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Time-out and writing in distressed couples: an experimental trial into the effects of a short treatment

Alfred Lange, Charlotte van der Wall en Paul Emmelkamp

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Drs. J.W.Ch. van der Wall, psychologist at the RIAGG Centrum/Oud West/Noord in Amsterdam, the Netherlands.
Abstract

The results of a controlled experimental trial into an ultra short protocolled treatment for quarrelling couples are reported. Fifty-five couples were at random allocated to two treatment conditions and one waiting list/control condition. The treatment conditions focused on self-control by time-out including writing. In the interactional treatment the partners wrote letters to each other when they were angered. In the individual treatment the partners were instructed to evaluate their own role in the conflict without sharing the writing with their partner. In accordance with the expectactations, the quality of the relationship of the treated couples improved significantly compared to the waiting-list control group. No differences were found between the two experimental conditions.

Introduction

Communication deficiencies are characteristic of couples who seek therapy. Distressed couples are often hostile and critical of each others' behaviour. They show a striking lack of self-control leading to negative reciprocitivity (for a review see Halford, Markman, & Fraenkel, 1998). A number of different approaches including behavioural (e.g. Jacobson, Schmaling, & Holzworth-Munroe, 1987), cognitive (e.g. Baucom & Epstein, 1990; Emmelkamp, Van Linden van den Heuvell, Rüphan, Sanderman, Scholing, & Stroink, 1988) and insight-oriented couple therapy (e.g. Snyder, Wills, & Grady-Fletcher, 1991) have been demonstrated to improve the relationship. However, these therapies usually take over twelve sessions. Thus, there is still need for brief couple therapy for distressed couples.

The behaviour of most distressed couples corresponds with features of disorders in impulse control: inadequate control of destructive impulses triggered by specific stimuli and by the experience of lust and relaxation during the impulsive action (DSM-IV, American Psychiatric Association, 1994). The essential features of the best documented
treatment of disorders in impulse control rely heavily on self-control techniques, including self-monitoring and response prevention (Hoogduin & Lange, 1994).

There is ample clinical evidence that enhancing self-control by time-out procedures can be beneficial for distressed couples (Lange, 1994). Veenstra and Scott (1993) describe time-out and self-control procedures comprising six successive stages for families in conflict. They define time-out as 'any activity that interrupts a destructive pattern of behaviors so that constructive problem-solving can occur' (Veenstra & Scott, 1993, page 72). Veenstra and Scott regard time-out as the core element. They ignore the fact that a complete suppression of anger may provoke negative results. To deal with this, time-out might be combined with a procedure that allows couples to disclose their anger in a constructive manner.

Lange, Barends and Van der Ende (1998) describe a pilot study into an ultrashort protocollod treatment for distressed couples based on self-control and constructive expression of anger. Couples were instructed to take time-out when angered and to write a letter to their partner informing them about their irritations. Results of the treatment in 19 couples were encouraging; the couples improved significantly during treatment. There was no serious relapse during the follow-up period. The couples in which struggle for power was the dominating force improved more than couples with serious differences in the content of opinions or needs.

The Lange et al. (1998) study had some limitations. Treatment consisted only of two sessions. Accordingly, participants evaluated the treatment as being too short. Moreover, the study did not include a control group. The study we describe here also focuses on increasing self-control by time out, but the protocol comprises four instead of two treatment sessions and there are two experimental conditions and a waiting-list control condition.

To investigate whether writing a letter to the partner is an essential component of this treatment, in the present study two experimental conditions were compared. In the first, couples were instructed to take time-out when angered and to write a letter to the partner (interaction writing condition). In the second experimental condition couples were
instructed to write for themselves and focus on their own role in the conflict (individual writing condition). Marital dissatisfaction was expected to decrease during the period of treatment significantly more in the experimental groups than in the control group. Marital adjustment was expected to increase significantly more in the experimental groups. Clinical data, furthermore, suggested the expectation that changes in the interactional writing condition would be larger than in the individual writing condition (Lange, 1994). Since the interventions were focused on the general relationship only, we did not predict changes in the sexual relationship. Measurement of sexual (dis)satisfaction was for exploratory purposes.

