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## Couple Play As A Predictor Of Couple Bonding, Physical Health And Emotional Health

Linda Vanderbleek  
*University of Central Florida*

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COUPLE PLAY AS A PREDICTOR OF COUPLE BONDING, PHYSICAL HEALTH AND  
EMOTIONAL HEALTH

by

LINDA M. VANDERBLEEK  
B.S. University of Florida, 1981  
M.A. University of Central Florida, 1996

A dissertation submitted in partial fulfillment of the requirements  
for the degree of Doctor of Philosophy  
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Major Professor: Edward H. Robinson, III  
Major Professor: Montserrat Casado-Kehoe

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## **ABSTRACT**

Traditional couple counseling research focused on why people end relationships, with research only recently addressing what factors contribute to relationship satisfaction and stability. Yet, throughout this research, minimal attention has been paid to the role of play in couple counseling. The research available on play in couple counseling had varied definitions of couple play and was not based on current couple counseling theory. The research and anecdotal data on couple play proposed a strong relationship between couple play and the factors that predict successful, long-term couple relationships, individual physical health and emotional health. This study applied current couple counseling theory and research to define couple play and the relationship between couple play and couple bonding, physical health and emotional health. The hypotheses of the study were couple play would predict couple bonding; couple play would predict individual physical health; and couple play would predict individual emotional health. The results from a sample of 30 couples demonstrated couple play predicted measures of couple bonding, including relationship satisfaction, communication, conflict resolution, and the couple's view of the relationship. Couple play demonstrated no relationship to individual physical or emotional health. Since couple play was predictive of successful, long-term couple relationship measures, the implications were discussed for using couple play in assessment and intervention in couple counseling and future research.

To Dean, Sandy, and Austen Vanderbleek, who have supported me through their love and enduring tolerance.

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## **LIST OF ACRONYMS/ABBREVIATIONS**

CPA	Couple Play Assessment
ENRICH	Evaluation and Nurturing Relationship Issues, Communication and Happiness
ESM	Experience Sampling Measure
5F-Wel	Five Factor Wellness Evaluation of Lifestyle
IS-WEL	Indivisible Self Model of Wellness
POI	Personal Orientation Inventory
PREPARE	Premarital Personal and Relationship Evaluation
WEL	Wellness Evaluation of Lifestyle

## **CHAPTER ONE: INTRODUCTION**

Couple relationships are an important part of our social foundation. More than half of American households in 2003 were people who were married or in a couple relationship (Fields, 2003). Yet, the majority of couples find their relationship consistently less satisfying throughout the years, especially when children arrive (Fowers, Montel, & Olson, 1996; Fowers & Olson, 1993; Gottman & Notarius, 2002). As relationship satisfaction decreases, couples' willingness to work to resolve relationship problems also decreases (Fowers et al.). When the couple relationship becomes too dissatisfying, couples often separate, divorce or suffer physical and emotional consequences. In the year ending in June of 2004, 3.8% of the population divorced, while 7.3% married (Sutton & Munson, 2004). Marital satisfaction does not adequately predict divorce or separation though, because a minority of dissatisfied couples stay married (Fowers et al.).

When dissatisfied couples remain together, marital distress correlates with depression, anxiety, secondary trauma, problem drinking and poorer prognosis for breast cancer, rheumatoid arthritis and heart patients (Johnson, 2003). If the couple has children in the home, the parental stress and conflict may affect parenting behaviors and the children's normal development (Fauchier & Margolin, 2004; Gottman & Notarius, 2002; Johnson). Parent behavior was a strong model for children and influenced children's own physical, emotional, and relationship health (Christie-Mizell, 2003; Johnson). Because of the importance of marriage, it has been the subject of a wide range of studies since the first published research in 1983 asked about the difference between happy and unhappy married couples' personality traits (Gottman & Notarius). Through research, prevention and counseling interventions, couple counselors and researchers have

attempted to reduce the frequency and effects of divorce and couple separations (Fowers et al., 1996).

As research has become more sophisticated over the years, marital researchers have added observational, physiological, and perceptual measures to the traditional self report. The results have been that recent studies of older couples have found these stable relationships have less negative emotions expressed, mixed evidence of positive emotional expression, and more expressed interest, humor and affection (Gottman & Notarius, 2002). Several couple play researchers have proposed that play in the couple relationship may affect these positive interactions and emotions, while tempering the difficult times of hard work, monotony, conflict and pain (Aune & Wong, 2002; Baxter, 1992; Betcher, 1981; Klein, 1980; Lauer & Lauer, 1990; Lauer & Lauer, 2002; Lutz, 1982; Ziv, 1988). Some couples counseling theorists believe that couples have “attachment needs for comfort and reassuring connection” (Johnson, 2003, p. 369), especially during times of stress. Couples playing together may mitigate the tendency of stress to pull couples apart by providing “secure bonding interactions” (Johnson, p. 369). These interactions during stress may create increased trust, security and marital satisfaction. This may allow couples to engage emotionally and support each other, which researchers have found predicted the future of relationships more than conflict skills (Johnson). The purpose of this study was to observe the predictive value of couple play in measures of couple relationship bonds and individual and physical health. The indications for couple play as an intervention in couple counseling and directions for further research were discussed.



## Definitions

### *Couple Play*

Despite the possibilities of play for couples counseling, there was no common definition of play in adults in the literature and “little systematic empirical research” on adult play (Abramis, 1990, p. 353). Many theorists have defined adult play based on animal and child studies, anecdotal data, or their own theoretical view, often describing what play was not (Lauer & Lauer, 2002). Lauer and Lauer proposed three rules to define couple play: not work, enjoyable for both partners, and resulted in feeling better about “yourself and your relationship” (p. 11). Some adult play theorists differentiated play from work because it was process oriented, not result oriented (Abramis). They believed that work was efficient and goal directed, and play was complex and a goal was not necessary. Work was also considered to be rational and extrinsically motivated, while play was irrational and intrinsically motivated. Terr (1999) defined adult play as any activity directed toward having fun that “must be lighthearted” (p.29) with a “sense of good-humored, spirited, even sparkling pleasure” (29). A theorist who studied a similar concept “flow”, Csikszentmihalyi (1997) described this form of adult play as including concentration, absorption, deep involvement, joy, and a sense of accomplishment. “The most often mentioned features of this experience is the sense of discovery, the excitement of finding out something new about oneself or about the possibilities of interacting with the many opportunities for action that the environment offers” (Csikszentmihalyi, p. 121). Perhaps the broadest definition of play was “any pleasurable use of discretionary time” (Charles, 1983, p. 4). Betcher (1981) provided the first definition of intimate play as “more idiosyncratic forms of playfulness that evolve over time

in an intimate dyad, such as private nicknames, shared jokes and fantasies, and mock fighting” (p.13). This limited definition was expanded by other researchers to playfulness, which described couples’ preferences for play and attitudes about play in the relationship (Aune & Wong, 2002; Baxter, 1992; Lutz, 1982). For the purpose of this study, couple play was considered any activity that was pleasurable for both partners, involved a suspension of self-consciousness, a release of emotion, was undertaken solely for the process, and resulted in positive feelings about self and the partner.

### *Couple Bonding*

In order to use a meaningful definition of the couple relationship to reflect current research findings, the definition of couple bonding was based on the review of couple factors that affect satisfaction and stability. Couple bonding has been defined as couple satisfaction across the factors identified in research as problem areas, interaction factors of communication and conflict resolution, and the couple’s realistic view of the relationship (Gottman & Notarius, 2002; Fowers et al., 1996).

### *Individual Physical and Emotional Health*

The definition of individual physical and emotional health was based on the indivisible self model of wellness (IS-WEL) (Hattie, Myers, & Sweeney, 2004). The model proposed an indivisible self at the center of wellness, with five factors, based on the empirical correlates of quality of life, healthy living, and longevity (Myers & Sweeney, 2004). These correlates of health were consistent with the factors identified by the research literature on relationships and

physical and emotional health (Kiecolt-Glaser & Newton, 2001; Snyder & Whisman, 2004). The first factor was the creative self, which included the individual's unique attributes in social situations and the ability to positively interpret their world. The creative self included thinking, emotions, control, work, and positive humor sub-factors. The second factor was the coping self, which was the individual's ability to regulate their responses to life events and overcome negative affects. The coping self included sub-factors of leisure, stress management, a self worth, and realistic beliefs. The third factor was the social self, which included the individual's social support through friendships, intimate relationships, and family ties. The social self had sub-factors of friendship and love. The fourth factor, the essential self was the individual's way of making meaning in life and the sense of a higher power. The essential self included spirituality, gender identity, cultural identity, and self care sub-factors. The fifth factor, the physical self was the biological and physiological processes that support the individual's physical development and functioning, including exercise and nutrition sub-factors. This model supported the definition of individual physical and emotional health as the integration of physical, mental and social well-being.

### Theoretical Framework

The conceptual framework for this study was based on anecdotal and research evidence that play in couples' relationships may have positive affects on the couples' relationships, specifically couple bonding, and individual physical and emotional health. The research in couple counseling and individual physical and emotional health provided the rationale for the study and the definition of the outcome measures. The current research in couple counseling has

identified areas that are predictive of couple dissatisfaction and effective interventions that may increase couple satisfaction and stability (Bailey, 2002; Croyle & Waltz, 2002; Dessaulles, Johnson, & Denton, 2003; Driver & Gottman, 2004; Fowers et al., 1996; Fowers & Olson, 1993; Gottman, Coan, Carrere, & Swanson, 1998; Gottman & Notarius, 2002; Gottman, Swanson, & Swanson, 2002; Greenberg, 2004; Halford, Markman, & Kline, 2003; Holman & Jarvis, 2003; Johnson, 2003; Johnson, Makinen, & Milliken, 2001; Shadish & Baldwin, 2003; Van Alstine, 2002). Although many researchers focus on marital satisfaction, this study included a broader definition of couple relationships to take into account the increasing diversity of the family structure. Couples included marital, cohabitating, committed, and same sex dyads. Further, this study identified a common definition of couple play; measures of couple relationships based on current research, with large national samples; and couple counseling interventions focused on factors that predict relationship satisfaction and stability.

### *Couple Play Conceptual Framework*

The earliest identified study of couple play used a very limited definition of “intimate play” (Betcher, 1977, p. iv). Intimate play was defined as the “couple’s private language, sexual foreplay, wrestling and tickling, and various forms of joking and teasing” (Betcher, p. iv). Betcher found that measures of intimate play, couple adjustment, and personality were significantly correlated in areas of novelty, spontaneity, and mutuality, but not self actualization. Although the study did not predict that other types of play in couples would affect marital satisfaction, Betcher reported the findings indicated “so-called ‘recreational’ activities shared

with one's partner, such as sports, going to museums, having picnics, may be an important aspect of marital adaptation which has been largely neglected by researcher in this area" (p. 98).

In a phenomenological study of play in marriage, the definition of couple play was expanded to play and playfulness (Klein, 1980). Play was considered the expression of and mastery of anxiety, while playfulness was described as a "joyous expression of a state of well-being, often celebrated through successful mutual cueing within the dyad" (Klein, p. 75) that "often makes light of any present difficulties" (Klein, p. 75). Playfulness also had elements of mastery because the inner assurance and pleasure of play celebrated overcoming difficulties and tackling risk (Klein). Klein found that subjects reported playfulness was very important to them, with negative affect expressed by those without playfulness in the relationship and a positive affect in those with playfulness. The subjects also demonstrated a sense of embarrassment about the play or lack of play that Klein attributed to cultural beliefs about adult play. The personal meaning of couple playfulness was identified as separation and union. Also a special intimacy was created when a partner picked up on the play signals of the other partner. Klein identified four key elements of playfulness, including a pretend realm, mutual cueing, affect of delight, and absence of aggression, fear, anxiety, depression and guilt.

Klein's (1980) proposal of intimacy creation through play found some support in a study of informal adult play and marital adaptation (Lutz, 1982). Lutz found that play and intimacy were highly related and that play was a better predictor of marital adaptation than intimacy (Lutz). Lutz adapted Betcher's (1977) limited definition of play as not the formal recreational play or sports, but the "more idiosyncratic mildly regressive forms of playful behavior that have been observed to exist in intimate dyads" (p. 21). The measure of marital adaptation was conflict resolution behaviors.

When an expanded definition of global playfulness was used, a study of playfulness and opposite sex romantic relationships found significant correlations between global playfulness and relationship closeness (Baxter, 1992). When researchers attempted to identify the antecedents and consequences of play in romantic relationships, they found individuals with self esteem and humor had more playfulness (Aune & Wong, 2002). Those study participants with more playfulness had increased positive emotions. And those with more positive emotions demonstrated relationship satisfaction. These studies provided a foundation for the current theory that more couple play may predict better couple bonding.

### *Couple Bonding Conceptual Framework*

The concept of couple bonding used in the study was based on a review of current couple research findings of factors that affect satisfaction and stability (Gottman & Notarius, 2002). Couple research has found that initial measures of personality traits in happy and unhappy married couples had little relationship to marital satisfaction or stability (Gottman & Notarius). It was not until researchers began asking spouses about their partner's personality that a relationship to marital satisfaction was shown. The results of these studies also demonstrated the positive and negative halo effects. The negative halo effect was when spouses in unhappy marriages endorse almost any negative item about their partner. The positive halo effect was when partners in happy marriages endorse positive items about their spouse. Other researchers (Fowers & Olson, 1993) have called this marital conventionalization, the tendency to describe the relationship in unrealistically positive terms. Marital conventionalization has been most common among couples reporting very high marital satisfaction, suggesting very satisfied

couples have a positive distortion of the relationship. In time, this effect was viewed in attribution theory terms as unhappy spouses attributing negative partner behavior as entrenched personality traits and positive partner behaviors as changeable situational factors (Gottman & Notarius). So partner ratings of their spouse in the marriage were more a measure of perception than personality.

Marital research changed focus with the introduction of systems theory and the finding that interaction patterns in the marriage, rather than personality traits, could be observed and used to explain marriage satisfaction (Gottman & Notarius, 2002). Observational methods could also identify “complex social interactions that lies beyond the usual awareness of even the most keenly sensitive spouse or partner, and thus lies beyond assessment with self-report instruments” (Gottman & Notarius, p. 168). Observations of couple interactions could also be used to validate the attribution theory and resulted in the definition of positive and negative sentiment override, where the spouse’s evaluation of the partner’s behavior and an observer’s evaluation of the same behavior were different. In positive sentiment override, the spouse rated the partner’s behavior as positive when the research observer rated it as more negative. Negative sentiment override was the opposite, with the researcher rating the partner’s interaction as positive and the spouse rating it as negative. Researchers found distressed wives demonstrated negative sentiment override and respond negatively (Gottman & Notarius). Wives who were not distressed and both distressed and non distressed husbands demonstrated positive sentiment override, evaluating partner’s negative messages as neutral or positive. These spouses were less likely to respond negatively to their partners. Other researches have found variables in addition to couple interactions affect marital stability, including life events, enduring individual characteristics of the partners, and contextual variables (Halford et al., 2003).

Even with a better ability to predict marital satisfaction, researchers found that satisfaction and stability were not synonymous (Fowers et al., 1996). Marital quality has been “found to have two major dimensions, with constructs such as adjustment and satisfaction being one and constructs such as divorce proclivity and disharmony the other” (Fowers & Olson, 1993, p. 176). While some stable couples had strengths in interaction processes that predicted marital satisfaction, other stable couples had strengths in more structural aspects of the relationship. Some research found group differences in specific interaction styles of dissatisfied husbands and wives could predict divorce (Fowers et al.; Gottman & Notarius, 2002; Gottman, Swanson, & Swanson, 2002; Holman & Jarvis, 2003). Interaction patterns alone were not enough to predict marriage dissolution though, affect was of central importance in understanding the differences in marriages (Gottman & Notarius). Couple research began to focus on emotions, beginning with how to determine emotions through observation and physiological measures. Seven primary emotions with distinct facial expressions and physiology were identified, including happy, surprised, disgust, contempt, sadness, anger and fear. Researchers found that couples demonstrating specific negative emotion interaction patterns of criticism, defensiveness, contempt, and stonewalling had a higher chance of divorcing. Further, researchers found husband’s rejecting the wife’s influence, negative startup by the wife, no de-escalation of low intensity negative wife affect by the husband, a lack of de-escalation of high intensity husband negative affects by the wife, and a lack of physiological soothing of the male predicted divorce. Anger, active listening, and negative affect reciprocity did not predict divorce. These interaction patterns that predict divorce can conversely identify couple types that predict couple satisfaction and stability (Fowers et al.; Holman & Jarvis). By measuring couple interactions, the couple’s perceptions of the interactions, and the couple’s physiology during the interaction, Gottman



conducted four longitudinal studies that predicted married couples' divorce with more than 90% accuracy (Gottman et al.). Other researchers have found that couple structure was also an important construct in predicting couple stability (Fowers et al.). Couples that had a very high ability to discuss feelings and resolve problems, related affectionately and sexually, were happy with how they spent free time together, agreed on financial and parenting issues, preferred egalitarian roles, and valued religion in the marriage were more satisfied and stable in their marriages. Yet couples that had lower abilities and satisfaction in these areas, but had strengths in decision making, future planning, realistic view of marriage and high religious values in the marriage were very stable. These couples had a lower likelihood of divorce or separation than couples that had higher satisfaction in interaction patterns (Fowers et al.). The patterns of interaction and structure in different couple types were predictive of separation and divorce in premarital and married couples (Olson & Fowers, 1993). The findings of current couple research led to the definition of couple bonding as couple satisfaction across the important couple functions, patterns of conflict resolution and communication, and the couple's realistic view of the relationship. For couple play to be considered as an intervention in couple counseling, it would have to show some relationship to these factors of couple bonding.

### *Physical and Emotional Health Conceptual Framework*

This study also observed the relationship of play to individual physical and emotional health due to the wide range of research demonstrating that marital functioning had indirect influence on health outcomes through depression and health habits, and direct affect on cardiovascular, endocrine, immune, neurosensory, and other physiological mechanisms (Burman

& Margolin, 1992; Kiecolt-Glaser & Newton, 2001; Kowal, Johnson, & Lee, 2003). In a literature review of 64 research projects on various aspects of marriage and health, Kiecolt-Glaser and Newton found marriage relationship factors had significant correlations with physiological and objective health status measures. The influence was across biological systems, including immunological, cardiovascular, neurophysiological, and stages of disease progression. The affect in the stages of disease progression included etiology, symptomology in chronic degenerative diseases, and prognosis-recovery from a life threatening medical event. Well controlled epidemiological studies have shown social isolation was a major risk factor for individual health, with statistical effect sizes similar to smoking, blood pressure, blood lipids, obesity, and physical activity (Kiecolt-Glaser & Newton). A study of 127,545 adults found “regardless of population subgroup (age, sex, race, Hispanic origin, education, income, or nativity) or health indicator (fair or poor health, limitations in activities, low back pain, headaches, serious psychological distress, smoking, or leisure-time physical inactivity), married adults were generally found to be healthier than adults in other marital status categories” (Schoenborn, 2004, p.1). The findings were most prevalent in adults age 18 to 44. Married adults did have a higher prevalence for one negative health indicator, obesity and overweight. “Marriage is the central relationship for a majority of adults, and morbidity and mortality are reliably lower for the married than the unmarried across a variety of acute and chronic conditions, including such diverse health threats as cancer, heart attacks, and surgery” (Kiecolt-Glaser & Newton, p. 472).

The theories behind the relationship and physical health findings were either healthy individuals are more likely to marry and remain married or they have more resources, less stress, more social support, and less risky health habits than single people (Kiecolt-Glaser & Newton,

2001). This may help explain gender differences since women were more likely to have close friends, relatives and confidants, while men were more likely to name their wives as their main support and confidant. The protective factors of marriage were stronger for men than women, with single men having a 250% greater mortality than married men and single women having a 50% greater mortality than married women (Schoenborn, 2004). Other researchers guided by the biopsychosocial health care model have studied the effects of family and marriage counseling interventions on health care and found that there was less use of medical services afterwards (Law, Crane, & Berge, 2004). The biopsychosocial health care model proposed that biological, psychological, and social functioning of individuals were interdependent. These results led to the theory that individuals who increase their ability to deal with stress and other life circumstances will have less stress induced medical problems and less emotional concerns expressed physically.

Marriage factors have also been linked to individual emotional health. Several studies of co-occurring relationship and mental health problems have found increased likelihood of a wide range of mental health problems in couples who have distressed relationships (Snyder & Whisman, 2004). One study of married couples who were distressed found a 3 times greater likelihood of a co-occurring mood disorder, 2.5 times more likelihood of an anxiety disorder, and 2 times more likelihood of having a substance use disorder than non-distressed couples (Snyder & Whisman). When other general relationship distress was controlled for, marital distress was associated with six specific disorders, including major depression, social and simple phobia, panic disorder, generalized anxiety disorder, and alcohol dependence or abuse. Studies of marital discord and depression have found a clear association (Dessaules, Johnson, & Denton, 2003; Mead, 2002). Further, couple counseling used to treat depression showed equal efficacy to

individual therapies (Dessaules et al.). The couple counseling also had an added benefit of more impact on relationship satisfaction in distressed couples. Compared to treatment with antidepressant medication, couple counseling showed significantly greater effects than the medication management and less drop outs. These research findings indicated that couple play may have a relationship to individual physical and emotional health if it affects the mediating factors in couple relationships identified in the physical and emotional health literature.

### Statement of the Problem

The number of children and adults affected by distressed couple relationships and divorce has created a tremendous need for couple counseling interventions that may improve couple relationships. Further, the relationship between marital distress and individual physical and emotional health has increased the importance of effective couple counseling to public health. Although there has been limited research into couple play as a potential intervention in couple counseling, the research has not demonstrated a consistent definition of couple play nor used meaningful measurements of couple functioning based on current couple counseling research. Research in couple counseling has clearly identified factors that contribute to couple satisfaction and stability, along with measures of these factors. By observing the relationship between couple play and couple bonding, individual physical health and individual emotional health, the potential of couple play as an intervention in couple counseling may be identified.

## Purpose and Design of the Study

Analyzing the predictive value of couple play may inform couple counselors and theorists of the potential use of couple play interventions to maintain healthy couple relationships. The purpose of this study was to answer the research questions of whether couple play is predictive of couple bonding; and whether couple play is predictive of individual physical and emotional health. This study used self report instruments to examine couple play amounts and to investigate if the couple play amounts were predictive of couples' bonding, individual emotional health, and individual physical health. The study focused on the frequency of couples' play activities. The outcome variables were measured by self reports of couple relationships and health. The self reports on couple relationships measured couple satisfaction, couple communication, couple conflict resolution, and couple idealistic distortion. The self report on health assessed the couple's individual physical and emotional health. A snowball sampling technique was used to identify the couples in a four county area of a Southeastern state. The couples' scores were analyzed using Pearson product moment correlation coefficients. If statistically significant correlations were found, the couple scores were analyzed through linear regression to determine any predictive relationship between couple play and the outcome variables.

## Research Questions

Two research questions were addressed in the study. The first research question was whether couple play predicted couple bonding? The couples' scores on the measure of couple play frequency were first correlated with their scores on the measure of couple bonding. The couple bonding measure had scores for satisfaction, communication, conflict resolution and

idealistic distortion. The scores were then observed to determine if couple play predicted couple bonding. A linear regression analysis was conducted if statistically significant correlations resulted. The second research question was whether couple play predicted individual physical and emotional health? The couples' scores on the measure of couple play frequency were first correlated with their scores on the measure of individual physical and emotional health. The individual physical and emotional health measure had scores for the coping self, the physical self, the creative self, the social self, and the essential self. The scores were then observed to determine if couple play predicted individual physical and emotional health. A linear regression analysis was conducted if statistically significant correlations resulted.

