

Partner Relationship Satisfaction Among Young Mothers:

A Comparative Study

By

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A Research Proposal

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At the College of St. Joseph

Date

Abstract

This study will seek to determine if there is a difference in relationship satisfaction among younger women, between the ages of 18 and 24 with at least one child, versus their childless counterparts. It also seeks to determine whether or not the trend will remain in women who wait to have children or if women who have children between the ages of 25-45 report higher partner relationship satisfaction. Four groups of women who have been in a monogamous, heterosexual, relationship for a period of at least twelve months will be compared and contrasted in order to answer these questions. The first group will be comprised of women, aged 18-24 years old, who birthed their first child prior to 25 years of age; the second group will be comprised of women ages 18-24 who have no children; the third group will be comprised of women aged 25-45 who birthed their first child after they had turned 25 years old, and the final group will be women aged 25-45 with no children. It is hypothesized that women with children are, generally speaking, less satisfied with their relationship with their romantic partner than their childless counterparts, but that this difference will decrease when women have their children at an older age.

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Problem Statement

Ninety percent of Americans, over two million couples each year, will tie the knot. However, between one-third and one-half of these marriages will end in divorce, due to any number or combination of factors (Cherlin, 1992). These numbers are indicating a high percentage of relationships that do not last, but do not take into account relationships outside of marriage, which, due to a number of factors, could be an even higher percentage. Regardless of the reasons, relationship decay happens when the people in the relationship decide that they are so unsatisfied with the relationship, that it is the best course of action to end it. This study will seek out how having had one or more children, at different points in her life, affects a mother's perception of her relationship with her partner.

There are many conflicting studies, some of which state that having children brings couples together, while others state that it tears them apart. This study will compare and contrast four groups of women to determine to what extent having children generates partner relationship dissatisfaction or satisfaction, and whether or not that effect is mediated by having children at a later age, when couples may be more able to handle the unique challenges brought about by having children.

Rationale for Research

Couples with children who decide to end the relationship create a ripple effect that can be seen throughout their own lives and throughout the lives of their children. Divorce can lead to home instability, learned helplessness, unrealistic thinking, internalizations, behavioral problems, a lower socio-economic standing, emotional insecurities, depressive tendencies, increased pessimism, and numerous other problems both for the children involved and for the parents, themselves (Brown & Amatea, 2000). The average age at which women in the United States have children is 24.9 years old, a full two years younger than the global average of 33 countries worldwide (Organisation for Economic Co-operation and Development - OECD, 2008).

Although the average age at first childbirth in the U.S. is less than that of some other countries, women are tending to wait until later in life to start bearing children. Births in the age range of women aged 25-30 have “decreased dramatically”, while births to women over thirty have been increasing over the years (OECD, 2005). This study seeks to determine whether or not having a child at a later age mediates the fact that women with children tend to have lower levels of relationship satisfaction or whether the trend remains regardless of the age at first childbirth.

Definition of Terms

Relationship Satisfaction: general, overall contentment with current relationship situation and partner; general positive attitude and sentiment towards relationship

Relationship Dissatisfaction: general, overall discontent with current relationship situation and partner; general negative attitude and sentiment towards relationship

'Young' Mothers: women who birthed their first child prior to turning 25 years old (less than the average age of first childbirth in the U.S.)

'Honeymoon' Phase: initial, infatuation phase of a relationship where flaws in the relationship or partner are often overlooked and the more positive aspects are sometimes all that one can see. In this study, it is considered to be the period prior to the twelve-month minimum relationship cut-off

Review of Literature

More than two million couples in the United States each year will get married, and a total of 90% will marry at some point in their lives (Cherlin, 1992), yet between one-third and one-half end in divorce. This number, while dramatic, does not even take into account the number of relationships that are not marriages that follow the same path. Numerous studies have sought out the reasons for this decline, and have come up with numerous hypotheses, some supported by research, others disproved. One factor that has been looked at in various studies is the effect of having children on the romantic partner relationship. Some studies have found support for the hypothesis that the added stress of having children aids the decline in marriage, while others have found that "in basically good marriages...the birth of a baby has some negative implications for the relationship, but probably not as great as has been emphasized" (Ruble et al, 1988). One aspect that has been neglected in the research is whether or not this effect is moderated by the age of the mother at her first child-birth.

Brown & Amatea (2000) stated that "for some couples, childbearing brings great closeness, while for others, it breeds distance", indicating the wide variety of research

findings and the lack of a common consensus. Although there has not been an agreement regarding children's impact on the romantic relationship, the negative ramifications of divorce for both parents/caregivers and children has been well-documented. Divorce can lead to: home instability; learned helplessness; unrealistic thinking; internalizations; behavioral problems; lower socio-economic status; emotional insecurities; depressive tendencies; increased pessimism in regards to marriage; and reactivity (Brown and Amatea, 2000).

