

The Relationship Between Marital Adjustment and Psychological Symptoms in Women: The Mediator Roles of Coping Strategies and Gender Role Attitudes



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SUMMARY

Objective: The aim of this study was to investigate the mediator role of coping strategies and gender role attitudes on the relationship between women's marital adjustment and psychological symptoms.

Methods: 248 married women participated in the study. Participants completed the Marital Adjustment Scale, Ways of Coping Questionnaire, Brief Symptom Inventory, Gender Role Attitudes Scale and Demographic Information Form.

Results: Regression analyses revealed that Submissive (Sobel $z = -2,47$, $p < ,01$) and Helpless Coping Approach (Sobel $z = -2,95$, $p < ,001$) have a partial mediator role on the relationship between marital relationship score and psychological symptom level. Also, having an Egalitarian Gender Role Attitude affects the psychological symptoms in relation with the marital relationship, but this effect is not high enough to play a mediator role (Sobel $z = -1,21$, $p > ,05$).

Discussion: Regression analysis showed that there is a statistically significant correlation between women's marital adjustment and their psychological symptoms, indicating that marital adjustment decreases as psychological symptoms increase. It was also found that submissive and helpless coping approaches have mediator roles in this relationship. Also, contrary to expectations, having egalitarian gender role attitude affects the psychological symptoms in relation with the marital relationship, but this effect does not seem to play a mediator role. Marriage and couples therapy that considers the couples' problem solving and coping styles should be examined in further studies.

Keywords: Marital relationship, coping skills, gender role, mental health, women's health, marital therapy

INTRODUCTION

Although there are studies that demonstrate that marriage is positively correlated with physical and psychological health, (Gove et al. 1990, Coyne and Anderson 1999, Goldman 1993, Gazmarian et al. 1995) recent studies in different cultures suggest such a correlation between marital quality and health regardless of marital status (Holt-Lunstad et al. 2008, Bloch et al. 2010, Jabamelian 2011). Researchers have demonstrated that problems in marital relationships affect women's psychological well-being more than men's (Hafner and Spence 1988, Whitton and Kuryluk 2012). Additionally, distress about marriage is generally related to depression (Kim

2012, Whitton and Whisman 2010, Bookwala and Jacobs 2004, Whisman 1999) and anxiety disorders (Hafner and Spence 1988, Filsinger and Wilson 1983).

One of the most important factors that affects marital relationship is the couple's mechanism to cope with stress. Extensive studies by Pearlin and Schooler (1978) demonstrated that individuals' coping mechanisms for dealing with marital stress are more effective than mechanisms for dealing with other types of stress. Many other studies found similar results (Bélanger et al. 2012, Mahmoodi 2011, Bouchard and Theriault 2003, Bouchard et al. 1998, Bowman 1990). Previous studies have shown that functionality of people's

Received: 24.12.2013 - Accepted: 16.06.2014

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coping mechanisms is one of the most important factors in the link between marital problems and psychological health (Li et al. 2006, Ünal et al. 2002). Mitchell et al. (1983) reported that coping mechanisms and family support are correlated with depression in married couples. Depressed individuals use emotion-focused coping styles more than problem-focused coping styles, and do not use family resources sufficiently. Guinta and Compass (1993) revealed that escape avoidance coping style predicts both the woman's own and her husbands' psychological symptoms in marriage.

The importance of gender role attitudes in the relation between marital stress and psychological well-being is a subject that should be researched. Interiorized gender roles are closely related with person's self-evaluation and self esteem. Although there are few studies about this subject, according to the social conflict model of Grimmel and Stern (1992) adopted gender roles can prevent people from coping effectively with the stressful situations they encounter in daily life. These adopted gender roles can induce stress by requiring repugnant behaviors, and result in harmful effects to psychological health. Hunt et al. (2006) reported a positive correlation between traditional gender roles and serious suicidal thoughts in old aged adults. In their study, Keith and Schafer (1982) compared single and married mothers and revealed that women with non-traditional gender roles often dislike housework, and have an associated depression. On the other hand, non-traditional gender roles have a preventive function in work and family difficulties among single mothers. Consequently, traditional gender roles are negatively correlated with depression in non-married mothers.