#### Limitations

The limitations of this study included the lack of a random sampling method for the population studied. The snowball sampling method of the couple population was a convenience sampling method, so generalization was limited. Also the study used self report measures for all of the constructs in the study. Self report measures give the subject's perception, but they do not provide objective measurements of behavior that may be available through observation. Further the self report measure for couple play was a new instrument and only had reliability and validity analysis within the current sample. Since the study was observational, not experimental, the statistical analysis of correlation and linear regression do not provide causal information.

#### Organization of the Study

The present chapter provided the rationale for studying couple play as a predictor of couple bonding, physical health and emotional health. The definitions of the study constructs

were presented. The theoretical framework for the current problem; the purpose, and design of the study; and the research question were discussed. The empirical and theoretical findings in couple play, couple bonding, and couple relationships' affects on health were reviewed in Chapter Two to provide a perspective on couple play and couple counseling. In Chapter Three, the research design of the current study was discussed. The sampling methods, measurement instruments, and implementation of the study were explained. The research findings were described and discussed in Chapter Four. In Chapter Five, the findings were discussed in relation to previous research, the current study hypothesis, and implications for future research and couple counseling.

## **CHAPTER TWO: LITERATURE REVIEW**

Several areas of the play, couple relationship and health literature were reviewed to provide a framework for the current study. Research and theory on adult play and play in relationships informed the construct of couple play and the focus of the study on the relationship between couple play and couple bonding, physical health and emotional health. The research in couple counseling identified the important variables in maintaining satisfied and stable couple relationships, which was the basis for the outcome measure of couple bonding. Studies of physical health and emotional health in couple relationships informed the construct of physical and emotional health and the analysis of the relationship between couple play and individual physical and emotional health.

Few couple counseling theorists, practitioners or clients placed play at the center of couples counseling. Yet, research from couple counseling and play theorists pointed to some benefits from couple play (Aune & Wong, 2002; Baxter, 1992; Betcher, 1977; Betcher, 1981; Klein, 1980; Lauer & Lauer, 1986; Lauer & Lauer, 1990; Lauer & Lauer, 2002; Lutz, 1982). A few theorists have looked at why adult play was so rarely a subject of research, not to mention so low on the menu of treatment interventions for couples (Charles, 1983; Terr, 1999). Play has been considered too removed from the serious business of work to “merit rigorous study or academic respectability” (Charles, p. 3). An early adult play researcher, Klein believed:

Play tended to be accepted in adult life only as long as it was expressed in substantially transmuted form, with an attached purpose. These adult transformations of play have been investigated; into jokes, into work, into cultural pursuits, into sports, into artistic



creativity, and into politics and cultural forms such as ritual. Play for play's sake, so to speak, in a more direct continuation from childhood into adulthood, has not been investigated, and consequently consideration of the specific quality of playfulness tends to be lost. (p. 74)

The belief that play must be purposeful (Klein) and was only important in children has affected the study of play and construction of a theory of play in adults (Lutz). Beginning with the ancient Greeks, play was defined from the word child, while the word for adults came from contest. So children play, while adults compete. Freud proposed in early psychological theory that maturing meant forgoing the "pleasure principle" and embracing the "reality principle". Freud regarded play as the enactment of wishes in preparing to grow up and mastering of traumas (Adatto, 1964). Freud proposed that play was replaced by fantasy and daydreams in adults (Ablon, 2001). According to Freud, love and work were all that adults needed to "endure the pressures common to all civilizations" (Terr, p. 27). Developmental psychologist Erik Erickson echoed Freud's views when he proposed that while play was crucial to child development, adult play was phony and forced (Terr). Erickson saw adult play as recreation and child play as preparation (Adatto, 1964). Csikszentmihalyi (1997) believed children were in an almost constant state of flow, a specialized form of play, until they entered school and lost the sense of control in their activities. Children then turned to games, sports, and other leisure activities with peers. Many developmental and social theorists agreed that play ended with childhood, that the busy schedules people keep in the current culture held no time for play, and that the importance of work took precedence (Terr). Indeed, it was an important developmental task to delay immediate gratification to reach long term goals of financial security, raising a family, and maintaining a home.

Still, other early psychology theorists proposed work and play are inseparable (Terr, 1999). C.G. Jung believed that “without playing with fantasy, no creative work has ever come to birth” (Terr, p. 27). Research by Csikszentmihalyi (2003) appears to support the continued value of play into the adult workplace. In a study of a thousand adolescents, those that reported working a majority of their time were successful in school and after graduation, but were not happy. Those youth that reported activities that were more like play the majority of the time were happy, open, and cheerful, but did not accomplish much as adults. When the teens responded that their activities were like both work and play 10% of the time or more they were happy and high achievers. When youth reported the reverse, activities were neither work nor play, they were not happy and were low achievers. Developmental theorist D.W. Winnicott believed play was vital to the work of therapy (Handler, 1999; Terr). The lack of playfulness made a person a poor candidate for therapy, which Winnicott believed was a specialized form of play. Winnicott believed that play began in a healthy state of trust and allowed clients to explore new activities, new roles, new thoughts, and new emotions (Klein, 1980). This risk taking behavior was necessary for changes to be made in therapy. So the therapist had to help the client learn how to enjoy playing with situations, roles, analogues, and solutions.

### Contributions of Studies of Animal and Child Play

Since much of the adult play theory has been based on studies of animal and child play (Abramis, 1990; Lutz, 1982), the literature in those areas were reviewed. The literature in anthropology, comparative psychology, ethnology, and developmental psychology provided research about the importance of play and playfulness in the development of some animal

species, especially primates (Handler, 1999). These researchers have found that animals test the environment, and develop problem solving and creative skills through play. This role of play has been theorized to be especially important for humans and higher mammals since they depend on a “flexible relationship with the environment that requires considerable learning and the development of complex, novel responses through continuous feedback” (Betcher, 1981, p. 15) and “a less focused attentiveness to a wider range of external influences” (p. 15). In animals and children, play theorists and researchers agreed that play served as a chance to develop and practice those adaptive behaviors (Betcher). Betcher draws a parallel with primate play functions of perfecting adult social functions and moderating aggression with human play functions. Further, in primates play “generally takes place only in an atmosphere of familiarity, when primary needs are satisfied, in the absence of significant stress, and in situations in which the possible consequences of trying out new behaviors are minimized” (Betcher, p. 15). Several animal and child play researchers, like Harlow, Piaget and Winnicott, have emphasized the importance of play in the human development of psychological health (Handler). Harlow’s classic study of monkeys who were raised with opportunities to play with peers and those who were deprived of play demonstrated that play effected the monkey’s emotional, social, and sexual development. The play deprived monkeys showed excessive clinging and sucking behavior, stereotypical behavior like rocking and pacing, aggression, and a lack of normal locomotion and exploratory behavior.

In both animals and children, play had a goal-directed value of practicing skills and finding information about the environment (Betcher, 1977). Play also served an internal adaptive function of “maintaining an optimal level of arousal (attentional alertness) and externally guaranteeing high arousal potential (influx of novel environmental stimulation)” (Betcher, p. 22).

The study of play in children has identified adaptive functions such as reduction of tension, mastery of conflicts, expression of aggression, and creativity development (Lutz, 1982).

Children and animals also practiced physical and social behaviors required in adulthood during play. The structural qualities of animal play, reordering of sequences, exaggeration, repetition, introduction of irrelevant activity, and fragmentation, have been compared to the primary process that Freud described (Betcher).

Studies of play in children have generated different findings depending on the theorist's own basic views of humans. So psychodynamic theorists viewed play as an expression of instinctual drives in acceptable personal and interpersonal ways; learning theorists claim modeling and environmental contingencies shaped play; and humanists believed play was the unique expression of the child's self (Betcher, 1981). Psychodynamic authors believed play allowed children to cope with personal distress, traumatic experiences, intrapsychic conflict, and narcissistic insults (Klein, 1980). Freud believed play was the child's attempt to gain mastery over trauma and deficits and to reduce tension from instinctual drives that can not be fulfilled in the real world (Lutz, 1982). Freud saw play as wish fulfillment or turning passive into active, especially in resolution of trauma (Klein). Latter theorists compared play to the transition object of children that allowed the security to explore and linked the subjective inner world of the child to the external reality and objects (Kjolsrod, 2003; Klein). Psychodynamic theorists Melanie Klein, one of the first therapists to observe play in children and use play as therapy for children, viewed children's play as masturbatory fantasies and wish fulfillment (Adatto, 1964). In a summary of psychoanalytic theory, Waelder described the functions of play as mastery, wish fulfillment, assimilation of overpowering experiences by compulsive repetition, transforming from passive to active, a leave of absence from reality and superego, fantasies about real objects,

and pleasure (Adatto). Klein criticized the psychoanalytic literature for missing the “sheer pleasure component which is central in playfulness” (p. 74). Klein believed that when researchers investigated child’s play in therapy, they were looking for pathology, conflict, and ego defenses. The researchers were also viewing play through the western culture’s lens of valuing function. The result was a biased view of play as ego mastery.

Developmental theorists such as Piaget and Erickson believed child’s play encompass all the theories of play’s purpose (Betcher, 1981). The eclectic view was that play served to work through traumatic experiences, communicate, express self, exercise new abilities, and master complex life situations. Erik Erickson summarized this inclusive view of play (Betcher, 1977):

True, the themes presented (in children’s play) betray some repetitiveness such as we recognize as the ‘working through’ of a traumatic experience, but they also express a playful renewal. If they seem to be governed by some need to communicate, or even to confess, they certainly also seem to serve the joy of self expression. If they seem dedicated to the exercise of growing faculties, they also seem to serve the mastery of a complex life situation. As I would not settle for any one of these explanations alone, I would not wish to do without any one of them. (p. 17)

Erickson added the concept of play for the joy of self-expression (Lutz, 1982). Other theorists have proposed play allows continued experimenting with novel responses necessary for the flexible responding to the environment necessary for continued adaptation (Lutz).

## Adult Play Literature

Information about adult play has been primarily theoretical, relying mainly on the studies of childhood and animal play (Abramis, 1990; Lutz, 1982). A few researchers have attempted to determine the nature of adult play through qualitative studies (Adatto, 1964; Blanche, 2002; Csikszentmihalyi, 1997; Klein, 1980). "Since development is life long, play may serve the same functions in adulthood as it does in childhood, promoting the engagement and mastery of phase-specific developmental tasks." (Colarusso, 1993, p. 225). In a qualitative study of the adult play of golfing, Adatto found "play activity in the human being serves the same function at all ages" (p. 826). Adatto believed the latent, unconscious drama of play continued in adult play. There were qualitative difference between child and adult play though, because the mind and body of the adult was different (Adatto; Colarusso). In adulthood, play "recedes into the background of the individual's activity and manifestly becomes more ritualistic and mechanical" (Adatto, p. 828). In adults abstract thinking and judgment replace play for mastery of inner and outer reality (Lutz). Also, adults may turn to play with thoughts and words, instead of playing with things (Ablon, 2001). "A basic quality of play is that it involves activity or action, physical often, but also linguistic and mental" (Ablon, p. 347). While adults may focus more on golf and other types of games, these are just "more sophisticated type of play which retains all of the richness of play as understood in children" (Adatto, p. 827). Other theorists believed the increased structure and goal orientation of adult play may stifle playfulness, which was maximized by autonomy and intrinsic play (Charles, 1983). These qualities allowed adults to develop sensitivity to inner qualities and abilities, and to nature's role in helping achieve inner biological rhythm. Otherwise, play may become dependent on external gratification and organization, and lose some of its

benefits. Still, adult play allows adults to achieve mastery of the environment, mastery of painful experience, and has pleasure in function (Adatto). Adatto believed analyzing client's golf games gave insight into the intrapsychic conflicts they worked through and physically enacted in the game. Adult play may also continue to be a way to form and maintain relationships, much like when children want to make a new friend and ask them "do you want to play" (Colarusso, p. 225). Colarusso believed adult play may relieve:

the stress of living in reality and the frustration of basic conscious and unconscious needs; it provides a mechanism for confronting a challenge and overcoming it in a gratifying manner. The challenge in play resembles a challenge in the real world but is more manageable because the goal of play is victory, not defeat. For these reasons play is a mechanism facilitating recuperation and mastery. (p. 226)

Historically, play was viewed as helping adults deal with adversity and creating pleasure (Klein, 1980). Klein presented a contrasting view that play was an expression of well-being and pleasure that deals with conflict and adversity. Ablon (2001) proposed that the creative forces in play "powerfully facilitate the emergence of new comprehensions. These comprehensions are most crucial in the affective realms" (Ablon, p. 351). Csikszentmihalyi (1997) also found that in adult social play, social roles were suspended and spontaneous interactions among people occurred. This may help to resolve interpersonal conflicts. Colarusso (1993)) summarized three beneficial purposes of adult play that parallel those in childhood. First, adult play contained conscious or unconscious fantasies or wishes, only the physical acts that enacted them may differ for adults. Adults may observe others at play - for example a sporting event or a stage play - and identify with the athlete's or actor's actions to elaborate fantasies and wishes. Second, adult play included enactment to master traumatic stimulation or internal conflicts generated by the current

developmental task. The play was still the adult's "attempt to organize and control the intrapsychic world of drives and conflicts, expressing themselves, alone and with others, in gratifying ways" (Colarusso, p. 227). Finally, adult play allowed pretending free of real life consequences. Other theorists added that play allows adults to reorganize their lives, regain control, create pleasure, increases a sense of belonging and family, allows learning, problem solving, reveals secrets, has a sense of accomplishment, reduces stress, increases flexibility and improves relationships (Terr, 1999).

### *Adult Play Types*

Several adult play theorists have attempted to identify adult play types (Ablon, 2001; Colarusso, 1993; Csikszentmihalyi, 1997). Ablon identified three types of childhood play, including exploratory, imaginative, and amusement play, and proposed exploratory play continued through adulthood. Exploratory play includes elaborations, rearrangements, and transformations that "promote creativity and mastery" (Ablon, p. 348). This was similar to the creativity play that Colarusso described as the rearrangement of experiences in new ways. Colarusso also identified spectator play, where fantasies are used to address real and intrapsychic issues and conflicts through sports, music, books, movies or plays. In adults such fantasies of a childlike, sexual, or aggressive nature may be hidden by the ego's reality testing; sensitivity to others thoughts, feelings, and responses; and the superego. Lauer and Lauer (2001) categorized adult play as social play, cultural play, humor, games, physical play and love play, although activities may fall into more than one category.



In qualitative studies of adult activities, Csikszentmihalyi (1997) identified a specific type of play that he named “flow”, which has been described as the awareness of the action, but not of the awareness itself (Abramis, 1990). People must have a certain level of skill, training and discipline in order to experience flow. When people described experiences of flow where they thoroughly enjoy themselves, there were eight distinct dimensions (Csikszentmihalyi). The dimensions included clear goals with immediate feedback; personal skills that were equal to the challenge; a merging of action and awareness; irrelevant thoughts blocked by the concentration of the experience; a sense of control; a loss of self-consciousness, with a sense of growth and being part of something greater; an altered sense of time; and being autotelic, worth doing for its own sake. The experience of flow then increased the likelihood that people were “more likely to be curious, to explore, to take on new tasks and develop new skills” (Csikszentmihalyi, p. 135). Research has shown flow increased creativity, peak performance, talent development, productivity, self-esteem, and stress reduction (Csikszentmihalyi).

The motivation for play and play choices have also been discussed by adult play theorists (Charles, 1983; Colarusso, 2002; Csikszentmihalyi, 1997; Kjolsrod, 2003). Csikszentmihalyi discussed how play choices are made and why flow or pleasure occurs. People may chose the activities they prefer due to them being a disguised release for repressed desires, gender, socioeconomic status, health, age, individual fitness, activity levels, cultural and social expectations and constraints, personality traits, interest because of satisfaction in the past, talents, or attributed value (Charles; Csikszentmihalyi). In clinical experiences with adult couples, Betcher (1981) found the partners often reported similar play patterns to those they had in childhood play. Colarusso believed adults played as "mechanism for disengaging from frustration and disappointment in the real world by providing an illusory gratification which

reduces tension and distress" (p. 230) and that adult play "provides relief from intrapsychic conflict by offering pleasurable alternatives" (p. 230). Terr (1999) also proposes that adult play allowed emotional discharge of cares, worries, sadness and secrecy in a prolonged and subtle way, with no ultimate goal. Klein (1980) countered this view of adult play, believing adults play as an expression of pleasure and well being, with the resulting benefit of relief from the stress of the real world or intrapsychic conflicts. Even when activities are considered uninteresting, as a person's skill improved or the opportunities for action become clearer, the person may increase their interest or gratification (Csikszentmihalyi). Kjolsrod described three stages of learning how to play; getting to know the basics, discovering how actions and objects contain multiple social meanings, and growing and developing an appreciation for the strain and gratification involved. Whatever the initial motivation for participation in an activity, "people would not continue undertaking a certain activity unless it provided flow – or unless external rewards or punishments prompted them to undertake it" (Csikszentmihalyi, p. 133). Colarusso added the idea that adult play may simply provide life-like challenges that can be overcome, relieving tension and causing pleasure (Colarusso).

In a qualitative study of adult's subjective play experiences, Blanche (2002) found adult play had the characteristics of being fun, intrinsically motivated, voluntary, energy releasing, arousal increasing, free, and autotelic. These characteristics of play appeared to promote self-actualization of the person's potential. Play was a "demonstration of competence and mastery where the adult temporarily controls the environment" (Charles, 1983, p. 10). During peak experiences of play, adults "affirm our identity and confirm our existence through seeking and finding our optimal arousal level" (Charles, p. 11). Blanche used participant observation, intensive interviewing, and survey in a grounded theory study of the characteristics of adult play

in 22 adults, 12 men and 10 women. The characteristics of adult play in the literature were clustered into six groups to provide the theoretical framework for the grounded theory of the study. The first group was free, not serious, and not necessary for immediate survival or self preservation. The second group was voluntary, intrinsically motivated, process oriented, and enjoyable. The third group of play was spontaneous. The fourth group included a suspension of reality and opportunity for creativity. The fifth group was physical or mental activity. The sixth group involved tension or a search for increased arousal. These characteristics were viewed as different than those of leisure, work, self-care and ritual. The study participants demonstrated characteristics of play such as spontaneity, excitement, increased energy, relaxation, pleasure, novelty, creativity, physical and mental activity, freedom, fun, self-satisfaction, and intrinsic motivation. These characteristics formed patterns of experience in play and were labeled mastery, restoration, heightened self awareness, adventure, creation, and ludos. The patterns were organized along continuums of intensity and novelty. On the low end of the intensity continuum was restoration, a pattern of activities that reduced stress and led to less arousal. Ludos was in the middle of the intensity continuum and included play activities that were lighthearted and non-serious behaviors such as teasing, joking, gossiping, flirting, and “horsing around.” These activities were done for fun and were spontaneous, increased excitement, suspended reality testing, required mental or physical energy, released tension, and were process oriented. Process-oriented occupations at the high end of the intensity continuum were heightened self awareness play. These activities required intense focus, deep immersion, and heightened self-awareness physically, intellectually, or spiritually. Although these patterns of play may not appear pleasurable or relaxing, the participants report they were both.

On the low end of the novelty continuum was play that required skill and involved a controllable challenge, allowing mastery of physical and mental challenges (Blanche, 2002). Blanche compared this mastery pattern to the flow described by Csikszentmihalyi (2003). In the middle of the novelty continuum was play done for novelty or a new experience, which was called adventure (Blanche). This was differentiated from mastery because the conquering of a challenging task was not the point of the play, rather it was being exposed to a new situation and exploration. This may be related to the childhood urge to explore or the need for change. The exploration may be physical, intellectual, or spiritual. The adventure play was energizing or invigorating. Kjolsrod (2003) proposed those participating in adventure play “invent opportunity, derive a depth of emotional and intellectual experience, and achieve self-distance as well as self-expression” (p. 460). Adventure required two conditions (Kjolsrod). The first condition was there was a specific organization with significant meaning, a beginning, and an end. The second condition was it was outside of life’s daily routines, but connected with the unique character of the participant. Adventure play also reflected information back about the individual characteristics of the self; presented a mixture of risk, excitement and the advantage of a quick solution unavailable in most life situations; provided a distance from work roles; and allowed expression of alternative aspects of self. Adventure play depended on the right amount of challenges and ambitions, with too much challenge creating pressure and too little challenge resulting in lost interest (Kjolsrod).

The highest play pattern on the novelty continuum was creativity (Blanche, 2002). Creativity was a process-oriented activity that focused on creating and organizing events or elements to produce novelty or novel solutions. In creativity, the person did not know what the end product of the creation would be like and was flexible during the process. People

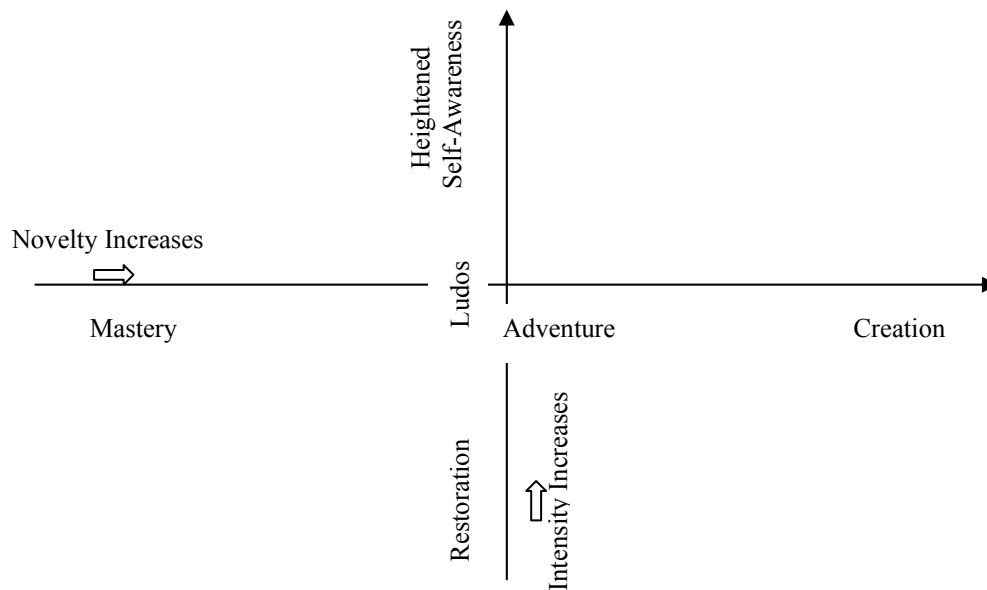


Figure 1. Play patterns continuums (Blanche, 2002).

participating in creativity reported heightened self awareness. These play patterns could be organized on the intersecting continuums of novelty and intensity as shown in Figure 1. All of these play patterns may move between boundaries and combine with each other.

Another study of creativity in adult play (Smolucha & Smolucha, 1989) proposed that adult play allowed the conscious mind to access imagination in combination with logical thought. Previous creativity research had viewed the creative process as remission of the ego to a more primitive state of consciousness. Smolucha and Smolucha based their theory on Freud's description of the ego-syntonic process and Vygotski's theories. The ego-syntonic process was described as the conscious mind and processes being able to access the unconscious process because they are in harmony and ego defenses are lifted (Smolucha & Smolucha). "In such an ego-syntonic state, the adult personality would experience enjoyment and a sense of relaxed fulfillment during play that would be most conducive to the fullest expression of the individual's

creativity” (Smolucha & Smolucha, p. 3). This would be what Maslow described as a peak experience and Csikszentmihalyi identified as flow (Smolucha & Smolucha). Vygotsky’s research on the use of inner speech to affect mental functions may provide individuals with the information to learn how to evoke and monitor the cognitive processes and emotions involved in ego-syntonic adult play and creativity (Smolucha & Smolucha).