The most sexually active population is younger than the average age at first childbirth, and more likely to be less mature and able to handle the birth of a child, and more likely to be engaged in more transient relationships, creating a volatile environment where romantic partner satisfaction can be affected by, and can greatly affect, the presence of a child in the relationship. This study will seek to determine if younger women (under the age of 25), with at least one child, feel less satisfied with their romantic partner than their childless counterparts. If so, does this trend stay throughout the reproductive years or do women who have children after the age of 25 report better, more positive romantic relationships?

Past studies have looked at marital satisfaction among parents with children diagnosed with a psychological disorder (Wymbs, et al), marital satisfaction during the transition to parenthood (Lawrence et al; Medina et al; Simpson et al; Curran et al; Belsky et al; Moller et al; Ruble et al), and marital satisfaction regarding childcare workload (Khazan et al; Belsky et al; Moller et al). A wide review of the literature has not produced any studies that indicate that there are any number of studies that have sought to determine whether or not mothers with children are less satisfied with their

romantic partner than their childless counterparts and how the age of the mother may mediate these effects. Curran et al (2006) found that couples' perceptions of their own parents' marriages could effect relationship satisfaction across the transition to parenthood. Whereby, if couples remembered their parents as having a poor marriage quality, that their own relationship satisfaction could be negatively impacted upon the couple having children of their own.

Numerous studies have examined the immediate effects of a child on a marital relationship, namely, during the actual transition to parenthood. This study, however, will be surveying women whose children are at least eight months old, where the immediate effects of sleep deprivation, violated expectations, and initial post-partum reactions can be controlled for more effectively. Khazan (2008) stated that "expectant parents overestimate (the) extent of father's part in "work" of parenting", which leads to the mother becoming disenchanted with the relationship when her expectations are left unmet. That study believed that the immediate effects of violated expectations led to a great deal of the variability in marital satisfaction that has previously been reported. This effect carried over three months after the birth, with 10% of mothers and 20% of fathers reporting clinically significant degrees of marital dissatisfaction, with many couples reporting a negative evaluation of the baby on the marital relationship. Other, similar studies, have produced similar findings, whereby the immediate transition to parenthood is a time of great stress in the life of the couple, leading to decreased levels of marital satisfaction and overall discontent (Lawrence et al; Medina et al; Simpson et al; Curran et al; Belsky et al; Moller et al; Ruble et al).

Other studies, such as that conducted by Snarr et al (2009), indicate that parents tend to attribute negative behavior from the child to the partner, leading to marital dissatisfaction. Wymbs et al (2008) also found that disruptive child behavior can interact with additional family stressors to spark marital conflict, increasing the “common decline in marital satisfaction upon the start of child rearing”. One noteworthy finding from Snarr’s (2009) study was that parent-child and partner relationships were not closely tied for women, and were not dependent upon one another. These findings were supported in Kurdek’s (1996) study which found that parenting satisfaction and marital satisfaction were unrelated at each assessment, and that changes in one were unrelated to changes in the other. This has implications for this study, in that, increased reports of marital dissatisfaction may not be due to negative parent-child relationships and may function more independently.

Numerous relationship satisfaction studies have looked at the aspect of the effects of stress on the romantic relationship. Nearly every study that has been encountered during research for this study indicated that stress does play a part in marital satisfaction, but also that how an individual reacts to daily stress is a good predictor of how major stress, such as having a child, will impact the romantic relationship (Neff, 2009). This study looked at how ‘greater than normal’ stress could impact upon an intimate relationship. It was found that “intimates’ reactivity to daily relationship experiences was stronger when they were experiencing greater than normal stress”. Neff et al (2009) demonstrated that these individuals with high levels of stress in their lives, not unlike the prospective ‘young mothers’ group, will have relationships more affected by external stress and will have greatly decreased

relationship skill usage. These less adaptive individuals are more likely to experience difficulties when processing their daily relationship experiences, leading to a greater sense of relationship dissatisfaction.

According to Doss (2009), the transition to parenthood created numerous negative effects in their participants, ranging from small to medium effects, but found that they were consistent across relationship domains and time. This study found that, after the birth of the child, five out of six areas of relationship functioning showed “sudden deteriorations” from their previous relationship trajectories prior to birth and that these changes “tended to persist”. Doss (2009) reported that, in the group without children, there was a more gradual deterioration, without the sudden change that was witnessed in the parents. Lawrence (2008) also found that “parents experienced greater declines in marital satisfaction compared to nonparents”. However, that study did find that planning status of the birth and pre-pregnancy marital satisfaction “generally” protects marriage.