When we examined the studies discussed these relationships, we saw that gender roles are commonly thought of through the dimensions of androgyny, masculinity and femininity (Bem 1981). However, this differentiation does not represent people's gender role behaviors in daily life. As studies in this field represent Western culture and social structure, they remain incapable of clarifying marital relationship, gender roles and their relation to mental health of women living in Turkey. For this reason, research is needed to reveal these relations with regard to Turkish culture and community. Accordingly, in this study it is aimed to investigate the relations between coping styles, gender role attitudes, marital adjustment and psychological symptoms with regard to Turkish culture and community. In this relationship, the mediator role of coping styles and gender role attitudes is examined.

METHOD

Sample

248 married women comprised the sample of this research. These participants were reached through Mavi Kalem Social Cooperation and Solidarity Association and Sarıyer Municipality Family Counseling and Education Centre in

Istanbul, Metropolitan Municipality Ladies Local and METU Alumni Association in Ankara and Karşıyaka Municipality Woman Counselling Center in İzmir, which are institutions that offer social and cultural activities and sport services.

Instruments

Information Form: The information form was prepared by researchers to record information on participant's age, education, monthly income, employment, marriage style, marriage age, marriage duration, and number of children.

Dyadic Adjustment Scale (DAS): The DAS was developed by Spanier (1979) in order to evaluate married couples' marital quality. Fırsıoğlu and Demir (2000) completed a Turkish reliability and validity study. The Dyadic Adjustment Scale is a 32- item Likert-type questionnaire. Cronbach's alpha was, .92 for the entire scale, .83 for dyadic satisfaction, .82 for dyadic cohesion, .84 for dyadic consensus and .61 for affection expression subscales. Higher scores indicate greater marital satisfaction.

Ways of Coping Inventory (WOC): Folkman and Lazarus (1980) developed the WOC to assess participants' coping styles when encountering stressful situations in daily life. A Turkish adaptation was completed by Şahin and Durak (1995). This study scale consists of 30 items. The ranges of Cronbach's alpha values for subscales was .68-.49 for optimistic approach, .62-.80 for self confident approach, .64-.73 for helpless approach, .47-.72 for submissive approach and .47-.45 for seeking social support (Şahin and Durak, 1995). Higher scores in subscales indicate intensity of coping style that subscale represents.

Gender Role Attitudes Scale (GRAS): Zeyneloğlu and Terzioğlu (2011) developed the GRAS for the purpose of measuring attitudes towards gender roles in a university sample. Cronbach alpha values were .80 for female gender roles, .78 for egalitarian gender roles, marriage gender roles, traditional gender roles and .72 for male gender roles. The scale is a 5-point Likert scale ranging from "strongly agree" to "strongly disagree" and has 38 items. The scale's maximum score is 190 and minimum score is 38. High scores refer egalitarian attitude and low scores refer traditional attitudes for each subscale (Zeyneloğlu and Terzioğlu, 2011). Cronbach alpha value of all scale was calculated for our research sample, and found to be .79 for this relatively newly developed scale.

Brief Symptom Inventory (BSI): Derogatis (1992, as cited in Groth-Marnat 2009) developed the BSI for a general psychopathology assessment. Şahin and Durak (1994) compiled a Turkish adaptation of the BSI. In this study, factor structure consisted 5 different subscales for anxiety, depression, negative self, somatization, and hostility. Cronbach alpha for the total scale was found to vary between .96-.95 and .55-.86 for subscales (Savaşır and Şahin 1997). The scale is a 4-point Likert scale and has 53 items. Total scores for subscales are calculated by dividing total score of subscale items by the

number of items. High scores represent severity of psychological symptoms.