Smolucha and Smolucha (1989) theorized that early parent child interactions affected play and creativity processes in adults. The three types of parent-child interactions identified were parents who were critical of play and discouraged exploration, expression, or fantasizing; parents who allowed play but did not become involved; and parents who encouraged play, set limits on destructive play, tolerated mistakes and silliness, and engaged in play with the child. Smolucha & Smolucha believed Vygotsky’s research on inner speech’s ability to regulate elementary mental functions can be used to affect the internalized parental voice from these early play patterns. Adults whose parents were critical of play may feel guilt about play or indulging in recreation. These adults may find their creativity was inhibited by criticism. Those whose parents were not critical, but did not engage in play with them, may develop a pattern of sensorimotor play that seeks increasing levels of arousal, without the parent guidance to learn the basic skills of pretend and cooperative play. The adult whose parents encouraged play may engage in the ego-syntonic play and creative imagination.

Studies of humor have also investigated creativity. A study of humor and creativity has shown that a humorous atmosphere significantly increases creativity (Ziv, 1983). Humor was based on incongruity of unexpected consequences, sudden realization that things are not what they seem, and realizing double meanings. The result of humor was to divert thinking from the

usual linear logical course to thinking creatively. When subjects in a study on humor and creativity were asked to use humor, they generated more flexible and humorous answers.

Humor has also been studied as a specialized type of adult play (Honeycutt & Brown, 1998). Researchers have found humor contributed to avoiding uncomfortable topics, releasing tension, expressing positive emotions, cohesiveness, communication improvement, self-disclosure, original thinking, and masking hostility (Honeycutt & Brown; Ziv, 1988).

An orientation toward humor has been associated with optimism and wellbeing (Honeycutt & Brown). When members of a relationship shared inside jokes, words, phrases, or sounds that provided shared humor only to the relationship members, it created a feeling of shared meaning and cohesiveness.

In a study of humor as a way to express aggressive and sexual impulses in a socially acceptable manner, Ziv and Gadish (1990) found both impulses were expressed more with humor. The research was based on Freud's theory that humor has a disinhibiting affect, allowing the expression of sexual and aggressive needs and economizing psychic expenditure on defense mechanisms. "Because of the understanding that humor is a message 'not to be taken seriously,' humor allows expression of ideas which would otherwise be rejected, criticized, or censored" (Ziv & Gadish, p. 247). If a person was offended or hurt by the humor, the joker could explain he or she was "only joking." Groups of 94 randomly selected adolescents wrote stories in response to three Thematic Apperception Test pictures. The group that was instructed to use humor in their stories demonstrated significantly more aggressive and love themes than the control group. The boys in the experimental group also showed more aggressive themes than the girls. Throughout research done with children, adolescents, and adults, a distinct difference in males and females humor has been found (Ziv & Gadish). Males used humor more, used aggressive

and sexual humor more, and preferred aggressive humor, jokes and slapstick (Honeycutt & Brown, 1998; Ziv & Gadish). Females used more affective themes of romantic love.

### *Play at Work Literature*

The relationship between play and work has been the subject of many adult play theories. Traditionally, psychodynamic theory has proposed the ability to play changes to the ability to work due to the ego's control of impulses (Colarusso, 1993). The ego control allowed instincts to be sublimated or gratification delayed to allow preconceived plans to be carried out and the transition from the pleasure to the reality principle. Play was differentiated from work (Abramis, 1990) because play was process oriented, not result oriented. Play was considered more complicated, while work was efficient and goal-directed. Finally, play was irrational and intrinsically motivated, and work was rational and extrinsically motivated. Charles (1983) argued play and work could not be so clearly separated because “the attitude of playfulness, the basic ingredient of play, will intrude into both domains” (p. 6). Indeed, Abramis found a role for play at work in a cross-sectional survey and interviews of 589 working adults measuring play and fun at work. The study found that play was correlated with learning and mastery. In a review of the literature on play at work, Abramis found that presenting a task as a game or play rather than work resulted in more creative and complex task performance. Further, the positive emotion of playfulness affected creativity, problem solving, and helping behaviors. Abramis proposed that play in work increased job satisfaction, life satisfaction, and social performance, while reducing anxiety and depression.



There have been historic assumptions that work and play roles cause stress due to the scarcity hypothesis that “individuals have limits of time and energy, additional responsibilities will necessarily create tension and overload” (Haddock & Rattenborg, 2003, p. 326). Research on work and its effects on families has generated an alternative hypothesis (Haddock & Rattenborg). The expansion hypothesis proposed that multiple responsibilities have benefits that offset the costs of managing multiple roles (Haddock & Rattenborg). Research in this area has found that sometimes one role can serve as a buffer for stress in another role (Haddock & Rattenborg). For example, when a couple’s relationship was strong, employment dissatisfaction had little effect on the partner’s psychological distress. For couples who had low role equality, employment problems had a strong influence on distress in men and women.

### *Play in Couple Relationships Literature*

While studies of play in couples have focused on limited definition of play and marital satisfaction, theorists have made extensive claims for the benefits of couple play. Lauer & Lauer (2002) wrote that couple play “nourishes you physically and emotionally, couple play directly and intensely adds zest to your relationship. It strengthens your bonds with each other . . . it gives you an important tool for coping with various challenges and problems” (p. 23). Betcher (1981) proposed intimate play contributed to positive bonding, communication, conflict resolution, and marriage stability. Intimate play was defined as a special form of playfulness unique to the couple, such as special nicknames, shared jokes and fantasies, and mock fighting. The lack of playfulness in marriages was strongly correlated with the onset of marital dysfunction in early research (Betcher). Betcher studied intimate play’s contribution to marital adjustment through

research and clinical situations. Betcher's research was based on the view of intimate play as the concept of adaptive regression from object relations theory. The couples reported intimate play was very important in their marriage in many ways. Further, the couples reported that spontaneous play marked the uniqueness of the relationship and would be missed most if the relationship ended. Also, couples in counseling often demonstrated playful exchanges after conflicts and reported this was a signal of safety and reminder of the relationship bond. This may be due to inherent risk in intimate play of the partners revealing usually controlled parts of behavior, feelings, and fantasies. This risk taking requires "mutual vulnerability and nonjudgmental responsiveness" (Betcher, p. 20).

### *Intimate Play*

An initially study of play in couples investigated intimate play, which was defined as "regression in the presence of another" (Betcher, 1977, p. iv). The study was based on the psychodynamic theory concept of optimal arousal, which proposed adaptive regression and exploratory behavior was central to healthy interpersonal functioning. If individuals did not have exploration and novelty through mutual risk taking and openness to new experiences, they would experience "stimulus satiation and habituation" (Betcher, p. 4), and marital dissatisfaction. Betcher proposed that intimate play served as adaptive regression and exploratory behavior, and was "immunization against marital dissatisfaction" (p. iv). Intimate play was considered adaptive regression because it functioned to relax the defenses, increased access to pre-conscious and unconscious content, was rich in primary process, was influenced by the pleasure principle, and had infantile behavior and experience that remained under the control of the conscious ego's

secondary process thinking. Regression was theorized to be associated with healthy adaptation in love relationship, humor, creativity, and empathy (Betcher). The presence of the partner during intimate play created vulnerability, as well as allowed reflection of the aspects of self that emerged in play. Vulnerability may occur as repressed wishes, memories, and relationship schemas emerge and create anxiety. The regression may be therapeutic depending on how the partner recognized, accepted, and responded to the play. This response “may critically affect dyadic satisfaction” (Betcher, p. 34). Betcher proposed non-judgmental, empathetic, and shared silence in response to aesthetic experience were adaptive responses. Since at the time of the study there were few research studies of adult play and none of couple play, Betcher developed an object relations theory of adult intimate play based on studies of primate and childhood play. These studies observed social adaptation due to increased bonding and modulated aggression. Betcher’s final theory was:

It was hypothesized that ‘regression in the presence of another’ is a form of mutual risk-taking that is nurtured by conditions of interpersonal trust and acceptance, but by its occurrence confirms and extends the leeway for mutual risk in regression and safe experimentation, and increases the pathways for contact with the love object. (p. v)

Betcher’s (1977) subjects were 30 heterosexual couples, age 22 to 34 years old, who were married between 1 to 9 years and did not have children. Half of the couples were randomly selected from the directory of married graduate students at Boston University and the other half were recruited through a friendship pyramid method, where the couples interviewed were asked to provide the names of additional couples. The couples were interviewed and filled out several questionnaires. Two intimate play questionnaires, five interview questions, and three projective test ratings measured creative variety, enjoyment of and mutuality of intimate play in the

couples. The first questionnaire had 55 intimate play and 20 non-intimate play questions. The 55 intimate play items were developed from 20 responses to an anonymous questionnaire

Table 1

Factor Analysis for Betcher's (1977) Second Play Questionnaire Multiple Factor Items

	Factors		
	Novelty-Spontaneity	In Phase	
Question 12			
I am happiest when we have time to relax and be spontaneous with each other.	.51	.40	
Question 19			
We play together in many different ways.	.64	.39	
Question 24			
I find our play is often meaningful and rewarding for me.	.64	.34	
	Novelty-Spontaneity	Asynchrony	
Question 1			
We rarely do new things together.	.43	-.38	
	Novelty-Spontaneity	Rigidity	
Question 13			
We tend to make love the same way every time.	.57	-.30	
	Control-Dominance	Rigidity	
Question 15			
When we play one of us is always the more dominant one.	-.71	-.32	
	Control-Dominance	Asynchrony	In Phase
Question 18			
I have fun acting silly with my partners.	-.44	-.33	.48

distributed to young adult couples. The 20 non-intimate play items were chosen to represent typical recreation activities of young couples. The questions were rated for frequency and enjoyment on a 5-point Likert scale. The scores were total frequency of intimate play, total frequency of non intimate play, total enjoyment of intimate play, and total enjoyment of non intimate play. Initial mutuality scores obtained by the couples' agreement on total enjoyment and total frequency scores were dropped due to high correlations with the frequency of play scores. The second play questionnaire had 28 statements about perceptions and feelings about the couple play relationship. The items were rated on a 5-point Likert scale from not true to very true. A factor analysis of the second questionnaire was conducted on the scores of 100 young adults, 50 men and 50 women, who were in intimate heterosexual relationships for at least 6 months. The factor analysis showed 24 of the items loaded on one factor, which was named total playfulness. The 28 questions had five factors, which were named novelty-spontaneity, control-dominance, asynchrony, rigidity, and in phase. A sixth factor was discarded due to no consistent construct. Several of the factors shared questions (see Table 1). The five interview questions focused on the couples' experiences and feelings about intimate play. Two independent raters scored these responses on two 5-point scales of frequency and enjoyment and three 2-point scales of mutuality. The last measure of intimate play was a projective test that had four 8 by 10 photographs of young adult couples in intimate play. The research subjects were instructed to create a story about the pictures, describing feelings, thoughts, and endings. The couple first did this individually and then as a couple. Two independent raters gave the responses one to five points on scales of creative variety, enjoyment, and mutuality. The couples' marital adaptation was measured by the Spanier dyadic adjustment scale total score, the Spanier dyadic satisfaction sub-scale score, the Cox marital adaptation total score, the combined Cox acceptance of marriage

scores and the combined Cox love scores. The Spanier dyadic adjustment scale was a 32-item self report with 4 subscales of dyadic satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. The semi structured interview questions about the couple's dyadic adjustment was scored by the Cox adaptation scoring system. Finally, the couples completed the personal orientation inventory (POI), with 150 forced-choice questions, to measure self actualization.

The second play questionnaire total playfulness score correlated significantly with the measures of marital adaptation, except the Cox marital adaptation total score. The novelty-spontaneity factor correlated with the two Spanier scores. The frequency interview scores correlated with the Cox combined marriage acceptance and love scores. The projective mutuality score correlated with the Cox total scores. Women's scores only showed correlations on the interview questions frequency and enjoyment with the Cox marriage acceptance and love scores. The women's interview mutuality amount scores correlated with the Spanier dyadic satisfaction subscale. The women's projective mutuality score correlated with the Cox total scores. Only the second play questionnaire asynchrony score significantly correlated with the POI support scores, which indicated the more inner directed the POI the less rigid and asynchronous was play. The men's scores showed a similar correlation, but the women had no correlations between play scores and the POI. Betcher (1977) also found that recreational play correlated highly with marital adaptation. The interviews demonstrated a difference between the object relations theory of relationship stabilizing functions that maintained optimal intimacy and distance and growth potentiating functions that allowed freedom from inhibiting character styles, developed object relationship skills, affected mature relationship affirming perspectives, and enriched intimacy in the dyad. The intimate play also had repetitiveness that was associated with aspects of

ritualization, including conflict reduction, communication, and positive bonding. The couples reported the conflict-reduction was due to aggression being expressed in the couple in playful ways that did not threaten intimacy or provoke withdrawal. Also, couples reported playful interaction after couple conflicts served to defuse tense situations and invited renewed intimacy. The repetitive intimate play that was idiosyncratic to the dyad contributed to the “formation of a special bond, differentiating the relationship from all others” (Betcher, p. 42). Intimate play was maladaptive when it caused excessive anxiety, discomfort, or dislike of the style or content for one partner or the other; was contrary to the cultural value system; was so pervasive in the relationship that serious communication or other adaptive tasks were neglected; was stereotyped; or had rigid role definitions. “Individuals and couples in this research who reported that they were satisfied with their marriages and that they were functioning well as dyads also indicated that they engaged in frequent spontaneous unstructured play activity which they valued highly and enjoyed” (Betcher, p. 90).

Betcher (1981) later interviewed individuals about intimate play for research and in clinical settings and found couples reported play was important to their marriage in many ways. Spontaneous play was cited as the most likely to be missed because “it constituted a unique manner of relatedness that could never be the same with anyone else” (Betcher, p. 14). Also, couples in counseling often demonstrated playful exchanges after conflicts and reported this was a signal of safety and reminder of the relationship bond.

A study of the predictive effects of informal adult play on marital adaptation expanded Betcher’s (1977) study to include the concept of intimacy. Lutz (1982) used observations, self reports, and interview measures with 50 non-clinical couples to find that play and intimacy were highly related and play was a better predictor of marital adaptation than intimacy. Lutz accepted

Betcher's (1981) limited definition of play as not the formal recreations of play or sports, but the individual, regressive playfulness observed in intimate dyads. The play measure was Betcher's (1977) 28-question play questionnaire, which had statements of perceptions and feelings of each partner about the type and levels of play on a 5-point Likert scale. The measure of marital adaptation was constructive or destructive conflict resolution behaviors. A composite of the play measures showed a correlation between play and conflict resolution. Intimacy and play were also correlated.

Lutz (1982) attempted to understand adult play in the context of object relations, expanding Betcher's (1981) theory of intimate play. Play was important in the object relations concept of personality development, the task of integrating inner and outer reality. This task was never completed and "play provides an intermediate area or space where growth and development can occur free from the pull of both internal and external forces" (Lutz, p. 24). Lutz theorized that when play occurred in couple relationships, the individuals expressed themselves in the play and the partners reflected their appreciation and acceptance, developing the sense of self and the couple sense of "we" at the same time.

### *Playfulness*

In a phenomenological study of play in marriage, Klein (1980) interviewed 16 subjects to find what play was in marriage, what was the meaning of play, what was the function of play, and what were the origins of play. The subjects were young adult university students, 10 women and six men. The subjects were married only a few years and only three had children. Six of the students were unmarried. Klein used a semi-structured interview format where the subjects were



asked about their early memories; family of origin; play patterns of childhood; key childhood issues; first meeting with their partner; strength and weakness in the relationship; patterns of playfulness; list of play; when and where they play; how play starts and stops; what happened if their partner did not want to play; feelings during play; what was the function of play; and the relation of play to sex. Klein found play in couple relationships could be understood as “loving relatedness which is relatively free of ambivalence” (p. 41). Klein found “playfulness is born in these well-being states; as an expression of the pleasure derived from closeness and successful reciprocity with the mother figure” (p. 43). Klein defined playfulness as aimless, lighthearted, amusing and spontaneous. The subjects reported that playfulness was very important in the relationship, with positive affect when playfulness was present and negative affect when it was missing from the relationship. The interview about play also “quickly tapped very central areas of these person’s personal lives” (Klein, p. 93). Through play, the couple may create a new environment that gives respite from regular existence and meets the need for security in the interaction. The couples reported a special intimacy was created when they picked up on the play signals of each other. “The structure of playfulness is based on the mutual acknowledgement and sharing of the playful fantasy in action. This special ‘understanding’ of the shared play world always provides a special intimacy” (Klein, p. 141). The intimacy created a supportive environment for the play elements of risk and loss of control. Klein applied psychoanalytic theory to this observation and described the partners as entering the infant and mother loving symbiosis, where through successful mutual cuing the infant internalizes a sense of worth and security. When the partner did not respond to the cueing, there was a sense of alienation. The couples in the study recreated play patterns that they had with their siblings. Also, the female subjects reported playfulness was a male role, which Klein associated with the women’s early

maternal role models and childhood housekeeping responsibilities. Klein defined four key elements of playfulness, a pretend realm, mutual cuing, affect of delight, and absence of aggression, fear, anxiety, depression, guilt.

Baxter (1992) expanded the definition of intimate play to playfulness in a study of adult play in friendships and romantic relationships. Baxter observed playfulness in same sex friendships and opposite sex romantic relationships and found playfulness correlated with reported relationship closeness. Play types were identified and correlated with closeness. The play types were identified using Betcher's (1977) second play questionnaire and included novelty-spontaneity, control-dominance, asynchrony, rigidity, and in phase matching of the partners sense of humor. The subjects were a random sample of 102 undergraduates at a private university in the western United States. There were 26 men and 25 women in same sex friendships, and 23 men and 28 women in opposite sex romantic relationships. The mean relationship length of subjects was 27.9 years. The subjects participated in ethnographic interviewing, Betcher's 28-item second play questionnaire, and the 14-item close relationship questionnaire. These measures were followed with open-ended questions and a follow up probe of relationship play. Although there was little support for an effect for the play types, Baxter found significant correlation between relationship closeness and global playfulness. Also, relationship length correlated significantly with reported playfulness and with relationship closeness. Baxter explained that play promotes intimacy. Therefore, play may moderate conflict and tension by providing relationship stability, which allows safe management of sensitive or conflict issues. "Play is thought to be an index of intimacy, constituting evidence to the parties that their relationship is one of synchrony, closeness, and intimacy" (Baxter, p. 337). Also, play may allow couples to say or do things that may be embarrassing in a low risk way. Finally, play

was a “creative outlet for individual expression, allowing parties to celebrate their individual qualities while simultaneously embedded in an interdependent relationship” (Baxter, p. 337).

Another study of play in romantic relationships included an investigation of antecedents of play. Aune and Wong (2002) studied antecedents and consequences of play in romantic relationships. The researchers proposed playfulness was correlated with relationship satisfaction “because it elicits positive emotions within the relationship” (Aune & Wong, p. 281). The 113 individuals in the study took five self-report assessments to measure self-esteem, humor orientation, playfulness, positive emotion, and relationship satisfaction. The play assessment was a modified version of Betcher’s (1977) second play questionnaire and had an internal consistency reliability of .85 in the sample. The researchers found support for a path of self-esteem and humor as exogenous variables, playfulness as a first rank endogenous variable, positive emotion as a second rank endogenous variable and relationship satisfaction as a third rank endogenous variable.

### *Couple Play*

From anecdotal observations of couple counseling clients, Lauer and Lauer (2002) proposed couple play had a wide range of benefits for couples. The authors proposed couple play had positive effects on emotional well being. Emotional well being was defined as experiencing more positive than negative emotions, feeling emotionally stable enough to manage life’s challenges, feeling good about yourself, and optimism for the future. Couple play also helped couples cope with stress, escape routine, rediscover the freedom and spontaneity of childhood, build emotional capital, and increase creativity and self-understanding (Lauer & Lauer). Lauer

and Lauer found that the play process was iterative – the more couples played, the stronger they bonded, and the stronger the bond, the freer the couple felt to play. This may have been because the couple play showed trust and affection, indicating a special relationship that was safe.

Couples who trusted each other felt safe to let go of their inhibitions in play and create memories together that they may not share with others. The couples increased their sense of individuality during couple play, which in turn allowed the increased sense of we. Lauer & Lauer believed it was important for couples to shift from I and you to we for relationship stability.

### *Social Interaction*

A study of social interaction and marital quality may have provided a confounding variable to the relationship between play and couple relationships. Kline and Stafford (2004) compared two aspects of social interaction, frequency and quality, to marriage quality in 396 married students at a Midwestern university. The quality of social interaction was defined as reliance on interactions rules. The study was based on research showing specific relationship maintenance behaviors predict relationship quality (Kline & Stafford). Maintenance behaviors such as shared tasks and openness have been found to predict trust, commitment, love, and satisfaction in a marriage. As long as the couple interaction was not conflictual, the frequency of interactions also was correlated with marital happiness (Kline & Stafford). Kline and Stafford found both frequency and quality of social interaction were correlated with trust, liking, satisfaction, and commitment in the subjects' marriages. Reliance on interactional rules explained more of the variance than the frequency of social interaction. The researchers theorized that everyday interactions provided opportunities for communication of everyday

stresses, monitoring of the partner's mood, regulation or diffusion of problems, comforting, and increased understanding of each other

### *Humor*

Studies of humor in marriage have also contributed to the literature on couple play. In a study of the role of humor in marriage, Ziv (1988) interviewed 102 people who were married. The couples, 92%, reported using humor with their partner. The couples reported humor was used as a social function most often, "contributing to the couple's feeling of cohesiveness" (Ziv, p. 223). The couples created a secret language by using humorous remarks, private jokes. These private jokes created a partnership that increased feelings of belonging and cohesion. The high frequency of the social function of humor underscored the need of married couples to reinforce their feelings of cohesiveness and share feelings of intimacy. "It seems that many instances of sexual humor fulfills similar functions" (Ziv, p. 228). Ziv also believed humor's contribution to tension reduction and communication improvement may affect marriages positively. "Being able to diffuse conflicts and/or express them in a way which invites laughter probably adds to both partner's ability to cope with unavoidable tensions of married life" (Ziv, p. 228). The study also found significant differences in the use of humor by women and men. Men used more humor than women.

In a study of humor creation, appreciation and marital satisfaction, Ziv and Gadish (1989) found marital satisfaction was related to humor creation and appreciation in 50 married Israeli couples. Marital satisfaction was related to perceptions of the partner's humor more than the individual's own humor. Women had the highest correlation between marital satisfaction and

perceptions of the husbands humor creativity. For men, there was a significant relation between their scores on humor appreciation and creation and marital satisfaction. For women, there was no significant relationship between their humor creation scores and marital satisfaction, although they had appreciation scores that were related to satisfaction. There was also evidence that for both men and women, the most important contribution to marital satisfaction was the complementary view of the spouse's humor creation and the individual's appreciation.