An important factor in relationship satisfaction demonstrated in a few of the studies was maternal self-esteem (Chen; Simpson; Rochlan). It was demonstrated that self-esteem was associated with marital satisfaction, which indicates the importance for a self-esteem measurement within this study. Self-esteem, along with gender-role conflict or conformity, was a good indicator of a mother’s depression, anxiety and relationship satisfaction. Self-esteem, or the lack thereof, plays a major part in an individual’s experience of depression, anxiety, and overall discontent with one’s life. This study will attempt to control for these variables through administration of the

Trauma Symptom Checklist, the ASEBA Adult Self-Report Inventory, and the Beck Depression Inventory.

Summary and Restatement of the Problem

Studies have, for quite some time, investigated the effect that children have on marital satisfaction. Opposing studies have found results that indicate that couples with children have better, more satisfactory, relationships, while others have determined that couples with children experience greater partner dissatisfaction. Although both sides have much evidence to support them, a greater quality and quantity of studies have found that having children, for at least a brief period of time, can negatively impact the intimate relationship experienced by the parents. In looking through the literature, it seems much more plausible that having a child would negatively impact an intimate relationship among the adults, at least in the short term, as in the study by Khazan (2008) where the effects of having a child negatively impacted the relationship even three months after the child was born.

This study aims to determine whether or not having children negatively impacts partner relationship satisfaction and whether or not the age of the mother moderates this effect at all. This study will also look at relationships in which the child is a bit older than three months old, following the relationship further into the future than was done by Khazan (2008) and seek to determine whether or not the negative effect of the child on the relationship remains.

Hypothesis

It is hypothesized that women with children, regardless of their age, will be, on average, less satisfied in their romantic relationships than their childless counterparts. However, it is also hypothesized that this difference will be greater in the younger group of women, and will decrease in the group of women who had children at an older age.

Research Hypothesis

It is hypothesized that there will be a clinically significant (at the .05 level) difference in the level of relationship satisfaction that women with children experienced, when compared and contrasted to similar women who do not have children. This difference should indicate that childless women are more satisfied in their romantic relationship than mothers.

Method

Participants

100 women currently in a monogamous heterosexual relationship for a minimum period of 12 months will be asked to participate in this study. Women must be living with their current partner in the same household. Most will probably be residents of either New York or Vermont. The women will be separated into one of four groups: young mothers aged 18-24 (Group A); mothers between the ages of 25-45 at first childbirth (Group B); young women between the ages of 18 and 24 with no children (Group C); and women 25-45 with no children (Group D). All children must be over eight months old, if multiple children are involved, with couples having no more than 3 children. Women have to have primary physical and legal parental rights over the child and be in a committed, monogamous and heterosexual relationship, living with their partner.

Apparatus

The women will each be administered a number of screening tools, including: the Trauma Symptom Inventory; the Achenbach Adult Self-Report Inventory (ASR); and the Beck Depression Inventory (BDI). The women will then be administered the primary measurement tool, the Dyadic Adjustment Scale (DAS). Following administration of the measures, each woman will be interviewed separately and asked a number of demographic questions for classification and generalization purposes. During the interview process a fifteen-item confounding variables checklist will be completed by the researcher (see Appendix C). The screening tools, including the checklist, will be used to gain additional information into the number of variables that could affect the level of reported relationship satisfaction, and participant rule-out will be based on clinically significant pathological levels.

The Dyadic Adjustment Scale is a 32-item questionnaire designed for married or cohabiting couples. The instrument measures four aspects of the relationship: dyadic satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. The DAS has an alpha score of .96 for internal consistency, with subscales having scores ranging from .73 to .94. The DAS demonstrates concurrent validity, correlating with the Locke-Wallace Marital Adjustment Scale.

Procedure

The women will be asked to fill out an informed consent and will be instructed as to how to complete the different measures. They will be informed of the purpose of the study in-so-far so as not to bias the study: they will be informed that the study is

examining relationship satisfaction. The women will be assigned to groups based on their age and child-bearing status. In order to control for extraneous variables, the women will be administered a number of screening tools to determine any psychological concerns that may affect relationship satisfaction above and beyond what is to be expected (ie – a woman with an active mental illness or with a history of sexual abuse may be unable to function within a healthy romantic relationship and may be unsatisfied regardless of her circumstances). Partner relationship satisfaction will be measured using the DAS.