Procedure

Hacettepe University Ethical Commission granted ethics committee approval for this study. Required permissions (as written from municipal and oral from private ones) were obtained from institutions where participants of study were recruited. Informed consent included information about aim of the study, filling the scales, and length of participation. Written informed consent was obtained from each participant. Scales were given to participants in envelopes. Participants were instructed to deliver finished scales to authorities or researchers. The envelopes were delivered to the researchers after about two weeks.

Instruments of the study were delivered to 350 people, and 264 responded. Participants whom did not fill any of the scales were not received for consideration, resulting in a final sample size of 248 people.

RESULTS

Before starting the analysis, outliers were removed and analyses were conducted on data of 232 participants. The mean age of participants was 41,34 (SD=10,12) with a range of 17 to 73. The mean marriage age of sample was 22,87 (SD=5,24) with a range of 14 to 48. In addition, the mean marital duration of whole sample was found to be 18,67 (SD=11,26) with a range of less than 1 year to 48 years. 93% of participants were currently working in a job, and duration of employment was between 1-38 years with a mean of 11,69 years (SD=7,5). Mean and standard deviation scores of the scales used in this sample are given in Table 1.

Mediator role of coping styles in the relationship between marital adjustment and psychological symptoms

In order to find out the mediator role of coping styles in the relationship between marital adjustment and psychological symptoms, hierarchical regression analysis was conducted. In the analysis, total MAS score was the predictor variable, total BSC score was the outcome variable, and subscales of WOC were mediator variables. In every regression analysis, significance of change in beta value of predictor variable and significance of relations between predictor, outcome and mediator variables were examined. Significance of change on beta value was evaluated by the Sobel test. Before regression analysis, Baron and Kenny (1986) criteria were considered. According to these criteria, first there must be a significant relationship between predictor and outcome. Second, there must be a significant relationship between mediator and predictor. Third, there must be a significant relationship between mediator and predictor in an equation including both the mediator and the predictor variable. And finally, when mediator(s) and predictors are entered into the regression analysis simultaneously,

Table 1. Mean and Standard Deviation Values of Scales

	Min	Max	X	SD
BSI				
Anxiety	0	28,0	6,68	6,0
Somatization	0	24,0	4,95	4,51
Depression	0	32,0	9,20	7,12
Hostility	0	24,0	5,12	3,97
Negative self	0	28,0	6,25	5,50
Total symptom	0	109,0	32,19	23,67
WOC				
Submissive approach	0	14,0	6,10	3,20
Social help seeking	2,0	12,0	7,35	1,80
Helpless approach	1,0	23,0	10,41	4,22
Optimistic approach	3,0	15,0	9,79	2,26
Self confident approach	4,0	21,0	15,31	2,91
DAS				
Dyadic satisfaction	9,0	40,0	30,47	5,00
Dyadic cohesion	0	24,0	10,04	5,19
Dyadic consensus	0	25,0	18,55	4,41
Affectional expression	0	16,0	8,85	2,68
Total dyadic adjustment	28,0	134,0	97,66	19,36
GRAS				
Egalitarian gender role	10,0	30,0	24,06	3,54
Traditional gender role	8,0	40,0	27,83	5,67
Marriage gender role	16,0	40,0	33,23	4,00
Woman gender role	12,0	40,0	27,46	5,76
Total score	90,0	182,0	147,15	17,59

BSI: Brief Symptom Inventory, WOC: Ways of Coping Inventory, DAS: Dyadic Adjustment Scale, GRAS: Gender Roles Attitudes Scale

Table 2. Correlations Between Ways of Coping, Dyadic Adjustment Score and Psychological Symptom Score

Ways Of Coping (WOC)	Dyadic Adjustment (DAS)		Psychological Symptoms (BSI)	
	r	P	r	P
Submissive approach	-,22**	,00	,29**	,00
Social help seeking	-,03	,62	,27**	,00
Helpless approach	-,21**	,00	,48**	,00
Optimistic approach	,17**	,00	-,08	,20
Self confident approach	,13*	,04	-,10	,14

WOC: Ways of Coping Inventory, DAS: Dyadic Adjustment Scale, BSI: Brief Symptom Inventory. **p <,01, * p<,05. Bold values refer significant correlation coefficient in common with predictor and outcome variables.