### *Positive Affect*

A study of positive affect, which included humor and affection, during conflict in recently married couples showed a predictive relationship to marital satisfaction and stability (Driver & Gottman, 2004). The study was based on marriage theory that “contends that effective conflict resolution may be a path to increased positivity in the relationship” (Driver & Gottman, p. 302). The researchers suggested that couple's daily interactions may have a cumulative effect on major emotional encounters like conflict or romance. The study observed 49 newlywed couples with a range of marital satisfaction, based on the marital adjustment test, during a conflict. The observation was in a laboratory apartment setting. The couples argued for 15-minutes about an ongoing problem in their marriage. The argument was videotaped and coded for positive and negative emotions. Subsequently, the couple lived in the laboratory for 24 hours and a 10-minute dinnertime segment was analyzed for how the couple initiated and responded to everyday interactions. “Each initiation for interaction (or bid) was coded with a hierarchy of needs and demands, from information exchange to sharing emotional support. The responses to these bids ranged from mere eye movement to playfulness, and were generally categorized as

‘turning toward,’ ‘turning away,’ and ‘turning against’” (Driver & Gottman, p. 304). The results showed no significant correlations between couple humor and affection in the conflict discussion. In the everyday interaction, the husband’s playful bids were significantly correlated with the couple’s humor, the wife’s playful bids, and the wife’s enthusiastic responses. The wife’s playful bids were also correlated to her enthusiasm. When the conflict discussion and everyday interaction were correlated, the husband’s playful bids and the wife’s enthusiastic responses were significantly correlated with couple humor during conflict. The path analysis of models of these interactions supported the hypothesis that daily interactions contribute to positive affect during conflict discussions. The model also suggested that husbands and wives may drive positive affect in different ways. The husband’s playfulness in daily interactions appeared to strongly relate to the wife’s playfulness and enthusiasm, and the couple’s ability to access humor during conflict. The couple’s humor, when directed by playfulness, was related to the wife’s affection. The husband’s enthusiastic responses during daily interactions appeared to influence the wife’s affection during conflict. For the wife, enthusiastic responses appeared to drive the husband’s affection during conflict. Further, the wife’s playfulness influenced her own enthusiasm. The researchers believed these findings provide “support for the theory that couples build intimacy through hundreds of very ordinary, mundane moments in which they attempt to make emotional connections. Bids and turning toward may be the fundamental units for understanding how couples build their friendships” (Driver & Gottman, p. 312). This research suggests that positive affect may be a mediating variable in play and couple’s counseling.

## Couple Bonding Literature

Research in couple counseling has found specific factors that affect couple satisfaction and stability, indicating important areas for counseling interventions to help distressed couples and promote relationship stability. The promising aspect of recent research has been that difficult to change personality traits have little to do with marital satisfaction or stability (Gottman & Notarius, 2002). Rather the individual's perceptions of the partner, emotional factors, and interactions, predict couple satisfaction and stability (Gottman & Notarius; Markman, Kline, & Stanley, 2003). Other variables that supported relationship satisfaction included relationship self-regulation (i.e., partners' individual effort to monitor the relationship, understand influences on the relationship, and self-initiate actions to sustain the relationship), individual characteristics of the partners, life events, and contextual variables (i.e., cultural and social circumstances) (Markman et al.). The couple interaction variable included cognitive, behavioral, and affective processes between the partners (Halford et al., 2003). Within couple interactions, researchers have found support and emotional engagement are more predictive of the future of marital relationships than conflict behaviors (Johnson, 2003). The belief that the partner will be responsive and remain close allows attachment security and a "positive sentiment override" (Johnson, p. 372) that helps partners filter negative or neutral behavior and repair rifts. Yet, "until recently nearly all research on marital interaction and many of our interventions were focused entirely on conflict and conflict reduction" (Johnson, p. 378).

One of the most researched aspects of couple interaction has been communication. Although there have been inconsistent results on the effects of specific communication behaviors in promoting couple satisfaction, research has found that effective communication in engaged



couples was predictive of stable, satisfying marriages during the first 5 to 10 years of marriage (Gottman, Coan, Carrere, & Swanson, 1998). Also, communication and satisfaction in couples appeared to have reciprocal influence (Halford et al., 2003). Researchers found that affective tone was more important than the content of the communication or problem solving ability (Johnson, 2003). Further, being able to have a soft start when bring up issues, especially in women, and de-escalating the partner's negative emotions were keys in successful marriages (Johnson). It was not the amount of anger expressed or the number of conflicts that predicted relationship distress, rather it was the presence of contempt and defensive distance that were problematic (Gottman et al.; Johnson). Recent research has identified "emotional engagement and responsiveness as the foundation for stable connection, and views many complaints as attachment 'protest' aimed at engaging the spouse" (Johnson, p. 372).

Other couple interaction aspects such as realistic and flexible relationship expectations about communication importance, conflict resolution methods, family and friends, and gender roles were all correlated with relationship satisfaction (Halford et al., 2003). Also, couples that reported their relationship history with a shared view of events and emphasized working together in adversity had predicted relationship satisfaction (Halford et al.). The relationship self-regulation factors that predicted satisfaction included "attending to and monitoring the relationship, being able to describe influences on the relationship, having goals for the relationship, and taking self-initiated action to enhance the relationship" (Halford et al., p. 387).

Couple interactions also appear to interact with life-cycle transition to increase or decrease couple satisfaction. Studies of couples' relationships through life-cycle transitions and acute and chronic circumstances have had mixed results. Although these events could create stress or trauma in couples, researchers have found mutual support during life events predicted

relationship satisfaction (Halford et al., 2003). “Couples with more positive couple interaction are believed to be particularly resilient to the negative effects of stressful life events” (Halford et al., p. 388). Yet in cross-sectional analysis of marital satisfaction across the family life cycle, marital satisfaction shows a shallow U-shaped curve, with higher marital satisfaction prior to childbirth and after children are grown (Fowers & Olson, 1993). In 15 longitudinal studies, the transition to parenthood was found to be stressful for marriages and effected child development due to decreased marital quality and parent-child interaction (Gottman & Notarius, 2002). Marital conflict increased, depression risk increased, stereotypic gender roles occurred, housework and childcare were overwhelming, fathers withdrew into work, and conversations and sex decreased. Other research has not shown couples had difficulties at life cycle transitions, but studies have found problems around developmental crisis within a family, such as addition or loss of family members (Miller, Yorgason, Sandberg, & White, 2003).

While individual characteristics do not contribute much to prediction of relationship satisfaction, the ability of individuals in the relationship to regulate their negative affect and secure attachment styles have predicted relationship satisfaction (Halford et al., 2003). Research based on John Bowlby’s attachment theory has shown that the emotional bonds developed as a result of emotional closeness with others from infancy effects adults’ intimate relationships (Van Alstine, 2002). Bowlby believed that secure attachment allowed adult intimacy, while insecure or anxious attachment results in relationship problems for adults. Research has shown that individuals who are attached securely have more reactivity to other’s problems, better psychological functioning after sexual abuse, lower anxiety and depression, higher self-esteem, an internal locus of control, more extroversion, and openness to experience. Those with avoidant or anxious attachment had external locus of control, neuroticism, introversion, and lack of

openness to experience. The national Cormorbidity Survey showed a distribution of adult attachment styles of 59 % secure, 25 % avoidant, and 11 % anxious, in 1994. Studies of attachment styles and stressful events showed how attachment effects emotional regulation and relationship interactions (Van Alstine). The studies compared attachment styles with responses to stressful relationship events. Securely attached subjects were more likely to direct their anger toward their partner, work on the relationship, have less intrusive thoughts and overall symptoms, have self confidence, and have better problem coping styles. Avoidant attached subjects were more likely to be angry with and blame the target of the jealousy, not the partner; responded to partner expectations of comfort and support with anger; and either pulled away or sought closer contact. Anxious attached subjects were more unlikely to take steps to maintain their self esteem, focused on the implications for themselves, and had separation distress. The history of relationships in the family of origin of individuals also appeared to predict relationship satisfaction, especially with partners with parents in lasting, mutually satisfying relationships, and who used nonviolent conflict resolution. (Halford et al.).

In a study of relationship history, Lauer and Lauer (1991) did not find support for the effect of relationship history on relationship satisfaction. Individuals from intact happy families were not as likely to be in intimate relationships and different family of origin group types did not differ in the quality of their intimate relationships. The researchers compared 313 volunteers from intact-happy, intact-unhappy, death-disrupted, and divorce-disrupted families on relational well-being measures, intimate relationship status, the quality of the intimate relationship, and the number of children. While the findings may appear to be counterintuitive, Lauer and Lauer noted that studies of the consequences of family disruption have shown inconsistent results. Marital conflict, distress, and divorce are associated with childhood problems of anger, fears about the

future, loyalty conflicts, depression, withdrawal, poor social competence, poor health, low academic achievement, conduct problems, early and less stable marriage, drug use, and early sex (Gottman & Notarius, 2002; Lauer & Lauer). Children in divorced families may also have school problems, including lower academic self concepts, more absences, lower popularity, lower IQ, reading, spelling and math scores, and more behavior problems (Lauer & Lauer). Children may also be more androgynous due to less traditional gender role models, have greater maturity as adolescents, and have higher self efficacy (Lauer & Lauer). There appear to be no differences in self esteem and social competence for children in happy families and unhappy families (Lauer & Lauer). The childhood problems associated with marital distress or instability appear to be due to emotional arousal regulation in the child (Gottman & Notarius). Children with parents who demonstrated hostile patterns demonstrated more externalizing behaviors, while children whose fathers demonstrated more anger and withdrawal showed internalizing disorders. Parental coaching moderated these effects (Gottman & Notarius). Coaching was parents being aware of the child's feelings, helping the child find words to express the emotions, and then explore and implement ways to deal with the feelings. There was a physiological substrate to the buffering called vagal tone, which was the ability of the parasympathetic branch of the autonomic nervous system to calm the child (Gottman & Notarius).

Several studies have investigated the factors that long-term partners report as important to marital stability and satisfaction. In a study of 305 couples married 15 years or more, Lauer and Lauer (1986) investigated the reason for enduring marriages. The couples completed several self report and interview assessments. The first measure was the dyadic adjustment scale, a 32-item measure of consensus, satisfaction, cohesion, and expressed affection. The second measure was a 7-item Likert scale questionnaire of the couple's attitudes toward the spouse's achievement,

friendship, personality, and interest; and the marriage as a long-term commitment, a sacred obligation and an important factor in society stability. The couples then answered open ended questions that asked which of the first and second measures' 39 items explained the stability of the marriage. The couples also completed a graph of the marriage highs and lows with explanations; a description of how each spouse had changed over time; and a question of how they handled conflict and problems. Interviews were conducted with 24 of the couples and the remaining couples wrote an account of their marriage and why it was stable. The couples were categorized into happy (83%), mixed (10%), and unhappy (6%), by the self-report happiness item on the dyadic adjustment scale. This study was replicated by Lauer and Lauer (1990) with 100 couples, who were at least 65 years old and had been married at least 45 years, from retirement communities throughout the United States, to determine if the findings were similar in the longer term marriages. The results showed 91.5% of the longer term couples reported being happy, with highs and lows, especially lows during child rearing years. The happy long term couples (73%) and the happy longer term couples (78%) reported agreement on finances, recreation, religion, affection, friends, sex, behavior, philosophy of life, in-laws, life goals, time spent together, major decision making, household tasks, leisure, and career decisions. The happy long term couples (85%) and the happy longer term couples (86%) also reported they confide in their mates; they kiss most every day, 93% and 87%; they laugh daily, 74% and 80%; and sex had not been a problem lately, 71% and 87%. The happy long term spouses (98%) and the happy longer term spouses (98.5%) reported liking their partner as a person; that their partner was their best friend, 93% and 94.5%; and their partner was more interesting now, both 85%. The happy long term couples (98%) and happy longer term couples (99%) agreed that marriage was a long-term commitment and a sacred institution, both 84%. The happy couples reported their top

reasons for remaining in the marriage were their partner was their best friend; they liked their partner; marriage was a long-term commitment; marriage was sacred; they agreed on aims and goals in life; their partner was more interesting now; they want to succeed; and they laugh together. The unhappy couples reported their top reasons to remain in the marriage were that marriage was a long-term commitment; children; marriage was sacred; enduring marriages were important to a stable society; and their mate was their best friend. In the mixed couples, the happy partner reported the important factors for remaining in the relationship were marriage was a long-term commitment; their partner was their best friend; children, they like their partner; marriage was sacred; they wanted the relationship to succeed; enduring relationships were important to a stable society; and shared outside interests. The unhappy partners in the mixed couples reported their top reasons for remaining in the marriage were marriage was a long-term commitment; children; they liked their partner; and marriage was sacred. The husbands in the longer term couples reported their top reasons for their marriage's success as being their partner was their best friend; they like their partner as a person; marriage was a long term commitment; marriage was a sacred institution; they agreed on aims and goals; they laughed together frequently; they were proud of their partner's achievements; their partner was more interesting now; they were engaged in outside interests; and they agreed on major decisions. For the wives in the longer term couples the top reasons for the marriage's success was marriage was a long term commitment; they liked their partner as a person; their mate was their best friend; they laughed together frequently; they agreed on aims and goals; marriage was a sacred institution; they agreed on affection expression; they agreed on their philosophy of life; they were proud of their partner's achievements; and their partner was more interesting now.

The reasons reported for long term marriages appear to reflect the mirror image of the reasons reported for couples to seek couple counseling. In a study of marital problems in couples at different stages of the life cycle, Miller et al. (2003) found the problems were the same across the life cycle. The subjects were 160 couples who were clients at a family therapy clinic and the data was cross sectional. The most reported presenting problems were communication and financial matters. Problems with emotional intimacy, sexual issues, and decision making were the next most frequently reported. When couples were asked to identify their most problematic areas, they identified paying bills, using credit cards, saving and investing, disciplining children, doing household chores, and the husband and wives' moodiness. There were differences in gender, with women reporting more problems than men, especially after 10 years of marriage (Miller et al.). The difference was mainly due to women reporting problems they caused. Previous research that asked couple counselors about couple presenting problems had found the most frequent concerns were communications, power struggles, unrealistic expectations, sexual problems, and conflict management (Miller et al.). The couple counselors also reported the most difficult problems to treat were the lack of loving feelings, alcoholism, extramarital affairs, power struggles, and serious individual problems. This research indicated significant stability in reported couple problems from historic research. Longitudinal studies of couples have demonstrated that problem areas remain relatively constant, with religion and jealousy decreasing as problems between pre-marriage and early marriage. Sexual problems increased during the same period. Sexual intimacy and communication problems also increased from early marriage to early parenthood. Couples who were married the longest reported the fewest problems in their relationship (Miller et al.).

Other longitudinal studies have attempted to accurately predict marital satisfaction and stability. Longitudinal studies of couple interactions, couple's perceptions of their interactions and physiology during interaction have been able to predict marital stability with more than 90% accuracy (Gottman, Swanson, & Swanson, 2002). Studies using observations of couple interactions demonstrated high accuracy in predicting marital satisfaction and stability (Gottman et al.). The observations of couple interactions counted positive problem solving, positive verbal and nonverbal responses, negative verbal and nonverbal responses, and neutral responses. The interactions occurred during the couple's stay in an apartment laboratory that had videotaping and live camera observation. Unhappy married couples endorse most negative traits about their spouse, the negative halo effect. On the other hand, happily married couples endorse most positive traits for their spouse, the positive halo effect (Gottman et al.). The studies found that couples that were distressed had more negative responses to both negative and positive spouse interactions. Non distressed couples had more positive responses and resolved negative response cycles with positive responses. Gottman et al. called this a balance theory of marriage, which meant couples regulated positive and negative interactions so that there were more positive than negative interactions. The longitudinal study of marital dissolution found that the non distressed couples were less likely to be unhappy, have persistent thoughts of divorce, to be lonely in the marriage, lead parallel lives, and less likely to separate and divorce than distressed couples after 14 years (Gottman et al.).

Emotionally focused couples' therapy theorized that the conflict patterns couples become stuck in are rooted in historic bonding or attachment experiences (Bailey, 2002). Attachment was habitual ways of regulating emotion and models of self with habitual ways of engaging others (Johnson, 2003). These conflict patterns "contain the potential for either destroying the



relationship, or healing the childhood wounds of both partners, leading to increased intimacy and greater marital satisfaction” (Bailey, p. 88). The key in emotion focused couple counseling was to focus “on restructuring key emotional responses and interactions to create a more secure bond between partners” (Johnson, p. 367). This focus on emotions has been explained with a wide range of theories, including object relations, attachment, systemic, experiential and Bowenian theories. Research correlating trauma and childhood stresses with patterns of pursuer-distancer roles, sexual dysfunction, communication problems, difficulties with intimacy interpersonal aggression, marital attachment and marital discord, has supported the attachment theoretical foundation. Theorists believed that the attachment styles of adults actually “predispose individuals to select partners with whom they will be likely to “recreate aspects of relationship systems previously experienced” (Bailey, p. 91). Recent research has identified four attachment styles, including secure, preoccupied, avoidant dismissive and avoidant fearful (Johnson, Makinen, & Millikin, 2001). The attachment style affected how a person processed attachment information, regulated their affect, and communicated in social interactions (Johnson et al.). Individuals with secure attachment believed their primary attachment figure, such as a partner, was accessible and responsive as needed (Johnson). The more securely attached the individual was, the higher the quality of the love relationship (Johnson). Secure attachment was related to relationship skills such as processing ambiguous information effectively, taking alternative perspectives, empathy, monitoring interaction patterns, self-disclosure, and cooperative problem solving (Johnson). Couples with a secure attachment bond provide affection, reciprocity, closeness, comfort, and security for each other. Individuals with avoidant attachment styles were cool or distant when anxious or vulnerable. The need for attachment, especially for comfort and reassuring connection, increases during stress, which may occur at life cycle transitions such as

child birth or after traumatic events (Johnson). Stress tends to push couples apart unless the partner can respond with the secure bonding interactions that increase attachment and mitigate stress (Johnson). Couple bonding that occurred during stress may result in “the creation of greater trust and security and continue to enhance satisfaction” (Johnson, p. 371). Bowen’s theory that differentiation of self was key to healthy mature adults was supported by research finding couples with greater differentiation of self show “role flexibility, higher level of intimacy and less emotional reactivity than do less differentiated couples” (Bailey, p. 91).

Studies of attachment and emotional awareness have supported the theory and focus of emotion focused couple counseling. In a study of 87 families, Fauchier and Margolin (2004) found affection and conflict were inversely related in relationships. There was an association between marital and parent-child conflict and affection. In fathers, affection in the marriage and with the child were moderated by marital conflict. Researchers have found more negative parent-child relationships in families with negative marital relationships and more positive parent-child relationships in families with more positive marital relationships (Fauchier & Margolin). Marital conflict has been associated with parent-child aggression and negative parenting behaviors, including parental intrusiveness, psychological control and rejections. In contrast, some research has found negative marital relations are associated with a compensatory process of increased parental involvement and support for the child (Fauchier & Margolin). Affectionate marriages have been associated with warmer parent-child relationships, more enjoyment of the child and the parent role, more approval and physical affection toward the child.

In a study of emotional awareness in 56 couple relationships, Croyle and Waltz (2002) found women were more emotionally aware than men in the relationship, but not in situations outside the relationship. Women were also less satisfied in relationships with higher emotional

awareness and higher levels of hard emotions such as anger and resentment. For both men and women differences between the partners' emotional awareness were related to lower satisfaction. Being able to access and be aware of the presence of a range of emotions was helpful in maintaining satisfaction and allowing couples to express feelings, enhance intimacy, and increase problem solving (Croyle & Waltz). Understanding emotions ranged from feeling physiological sensations to differentiating and labeling experiences. Awareness of emotions involved knowing, realizing, or recognizing an emotion, rather than just experiencing it, which was feeling the emotion without reflection. Therapies focused on feeling awareness propose that hard emotions have soft emotions or thoughts associated with them, such as hurt, fear, sadness, or disappointment. Where hard emotions place the self in a stronger, more dominant position to the partner, soft emotions create vulnerability, greater empathy, acceptance and as a result more intimacy.

### Play, Couple Bonding and Health Literature

Researchers have not studied play and couples' physical health, but there have been a wealth of studies on couple relationships and health. And there has been some research on humor and health. Researchers have found that laughter boosts immune systems and enhances physical health by increasing antibodies, lowering serum cortisol (released by adrenal gland when stressed) levels, releasing endorphins (the body's natural painkiller), exercising the lungs, stomach and chest muscles, and increasing the amount of oxygen in the body (Lauer & Lauer, 2002). In a review of 64 articles on marriage functioning and health, Kiecolt-Glaser and Newton (2001) found that marital problems had indirect influence on health outcomes through

depression, mood, and health habits. Marital functioning had a direct affect on cardiovascular, endocrine, immune, neurosensory, and stages of disease progression, including etiology, symptomology and prognosis. These affects were also impacted by individual differences such as trait hostility; gender differences that were affected by self-processes, traits, and roles; and specific relationship behaviors, including hostile interactions, contemptuous facial expressions, critical remarks, and social support (Kiecolt-Glaser & Newton; Kowal et al., 2003). A review of gender differences appeared to show while men experience health promoting effects from marriage, women were more likely to have health related problems in distressed marriages (Gottman & Notarius, 2002). Companionship and equal decision making was associated with lower mortality risk in women, but no marital role characteristics were associated with mortality risk in men (Kiecolt-Glaser & Newton). Statistics showed single men had a 250% higher mortality than married men, while single women only have a 50% greater mortality than married women, suggesting stronger protective factors for men than women. These effects of marriage may be influenced by the findings of epidemiological studies that social isolation was a major risk factor for individual health, with statistical effect sizes similar to smoking, blood pressure, blood lipids, obesity, and physical activity. Indeed, in distressed couples, conflict adversely affected health by restricting support (Kowal et al.). Since marriage was the central relationship for most adults, this could account for the lower morbidity and mortality for married adults than for unmarried adults for a wide range of acute and chronic health threats, including cancer, heart attacks and surgery (Kiecolt-Glaser & Newton). Research findings that loss of an intimate partner was associated with increased mortality rates and chronic health problems provided additional evidence (Kowal et al.).

In studies with physical health measures, low marital quality was associated with periodontal disease and dental caries, rheumatoid arthritis symptom increases, higher systolic blood pressure and heart rates, increased negative behaviors in Alzheimer's patients, and increased Parkinson's disease symptoms (Kiecolt-Glaser & Newton, 2001). Relationship factors identified in these studies included positive interactions, criticism, and over involvement, but not global marital quality.

The self report health studies showed correlations for a range of relationship and medical measures, with some gender differences (Kiecolt-Glaser & Newton, 2001). In one study, women who were satisfied with their marriages also reported fewer medical symptoms and rated their health better, while women who reported harmony in their marriage had better sleep and fewer physician visits. Marital satisfaction was associated with higher self-rated health for both men and women, but in long term marriages marital distress was more strongly related to mental and physical health problems for women than for men. Marital dissatisfaction was associated with greater back pain in women, but not in men. Yet marital functioning was associated with pain and pain-related disability, performance on physical taxing tasks, and objectively coded pain behaviors for both men and women. Longitudinal studies demonstrated fluctuations in gender differences, but showed increases in self reports of physical illness decrease as marital quality increases over time. A study of marital strain and a peptic ulcer found the initial relationship was stronger for men than women, but the opposite relationship occurred at an eight to nine year follow up.

Measures of physiological change showed marital conflict, including negative or hostile behavior, increased serum levels of stress hormones like epinephrine, norepinephrine, growth hormone, and prolactin, while avoidant, positive, or problem solving behaviors did not (Gottman

& Notarius, 2002; Kiecolt-Glaser & Newton, 2001). When men withdrew in response to women's negative behavior, women's norepinephrine and cortisol levels increased. In stressful situations outside of the marriage, men had higher stress hormones than women. When couples divorced or separated, their immune functions measured lower than married partners (Kowal et al., 2003).