**Method**

*Participants*

A well-known Dutch journalist announced the study in an article on self-control treatment for distressed couples in a leading Dutch women's weekly. The article included a registration form that both partners had to sign and send to the researchers if they wanted to participate. Subsequently they received screening questionnaires. If they passed this first screening they received an invitation for a screening interview. Participants had to meet the following inclusion criteria:

- Live together for more than one year.
- Having conflicts about more than one issue. For instance, they were excluded if having children was the only topic of conflict.
- At least a minimal amount of positive affection for each other.
- No excessive use of alcohol or drugs: no hard drugs, less than 30 alcohol consumptions a week, no conflicts about alcohol.
- No excessive use of psychotropic medication.
- No extramarital relationship.
• No extreme individual psychopathology, assessed by the Dutch adaptation of the Symptom-Checklist -90 (SCL-90, Arrindell and Ettema, 1986; Derogatis, 1977). The couple were excluded from the study if one or both partners had a higher score on the SCL-90 than the average of the psychiatric norm group.

• Neither of the partners should be currently in treatment.

• The couple has not have been in marital therapy during the last two years.

• Neither of the partners was exposed to treatment in which writing was a main intervention during the last two years.

• No physical violence between the partners.

If the potential participants met the criteria they were informed about the experimental procedures, including: random allocation to one of the experimental conditions, observation of the therapies by a co-therapist through a monitor in another room and video recording of the sessions. If they agreed, participants signed an Informed Consent form. Subsequently, couples were randomly assigned to one of the three conditions: (1) Time-out with individual writing, (2) time-out with interactional writing and (3) a waiting-list control group that received therapy three months later.

After the screening 65 of the 163 couples who had applied for participation fulfilled the inclusion criteria. During the study, seven couples dropped out because of personal circumstances, including health problems. One couple was not satisfied with the treatment, two couples favoured divorce after all.

The average age of the 55 couples who had completed the study was $M = 43$ years for the wives and $M = 44$ years for the husbands. Most couples (89%) were married; 49% had two children. Two of the couples were part of a family with children of a previous marriage. The average duration of the relationship was $M = 17$ years ($SD = 9$) and the mean duration of the problems was five years. The level of education was representative for the general population in The Netherlands. Due to the nation wide character of the recruitment, some participants had to travel from far. The mean distance from the couple's
residence to the University of Amsterdam where treatment took place, was $M = 45$ miles ($SD = 35.63$), range from 1 to 220 km).

Preceding treatment, participants completed the Interactional Problem-Solving Inventory (IPSI, Lange, 1995; Lange, Hageman, Markus & Hanewald, 1991). The mean pre-treatment score on this measure of marital adjustment was $M = 43$ ($SD = 8.9$). Comparison with the Dutch norm-scores reveals that the participants had serious marital problems, their scores being in the lowest decile of the norm scores. Table 2 and 3 show that the three experimental groups did not differ in marital distress at pre treatment. Apparently, the random allocation to the experimental conditions had been successful.

Design and procedure

A 'before-after / multiple-group design' was applied (Judd, Smith & Kidder, 1991). Participants in the first experimental condition received time-out instructions plus the 'interactional writing-assignment', writing a letter to the partner. This combination is similar to the treatment described by Lange et al. (1998). The second experimental group received time-out instructions plus the 'individual writing-assignment', writing about their own part in a conflict. In the two experimental conditions treatment started two weeks after the screening interview. The control group waited till the two experimental groups had finished treatment (eight weeks) after which they were randomly allocated to one of the two experimental treatments, but their data were not used in the analyses.

Measurement of marital distress and marital adjustment was carried out at pre-treatment, post-treatment and follow-up eight weeks later. The follow-up questionnaires were sent by mail. Participants that returned all questionnaires had the chance to win a a reward of 15 pounds sterling.

Measurement for testing the hypotheses: dyadic distress and dyadic adjustment
• **The Dutch adaptation of the Maudsley Marital Questionnaire (MMQ)**, Arrindell, Boelens & Lambert, 1983; Arrindell & Schaap, C., 1985). The MMQ is a short self-report questionnaire allowing couples to express the degree of dissatisfaction with their marital relationship. The MMQ consists of two subscales: general dissatisfaction (MMQ-M, ten items), and sexual dissatisfaction (MMQ-S, five items). Items are scored on nine-point scales, from 0 to 8. The higher the score the more dissatisfaction. Internal consistency and test-retest reliability are high. Convergent validity is good as is demonstrated in high correlations with other communication measurements of marital distress. Also, the MMQ proved to be successful in distinguishing "happy" from "unhappy" couples.