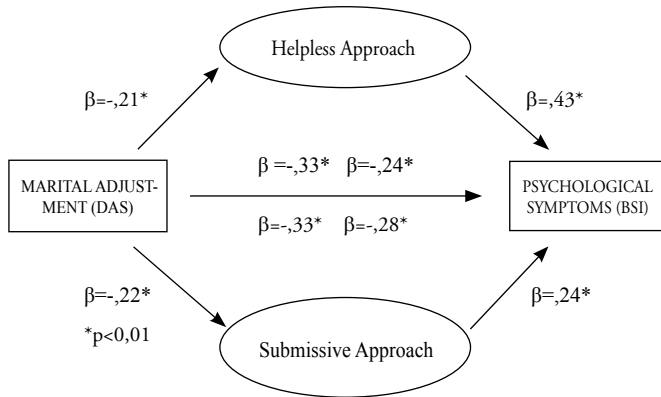
previously significant relationships between predictor and outcome variable must either no longer be significant or there must be a significant decrease in relationship strength. To evaluate first and second criteria, correlation analyzes were conducted on variables of study. Pearson correlation coefficients of these analyses are shown Table 2.

Correlations between total DAS score and seeking social support subscale was not significant, and neither were correlations

Table 3. Regression Analyses About Mediator Roles of Submissive and Helpless Approaches

Predicted Variable	Predictor Variable	R	R ²	ΔR ²	B	Std Error	β	t	F
BSI	DAS	,33	,11	,11	-,41	,08	-,33*	-5,34	28,53*
BSI	DAS	,40	,16	,05	-,34	,08	-,28*	-4,53	22,29*
	Submissive ap.				1,7	,46	,24*	3,79	
BSI	DAS	,35	,29	,18	-,30	,07	-,24*	-4,26	45,87*
Helpless ap.					2,4	,32	,43*	7,50	

DAS: Dyadic Adjustment Scale, BSI: Brief Symptom Inventory, Ap.: Approach *p <,001

Figure 1. Mediator Roles of Submissive and Helpless Approaches Between The Relationship of Marital Adjustment and Psychological Symptoms

DAS: Dyadic Adjustment Scale, BSI: Brief Symptom Inventory

between total BSI score and optimistic and self-confident approaches. As a result, these subscales were not included in the regression analysis. Only the submissive and helpless approaches were significantly correlated with both predictor and outcome variable, and thus hierarchical regression analysis was conducted to see whether these two approaches have mediator roles (Table 3).

The DAS score that was entered into the regression analysis in the first step explained 11% of the variance and negatively predicted Total Psychological Symptom Level ($F_{(1,230)}=28,5$, $p<,001$). A submissive coping approach predicted the outcome variable and explained 16% of the variation. When submission approach was added in the second block, a significant change (Sobel $z=-2,47$, $p<,05$) in Beta value of dyadic adjustment score from $-,33$ ($p<,001$) to $,28$ ($p<,05$) was observed. Thus, the submissive approach plays a partial mediator role between predictor and outcome variables. A submissive approach in coping is negatively correlated with a couple's marital adjustment ($F_{(1,230)}=11,5$, $p<,01$) and predicts psychological symptom level.

Additionally, the helpless approach was entered in the analysis. With this addition the DAS score predicted Total Symptom Level ($F_{(1,229)}=45,9$, $p<,001$) and explained 29% of the

Table 4. Correlations Between Gender Role Attitudes, Dyadic Adjustment Score and Psychological Symptom Level

Gender Role Attitudes ^a (GRAS)	Marital Adjustment r	(GRAS) P	Psychological Symptom Level r	(BSI) P
Egalitarian gender role	,18**	,00	-,11*	,11
Traditional gender role	-,03	,63	-,15*	,02
Marriage gender role	,08	,21	-,21**	,00
Woman gender role	-,00	,96	-,17*	,01
Man gender role	,02	,73	-,11	,11

^a Elevations refer egalitarian, decreases refer traditional attitudes for each subscales.