Studies have also linked marital distress to individual emotional health problems, with bidirectional influences (Halford et al, 2003). Research has linked relationship distress to clinical depression, particularly in women, generalized anxiety disorder, social and simple phobias, panic disorder, and addictions (Johnson, 2003; Snyder & Whisman, 2004). When there was marital distress and depression in the relationship, there were demonstrated bidirectional influence on each other (Mead, 2002). One such influence was depression affected the marital quality of the non-depressed spouse. Mead explained that marital dissatisfaction effected emotional health, causing distressing behaviors, thoughts, and emotions, which in turn disrupted the marriage, family, work, and other aspects of the client's lives. This may explain why research and counselors have found that couples with coexisting individual mental health or physical health problems are more difficult to treat and interventions are less effective (Snyder & Whisman). Studies have found that depression in one or both spouses predicted poorer couple therapy responses; individual dysfunction predicted premature dropout from couple therapy; spouses with bipolar disorder were more likely to separate or divorce than those with depression; those with depression were more likely to separate or divorce than comparisons; spouses with drinking problems were more likely to divorce than those with other psychological disorders; and poor response to substance abuse treatment predicted continued marital difficulties. There was also strong evidence for the effect of couple distress on the treatment of individual

emotional or behavioral problems (Snyder & Whisman). When marital distress increased, anxiety symptoms in generalized anxiety disorder and agoraphobia increased; depression recovery slowed and relapse rates increased; and alcohol and drug abuse treatment response was poorer.

Theorists have proposed several explanations for the relationships between marriage and physical and emotional health. One theory was that either healthy people are more likely to marry and remain married, or they have more resources, less stress, more social support, and less risky health habits than single people (Kiecolt-Glaser & Newton, 2001). Studies showing that married partners complied more with medical treatments may support the less risky health habits theory (Kowal et al., 2003). One study of individual, marital and family therapy on high users of health care also supported the reduced stress theory (Law, Crane, & Berge, 2004). The 65 participants in the study decreased their use of medical services after behavioral health interventions, especially after conjoint therapy. These findings supported previous studies of marriage and family therapy that also showed reduced medical services (Law et al.), and successful treatment of depression, anxiety disorders, sexual dysfunctions, and addictions (Snyder & Whisman, 2004). Law et al. propose when people improved their ability to deal effectively with stress and other life circumstances, they had fewer stress induced medical problems and fewer emotional concerns expressed physically. This theory was based on the biopsychosocial health care model that showed biological, physiological, and social functioning in individuals were interdependent. Another theory of the relationship between relationships and individual mental health and physical health problems has been conceptualized using the diathesis stress model. The diathesis stress model proposed that vulnerable people who experience stressful events, such as relationship distress in the couple, may develop mental or

physical health problems (Snyder & Whisman). Similarly, physical and mental health problems in the individual may result in vulnerable couples experiencing relationship distress.

“Relationship distress and various aspects of individual functioning mutually influence one another in a bidirectional and reciprocal fashion” (Snyder & Whisman, p.2).

Gender differences may reinforce the social support theory since women were more likely to have close friends, relatives, and confidants, while men were more likely to name their spouses as their main support and confidant (Kiecolt-Glaser & Newton, 2001). Other theorists have explained these differences based on attachment styles (Kowal et al., 2003). Attachment styles have been linked to chronic illness, with insecure attachment styles associated with onset and exacerbation of chronic illness. Insecure attachment styles may also preclude seeking help from health professionals and support from partners.

Other theorists have proposed that chronic illness also has an effect on relationship, depending on the couple’s coping style, roles, and responsibilities (Kowal et al., 2003). Couples that accepted the illness as a challenge to be overcome may find it was an opportunity to communicate, bond, and grow as a couple. Even if the couple approaches the illness this way, those that become caregivers may have adverse affects (Kowal et al.).

This chapter has looked at the research literature on couple play, couple bonding and physical and emotional health to provide a rationale for the current study research questions, design, and implications.



## **CHAPTER THREE: METHODOLOGY**

The purpose of this research was to investigate couple play as a predictor of couple bonding, physical health, and emotional health. The study was designed to assess a diverse population of couples on the amount of couple play, couple bonding, and individual physical and emotional health. The level of couple play was the independent variable used to predict the dependent variables, measures of couple bonding and individual physical and emotional health. The couple scores were analyzed using Pierson product moment correlation coefficients to determine any relationships. Linear regression was used where there were statistically significant relationships to determine if couple play was predictive of the outcome measures. The first research question was does couple play predict couple bonding? The null hypothesis was: there will be no relationship between the amount of couple play and couple bonding. The second research question was does couple play predict individual physical and emotional health? The null hypotheses were: there will be no relationship between the amount of couple play and individual physical health; and there will be no relationship between the amount of couple play and individual emotional health.

### **Sample Population**

The population of couples from which the sample was drawn through a snowball sampling technique was clinical and non-clinical couples in a combination of rural and metropolitan areas in Central Florida. The couples were in committed relationships of at least six months and participated in couple play. The couples were identified during the Fall of 2004 by

the researcher and couple counselors throughout a four county area. The initial couples were acquaintances of the researcher. The couple counselors were marriage and family therapists identified through the state licensing directory. Each couple and couple counselor was asked to identify other couples that would participate in the study. The sample included 30 couples who were in committed relationships. The couples were described based on age, sex, education, racial identification, number and age of children, type of relationship, length of relationship and relationship history. All sample couples first completed an informed consent for participation in research (see Appendix E). Care was taken to ensure the research met legal and ethical standards of working with human subjects, including the research being beneficial, informed consent, explanation of risks and possible harm of being a research participant, a protocol for managing anticipated risks to the subjects, protection of confidentiality, and freedom to withdraw from the research at any time (Cain, Harkness, & Smith, 2003). The researcher also attempted to ensure various social and ethnic groups were represented fairly and equally benefited by sampling across a wide range of social and ethnic populations. Since human subjects were participants in the study, an Internal Review Board approval was sought and received (see Appendix A). During the assessment session, the couples were given the informed consent to complete. Then the couple completed the couple play assessment (CPA), the five factor wellness evaluation of lifestyle (5F-WEL), the evaluating and nurturing relationship issues, communication, happiness (ENRICH) couple scale and the PREPARE/ENRICH leisure scale. All scores were coded for protection of the couples' confidentiality.

## Assessment Instruments

### *CPA*

The measure of couple play frequency was developed from a review of previous play measures (Betcher, 1977). The questions on the current CPA reflect a review of the original questions on Betcher's first play questionnaire by master's level counselors and suggestions for repetitive or unclear questions. Several questions were updated and wording was changed to increase consistency across questions. The questions reflected a range of examples of couple play (see Appendix C). The CPA asked partners to indicate their frequency of play on 30 different examples of couple play, with a 5-point Likert scale from never to always.

Due to the lack of reliability and validity research on the CPA, the reliability was analyzed for the current sample and the assessment was compared to the PREPARE/ENRICH Leisure Scale and the 5F-WEL leisure scale for concurrent validity. The ENRICH leisure scale measured individual preferences for using discretionary time, a focus on social versus personal activities, active versus passive interests, shared versus individual activity preferences, and expectations about whether to spend time together or balance between separate and joint activities (Fowers & Olson, 1989). The ENRICH leisure scale had an internal consistency reliability of .71 with 7,261 couples and a .77 test retest reliability with 115 individuals testing 4 weeks apart (Fowers & Olson, 1989; Fowers & Olson, 1993). The 7,261 couples sample included all the married couples who had taken the ENRICH inventory between January 1983 and June 1984 as part of marital counseling or marital enrichment. The inventory was administered by counselors or clergy trained in the ENRICH inventory. The sample included

males (33%) and females (32%). The majority of the couples had some college education and most had finished high school. The couples had been married an average of 9.7 years and had an average of 2.9 children. The majority of the couples were white and Christian. The demographics of the 115 individuals sample was not described. Later reliability studies showed the ENRICH leisure scale had an internal reliability of .76 with 29,654 individuals taking the assessment in enrichment or couple counseling settings from 2001 to 2002 (Olson, 2002). The ENRICH leisure scale had .77 test-retest reliability in a sample of 456 married couples (Olson, 2002). The demographics of these samples were not described.

The 5F-WEL leisure scale measured free time activities, satisfaction with those activities, the importance of leisure, positive feelings and leisure, playful attitudes, a balance between work and play, and guilt associated with playing instead of working (Myers & Sweeney, 2004). The 5F-WEL leisure scale was developed from factor analysis of the wellness evaluation of lifestyle (WEL). The WEL had reported convergent and divergent validity with similar and different constructs on other measures of wellness (Hattie et al., 2004). The WEL, which the 5F-WEL was developed from, has been correlated with other measures of health, including the coping resources inventory and testwell (Hattie et al., Myers et al, 2004). The correlation between the WEL work and leisure scale and the coping resources inventory was .42 in the scores of a sample of 299 counseling graduate students ( $p=.01$ ). The correlation between the WEL work and leisure scale and the testwell was .41 in the same sample ( $p = .01$ ). The sample consisted of graduate students in life span development and wellness courses taught by Myers, one of the WEL authors, over a 4 year period. The internal consistency reliability alpha coefficient for the 5F-WEL leisure scale was .59 in a reliability study with 3,043 subjects that had completed the WEL, with 73 items of 5F-WEL included (Hattie et al.). The sample included 54% males and 46%

females, age 18 through later adulthood. The ethnic makeup of the sample was Caucasian (80%) and minorities (20%), with 9.1% African American. The education of the sample included high school (44%), bachelor's degree (30%), master's degree (10.9%), and doctoral degrees (4.8%). In a sample of 2,093 subjects, the 5F-WEL leisure scale had an internal consistency alpha coefficient of .82 (Myers & Sweeney). The sample included males (52%) and females (48%), ages 18 to 101. The sample had racial identities of Caucasian (52%), African American (29%), Asian Pacific Islander (4.3%), and Hispanic (3.2%).

### *ENRICH Couple Scale*

In order to measure the couple's interaction patterns, stability and positive and negative sentiment override, the ENRICH couple scale was used. The 35-item ENRICH couple scale measured couple satisfaction, communication, conflict resolution and idealistic distortion on a 5-point Likert scale from strongly disagree to strongly agree (Fowers & Olson, 1989). The 10-item couple satisfaction sub scale surveyed the couple's satisfaction on the 10 clinical scales of the ENRICH, including personality issues, communication, conflict resolution, financial management, leisure activities, sexual relationship, children and parenting, family and friends, equalitarian roles, and religions orientation (Fowers & Olson, 1989; Fowers & Olson, 1993). A study of concurrent validity with a national sample of 1200 couples showed the ENRICH satisfaction scale had a .73 correlation for individual scores and .81 for couple scores with the Locke-Wallace Marital Adjustment Scale (Fowers & Olson, 1989; Fowers & Olson, 1993). The demographics for the 1200 couples sample were not described. The scale had an internal consistency reliability of .86 and a test-retest reliability of .86 in a sample of 7,261 couples

(Fowers & Olson, 1989). The 7,261 couples were from a national sample of all married couples who took the ENRICH between January, 1983 and June, 1985. The couples were seeking marital counseling or marital enrichment and the ENRICH was administered by counselors or clergy trained in the ENRICH assessment. The mean age for the sample was 33 for males and 32 for females. The majority of the couples had some college education and most had completed high school. The couples were married an average of 9.7 years and had an average of 2.9 children. The majority of the couples were white and of the Christian religion. In the current study sample, the ENRICH scales had an internal consistency reliability of .95. The 10-item communication scale measured the partners' feelings and attitudes toward communication in the relationship, focusing on sharing and receiving emotional and cognitive information. The scale had an internal consistency reliability of .82 and a test-retest reliability of .90 in a sample of 7,261 couples (Fowers & Olson, 1989). The 10-item conflict resolution scale examined the partners' perception of conflict and conflict resolution in the relationship, focusing on the partners' willingness to recognize and resolve conflict and conflict resolution strategies. This scale had an internal consistency reliability of .84 and a test-retest reliability of .90 in a sample of 7,261 couples (Fowers & Olson, 1989). The 5-item idealistic distortion subscale measured marital conventionalization, which was defined as the tendency to describe the marital relationship in unrealistically positive terms (Fowers & Olson, 1993). The idealistic distortion scale was a 5 item modified version of the Edmonds marital conventionalization scale developed by Edmonds in 1967 (Fowers & Olson, 1989). The idealistic distortion scale had an internal consistency reliability of .83 and a 4 week test-retest reliability of .92 in a sample of 7,261

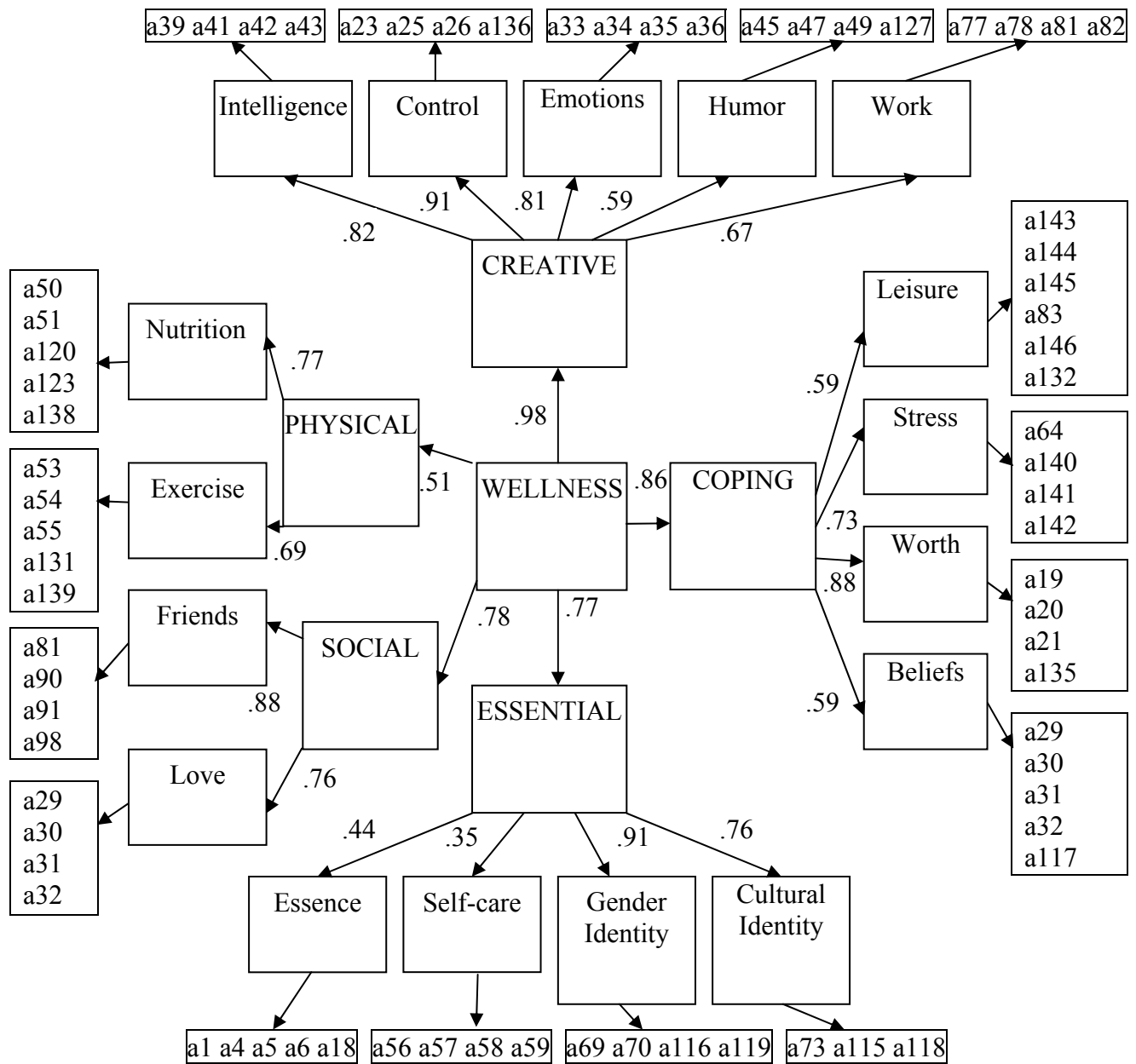


Figure 2. Structural equation modeling of the 5F-WEL (Myers et al., 2004).

couples. In a study of the combined ENRICH satisfaction and idealistic distortion scale with 7,261 couples, the scales had an internal consistency reliability of .86 (Fowers & Olson, 1993). The test retest reliability was evaluated with 115 individuals over 4 weeks and was .86. Two tests of concurrent validity were conducted with the 7,261 couples sample (Fowers & Olson, 1993). The combined scales were compared with a single item measure of satisfaction, “How satisfied are you with your marriage?” and had a correlation of .71 for men and .77 for women (Fowers & Olson, 1993, p. 178). The scales were also compared with a single item measure of divorce, “Have you ever considered separation or divorce?” (Fowers & Olson, 1993, p. 178) and had a correlation of .48 for men and .56 for women.

#### *5F-WEL*

The measure used to assess the relationship of couple play frequency to individual physical and emotional health was the five factor wellness evaluation of lifestyle (5F-WEL). The 5F-WEL measured empirical correlates of quality of life, healthy living, and longevity (Hattie et al., 2004). The 5F-WEL included 91 self-statements that respondents rated on a 4-point Likert scale of strongly agree, agree, disagree, and strongly disagree.

The 5F-WEL was developed as a result of structural equation modeling analysis of the 103-item Wellness Evaluation of Lifestyle (WEL) scores from a sample of 3,043 people (see Figure 2) (Myers, Luecht, & Sweeney, 2004; Hattie et al., 2004). The sample included 10- to 18-year-olds ( $n = 213$ ), university students ( $n = 1,357$ ), 25- to 35-year-old young adults ( $n = 524$ ), 36- to 54-year-old middle aged adults ( $n = 184$ ) and 56-year-old and older adults ( $n = 184$ ). There were 54% males and 46% females; 81% White and 9% African American. The education



levels of the sample were 44% had high school diplomas, 10% had technical and trade school qualifications, 30% had bachelor's degrees, 11% had master's degrees, and 5% had doctoral degrees. The distribution of the sample's communities included 7% in rural areas, 16% in small towns, 26% in midsize towns, 15% in large towns/cities, and 36% in metropolitan areas. The WEL was developed to assess individuals on the five life tasks and subtasks identified in the Wheel of Wellness, a theoretical model of the factors identified in the research literature that correlated with quality of life, healthy living, and longevity (Myers et al.). The WEL used a 5-point Likert scale of strongly agree, agree, undecided or neutral, disagree, strongly disagree. The original WEL was revised over time as the data base became larger to eliminate items that had poor psychometric properties (Hattie et al.; Myers & Sweeney, 2004). The life tasks scales were: spirituality, self-direction, work and leisure, friendship, and love. The self-direction scale had 12 subscales: sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self-care, stress management, gender identity and cultural identity. The work and leisure scale had two subscales: work and leisure. The WEL scales and subscales had a raw score and a percentage score based on the total available score in each scale and subscale. There was also a total wellness score and perceived wellness score. All scores were assessed for how close they were to 100% for approaching total wellness or identifying areas for growth toward a healthier lifestyle.

The factor analysis of the 14 subscales and three life tasks that did not have subscales showed five factors that were named the coping self, the physical self, the creative self, the social self and the essential self (Hattie et al., 2004; Myers & Sweeney, 2004). The coping self, 19 items, included the realistic beliefs, stress management, and self worth subscales and leisure life task. The physical self, 10 items, consisted of the exercise and nutrition subscales. The creative

self, 21 items, was the problem solving and creativity, sense of control, sense of humor, work, and emotional awareness subscales. The social self, eight items, had the friendship and love life tasks. The essential self, 15 items, included the self care, gender identity, and cultural identity subscales and the spirituality life task. All of the five factors loaded onto a single third order factor that was named wellness, which Myers and Sweeney described as measuring general wellbeing. After a review of the literature, the 5F-WEL authors also included 16 questions that assessed environmental factors that affect the person's wellness and are affected by the person. These environmental factors were called local, institutional, global and chronometrical contexts. The authors also added a question that was called the life satisfaction index that measured "the extent to which one is satisfied with one's life, overall" (Myers & Sweeney, p. 15).

Myers and Sweeney (2004) provided a description of each of the five factors and their subscales. The creative self was described as the attributes that make individuals unique in their social interactions and interpretation of the world. This factor included the thinking factor, emotions factor, control factor, work factor and positive humor factor. The thinking factor measured being mentally active, open-minded, creative and experimental, curiosity, divergent and convergent thinking, stress management through thought change and problem solving for social conflicts. The emotions factor measured feeling awareness, emotional expression, tolerance of positive and negative emotions, energy, and avoiding chronic negative emotional states. The control factor measured beliefs about competence, confidence, mastery, and goal attainment. The control factor also measured exercising individual choice through imagination, knowledge and skill; playfulness; and assertiveness. The work factor measured satisfaction with work, financial security, appropriate use of skills, workload manageability, job security, feeling appreciated, satisfactory work relationships, satisfaction with work and play activities, playful

attitude, and workplace stress management. The final factor for the creative self was positive humor, which measured the ability to laugh at personal mistakes, appropriately at others, and unexpected events, the ability to see contradictions and predicaments in life objectively to gain new perspectives, enjoyment of idiosyncrasies and inconsistencies of life, and the ability to use humor to accomplish tasks.

The coping self included the factors of leisure, stress management, self worth, and realistic beliefs (Myers & Sweeney, 2004). The coping self factor was the elements that regulate individuals' responses to life and allow them to overcome negative affects. The leisure factor was described above. The stress management factor measured perceptions of self-regulation, the view of change as a growth opportunity instead of as security threat, self monitoring and assessment of coping resources, time management, energy, limit setting and structure needs. The self worth factor measured self acceptance of positive qualities and imperfections, including physical appearance; and self worth. The realistic beliefs factor measured distorted, irrational or wishful thinking beliefs like having to be perfect or loved by everyone; the courage to be imperfect; and reality perception.

The social self, which included the factors of friendship and love, measured the individual's social support through friendships and intimate relationships (Myers & Sweeney, 2004). The friendship factor measured individual social relationships outside of marriage, sexual partners, or families; non-judgmental friendships that provide trust, emotional support and instrumental support; loneliness; social skills; interpersonal trust; empathy; feeling understood by others; and involvement with community groups. The love factor measured the ability to be intimate, trust, self-disclose with a person; expression and acceptance of affection; having a secure, lasting, and committed relationship; unconditional positive regard for a person; concern

with nurturing others and their growth; physical and emotional sexual satisfaction; a family support system with shared spiritual values, conflict resolution with others; healthy communication styles; shared time together; and stress management.

The essential self factor was described as the “meaning-making processes in relation to life, self, and others” (Myers & Sweeney, 2004, p. 14). The factors included in the essential self were spirituality, gender identity, cultural identity, and self care. The spirituality factor measured personal beliefs and behaviors about spirituality, including belief in a higher power, hope, optimism, worship, prayer, meditation, life purpose, love, moral values, and transcendence. The gender identity factor measured satisfaction with gender, feelings of support for gender, and androgyny. The cultural identity factor measured satisfaction with cultural identity, support for cultural identity and cultural assimilation. The final factor, self care, measured personal responsibility for preventative self-care and safety.

The physical self factor measured the biological and physiological processes that support physical development and functioning (Myers & Sweeney, 2004). The physical self included the factors of exercise and nutrition. The exercise factor measured the regularity of physical activity, flexibility maintenance through work, recreation, and stretching. The nutrition factor measured maintaining a balanced diet, normal weight and eating habits.