• **The Interactional Problem-Solving Inventory (IPSI)**; Lange et al., 1991). The IPSI consists of 17 statements describing the couple's ability to solve their interactional problems. A low IPSI-score indicates that the couple is not able to cope with their problems. In various studies the IPSI has been shown to have high internal consistency and good validity (Lange et al., 1991). Norm scores for the general Dutch population have been established.

**Measurement of exploratory variables**

For exploratory purposes the following questionnaires were administered:

• **The Nijmegen Motivation Questionnaire-2 (NML-2)**, Keijzers, Schaap, Hoogduin, Hoogsteyns & De Kemp, 1999). The NML-2 measures the degree of motivation for treatment. In our study, we used the subscales 'Willingness to Participate' (extent to which people are prepared to contribute to therapy, 11 items) and 'Expectancy' (the degree of positive expectations with regard to the outcome of treatment, 9 items). The authors report reliabilities varying from coefficient $\alpha = .69$ to $\alpha = .78$.

• **The Exit-Questionnaire**. This structured questionnaire has been constructed especially for this study, to allow participants to evaluate the treatment method.
**Therapists and protocol**

Eighteen therapists participated in this study, two male and sixteen female. Their mean age was $M = 29$ years ($SD=4$, range 23 to 49). Most of them were clinical psychology students in the last stage of their education. Five therapists were graduate psychologists, who worked at the Department of Clinical Psychology. All therapists had attended an intensive course 'directive behaviour therapy for couples and families'. Prior to the study, therapists received training in using the protocols.

Each session followed a fixed protocol. The protocol prescribes the manner in which the therapist assesses the pattern of conflict, the homework assignments, the way in which he or she motivates the participants and verifies the treatment adherence.

All sessions where observed by a co-therapist who checked whether the therapist followed the protocol correctly. The therapist could consult the co-therapist during the session. The sessions were all videotaped for supervision.

**The experimental treatments**

After the screening session there were four treatment sessions, one every two weeks. The first session took one hour and 30 minutes, the second and third session 45 minutes and the last session took one hour. Monitoring and time-out (response preventions) were key elements in both treatment conditions. Participants were instructed to refrain from the usual verbal accusations, verbal abuse or nonverbal signals when they were annoyed by their partner. Physical abuse was of course also prohibited. Instead, they wrote a few key words that indicated what had irritated them on a small writing pad. Every evening, both partners reflected on what they had written down to distinguish between the irritations they still considered relevant from the ones they later considered as irrelevant after all. If there were irritations that they still found relevant, they were to write a letter or an essay. The duration of writing was tied to a maximum of 45 minutes a day.
In the *Interactional Writing* condition they wrote a letter to their partner. The letter should not only express their feelings, but was to be written in a positive way. It should not accuse the partner, but rather inform the partner as to what he or she could do to make the author of the letter feel better with regard to the ongoing conflict. Partners were obliged to read the letter within 24 hours, and try to accommodate to their partner's wish as much as possible. They were not allowed to react immediately.

In the *Individual Writing* condition, participants wrote an essay which reflected their own role in the conflict. They did not share the content of the essay with their partner.

In the first session the therapist explained the rationale of the treatment and instructed the participant how to carry out the homework assignments. They practised the method in a role-play and were finally given a small pad for their monitoring task and a checklist containing the elements of the treatment (table 1).

### Table 1 The checklist

**General (equal for both conditions)**
- Carry the pad constantly
- If annoyed, make a short note, using key words describing the situation, behaviour and time (monitoring)
- Monitor at the moment the irritation is experienced
- Monitoring takes the place of expressing the irritation
- Keep the 'threshold' low
- Reflect own notes in the evening
- Writing should not take longer than 45 minutes
- You have your own responsibility in performing your homework, if your partner fails to carry out his/her task you are not free to do the same.