GRAS: Gender Roles Attitudes Scale, DAS: Dyadic Adjustment Scale, BSI: Brief Symptom Inventory. **p <,01, * p<,05. Bold values refer significant correlation coefficient in common with predictor and outcome variables.

variation. This compares to 11% variation in the first model. The Beta value was $-,24$, compared to $-,33$ in first model. The Sobel test was conducted to examine the change between the two models, and the addition of helpless approach to the model played a partial moderator role between predictor and outcome variables (Sobel $z=-2,95$, $p<,01$). Hereby, it is found that the helpless approach in coping is negatively correlated with marital adjustment ($F_{(1,230)}=10,3$, $p<,01$) and predicts psychological symptom level. The relation between predictor, outcome and mediator variables and related Beta coefficients is given in Figure 1.

Mediator role of gender roles attitudes between marital adjustment and psychological symptoms

Before hierarchical regression analysis was conducted, relations between total scores of MAS and BSI were examined in accordance with criteria of Baron and Kenny (1986) (Table 4).

The Pearson correlation analysis revealed that only Egalitarian Gender Role attitudes correlate with both Marital Adjustment and Psychological Symptom level. Hierarchical regression analysis was conducted to see whether this subscale has a mediator role (Table 5).

Table 5. Regression Analysis About Mediator Role of Egalitarian Gender Role

Predicted Variable	Predictor Variable	R	R ²	ΔR ²	B	Std Error	β	t	F
BSI	DAS	,33	,11	,11	-,41	,08	-,33*	-5,34	28,53*
BSI	DAS	,34	,12	,11	-,39	,08	-,32*	-5,03	15,22*
Egalitarian GR					-,41	,30	,09	-1,35	

DAS: Dyadic Adjustment Scale, BSI: Brief Symptom Inventory, GR: Gender Role. *p <,001

The Marital Adjustment Scale score was entered in the first level of the hierarchical regression analysis, and explained 11% of the variance and negatively predicted Total Psychological Symptom level ($F_{(1,229)}=28,5, p<,001$). When Egalitarian Gender Role Attitude was entered in model in second block with Marital Adjustment Score, it was seen that Marital Adjustment continued to predict Psychological Symptom Level ($F_{(1,229)}=15,2, p<,001$). The explained variance increased to 12% with addition of the Egalitarian Gender Role in second model, compared to 11% explained by Marital Adjustment Score by itself. Beta value was $-,33$ ($p<,001$) in first model, and changed to $-,32$ ($p<,001$) in the second model. However, this change was not significant in terms of Egalitarian Gender Role Attitudes playing a partial mediator role (Sobel $z=-1,21, p<,05$).

DISCUSSION

In this study, the mediator role of stress coping styles in the relationship between marital adjustment and psychological stress levels of participants was firstly examined. Results showed that submissive and helpless coping styles played a partial mediator role in relationship between marital adjustment and psychological symptoms. In other words, application of these strategies by women with a low level of marital adjustment is related to increased psychological symptoms. Thus, it can be said that not only quality of marital relationship but also coping styles affects psychological health. As a result of multivariate analysis, it was seen that participants' sociodemographic variables had no impact on any of the variables. Therefore, correlations between sociodemographic variables and scale scores were not reported.

Submissive and Helpless Approaches are viewed as dysfunctional problem-solving mechanisms, and are classified as emotion-focused coping styles by Folkman and Lazarus (1980). The literature suggests that these coping styles have a mediator role in relation between marriage and psychopathology. Vega et al. (1988) stated that partners' coping style is a mediator variable between marital conflict and depression. Also, there are studies showing coping styles of married couples and their marital relationship are correlated with depression. Additionally, individuals use family resources insufficiently and have problems in their marriage often use dysfunctional coping strategies and have more depression (Mitchell et al. 1983, Whiffen and Gotlib 1989).