Myers and Sweeney (2004) defined the contextual variables as follows. The local context, five items, was the perception of safety in the family, neighborhood and community. The institutional context, four items, was social or political systems such as education, religion, government, business and industry, and the media, that affect the person’s daily functioning in direct and indirect ways. The global context, three items, was politics, culture, global events, and the environment that affect the person, especially through the media. The final context,

chronometrical, four items, was change over time, including the acute and chronic effects of wellness lifestyle choices.

The initial reliability study of the 5F-WEL showed alpha coefficients for the five second order factors as: creative self, .93, coping self, .92, social self, .94, essential self, .91 and physical self, .90 (Myers & Sweeney, 2004). The total wellness scale had a .94 alpha coefficient. The sample for the reliability study was 3,043 subjects that had completed the WEL, but only the 73 items of the 5F-Wel were included. A second reliability study with 2,093 people who took the 5F-WEL over a five year span showed alpha coefficients of .90 for total wellness, .92 for creative self, .85 for coping self, .85 for social self, .88 for essential self, and .88 for physical self. In the current study sample, the 5F-WEL had an alpha coefficient of .97. Although the 5F-WEL has not been evaluated for validity with other measures of wellness, the WEL was (Hattie et al., 2004). (Hattie et al., 2004; Myers et al., 2004).

This chapter has reviewed the methods used to investigate couple play as a predictor of couple bonding, physical health, and emotional health. The sampling method and the sample population was described. The CPA, ENRICH couple scale, and the 5F-WEL were described, including their development, reliability, and validity. The analysis used to answer the research questions was also presented.

## CHAPTER FOUR: FINDINGS

The predictor variable of couple play was observed with the outcome variables of couple bonding, individual physical, and emotional health to determine the relationship of couple play to couple relationships. The demographic and analysis findings are described in this chapter. The inferential analysis of the findings are also discussed.

### Descriptive Analysis

Thirty couples participated in the study by completing the CPA, the ENRICH couple scale and the 5F-WEL. The couples reported demographic information on age, relationship length, relationship status, relationship history, number of children, children's ages, income,

Table 2

Demographic Descriptive Statistics of Sample

	<i>n</i>	Minimum	Maximum	M	SD
Age	60	21.00	60.00	34.67	10.02
Men's Age	29	24.00	60.00	36.52	11.01
Women's Age	31	21.00	50.00	32.94	8.82
Relationship Length	58	1.00	27.00	6.91	7.85
Number of Children	60	.00	5.00	1.37	1.55
Income	28	700.00	100000.00	50560.00	24595.01
Education	60	12.00	16.00	14.65	1.67

education and racial identity. The mean age for the partners was 34.67 years, with a range of 21- to 60-years-old (see Table 2). The mean age for the 29 men in the study was 36.52 years, with a range from 24- to 60-years-old. The mean age for the 31 women in the study was 32.94 years, with a range from 21- to 50-years-old. The couples reported an average relationship length of 6.91 years, with a range of 1 to 27 years, with one couple not reporting their relationship length. The couples had an average of 1.37 children, with a range from no children to five children. Some of the couples reported combined incomes and others reported individual incomes, with a mean income of \$50,560 and a range of \$700 to \$100,000. There were 22 couples reporting combined incomes, five couples reporting individual incomes, and 11 individuals not reporting income. The couples' had an average of 14.65 years of education, with a range of from 12 to 16

Table 3

Relationship Status Frequencies of the Sample

	Relationship Status	
	Frequency	Percent
Married	42	70.00
Cohabiting Couple	13	21.67
Non-cohabiting Couple	5	8.30
Total	60	100.00

years. The majority of the couples were married, with 42 (70%) married couples (see Table 3). There were 13 (21.67%) cohabitating couples and 5 (8.3%) non-cohabitating couples. Of the

Table 4

## Relationship Frequencies of the Sample

	Relationship History	
	Frequency	Percent
No Previous Relationship	31	55.40
Divorced	16	28.60
Cohabiting Couple	9	16.10
Total	56	100.00
	Serial Relationship History	
	Frequency	Percent
Three Divorces	1	11.11%
One Divorce and One Cohabiting Couple	1	11.11%
Two Divorces and Two Cohabiting Couple	1	11.11%
Two Divorces and Three Cohabiting Couple	2	22.22%
Two Cohabiting Couple	2	22.22%
Four Cohabiting Couple	1	11.11%
Thirteen Cohabiting Couple	1	11.11%
Total	9	100.00

56 couples reporting a relationship history, the majority (55.40% , n=31) reported no previous relationship (see Table 4). There were 16 (28.6%) partners who had been divorced previously and seven (16.1%) had cohabitated previously. Of the nine individuals reporting serial relationship histories, there was one with three divorces; one with one divorce and one cohabitation; one with two divorces and two cohabitations; one with two divorces and two



Table 5

## Demographic Frequencies of the Couples' Children's Ages in the Sample

	Children's Ages		
	Frequency	Percent	
		Per Age	Total
1.5, 2, 3, 8, 10, 11, 12, 14, 15, 17, 19, 25, 30, 34, 37	1	2.04	30.60
6, 9, 18, 20, 21, 23, 24, 27	2	4.08	32.64
.5, 4, 22	3	6.12	18.36
5, 7	4	8.16	16.32
Total	49		100.00

cohabitations; one with four cohabitations; and one with thirteen cohabitations. The couples reported their children ranged in age from six months to 37 years old (see Table 5). The average age of the couples' children was 14.2 years old. The frequencies of education levels were: 13

Table 6

## Demographic Frequencies of the Education Levels of the Sample Couples

	Education	
	Frequency	Percent
12 years	13	21.70
13 years	3	5.00
14 years	9	15.00
15 years	2	3.30
16 years or Higher	33	55.00
Total	60	100.00

(21.70%) graduated from high school; three (5%) completed 1 year of college; nine (15%) completed 2 years of college; two (3.3%) completed 3 years of college; and 33 (55%) completed 4 years or more of college (see Table 6).

Table 7

Demographic Frequencies of the Racial Identification Provided by the Sample Couples

	Race	
	Frequency	Percent
White	51	85.00
African-American	3	5.00
Indian	2	3.30
Hispanic	3	5.00
Jewish	1	1.70
Total	60	100.00

The majority (85%, n=51) of the couple partners identified themselves as white (see Table 7). Three (6.7%) participants who identified themselves as African-American; two (3.3%) participants who identified themselves as Indian; three (5%) participants who identified themselves as Hispanic; and one (1.7%) who identified himself as Jewish (see Table 7).

#### *CPA Reliability and Validity*

The reliability and validity of the CPA were analyzed for the current sample. The internal consistency reliability alpha coefficient of the CPA was .94 in the current sample. The

Table 8

Descriptive Statistics of the CPA, the ENRICH Leisure Scale, and the 5F-WEL Leisure Scale

	N	Minimum	Maximum	Mean	Std. Deviation
CPA Frequency	60	32.00	103.00	70.05	14.72
ENRICH Leisure Scale	60	18.00	46.00	34.73	5.23
5F-WEL Leisure Scale	60	9.00	24.00	17.37	3.03

correlations between the CPA and the ENRICH leisure scale and the 5F-WEL leisure scale were analyzed to determine concurrent validity of the CPA. The CPA had a mean of 70.05, with a standard deviation of 14.72 (see Table 8). The ENRICH leisure scale had a mean of 34.73, with a standard deviation of 5.23. The 5F-WEL leisure scale had a mean of 17.37 and a standard

Table 9

Concurrent Validity Correlations for the CPA, the ENRICH Leisure Scale, and the 5F-WEL Leisure Scale

Scale	1	2	3
1. CPA	—	.50*	-.26
2. ENRICH Leisure Scale		—	-.08
3. 5F-WEL Leisure Scale			—

\*  $p < .01$

deviation of 3.03. The correlation between the CPA and the ENRICH leisure scale was .50 ( $p < .01$ ) (see Table 9). The correlation of the CPA with the ENRICH leisure scale indicated that 25%

of leisure's shared variability could be accounted for by the frequency of couple play. The CPA did not have a statistically significant correlation with the 5F-WEL leisure scale, but showed a slight negative correlation. This indicated as the frequency of couple play increased, the couples reported lower scores on the 5F-WEL leisure scale. The CPA only accounted for 7% of the shared variability with the 5F-WEL leisure scale scores. The ENRICH leisure scale and the 5F-WEL leisure scale scores did not show any relationship, with a -.08 correlation.

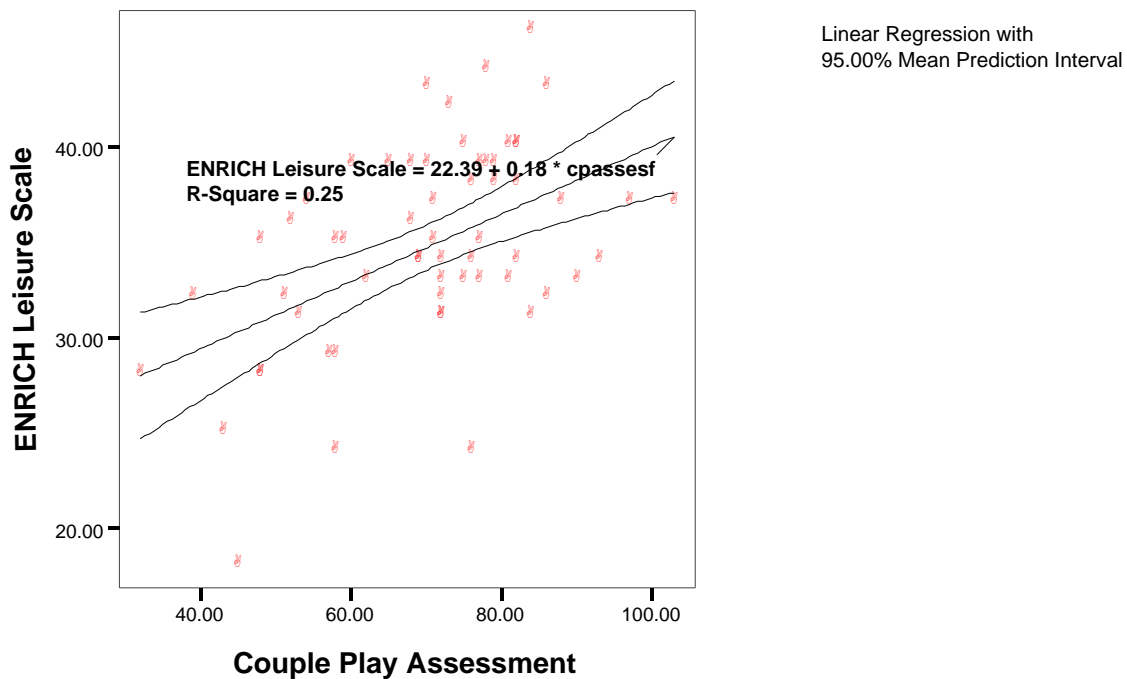


Figure 3. CPA linear regression for the ENRICH leisure scale.

Since the CPA had a statistically significant correlation with the ENRICH leisure scale, a scatterplot of the CPA was plotted and showed a linear relationship of the CPA with the ENRICH leisure scale (see Figure 3). The regression equation was  $22.39 + .18$  (CPA score). The

Table 10

Summary of Regression Analysis for the CPA Predicting the ENRICH Leisure Scale

Variable	<i>B</i>	Standard Error B	$\beta$
ENRICH Leisure Scale	22.39	2.90	
CPA	.18	.04	.50*

\* $p < .01$ 

CPA and the ENRICH leisure scale regression had a *R* of .50, a *R* Squared of .25, and a *F* of 18.90 ( $p < .01$ ) (see Table 10).

Table 11

Descriptive Statistics of the CPA, the ENRICH Couple Scales, and the 5F-WEL Scales

	N	Minimum	Maximum	M	SD
CPA Frequency	60	32.00	103.00	70.05	14.72
ENRICH Satisfaction Scale	60	14.00	48.00	37.35	7.10
ENRICH Communication Scale	60	14.00	49.00	37.32	8.22
ENRICH Conflict Resolution Scale	60	20.00	46.00	35.22	7.22
ENRICH Idealistic Distortion Scale	60	8.00	25.00	16.43	3.82
5F-WEL Creative Self	60	34.00	78.00	62.38	8.88
5F-WEL Coping Self	60	31.00	70.00	54.65	7.87
5F-WEL Social Self	60	10.00	32.00	27.97	4.61
5F-WEL Essential Self	60	32.00	61.00	51.08	7.04
5F-WEL Physical Self	60	17.00	40.00	27.65	5.36

### *Analysis of Couple Play as a Predictor of Couple Bonding*

To answer the first research question: does couple play predicted couple bonding?, the couples' individual scores on the CPA and the ENRICH couple scales were analyzed to determine the relationship between couple play and couple bonding. The first analysis was the CPA frequency scores were correlated with the ENRICH couple scale scores using the Pierson product moment correlation coefficient. The CPA frequency had an adequate distribution to provide low, medium, and high amounts of couple play to compare with the ENRICH scales (see Table 11). The ENRICH scales also had an adequate distribution of scores from low through

Table 12

The CPA and the ENRICH Couple Scales Pearson Product-moment Correlation Coefficients.

SCALE	1	2	3	4	5
1. CPA	—	.70*	.69*	.65*	.52*
2. ENRICH Satisfaction Scale		—	.83*	.76*	.76*
3. ENRICH Communication Scale			—	.89*	.76*
4. ENRICH Conflict Resolution Scale				—	.69*
5. ENRICH Idealistic Distortion Scale					—

\*  $p < .01$

high to allow the correlation. The correlation between the CPA and the ENRICH couple scales was .70 ( $p < .01$ ) for the satisfaction scale, .69 ( $p < .01$ ) for the communication scale, .65 ( $p < .01$ ) for the conflict resolution scale, and .52 ( $p < .01$ ) for the idealistic distortion scale (see Table 12). The ENRICH couple scales had significant correlations with each other.

Since the CPA and the ENRICH couple scales were significantly correlated, a regression was used to determine any predictive relationship between couple play and the couple

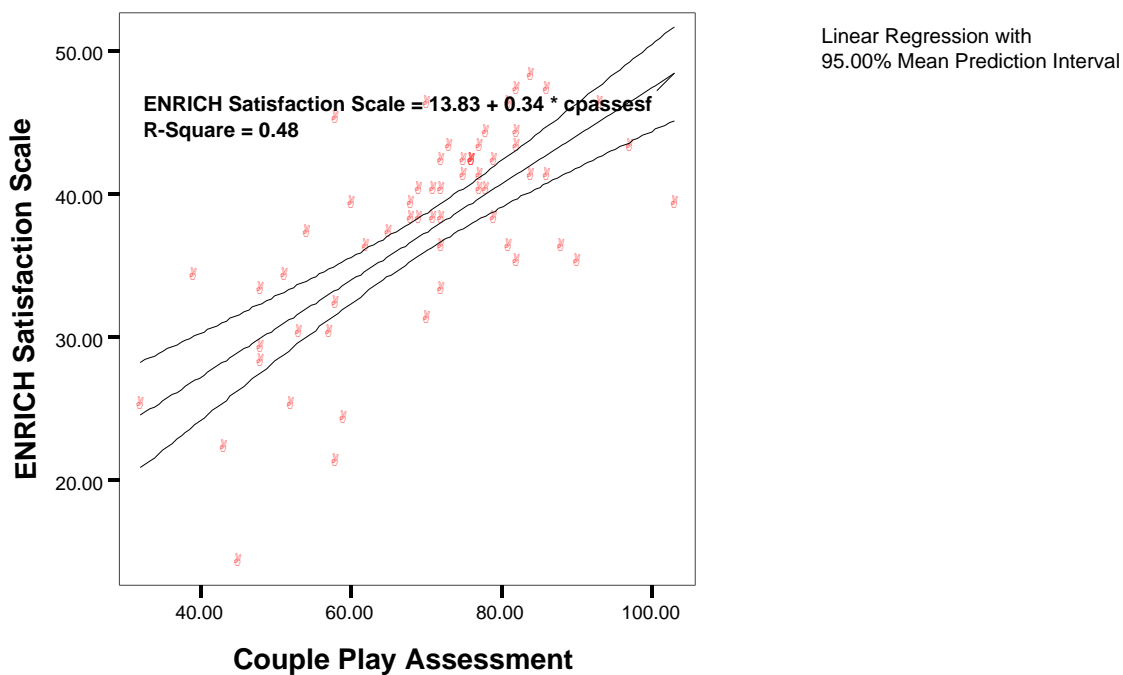


Figure 4. The CPA linear regression for the ENRICH satisfaction variable.

relationship measures. The scatterplot for the couple play assessment and the ENRICH satisfaction scale indicated a linear relationship, as couple play frequency increased, couple satisfaction increased, with a regression equation of  $13.83 + .34$  (CPA score) (see Figure 4).

Table 13

Summary of Regression Analysis for the CPA Predicting the Couple Bonding Variables

Variable	<i>B</i>	Standard Error B	$\beta$
ENRICH Satisfaction	13.83	3.20	
CPA	.34	.05	.70*
ENRICH Communication	10.40	3.81	
CPA	.38	.05	.69*
ENRICH Conflict Resolution	12.94	3.51	
CPA	.32	.05	.65*
ENRICH Idealistic Distortion	6.91	2.01	
CPA	.14	.03	.52*

\* $p < .01$

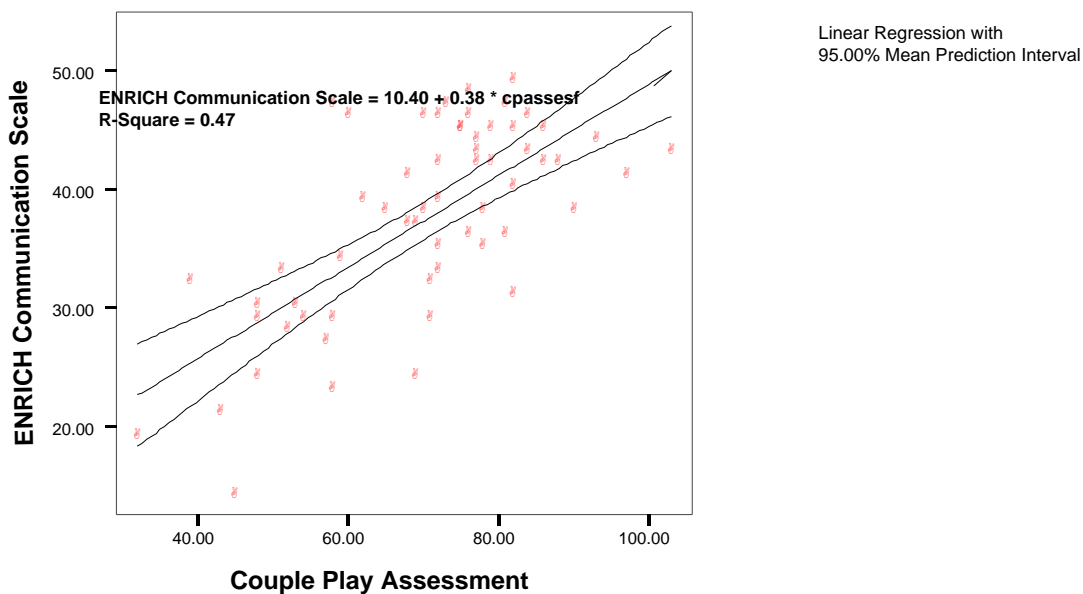


Figure 5. The CPA linear regression for the ENRICH communication variable.



The linear regression between play and satisfaction had a R of .70, a R Squared of .49, and a F of 54.57 ( $p < .01$ ) (see Table 13). The scatterplot for the CPA and the ENRICH communication scale also indicated a linear relationship, as couple play frequency increased, couple communication increased, with a regression equation of  $10.40 + .38$  (CPA score) (see Figure 5). The linear regression between play and communication had a R of .69, a R Squared of .47, and a

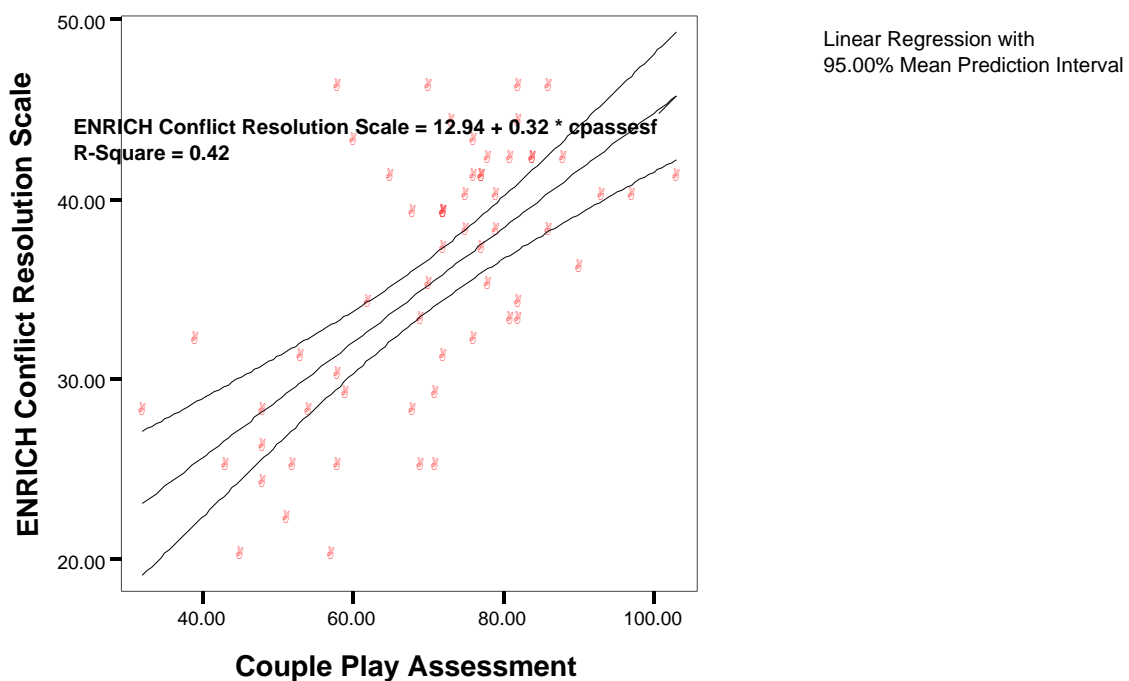


Figure 6. The CPA linear regression for the ENRICH conflict resolution variable.