**Individual Writing condition**
- The most important notes have to be processed in an essay
- The essay reflects your part in the conflict; what you could have done differently to prevent the discomfort or escalation
- The essay will lead to more insight in your own personality and behaviour

**Interactional Writing condition**
- The most important notes have to be processed in a letter to the partner
- The letter should reflect your own feelings but not be offensive and not contain verbal abuse
- The end of the letter should state what you do want from your partner, not what you don't want
- The writing of this type of letter aims at transfer of information, not at 'winning arguments'
- You have to read the letter which your partner wrote within 24 hours and consider it seriously
- It is not allowed to react to the letter from your partner
During the second and third session the homework was discussed. If necessary, the instructions were repeated and adapted to the specific needs of the couple, within the framework of the treatment protocol. During the fourth session, the last two weeks and the entire treatment were evaluated. Questionnaires were completed. Figure 1 shows an overview of the procedure and measurements.

Figure 1: flowchart of the experimental procedure
In a study such as this one, differences between the treatments within one experimental condition should be minimal. That is, clear procedures should be used to maintain treatment integrity. Accordingly, the following measures were taken:

- A high level of precision in the protocols was established for therapists, observers and participants.
- The sessions were directly observed by co-therapists with the possibility of the co-therapists intervening if the therapist deviated from the protocol.
- There was supervision between sessions.

**Results**

*Martital adjustment: the ability of partners to solve their interactional problems*

Participants in the experimental conditions showed the expected increase in interactional problem-solving strategies, which was maintained during the follow-up period. In the control group there was only slight improvement (table 2). Multiple analysis of variance (MANOVA) for a between group design, with repeated measures for time and gender, demonstrated the expected significant interaction effect between time and experimental / control conditions ($F (1,43) = 6.46 ; p = .015$).

<table>
<thead>
<tr>
<th>Condition</th>
<th>Gender</th>
<th>PRE-TREATMENT</th>
<th>POST-TREATMENT</th>
<th>FOLLOW-UP</th>
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<tbody>
<tr>
<td>Individual Writing (n=17)</td>
<td>husbands</td>
<td>44.6 (9.1)</td>
<td>55.0 (14.5)</td>
<td>57.7 (11.5)</td>
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<td></td>
<td>wives</td>
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<td>wives</td>
<td>43.1 (12.0)</td>
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<td>52.8 (14.6)</td>
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<tr>
<td>Control Group (n=14)</td>
<td>husbands</td>
<td>42.0 (7.1)</td>
<td>46.8 (10.9)</td>
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<tr>
<td></td>
<td>wives</td>
<td>41.4 (8.0)</td>
<td>40.9 (6.2)</td>
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</table>

* The higher the score, the better the problem solving strategies of the couple
Contrary to our expectations, there were no differences in improvement in interactional problem solving between the two experimental conditions ($F(1,43) = .10; p = .751$). If anything, individual writing was slightly superior to interaction writing.

**Marital dissatisfaction**

Table 3 showed a decrease in marital dissatisfaction in the two experimental conditions. In the waiting-list condition there were no changes. The MANOVA for a between group design with repeated measures revealed a highly significant interaction effect between time and experimental / control conditions ($F (1,43) = 7.73 ; p = .008$), indicating that the experimental groups improved significantly more than the control group. There were no differences in decrease in marital dissatisfaction between the two experimental groups ($F (1,43) = .42 ; p = .52$).

**TABLE 3 Means and standard deviation of husbands and wives on the MMQ at pre-, posttreatment and follow-up (n=46)**

<table>
<thead>
<tr>
<th>Condition</th>
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<tr>
<td><strong>husbands</strong></td>
<td>27.4 (9.0)</td>
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<td>20.1 (9.9)</td>
</tr>
<tr>
<td><strong>wives</strong></td>
<td>31.5 (12.3)</td>
<td>23.4 (15.6)</td>
<td>22.3 (9.8)</td>
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<td>Interactional Writing (n=15)</td>
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<tr>
<td><strong>husbands</strong></td>
<td>32.6 (10.1)</td>
<td>28.3 (13.0)</td>
<td>28.6 (16.6)</td>
</tr>
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<td><strong>wives</strong></td>
<td>33.4 (12.2)</td>
<td>28.2 (14.4)</td>
<td>28.4 (14.9)</td>
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<tr>
<td>Control Group (n=14)</td>
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<tr>
<td><strong>husband</strong></td>
<td>31.5 (5.7)</td>
<td>31.1 (8.5)</td>
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<td><strong>wives</strong></td>
<td>36.7 (8.0)</td>
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* The higher the score, the more dissatisfaction and marital distress
The data on sexual marital dissatisfaction showed that there was a small decrease of dissatisfaction in the experimental conditions compared to no changes in the control groups. These changes, however, were not significant \( F(2,43) = 1.52; p = .23 \).