Researches have showed that individuals' personal coping styles influence couples' coping styles (Papp and Witt 2010). Bodenmann (1995) stated that daily stress affects the time spouses spend together, communication, and the spouse's well being. Thus, spouse's coping styles are closely related with marital quality and satisfaction. Concordantly, in a study where 90 couples were examined over two years, it was seen that marital quality is high in marriages that have healthy communication about stress, mutually supportive attitudes, and similar coping styles (Bodenmann et al. 2006). Bodenmann and Shantinath (2004) have emphasized the importance of couple's coping styles' on marital relationship, and have suggested a coping-oriented couples therapy approach in marital therapies. This approach is based upon cognitive-behavioral couples therapy as well as techniques (behavior exchange techniques as well as training in communication and problem solving) derived from research on stress and coping in couples. Coping-oriented couples therapy teaches partners how to more effectively communicate with each other about their personal stress and how to mutually support each other in dealing with negative stress experience in an appropriate way. Two main aims of this approach are to enhance mutual understanding of emotional stress experiences for both partners and to promote adequate functional coping styles that fit the needs of other partner (Bodenmann et al. 2008). In a study where coping-oriented therapy was compared with cognitive-behavioral therapy and interpersonal psychotherapy, coping-oriented therapy came out on top. Coping-oriented therapy is as effective in reducing depression symptoms and enhancing couples' marital satisfaction as two other approaches, also more successful in expressed emotion level than other approaches (Bodenmann et al. 2008). In the light of these studies and results of our study, considering both mutual and personal coping styles of the couple is important in marital therapies. Interventions oriented at changing dysfunctional coping styles will affect both marital relationship and psychological health.

Secondly, gender roles attitudes play a mediator role in the relationship between marital adjustment and psychological symptom levels of women. Consequently, a positive correlation was seen between egalitarian attitudes about egalitarian gender roles and marital adjustment score. Thus, egalitarian attitudes towards sharing daily life roles of man and woman are correlated with a higher quality marriage. Likewise, there is a relation between egalitarian attitudes of women towards

gender roles and high psychological well-being. On the other hand, there is a relation between more traditional attitudes and high psychological symptoms. In hierarchical regression analysis of these factors, it is seen that having egalitarian role affects psychological symptom level but this effect is not high enough to be a mediator.

In literature, some research mentions a positive relation between traditional gender role attitudes on marital relationship, while some shows egalitarian gender role attitudes strengthen marital relationship (Mickelson et al. 2006, Davis and Greenstein 2004, Xu and Lai 2004, Kim 1992, Huber and Spitze 1980). This divergence may be related to differing of spouse's attitudes towards marriage and gender roles. For instance, when an egalitarian women has a husband having traditional gender role attitudes, it will cause conflicts in marriage. Because of the possibility of diversity in attitudes of husbands for every women in this study, this situation is thought as the reason of gender role attitudes are not high enough to be a mediator. Also, when it is considered that GRAS items have culturally sensitive topics as woman-man relationship, sexuality, birth control, domestic violence, responses could be affected by social desirability bias. In other words, even the real thoughts of women are different, they could be responded socially appropriate and preferred way while filling the scales. Again, this bias could inhibit gender role attitudes to be a mediator.

Limitations

The primary limitation of the study is sampling. Even though the main focus of this study is women, the participants' spouses have an important effect on coping styles and gender role attitudes. In the study, measurements of husbands were not taken due to difficulties of reaching them. It is suggested to include both spouses in future studies.

In application of instruments, giving scales to participants in envelopes reduces the control on how and where the scales are filled. This can reduce the reliability of responses.

There is no other scale than GRAS for measuring gender role attitudes in our culture, showing a limitation in the inventory. It became an obligation to use GRAS, despite inability to compare results to other studies. The reliability of the scale for our sample is high, however the scale is recently developed so there are few previous studies using the scale. For future studies, it is suggested to repeat using the scale and reveal how much it reflects the truth.

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