Each woman will be interviewed and asked for basic demographic information. The participants will also be asked to describe her partner relationship to determine whether or not the women meet the study requirements. After completing the screening tools, and the initial interview, participants will complete the DAS questionnaire. Once all information has been gathered, the data will be analyzed for statistical significance. Women will be ruled out if they reach critical values on the trauma symptom checklist or the BDI in order to control for the effects of mental illness on the relationship measure.

Data Analysis

Data will be analyzed using the manuals and scoring sheets for the respective tests and measurements. Independent variables are age and whether or not the woman has children. Dependent variable is the level of romantic/partner relationship satisfaction. A 2x2 factorial analysis (two-way randomized ANOVA) will be used to compare the four groups of women of level of relationship satisfaction. Young mothers will be compared to women of the same age without children, and also to mothers aged

25-45. Mothers aged 25-45 will also be compared to women without children of the same age range.

Results/Discussion

Results

It is expected that this study will find that women with children, regardless of their age, will be, on average, less satisfied in their romantic relationships than their childless counterparts. However, I believe that this difference will be greater in the younger group of women, who may not be as secure in their relationships nor as psychologically prepared and mature as their older counterparts. If the hypotheses are correct, the younger group of women with children should show a marked decrease in relationship satisfaction as compared to all three other groups.

Discussion

If the results that are expected are confirmed, it will demonstrate a population in great need of preventative services. According to Brown & Amatea (2000) women with poor support systems are more likely to suffer from post-partum depression (PPD) and other post-partum ailments and are more likely to have insecurely attached children and children in need of psychological services later in life. A romantic partner can be a great support in a woman's life, but if she is unsatisfied with the relationship she may not ask for or receive the support she needs. If preventative services can be put into place to assist this high-risk population, there may be a decrease in the amount of reported

PPD, relationship dissatisfaction, insecurely attached infants and toddlers, and the number of children requiring psychological interventions.

These results, if clinically significant, could also indicate the need for couple's therapy, especially in young couples who have one or more children in the household so that all involved parties are more well-adjusted psychologically. If the hypothesis that women who wait until they are older to have children have higher levels of relationship satisfaction is confirmed, it will allow therapists and doctors to target young women who have children or who are thinking about having children to offer both preventative services, and more intense services after birth. It could allow researchers a better view into the reasons that childbirth effects a relationship and what type of long- and short-term effects that expectant parents may face.

Limitations

One of the limitations of this study will be the small number of participants all gathered within small, similar areas. This small number of participants may affect the level of significance found in the analysis and could be decreased or disappear altogether with a larger number of participants. Due to the area where the study took place, the participants will most likely be white majority, with very few minorities participating in the study. It does not allow for a great deal of generalization across different life situations. Another limitation is the fact that there are only two age ranges that women can fall into, whereas a more detailed breakdown of age could be beneficial for further analysis. This study also did not take into account the partner of the women and his satisfaction regarding the relationship, which could be very helpful in comparing

and contrasting the views of the mother and her partner in regards to the relationship and could allow for greater treatment options for that population as well.

Future Research

One way to add to the future literature in this subject would be for a longitudinal study to follow a number of women from age 18 to 45 for a period of around ten years. This study would measure relationship satisfaction throughout the women's lives, regardless of whether or not the women had children. In this way, relationship satisfaction could be measured pre- and post- partum in various types of women, some who may or may not have planned for a pregnancy in her life. This would be a study like Curran, et al (2006) but on a much larger scale. In this way, we could learn to predict post-partum relationship satisfaction, which has been demonstrated by numerous studies to have a direct impact on depressive symptoms (Chen; Khazan; Brown & Amatea). It could be used to help develop screening tools for women at-risk for post-partum depression and could lead to greater and more positive treatment outcomes for this population.

Another way in which this research could be continued would be to conduct it on a larger scale with more categories, further narrowing the scope on women's age-ranges. If there could be more participants in more groups, women could be broken down into groups with an age spread of only 2-3 years, rather than lumped into two large groups as was necessary for this study. This would allow for greater predictive

quality among specific age groups of women, and if done nationwide, would also lend a great deal of information regarding locality and its effects on these variables. Women could also be grouped differently by the number of children that they have. Due to the small number of participants, this study was unable to break women down into small groups, such as 0 children, 1 child, 2 children, and 3 children, and instead had only the two groups of 0 children or 1-3 children. If there was a more in-depth breakdown, the research could have a very different outcome and a greater predictive value.