**Clinical recovery**

Significant statistical improvement does not guarantee clinical recovery. The couples in our study improved on average from the first decile on the norm scores of the IPSI to the fourth decile (Lange, 1995). This implies that after treatment our couples are on average still below the mean score of the general population.

**Motivation**

The level of motivation of the quarter of participants who improved most was compared with the level of motivation of the quarter who improved least. The difference was significant for the wives only. Wives who showed the most improvement in problem solving strategies, had had more positive expectations of treatment than the wives who showed little improvement \( T(26) = 2.43; p = .02 \).

**Exit questionnaire**

At follow-up, 37 of the couples in the experimental conditions completed the exit-questionnaire. Of them, 62% reported greater satisfaction with their relationship than before therapy. They did not need further treatment. In eight couples one of the partners reported a need for further treatment (22%). In six couples both partners reported a need for further treatment (16%).

**Discussion**
A relatively short protocolled treatment of four sessions resulted in a substantial increase of marital adjustment in distressed couples. The improvements were demonstrated in general marital adjustment scores (IPSI) and dissatisfaction scores (MMQ). Since the intervention was not directly aimed at the sexual relationship, we argued before that the sexual relationship was not expected to change substantially. Thus, if positive changes in the measure of sexual relationship had been found it would have indicated that participants in the experimental conditions did perhaps provide data consistent to their guessed hypotheses of the study. The fact that this was not so, negates demand characteristics as an alternative explanation for our results.

No differences were found between the two experimental treatments. Time-out followed by writing a letter to the partner did not produce more improvement than time-out followed by an essay about one's own role in the conflict. It seems that the common characteristics of the two treatments are decisive: response prevention and reflection. When irritated, monitoring and writing prevented the pattern of angry, escalating, reactions. Self-control increased. Yet, data from clinical practice suggest that communicating the content of the conflict by writing a letter to the partner, which in turn is read by the partner, does contribute to the effectiveness of the time-out/writing intervention (Lange, 1994). The fact that our study did not demonstrate superior effects of disclosure of grievances by writing to the partner about the irritations than writing an essay about the own role in the conflict might be an artefact of the experimental design. In clinical practice patients are encouraged and guided to discuss the letter, in a non provocative way. Since the interactional writing condition had to be similar to the individual writing condition in all other aspects than the writing itself, our participants were discouraged to discuss the letter at all. In a future study, it might be worthwhile to compare the effects of individual writing with the effects of a more elaborate interactional writing condition.

The couples in which the wives had high expectations of the outcome improved more than the couples in which the wives had low expectations. The expectations of the husbands were less important for the outcome. This might be an artefact of the recruitment procedure that had started with an article in a women's weekly. Probably, in most couples
the initiative to participate came from the wife. In future studies the role of motivation should be investigated when the couples are referred in a more traditional manner.

Most studies into the outcome of marital therapy involve about twelve treatment sessions (Halford, Sanders & Behrens, 1993). This explains why most of our couples scored below the mean of the normal population in marital adjustment after the four sessions of treatment they received. We suggest that in future studies, the number of treatment sessions be manipulated as an experimental variable, to assess the cost-effectiveness of this treatment-protocol.

The finding that substantial effects were brought about in a few sessions only, by relatively inexperienced therapists, suggests that the protocol can be effectively used by a wide range of family- or marital therapists.

References


Table 1 *The checklist*

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<td>31.5 (5.7)</td>
<td>31.1 (8.5)</td>
<td></td>
</tr>
<tr>
<td>wives</td>
<td>36.7 (8.0)</td>
<td>39.1 (10.7)</td>
<td></td>
</tr>
</tbody>
</table>

* The higher the score, the more dissatisfaction and marital distress