F of 52.22 ( $p < .01$ ). The scatterplot for the CPA and the ENRICH conflict resolution scale indicated a linear relationship, as couple play frequency increased, couple conflict resolution increased, with a regression equation of  $12.94 + .32$  (CPA score) (see Figure 6). The linear regression between play and conflict resolution had a R of .65, a R Squared of .42, and a F of

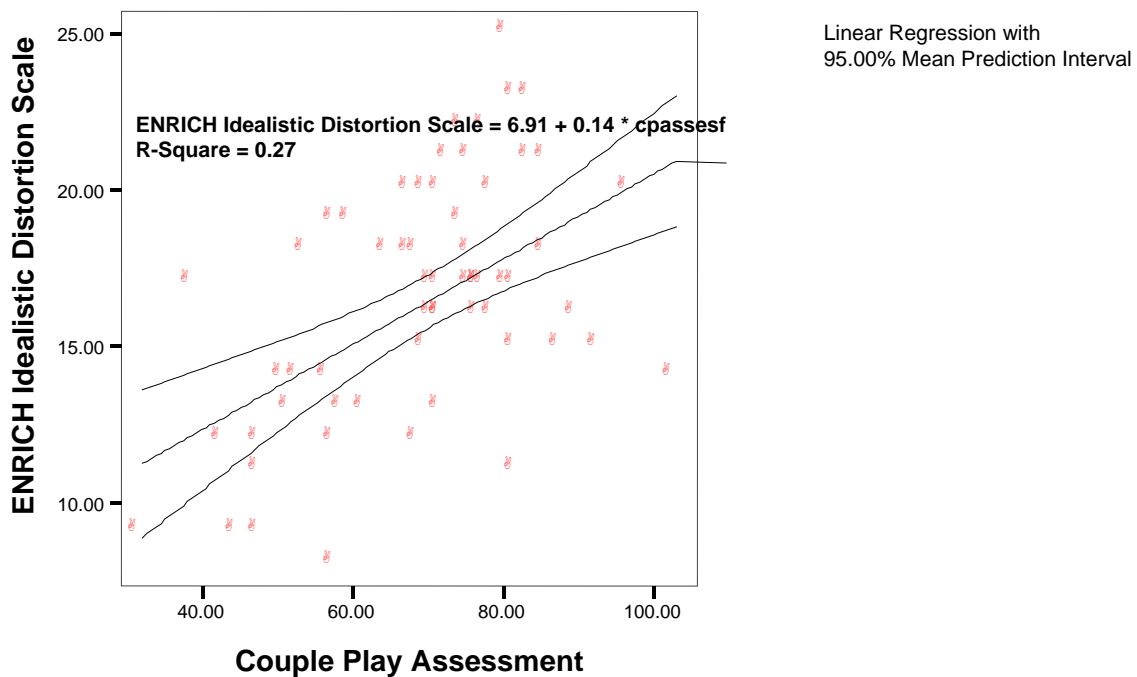


Figure 7. The CPA linear regression for the ENRICH idealistic distortion variable.

42.11 ( $p < .01$ ). The scatterplot for the CPA and the ENRICH idealistic distortion scale indicated a linear relationship, as couple play frequency increased, couple idealistic distortion increased, with a regression equation of  $6.91 + .14$  (CPA score) (see Figure 7). The linear regression between play and idealistic distortion had a  $R$  of .52, a  $R$  Squared of .27, and a  $F$  of 21.94 ( $p < .01$ ).

#### *Analysis of Couple Play as a Predictor of Physical and Emotional Health*

The second research question: does couple play predicted individual physical and emotional health? was then addressed by correlating the individual scores on the CPA and the 5F-WEL five factors to determine any relationship between couple play and physical and

emotional health. The 5F-WEL scales had the following means and standard deviations; the creative self had a mean of 62.38 and a standard deviation of 8.88; the coping self had a mean of 54.65 and a standard deviation of 7.87; the social self had a mean of 27.97 and a standard deviation of 4.61; the essential self had a mean of 51.08 and a standard deviation of 7.04; and the physical self had a mean of 27.65 and a standard deviation of 5.36 (see Table 11). The CPA was

Table 14

The CPA and the 5F-WEL Correlations

SCALE	1	2	3	4	5	6
1. CPA	—	-.12	-.11	-.13	-.13	-.22
2. 5F-WEL Creative Self		—	.72*	.71*	.78*	.56*
3. 5F-WEL Coping Self			—	.69*	.61*	.55*
4. 5F-WEL Social Self				—	.71*	.60*
5. 5F-WEL Essential Self					—	.69*
6. 5F-WEL Physical Self						—

\*  $p < .01$

not statistically significantly correlated with any of the 5F-WEL scales ( $p < .01$ ) (see Table 14).

The correlations between the 5F-WEL scales were all statistically significant ( $p < .01$ ).

### *Additional Analysis*

Since the literature on physical health was primarily with married couples and showed a higher relationship for men than women, the married couples and married men CPA scores were

Table 15

## Married Couples and Married Men CPA Correlations with the 5F-WEL

SCALE	Married CPA	Married Men CPA
1. 5F-WEL Creative Self	-.04	-.08
2. 5F-WEL Coping Self	-.16	-.22
3. 5F-WEL Social Self	-.10	-.19
4. 5F-WEL Essential Self	-.07	-.18
5. 5F-WEL Physical Self	-.16	-.20

\*  $p < .01$ 

correlated with the 5F-WEL. Although the married men's CPA scores had slightly higher correlations with the 5F-WEL than all of the married couples' CPA scores, the correlations between the married CPA scores and the 5F-WEL were not statistically significant ( $p < .01$ ) (see Table 15).

Table 16

## The ENRICH and the 5F-WEL Correlations

SCALE	ENRICH Satisfaction Scale	ENRICH Communication Scale	ENRICH Conflict Resolution Scale	ENRICH Idealistic Distortion Scale
1. 5F-WEL Creative Self	-.13	-.27	-.24	-.17
2. 5F-WEL Coping Self	-.16	-.23	-.27	-.15
3. 5F-WEL Social Self	-.23	-.20	-.21	-.10
4. 5F-WEL Essential Self	-.28	-.31	-.30	-.37*
5. 5F-WEL Physical Self	-.18	-.22	-.22	-.14

\*  $p < .01$

Since the literature supports a relationship and predictive value of couple relationships with physical and emotional health, the ENRICH couple scales were correlated with the 5F-WEL to determine any relationship in this sample. The only statistically significant correlation was between the 5F-WEL essential self scale and the ENRICH idealistic distortion scale. The correlation was  $-.37$  ( $p < .01$ ) (see Table 16).

### Inferential Analysis

The results of the data analysis provided statistically significant support for couple play as a predictor of couple bonding, but not as a predictor of individual physical health and emotional health. The sample couples demographics showed adequate diversity of age, race, socioeconomic status, education, and relationship types. The sample also had an adequate range of couples' scores from high amounts of couple play to low amounts of couple play, from high amounts of couple bonding to low amounts of couple bonding, and high amounts of individual physical and emotional health to low amounts. There were no extreme scores in the sample.

The first null hypotheses that there would be no relationship between the amount of couple play and couple bonding was rejected. The CPA was a statistically significant predictor variable for the outcome variables of the ENRICH satisfaction scale, the ENRICH communication scale, the ENRICH conflict resolution scale, and the ENRICH idealistic distortion scale. The correlation between the CPA and the ENRICH satisfaction scale ( $r = .70$ ) indicated that 49% of the variability was shared between satisfaction in the couples and the amount of couple play. With the ENRICH communication scale, the CPA correlation ( $r = .69$ ) showed couple play frequency accounted for 48% of shared variability with the couples'

communication. The amount of the ENRICH conflict resolution scale that was accounted for by the CPA was slightly less, with a correlation of .65 and a coefficient of determination of .42. The amount of couple play accounted for 42% of the shared variability with the couple's conflict resolution. The couples' amount of couple play was least predictive of the couples' idealistic distortion, with a correlation of .52. This indicated that couple play accounted for 27% of the shared variability with idealistic distortion. All of the couple play and couple bonding scores when plotted on a scatterplot showed support for a predictive relationship. The linear regression analysis of the couple play and couple bonding scores demonstrated statistical significance ( $p < .01$ ) for all of the scales.

The second and third null hypothesis that there would be no relationship between the amount of couple play and individual physical and emotional health was not rejected. The CPA scores showed no statistically significant relationship ( $p < .01$ ) to the 5F-WEL measures of individual physical and emotional health. Since this was contradictory to a large body of research demonstrating relationship measures have been significantly correlated with physical and emotional health measures (Gottman & Notarius, 2002; Halford et al., 2003; Johnson, 2003; Kiecolt-Glaser & Newton, 2001; Kowal et al., 2003; Lauer & Lauer, 2002; Law et al., 2004; Snyder & Whisman, 2004), the 5F-WEL was analyzed with the ENRICH couple scales to determine any observable correlation. Although both the 5F-WEL and the ENRICH couple scales measure similar constructs, including relationship satisfaction, communication, conflict resolution, and realistic beliefs, the one statistically significant correlation ( $p < .01$ ) was between the 5F-WEL essential self scale and the ENRICH idealistic distortion scale. The essential self scale measured the individual's meaning making process, including spirituality, gender identity, cultural identity and self care. The idealistic distortion scale measured whether couples were

viewing their relationship in a socially desirable way. These two scales did not appear to measure similar constructs.

## Discussion

The current findings supported a predictive relationship between couple play and couple bonding. Couple play predicted the outcome variables identified by current couple counseling theory and research as important in the satisfaction and stability of the couple. An increase in the amount of couple play showed a linear increase in the individual's reported amount of couple relationship satisfaction communication, conflict resolution and idealistic distortion. Although the variance explained in the idealistic distortion variable by couple play was the lowest, the results indicate that as couples play more, their positive view of the relationship increases.

Despite the predictive relationship between couple play and couple bonding, the current findings showed no relationship between couple play and individual physical and emotional health. Couple play amounts did not predict the factors associated with quality of life, healthy living and longevity, including coping, physical, creative, social, and essential variables. The further analysis of the measures of couples' relationships and the measure of individual physical and emotional health also showed no statistically significant support for a relationship between couple bonding and individual physical and emotional health, except for the couple's view of the relationship and the essential variable. So the measure of couple relationship satisfaction, communication, and conflict resolution had no statistically significant relationship with the coping, physical, creative, social and essential variables. The couple relationship satisfaction, communication, conflict resolution, and idealistic distortion variables were similar to the

subscale variables of realistic beliefs, love, and thinking, described in the coping, social, and creative factors, respectively. The idealistic distortion scale of the couple bonding measure showed a negative correlation with the essential self variable. So as the individual's meaning making process, including spirituality, gender identify, cultural identity, and self care increases the positive view of the couple relationship becomes more realistic. Only 14% of the shared variance of the idealistic distortion and essential self variables was explained.

These current findings were discussed in Chapter 5 in relation to the research questions of the study, previous research findings and implications for couple counseling and further research.



## **CHAPTER FIVE: CONCLUSION**

### **Discussion**

This chapter discusses the results of the investigation of couple play as a predictor of couple bonding and individual physical and emotional health. The relationship between couple play and couple bonding was evaluated and couple play was found to be a predictor variable of couple bonding factors of couple relationship satisfaction, communication, conflict resolution, and idealistic distortion. The relationship between couple play and individual physical and emotional health was analyzed and no relationship was found.

The potential of couple play as an intervention for couple counseling has been indicated by the predictive nature of the relationship between couple play and couple bonding. Since more than half of American households in 2003 consisted of married people or those in couple relationships (Fields, 2003), the divorce rate was 52% (Sutton & Munson, 2004), and relationship distress effects couples (Johnson, 2003) and their children (Christie-Mizell, 2003; Fauchier & Margolin, 2004; Gottman & Notarius, 2002; Johnson), there is a need for couple counseling interventions that improve the satisfaction and stability of couple relationships.

This current study supported previous studies that have shown that different definitions of play in the couple relationship (Aune & Wong, 2002; Baxter, 1992; Betcher, 1981; Lauer & Lauer, 1990; Lauer & Lauer, 2002) may affect the positive interactions and emotions that have been found to be key to couple relationship satisfaction and stability. The limited definition of intimate play (Betcher, 1977; Lutz 1982) of several of the early studies of play in couples was

expanded to include non-intimate play. While the more ethereal definitions of playfulness (Aune & Wong; Baxter; Klein, 1980) have been clarified in the current couple play definition of any activity that was pleasurable for both partners, involved a suspension of self-consciousness, a release of emotion, was undertaken solely for the process and resulted in positive feelings about self and the partner. The current study also supported the possibilities for couple play outside of only marital relationships to include couples who were cohabitating and committed but not living together. Further, the definition of couples included same sex as well as opposite sex relationships. The significant findings on couple play with this expanded definition and a more diverse couple population provided a possibility for a wider application of couple play in couple counseling.

The current research also focused on the relationship of couple play with measures of couple bonding that current couple research findings support as meaningful predictors of couple satisfaction and stability (Fowers & Olson, 1993; Gottman & Notarius, 2002:). One challenge in the literature review was the focus of study on marital couples and marriage assessments, since this excluded unmarried and same sex couples. The previous couples play studies focused on definitions of couple adjustment, personality, positive affect, relationship closeness, intimacy and relationship satisfaction as the outcome variables (Aune & Wong, 2002; Baxter, 1992; Betcher, 1977; Lutz, 1982). The one qualitative couple play study identified an alternative view of couple play as the expression of wellbeing that resulted in coping with difficulties, and mutual cuing that promoted positive affect and intimacy (Klein, 1980). The current study focused on perceptions of the relationship, since this has been found to relate to couple satisfaction (Gottman & Notarius). The positive and negative sentiment overrides were also a focus of the current study couple bonding outcome measures since these demonstrate differences between

happy and unhappy marriages (Fowers & Olson; Gottman & Notarius). Although current couple research has introduced the importance of observation to capture the complex interactions between partners that they often are not aware of and may not be identified through self-report assessment, that was beyond the scope of this current study. In an attempt to examine interaction patterns that predict divorce, the measure of couple bonding included interactions of communication and conflict resolution. The negative interaction patterns that predicted divorce included the negative communication and conflict resolution patterns of criticism, defensiveness, contempt, and stonewalling (Gottman & Notarius). Other specific behaviors that predicted divorce, including the husband rejecting the wife's influence, a lack of de-escalation of high intensity husband negative affects by the wife, and a lack of physiological soothing of the male, were not considered in this current study. The couple bonding self-report measured the variables of the couple's satisfaction with important couple functions, patterns of conflict resolution and communication, and the couple's realistic view of the relationship.

This study also observed the relationship of couple play with individual physical and emotional health because of the extensive research that demonstrated that marital functioning indirectly influenced health outcomes through depression and health habits; directly affected cardiovascular, endocrine, immune, neurosensory, and other physiological mechanisms (Burman & Margolin, 1992; Kiecolt-Glaser & Newton, 2001; Kowal et al., 2003); and correlated with a wide range of mental health problems (Dessaulles et al., 2003; Mead, 2002; Snyder & Whisman, 2004). Since the research focused on marriage and the protective factors of marriage were stronger for men than women, this was included in the analysis of the current study. Theorists have proposed healthy individuals are more likely to marry and remain married or have more resources, less stress, more social support, and less risky health habits (Kiecolt-Glaser &

Newton). Other theorists have identified a biopsychosocial health care model of interdependent biological, psychological, and social functions of individuals (Law et al., 2004). The measure of individual physical and emotional health in the current study was developed to assess empirical correlates of quality of life, healthy living, and longevity (Myers et al., 2004).

### Restatement of the Methodology

This study observed the responses of 30 couples on self report instruments that examined the level of couple play, couple bonding, and individual physical and emotional health. The couples were identified and asked to participate in the study through a snowball sampling technique. Couples throughout a large urban and rural area of Central Florida were asked to complete the study assessments and provide the names of other couples they knew who would also be willing to complete the assessments. All of the couples were provided with an informed consent explaining the study and ethical considerations. When the couples signed the informed consent, they completed the three assessments, the CPA, the ENRICH couple scales, and the 5F-WEL. The couples' scores were coded and identifying information was excluded. The scores were analyzed using SPSS 11.5. The Pierson product-moment correlation coefficient was used to observe the relationship of couple play to couple bonding, and individual physical and emotional health. If there were any statistically significant correlations, linear regression was applied to determine if couple play predicted couple bonding, individual physical health or individual emotional health.

The first research question was whether couple play predicted couple bonding. The null hypothesis for this question was there would be no relationship between couple play and couple

bonding. The scores on the CPA were statistically significantly correlated with the ENRICH couple scale scores ( $p < .01$ ). Since there were statistically significant correlations between the CPA scores and the ENRICH couple scale scores, these scores were analyzed using linear regression to determine if the couple play frequencies were a predictor variable for the outcome variables of couple bonding. The findings provide evidence to suggest that the CPA scores were predictive of the ENRICH couple scale scores, resulting in the rejection of the null hypothesis for this research question.

The second research question was whether couple play predicted individual physical and emotional health. The null hypotheses for this question was there would be no relationship between couple play and individual physical health and there would be no relationship between couple play and individual emotional health. The correlations between the CPA scores and the 5F-WEL scale scores were not statistically significant ( $p < .01$ ). The second null hypothesis that there would be no relationship between couple play and individual physical health was not rejected. The third null hypothesis that there would be no relationship between couple play and individual emotional health was not rejected.

Several additional analyses of the couples scores were conducted to clarify the findings of no significant correlations between the CPA scores and the 5F-WEL scores due to the large amount of research demonstrating a correlation between couples' relationships and physical health (Burman & Margolin, 1992; Kiecolt-Glaser & Newton, 2001; Kowal et al., 2003; Law et al., 2004; Schoenborn, 2004) and emotional health (Dessaulles et al., 2003; Mead, 2002; Snyder & Whisman, 2004). The couples' 5F-WEL scores were correlated with the ENRICH couple scale scores to observe whether there was any relationship between the couples bonding and individual physical and emotional health. The only statistically significant correlation was

between the 5F-WEL essential self scale and the ENRICH idealistic distortion scale ( $r = -.37, p < .01$ ). Further, the married couples and married men's scores were analyzed separately due to the focus of relationship factors and health research on married couples and the increased protective factors of marriage for men. Again, no statistically significant correlations were observed.

Since the CPA had not previously been used, the CPA couple scores were analyzed for validity and reliability. The CPA couple scores were observed with the couples' ENRICH leisure scale scores and the couples' 5F-WEL leisure scale to determine construct validity. Although the correlation between the CPA scores and the ENRICH leisure scale scores were statistically significant, there was no statistically significant correlation between the CPA scores and the 5F-WEL leisure scores. The ENRICH leisure scale did not have a statistically significant correlation with the 5F-WEL leisure score. All of the assessments had high internal consistency reliability scores for self report measures.

The relationship between the CPA and the ENRICH leisure scale and the 5F-WEL leisure scale were considered further due to the relationship between the CPA and the ENRICH leisure scale and no relationships with the 5F-WEL. The predictive relationship between the CPA and the ENRICH leisure scale supported couple play as variable that may help explain the wider construct of leisure. The correlation between couple play and the 5F-WEL leisure scale not only did not show significance, but it showed a slight negative relationship with a  $-.26$  correlation, indicating as couple play increased, free time activities would decrease. Further, even though the ENRICH leisure scale and the 5F-WEL leisure scale appeared to measure similar constructs, the scales did not correlate for the current sample scores. The ENRICH leisure scale measured preference for using discretionary time, with a focus on activity levels and individual versus shared activities, while the 5F-WEL measures free time activities, with more of a focus on

satisfaction and attitudes towards play. The ENRICH leisure scale does not include satisfaction with leisure activities, since this was measured in the ENRICH satisfaction scale. These findings require further study to determine if the two scales measure similar constructs.

## Summary

### *Couple Play*

The research on couple play provided the theoretical framework for the current study and the historical findings of the effects of couple play on couple relationships have been supported. This study expanded on the limited definition of couple play as intimate play and the varied measures of marital adaptation (Betcher, 1977; Lutz, 1982). Betcher originally defined intimate play as a special form of playfulness unique to each couple, like special nicknames, shared jokes and fantasies, and mock fighting. Betcher's finding that the frequency of intimate play was predictive of marital adaptation measures was considered in designing the current CPA to measure the amount of couple play. The complexity of Betcher's design was simplified by using one assessment to measure couple bonding. The concept of couple bonding was based on recent couple research that provided evidence of specific factors that predict satisfied and stable couples (Gottman & Notarius, 2002 ; Fowers & Olson, 1993) rather than the psychodynamic theory basis of Betcher's work. The current study results not only demonstrated a statistically significant relationship between the expanded definition of couple play with couple bonding measures, but it showed the amount of couple play was predictive of the couple bonding outcome variables of couple satisfaction, communication, conflict resolution, and idealistic distortion. This finding

supports Lutz's results that showed intimate play was a better predictor of marital adaptation than intimacy. The current study expanded Lutz's definition of marital adaptation, which only included constructive or destructive conflict resolution behaviors.

The current study also served to provide a clear definition for the expanded definitions of playfulness in latter research (Baxter, 1992; Klein, 1980; Lutz, 1982). Klein proposed an ethereal definition of playfulness from a phenomenological study of play in couples. Klein also expanded the study of playfulness to unmarried couples, with 10 married and six unmarried subjects. From an object relations perspective, Klein found playfulness was "loving relatedness" (p. 41) that was an expression of the well-being of the "closeness and successful reciprocity with the mother figure" (p. 43). While the couples Klein interviewed reported playfulness was important to the relationship, created positive affect, and allowed development of a special intimacy when partners picked up on each other's play signals, there was no quantitative measure of these results. The current study supports the importance of couple play to the relationship and creation of a positive affect in the predictive nature of couple play and couple bonding, but intimacy was not a construct in this study.

In Lutz's (1982) study of the ability of playfulness to predict marital adaptation, playfulness was defined as the couples' perceptions and feelings about the couple play relationship. Lutz used Betcher's (1977) second play questionnaire to measure playfulness. The only measure of marital adaptation was constructive or destructive conflict resolution behavior. Lutz also included the concept of intimacy and found that while playfulness and intimacy were correlated, playfulness was a better predictor of conflict resolution behavior than intimacy. Although Baxter (1992) also used Betcher's second play questionnaire to measure playfulness, the construct was observed in same sex friendships and opposite sex romantic relationships. The



study found the total playfulness measure correlated with the 14-item close relationship questionnaire, while the total playfulness factors of novelty-spontaneity, control-dominance, asynchrony, rigidity, and in phase matching did not. The current study did not address close relationships due to the lack of current research evidence for this construct as a predictor of couple stability or satisfaction.

The final study of play in couples focused on antecedents of playfulness as well as outcome variables in 113 individuals (Aune & Wong, 2002). The researchers found support for a path of the self esteem and humor orientation self report measures scores as exogenous variables. The playfulness scores from a modified version of Betcher's (1977) second play questionnaire were a first rank endogenous variable. The positive emotion scores were a second rank endogenous variable. The relationship satisfaction scores were a third rank endogenous variable. These findings indicate that self esteem and humor may be required for playfulness to occur. The current study also found support for positive emotions and relationship satisfaction as outcome variables of the couple play predictor variable, indicating positive emotions may be a mediating variable between couple play and relationship satisfaction.

Although the only discussion of an expanded definition of couple play was based on anecdotal evidence (Lauer & Lauer, 2002), the findings of the current study support the proposal that the expanded definition of couple play has positive effects on emotional well being. The CPA was predictive of the ENRICH idealistic distortion scale, which measured couples' positive sentiment override (Gottman & Notarius, 2002) or marital conventionality (Fowers & Olson, 1993).

The study of social interaction and marital quality (Kline & Stafford, 2004) presents an alternative explanation of the current study results. The finding that frequency and quality of

social interactions correlated with trust, liking, satisfaction, and commitment in the marriages of 396 married students at a Midwestern university, indicated that it may be the lack of conflict or maintenance behaviors, not couple play itself, that predict couple bonding. The maintenance behaviors, such as communicating everyday stresses, monitoring the partner's mood, regulation or diffusion of problems, comforting, and increased understanding, predicted more of the variance in marriages than frequency of social interaction in the study.

The findings from studies of humor in marriage (Ziv, 1988; Ziv & Gadish, 1989; Driver & Gottman, 2004) were reflected in the current study. Ziv's study of humor in marriage with 102 people found humor was used as a social function and increased feelings of cohesion. Ziv theorized that humor contributed to tension reduction and communication improvement. The current study supported the relationship between humor, which was included in the CPA, and communication with the predictive effect of the CPA on the ENRICH communication scale. Ziv and Gadish's study of marriage satisfaction and humor creation also showed a relationship, with increased analysis of the factors that contributed to the correlation. The interaction of the complimentary perceptions of the partner's humor creation and the individual's appreciation of humor were most important to marital satisfaction. Also the study of positive affect, which was described as humor and affection, in daily interactions showed everyday positive affect was related to positive affect during conflict discussions (Driver & Gottman). This may also point to positive affect as a mediating variable between couple play and couple bonding. The current study collaborated Driver and Gottman's finding since couple play predicted the conflict resolution scale of the couple bonding measure.