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Appendix A

Participant Permission Form

Before agreeing to participate in this research study, it is important that you read the following explanation of this study. This statement describes the purpose, procedures, benefits, risks, discomforts, and precautions of the program. Also described are the alternative procedures available to you, as well as your right to withdraw from the study at any time. No guarantees or assurances can be made as to the results of the study.

This research study is designed to examine the level of relationship satisfaction that women in monogamous relationships experience. Heide Burch, a graduate student at the College of St. Joseph, Rutland, Vermont, is conducting this study to learn more about how women feel within their romantic relationships. Participation in the study

involves completion of a short demographic data collection sheet and a series of four measurements, which will be completed while in the presence of the researcher. The interviews will be conducted at a setting that is mutually agreeable to the participant and the researcher.

There are no risks or discomforts that are anticipated from your participation in the study. Potential risks or discomforts include possible emotional feelings of sadness or discontent when asked questions during the interview. The anticipated benefit of participation is the opportunity to discuss feelings, perceptions, and concerns related to the current level of relationship satisfaction that is currently being experienced, and also the availability of counseling information will be provided upon request.

Participant Initials _____

The information gathered during this study will remain confidential in a locked drawer during this project. Only the researcher and College of St. Joseph Internal Review Board will have access to the study data and information. There will not be any identifying names on the data, and participant's names will not be available to anyone. The results of the research will be published in the form of a graduate paper and may be published in a professional journal or presented at professional meetings. The information will help individuals in the field of psychology, and others to better understand how to provide quality services for women in committed and long-term relationships.

Participation in this study is voluntary; refusal to participate will involve no penalty. Each participant is free to withdraw consent and discontinue participation in this project at any time without prejudice from this institution. There will be no cost for

participation in the research. Also, participants will not be paid to participate in this research project.

As a condition to participate, I understand that The College of St. Joseph, and the undersigned researcher, have made no provision for monetary compensation in the event of injury or personal distress resulting from the research and is not held liable for any such distress or injury. In the event of such injury, information will be provided to access health care services. The cost of health care services is solely the responsibility of the participant.

Any questions concerning the research project and/or in the case of injury due to the research, participants can call Dr. Craig Knapp (faculty advisor) at 802-776-5219. Participants who have questions regarding the results of the research or where to find additional information on the subject of relationship satisfaction, may call Heide Burch at 802-776-5233.

Participant Initials _____

I, _____, a legal adult over the age of 18 years, do hereby give the student examiner, Heide Burch, permission to administer, to me, the Trauma Symptom Checklist; the ASEBA Adult Self-Report Inventory; the Beck Depression Inventory; and the Dyadic Adjustment Scale. I also agree to participate in an interview.

I understand that I will not be informed of the results of the measures administered. The researcher is a student in a graduate psychology program at the College of Saint Joseph and is administering these measures as a partial requirement for graduation. I do hereby release and discharge the College of Saint Joseph, faculty and staff members of the College of Saint Joseph and the undersigned student examiner from all claims, demands and causes of action, either legal or equitable, which may hereafter arise as a result of or in relation to testing, psychological assessment, or reports thereof with the examinee whose name appears above. In addition, by signing this document I hereby attest that I have read and understand the above information.

Signature of Participant

Date

Participant Name (Printed)

Signature of Researcher

Date

Appendix B

Time Line

September-October 2009: Confirm committee, submit thesis for proposal, complete proposal revisions.

November 2009: Complete revisions, gain IRB and committee approval

December 2009: Begin recruiting participants and administering measures

December 2009-February 2010: Complete all participant data, complete experiment

March 2010: Complete analysis of information

March-April 2010: Present and Defend Thesis to committee

Appendix C

Factors that Can Affect Relationship Satisfaction Checklist

- Yes / No 1. Does participant have children?
- If yes? Special Needs? _____
- Yes / No 2. Is participant experiencing any financial problems?
- Yes / No 3. Has participant experienced a recent loss/death of loved one?
- Yes / No 4. Has participant or loved one experienced recent severe illness?
- Yes / No 5. Has participant experienced any recent trauma?
- Yes / No 6. Is participant in an abusive relationship?
- Yes / No 7. Does participant identify self as LGBT?
- Yes / No 8. Does participant report past psychiatric history?

- Yes / No 9. Has participant experienced a recent job loss?
- Yes / No 10. Has participant experienced a recent move or relocation?
- Yes / No 11. Is participant having housing troubles?
- Yes / No 12. Do participant's friends/family approve of current relationship?
- Yes / No 13. Does current relationship have a history of fidelity problems?
- Yes / No 14. Does participant feel that they are equals in current relationship?
- Yes / No 15. Does participant feel satisfied with current romantic relationship?