = 27.14
Women N = 56, $\bar{X} = 73.86$, SD = 22.40 ; $\bar{X} = 69.69$, SD = 25.99
Footnotes

Copies of this manuscript and the Positive Feelings Questionnaire can be obtained from Dr. K.D. O'Leary, Psychology Department, SUNY, Stony Brook, N.Y., 11794. Dr. Fincham is now at the University of Illinois, Urbana, Illinois.