### *Couple Play and Individual Physical and Emotional Health*

The current study results conflicted with the research and theoretical literature on marriage functioning and physical and emotional health (Kiecolt-Glaser & Newton, 2001; Kowal et al., 2003; Lauer & Lauer, 2002). Although humor has been shown to enhance physical health by increasing antibodies, lowering serum cortisol levels, releasing endorphins, exercising the lungs, stomach and chest muscles, and increasing blood oxygenation (Lauer & Lauer, 2002), this was not reflected in the current study. The CPA included measures of humor, and it would be an assumption that the other forms of play assessed on the CPA would also include some humor aspects, but there was no correlation with the measure of individual physical health. The finding that the CPA correlated with couple bonding measures also contradicted the review of marriage functioning and health by Kiecolt-Glaser and Newton that showed marital problems had indirect influence on health outcomes through depression, mood, and health habits, and direct affect on cardiovascular, endocrine, immune, neurosensory, and stages of disease progression, including etiology, symptomology and prognosis. Individual differences also impacted these affects, including trait hostility; gender differences that were affected by self-processes, traits, and roles; and specific relationship behaviors, including hostile interactions, contemptuous facial expressions, critical remarks, and social support (Kiecolt-Glaser & Newton; Kowal et al.). These studies showed gender differences, with married men experiencing more health promoting effects, and married women more likely to have health problems in distressed marriages. Even when only the married couples were considered in the current study, the results were clearly indicative of no relationship between the couple play scores and the individual physical health scores. The further analysis of the current study findings to explain these results, comparing the

couple bonding scores and the physical health scores, continued to support no relationship between couple relationships and health. The results of the analysis of the CPA scores and emotional health also showed no relationship, which was contradictory of the studies linking marital distress and individual emotional health problems, with bidirectional influences (Halford et al., 2003; Mead, 2002). Research has shown relationship distress was correlated with clinical depression, especially in women, generalized anxiety disorder, social and simple phobias, panic disorder and addictions (Johnson, 2003; Snyder & Whisman, 2004).

### Implications

The current observations of couple play and measures of couple bonding, individual physical health, and individual emotional health have furthered previous research on play in couple counseling, while providing contrasting findings to spur future research into couple play and individual physical and emotional health. Although the current research was observational only and cannot determine causality, there was a statistically significant predictive value of couple play frequencies with couple bonding in this sample of couples. The value of couple play as a predictor variable for couple bonding outcomes indicates future experimental research could further explain this observation by increasing the understanding of the factors associated with couple play that are important and how couple play could be used as a couple counseling intervention. The factors associated with couple play that may affect the relationship with couple bonding and effectiveness in couple counseling may include the type of couple play, the individual partner's preferences for couple play, the value of couple play in the relationship, the balance between the partner's preferences for couple play and the couple play engaged in, and

the satisfaction with the couple play. The findings of Ziv and Gadish (1989) that the interaction of the complimentary perceptions of the partner's humor creation and the individual's appreciation of humor were most important to marital satisfaction may guide future researchers in designing couple play studies. The studies on couple social interactions (Kline and Stafford, 2004; Driver & Gottman, 2004) may also guide future studies of couple play to determine if the lack of conflict, maintenance behaviors, or positive affect may be confounding variables for the relationship between couple play and couple relationships. Future research may also focus on the possible functions of couple play in relationships that were not addressed in this current study. Couple play theorists (Lauer & Lauer, 2002) have proposed couple play helps couples increase stress management, escape of routine, freedom and spontaneity of childhood, emotional capital, trust, affection, commitment to the relationship, creativity, and self understanding. Couple researchers have also identified other specific behaviors that predicted divorce, including the husband rejecting the wife's influence, a lack of de-escalation of high intensity husband negative affects by the wife, and a lack of physiological soothing of the male, that researchers may want to focus on in future studies with couple play. The demographics of couples may be an important area to focus on in future research to determine if there are any differences in the way couples in different special populations play and any interactions of these differences with the effectiveness of couple play as a counseling intervention. Analysis of the couple demographics and longitudinal research may help identify any developmental changes or needs in couple play across the couple's lifespan. Also, the research of Aune and Wong (2002) indicated that there may be important precursors to couple play that future researchers may want to investigate in determining how couple play may be used in couple counseling.

Although observations of couple play were beyond the scope of the current study, couple research has demonstrated the benefits of observation in understanding couple interactions (Gottman & Notarius, 2002). The experience sampling method (ESM) that has been used in the measurement of flow experiences (Csikszentmihalyi, 1997), may be a promising observational research tool for future studies of couple play. In ESM studies, the respondents wore an electronic pager or programmable stopwatch for a week and filled out two pages of what they do and feel in the situation at the time the pager signals. The signals were at random times during the day and occur about 50 times during the week. For the measurement of flow, the responses were analyzed for the challenges the person was facing at the moment and the skills the person perceived to have on a 10 point scale. When the person's skill and challenge were above the average for the week, the person was in flow. Below average ratings indicate apathy. When the challenge was rated above average and the skill was below average the situation was one of anxiety. While a low challenge and high skill rating was a boredom situation. The analysis for couple play could focus on the precursors to couple play, preferences for couple play, the couple's perception of couple play and the actual couple play behavior, the couple's rating of satisfaction with the couple play activity, and the couple play types.

While the current study gave initial support to the CPA as a valid and reliable measure of the construct of couple play, there were implications for future research and development of the measure. Further validity and reliability studies of the CPA are necessary due to the relatively small sample size in the current study and the inconsistent validity findings between the ENRICH leisure scale and the 5F-WEL leisure scale. While the CPA only measured couple play frequency in the current study, there may be room for expansion of the measure to include couple play preferences and types to support future studies.

Although couple play did not demonstrate a statistical relationship with individual physical and emotional health, these findings require further investigation as well due to the overwhelming research demonstrating a relationship between relationships and health (Burman & Margolin, 1992; Dessaulles et al., 2003; Halford et al., 2003; Johnson, 2003; Kiecolt-Glaser & Newton, 2001; Kowal et al., 2003; Lauer & Lauer, 2002; Law et al., 2004; Mead, 2002; Snyder & Whisman, 2004). The current study findings may be due to the sample scores on the couple bonding and physical and emotional health measures not representing the larger population. An alternative explanation may be that the 5F-WEL did not capture similar constructs of individual physical and emotional health that measures in previous studies have used. The 5F-WEL measured empirical correlates of quality of life, healthy living, and longevity (Hattie et al., 2004). The health studies used self report, physical health, physiological, and longitudinal mortality and morbidity measures (Kiecolt-Glaser & Newton). The incongruous findings point to the need for further research to determine whether this was unique to this population or if the measures used failed to assess adequately the construct of individual and physical health. The current study finding of no correlation between the 5F-WEL and the ENRICH couple scales, except for the negative correlations between the respective essential and idealistic distortion scales, also requires additional research to clarify the constructs these assessments measures.

### Recommendations

The current findings that couple play amounts are predictive of couple bonding indicate a role for couple play in couple counseling assessment and intervention. The recent research on marriage and family therapies may provide couple counselors with ways to incorporate couple

play in the practice of counseling. In a review of meta-analysis of marriage and family therapies, Shadish and Baldwin (2003) found marriage and family therapies are more effective than no therapy, are as effective as other treatment modalities, and there was little difference between effects of different therapies. Yet, there were only two models of couple therapy that meet the requirement of empirically validated treatment, replicated studies by researchers other than the main proponent of the model (Johnson, 2003). The first empirically validated couple counseling treatment was behavioral therapy (Johnson). The findings that couple play was predictive of couple communication and conflict resolution holds promise for the use of couple play in behavior therapies, which focus on teaching problem solving and communication skills, and negotiating wanted behaviors. Although the cognitive aspect of changing negative attributions was added to behavioral approaches with no apparent increase in effectiveness, couple play would appear to have some application in this area due to the finding of couple play prediction of idealistic distortion. Cognitive-behavior therapy was based on the concept of schemas (Datillio, 2005). Schemas are the stable cognitive structures that form as family members observe their cognitions, behaviors, and emotions about family interactions. Family members use these schemas to understand family relationships and to predict future interactions in the family. When the family interactions involve “negative content that affects cognitive, emotional, and behavior responses, the volatility of the family’s dynamics tends to escalate, rendering family members vulnerable to a negative spiral of conflict” (Datillio, p. 16). Since couple play was predictive of idealistic distortion, which may capture the schema concept, couple counselors may consider using couple play as an intervention to affect couple’s schemas. Use of couple play in this way would be an area of focus for future research.



The second empirically validated couple counseling model was emotionally focused couple counseling (Johnson, 2003). This model was based on the emotion focused therapy (EFT), which works to change individual's maladaptive emotions to adaptive emotions that allow the client to increase their self understanding and take appropriate actions based on emotional responses to intrapersonal and interpersonal experiences (Greenberg, 2004). EFT has proposed emotions are the foundation in the construction of the self and are key to self organization (Greenberg). Emotions precede cognition, as the amygdala, a structure at the center of the emotional brain, interprets incoming sensory information; acts as a switchboard, sending information to the parts of the brain that will use them; and forms memories, especially of sounds and images associated with threats. Emotions informed the individual that a need, value, or goal was important in their appraisal of themselves or their world. "Emotions are biologically-based relational action tendencies that result from the appraisal of the situation based on these goals, needs, concerns" (Greenberg, p. 33). Different emotions correspond to different action tendencies. The emotions serve to help the individual process information and initiate action that allows relation to the environment and promotes personal well being. The theory of EFT has promoted a balance of individuals using emotions as a guide, while not being controlled by their emotions. In order to do this, individuals must be able to access and process emotional information, both positive and negative. Negative emotions are equally as valuable as positive emotions and probably more plentiful due to evolutionary survival needs. Negative emotions cause individuals to attend to important experiences that affect their well-being. Negative emotions become a problem when the circumstances that evoke the negative emotions are over or change and the emotions remain overwhelming or revive past loss or trauma. Emotions also inform interpersonal systems because they communicate intentions and regulate interactions with

others. The goal of therapy in EFT has been to change amygdala reactions to innocuous sensory experiences that are no longer indicative of loss, failure, or trauma, while increasing individuals' emotional awareness and use of positive and negative emotions that are adaptive to current situations.

Both EFT and emotionally focused couple counseling have found individuals may develop emotional schemas that block this healthy process from occurring and create negative interaction cycles. EFT describes the development of emotional experience over time as moving from biologically and motor programs to emotion schemes that are “highly differentiated structures, that have been refined through experience and bound by culture” (Greenberg, 2004, p. 5). These emotion schemes are organized responses and experiences stored in memory that help predict future outcomes. The emotional schemes are formed by experiencing the emotions, having cognitions about the emotion, creating meanings with the emotion and taking action based on those meanings. The emotional schemas are the focus for intervention and change when they are maladaptive. EFT activates the maladaptive emotional schema to bring into focus more adaptive emotions that are attended to and validated. Those new emotions are used to make sense of the original experience and develop new narratives into existing structures and generate new adaptive emotional schemas (Greenberg).

The goal of emotionally focused couples counseling was to help the couples recognize these internal models of the relationship, including attention, responsiveness, and support (Johnson, Makinen, & Millikin, 2001). The couple also develops specific expectations about everyday relationship experiences, including time spent together, socializing, and division of family chores. Attachment injuries occur when a partner does not meet these expectations. The injuries were usually a failure to provide comfort and caring in times of distress, betrayals or

other wrongs. Attachment injuries changed assumptions, the way we see ourselves and others, and increased a sense of existential vulnerability. This betrayal of trust during a time of need became a recurring theme and prevented relationship repair. The injured partner may view themselves as unimportant or not worthwhile. The relationship may then focus on eliciting emotional responsiveness from the partner or defending against the lack of responsiveness. The injured partner may show symptoms of posttraumatic stress disorder, re-experiencing, numbness and hyper-vigilance. There may be dreams, flashbacks and intrusive memories. The injured partner may ruminate about the details of the event and reasons for its occurrence. The couples are encouraged to express their thoughts and feelings surrounding these negative interactions and what they need to meet each other's needs in the relationship. The findings that couple play was predictive of couple bonding, including satisfaction with couple functions, communication, conflict resolution, and idealistic distortion, may mean couple play could be used as an intervention in emotionally focused couple counseling to help change the negative interaction patterns. The EFT concept that positive emotions improve problem solving by increasing flexibility, creativity, and efficiency in the thought process (Greenberg, 2004) also indicates a role for couple play in emotionally focused couple counseling. Again, these couple play interventions would be an area for future research to determine their efficacy.

The research on behavioral and emotionally focused couple counseling indicates an area for applied research with couple play. The use of couple play as an adjunct to both therapies may be the subject of future experimental designs. Experiments comparing added couple play to behavioral or emotionally focused couple therapy alone may also increase understanding of the factors within couple play that may effect change.

Although couple play has not been studied as an intervention in counseling, Csikszentmihalyi's (1997) proposal that flow could be used in psychotherapy holds some implications for the use of couple play. According to Csikszentmihalyi, psychotherapy was "centered on reinforcing both the patient's personal search for challenging possibilities for action in daily life, and his/her effort to develop personal skills in order to meet these challenges and not avoid them" (p. 141). The optimal experience, flow, was thought to be beneficial in therapy because people pursue activities that are intrinsically motivating. So the use of flow in psychotherapy created spontaneous interest in an individualized and personally motivated intervention. This could have indications for the use of couple play in a similar way in couple counseling, no matter what the counselor's couple counseling model. When flow was not present, people were drawn to activities that were "wasteful or destructive" (Csikszentmihalyi, p. 142). This may also hold for couple play and would be an area future research could investigate to determine if activities that were less associated with flow, for example passive entertainment such as movies, television or recorded music, were less predictive of couple bonding than active activities.

Although the effectiveness of couple play as an intervention has to be the subject of additional research, a few implications for the use of couple play in counseling were considered. First, couple play would appear to benefit couples at both the prevention and intervention levels to affect satisfaction, interactions, and positive emotions. Research focused on balancing dual work and family roles (Haddock & Rattenborg, 2003) indicated couples may first determine what amount and kind of couple play was desirable. The couple may then determine what they would prefer for couple play. The last step would be to plan how to change daily behaviors to achieve the amount and type of couple play preferred. The couple may have to explore their

differences and similarities in play preferences to identify what activities to explore for couple play (Lauer & Lauer, 2002). For activities that only one person likes strongly, the couple may use them as individual play. And for couples with strong differences, they may have to search further down on their list of preferences or expand their list of possibilities to find compatible play activities. The couple then has to commit to scheduling the couple play and following through on doing the play. Finally, the couple would have to identify the benefits or challenges of couple play to adjust their play activities to meet their needs and recognize the positive results.

### Conclusion

This study found a statistically significant relationship between the frequency of couple play and couple bonding factors of couple satisfaction, communication, conflict resolution, and idealistic distortion. These findings further previous studies of play in couples. Since the current study outcome measures are based in couple research on the factors that predict couple satisfaction and stability, the finding that couple play was predictive of the couple bonding outcome measures indicates a role for couple play as an intervention in couple counseling. Although the effectiveness of couple play as a couple counseling intervention has yet to be determined, there has been a call for effective couple counseling to meet the challenge of a high divorce rate and the effects of distressed couple relationships.

This study did not find support for a relationship between couple play and individual physical and emotional health. And the analysis of the couple play, couple bonding and individual physical, and emotional health measures were contradictory to the research literature

that supported a correlation between couple relationships and health. Further research is needed to clarify these findings.

Finally, this study provided initial validity and reliability support for the CPA. The CPA requires further study to replicate these findings. And the CPA may be modified to be more beneficial in the study of couple play and the assessment of couple play in counseling.

## **APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL**



Office of Research

August 25, 2004

Linda Vanderbleek  
6725 N. US 1  
Mims, FL 32754

Dear Ms. Vanderbleek:

With reference to your protocol entitled, "Couple Play as a Predictor of Couple Bonding, Physical Health and Emotional Health," I am enclosing for your records the approved, expedited document of the UCFIRB Form you had submitted to our office.

Please be advised that this approval is given for one year. Should there be any addendums or administrative changes to the already approved protocol, they must also be submitted to the Board. Changes should not be initiated until written IRB approval is received. Adverse events should be reported to the IRB as they occur. Further, should there be a need to extend this protocol, a renewal form must be submitted for approval at least one month prior to the anniversary date of the most recent approval and is the responsibility of the investigator (UCF).

Should you have any questions, please do not hesitate to call me at 407-823-2901.

Please accept our best wishes for the success of your endeavors.

Cordially,

*Barbara Ward*

Barbara Ward, CIM  
Institutional Review Board (IRB)

Copies: IRB office  
Dr. Edward Robinson III, Child, Family and Community Science, Education, Room 322N



## **APPENDIX B: PERMISSION TO USE THE ENRICH SCALES**



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2004

### **Permission to Use ENRICH Couple Scales**

I am pleased to give you permission to use the **ENRICH Couple Scales** in your research project, teaching or clinical work with couples or families. You may either duplicate the materials directly or have them retyped for use in a new format. If they are retyped, acknowledgement should be given regarding the name of the instrument, the developers' names, and Life Innovations.

In exchange for providing this permission, we would appreciate a copy of any papers, theses or reports that you complete using **the ENRICH Couple Scales**. This will help us to stay abreast of the most recent developments and research regarding this scale. We thank you for your cooperation in this effort.

In closing, I hope you find the **ENRICH Couple Scales** of value in your work with couples and families. I would appreciate hearing from you as you make use of this inventory.

Sincerely,

David H. Olson, Ph.D.



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2005

### **Permission to Use ENRICH Leisure Scale**

I am pleased to give you permission to use the **ENRICH Leisure Scale** in your research project, teaching or clinical work with couples or families. You may either duplicate the materials directly or have them retyped for use in a new format. If they are retyped, acknowledgement should be given regarding the name of the instrument, the developers' names, and Life Innovations.

In exchange for providing this permission, we would appreciate a copy of any papers, theses or reports that you complete using the **ENRICH Leisure Scale**. This will help us to stay abreast of the most recent developments and research regarding this scale. We thank you for your cooperation in this effort.

In closing, I hope you find the **ENRICH Leisure Scale** of value in your work with couples and families. I would appreciate hearing from you as you make use of this inventory.

Sincerely,

David H. Olson, Ph.D.

## **APPENDIX C: PERMISSION TO USE THE 5F-WEL**

### Permission to Use the 5F-Wel

The authors of the 5F-Wel will give our permission for your use of the instrument in your dissertation or other research. We will provide information and scoring services, per the following procedures:

1. The Specimen Set for the 5F-Wel includes the Manual, One Instrument, an NCS response sheet, and a Brief Interpretive Report. The cost for this is \$30. The cost is \$25 if you will accept pdf files and plan electronic scoring (in which case we will not mail any documents or provide bubble sheets). You can copy the 5F-Wel as needed for your population; the cost of scoring is \$1 per person, prepaid. Alternately, you may have your participants complete the inventory on-line.
2. You will need to specify the nature of your population. We will then assign you a three digit key code which must be written and bubbled in on all of your forms or included in your electronic data set.
3. As a pilot, please complete one 5F-Wel bubble sheet and mail it to me, or complete an SPSS or Excel file in an agreed-upon format for testing. This is to verify that all instructions are followed and all data requested are provided. We will provide the initial file. You will need to assure that all of your participants provide all of the requested data. (If using the on-line version, filling out the form once is also necessary, with a code to be provided based on the nature of the population).
4. When you have collected all of your data, if you are using bubble sheets, review your bubble sheets/data form and edit them as necessary for demographic items and missing data. Then, put them all in the same order (one edge of the page is cut so they can be matched, all right side up and facing forward).

5. We will have the data scanned, which takes anywhere from one day to two weeks, depending on when it arrives. We are on a semester system and scanning of midterms and finals takes priority. No scanning services are available during university breaks and holidays. Electronic files may be scored more quickly.

6. The data will be scored using SPSS for windows. Our preference is to e-mail the data file to you. It can also be sent on a disk, but you will have to provide the disk and pay postage. The data file will contain all of the demographic information, item responses, and subscale scores for your participants. It will include raw scores and J-scores for the 5F-Wel factors.

7. We will provide a syntax file to assist you in interpreting the variables in the data set. We will not provide you with the scoring protocol - that is, we will not tell you which items score on which subscales.

8. The manual for the 5F-Wel includes all of the psychometric data you will need for your research proposal.

9. Your data will be included in our data set for development of the 5F-Wel. Individual data will not be used in any form, and we will not conduct research solely on your data set. Our expectation is that you will include this information in your informed consent form, which you will keep as part of your research data.

Please let me know if there is anything else we can do to assist you in your research.

Jane Myers

## **APPENDIX D: COUPLE PLAY ASSESSMENT**

## Couple Play Assessment

1. Attending parties.
2. Dining out with other couples.
3. Going to sporting events together.
4. Hosting parties.
5. Going to the movies.
6. Going to museums or art galleries
7. Attending concerts or plays.
8. Participating in a book group or gourmet cooking club.
9. Traveling.
10. Playing or listening to music together.
11. Telling and listening to jokes or funny stories.
12. Going to comedy clubs.
13. Acting silly.
14. Watching comedies on television.
15. Finding humor in day-to-day events.
16. Playing board games.
17. Working jigsaw puzzles.
18. Playing computer games.
19. Playing cards.
20. Playing charades.
21. Enjoyable physical activities (hikes, runs, swims, dance)
22. Participating in sports.
23. Watching sporting events.
24. Doing aerobic workouts.
25. Camping
26. Taking a bath or shower with your partner.
27. Flirting with your partner.
28. Hugging and holding hands with your partner.
29. Giving each other massages.
30. Having playful sex with your partner.



## **APPENDIX E: INFORMED CONSENT**

## Consent

August 1, 2004

Dear \_\_\_\_\_:

I am a doctoral candidate at the University of Central Florida. As part of my dissertation, I am conducting assessments, the purpose of which is to learn about couple play as a couple counseling intervention. Participants will be asked to complete a self-report assessment that will last no longer than 45 minutes. The self-report assessment includes the Five Factor Wellness Evaluation of Lifestyle, the ENRICH Couple Scale, the PREPARE/ENRICH Leisure Scale, and the Couple Play Assessment, the Play Profile and the Play Quotient. The assessments are enclosed with this consent. You will not have to answer any question you do not wish to answer. Your assessment will be conducted at the clinic after I have received a copy of this signed consent from you. Your identity will be kept confidential and will not be revealed in the final manuscript.

There are no anticipated risks, compensation or other direct benefits to you as a participant in this assessment. You are free to withdraw your consent to participate and may discontinue your participation in the assessment at any time without consequence.

If you have any questions about this research project, please contact me at (407) 823-0000. My faculty supervisor is Dr. Edward H. Robinson, III. Questions or concerns about research participants' rights may be directed to the UCFIRB office, University of Central Florida Office of Research, Orlando Tech Center, 12443 Research Parkway, Suite 207, Orlando, FL 32826. The phone number is (407) 823-2901.

Please sign and return this copy of the consent. A second copy is provided for your records. By signing this consent, you give me permission to report your responses anonymously in the final manuscript to be submitted to my faculty supervisor as part of my dissertation.

Sincerely,

Linda Vanderbleek

\_\_\_\_\_ I have read the procedure described above for the Play in Couples dissertation.

\_\_\_\_\_ I voluntarily agree to participate in the assessment.

\_\_\_\_\_ I would like to receive a copy of the assessment results.

\_\_\_\_\_ I would not like to receive a copy of the assessment results.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

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