A STUDY OF MARITAL CONFLICT ON MEASURES OF SOCIAL SUPPORT AND MENTAL HEALTH

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ABSTRACT

Marital conflict tactics and social supports have been proven to predict health outcomes in couples. The purpose of this study is to examine the effects of marital conflict tactics and social support on the general health of couples in Malaysia. It also aims to find out which type of perceived social support has a greater impact on an individual and his/her spouse's mental health. A random sample of 399 participants from Selangor who were either married or cohabiting were used in this study. Characteristics of conflict tactics and perceived social support in relation to general health were assessed. The result shows a moderate correlation between the variables. This supports the hypothesis that the manner in which couples handle conflict has an influence on their mental health. Additionally, couples' ability to handle conflict is also related to perceived social support. This means that a person with a better conflict tactic scale and more perceived social support is more likely to have a better general health.

Key words: marital conflict, social support, mental health

INTRODUCTION

Conflicts and disagreements are inevitable in every close relationship, including marital relationship. While every marriage relationship is as unique as the individuals it contains, some degree of conflict is actually necessary to keep a marriage dynamic rather than static (Ashford, LeCroy, & Lortie, 2006). Perceptions of marital quality between spouses in conflict vary. Similarly, the approaches which partners take towards handling differences vary but are crucial in determining marital satisfaction. Adjustments can be challenging because it includes adapting to myths and expectations of marriage, learning how to effectively communicate with a spouse, deriving satisfaction from the relationship and learning to deal with conflict. According to Gottman (1994), what is critical in a marriage is a balance between the couple's positive and negative interactions that determines their satisfaction. Studies have shown that failure to do so can bring detrimental effects on the mental health involving both couples and their children. As such, social support measures are extremely vital in buffering the effects of marital conflict.

Definition – Marital Conflict

Buehler *et al.* (1998) defines marital conflict as the existence of high levels of disagreement, stressful and hostile interactions between spouses, disrespect, and verbal abuse while Cummings (1998, p.60) interprets it as "any major or minor interpersonal interaction that involved a difference of opinion, whether it was mostly negative or even mostly positive." Cummings further elaborates that everyday marital conflict refers to daily interactions, whether major or minor, in which couples have a difference of opinion. Thus, everyday marital conflict includes a range of tactical and emotional expressions, both positive and negative. Marital aggression is on the negative extreme of a continuum of marital conflict which includes varying degrees of violent behaviors, including both verbal and physical acts.

Definitions of conflict that assume the interdependence of individuals make note of the presence of differences between the two parties. Donohue and Kolt (as cited in Hocker & Wilmont, 1998, p.113) define conflict as "a situation in which interdependent people express (manifest or latent) differences in satisfying their individual needs and interests, and they experience interference from each other in accomplishing these goals". Likewise, Jordan (as cited in Hocker & Wilmont, 1998, p.116) states that "conflict arises when a difference between two or more people necessitates change in at least one person in order for their engagement to continue and develop. The differences cannot coexist without some adjustment".

In sum, based on these definitions, differences between partners may not "coexist" without resolution. It is based on the premise that conflict is an inevitable and valuable aspect of all human association with the use of coercion, including force and violence, as a tactic for resolving conflicts being harmful.

Definition – Mental Health

There are many different perspectives on what constitutes as mental health. Most researchers agree that it concerns a person's state of mind which allows the person to function or prevents him/her from doing so. There are different ways to measure mental health. One method is the General Health Questionnaire (GHQ) which is used to investigate the differences of social dysfunction, anxiety, depression, and loss of confidence among headache and non-headache sufferers (Goldberg, 1981). GHQ is one of the most widely used and studied indicators of minor psychiatric disorders. The factors that have been identified in GHQ include general dysphoria or depressed mood, stress and coping, and self-esteem (Graetz, 1991). Other common methods used to measure mental health include the Depression, Anxiety and Stress Scale (Lovibond & Lovibond, 1995), and also the Spielberger State-Trait Anxiety Inventory (Spielberger, 1970) and the Beck Depression Anxiety (Beck, 1961) which are used to measure anxiety.

In sum, GHQ (Goldberg, 1981) was designed as a screening device to detect psychiatric disorder in an adult population. The device encompasses questions that relate with somatic symptoms, anxiety and insomnia, social dysfunction, and depression.

Definition – Social Support

The term social support refers to the process by which various forms of assistance is provided to others. The support may be from family, friends or significant others (Zimet, Dahlem, Zimet, & Farley, 1988). Some studies indicate that measuring the perceived total amount, and also the satisfaction with social support is important when trying to understand the impact of social relationships on health (Sarason, Pierce, & Bannerman, 1993). Most measures of social support typically assess how often different types of support have been received over a specific period of time or in the context of a specific event (Heitzmann & Kaplan, 1984).

In sum, social support is influenced by characteristics of the social environment and individual participants, the resources, and participants' perceptions of these transactions and their implications (Cohen & Wills, 1985).

Evidence of the Relationship between Marital Conflict and Mental Health

According to the self-esteem enhancement model, people are more maritally satisfied when their partner's view of them is positive, regardless of how positively they view themselves as compared to the self-verification theory where people are more satisfied when their partner's view is consistent with their self-view, even when their self-view is negative. Various studies have found that low self-esteem persons seek and prefer negative interpersonal feedback, and gravitate towards those whose view of them is consistent with their negative view. Although there is a lot of evidence supporting self-esteem enhancement theory, evidence produced by Sacco and Phares (2001) supports the latter. It was found that regardless of depression and self-esteem level, participants were more maritally satisfied when their partner viewed them positively. Their findings also replicate and extend research on depression and marital satisfaction by showing that both target depression level and partner appraisal independently contribute to target marital dissatisfaction.

Similarly, O'Leary, Christian and Mendell (1994) found a 10-fold increase in risk for depressive symptoms associated with marital discord. It has been suggested that variables that predict marital dissatisfaction may also serve to predict depression symptoms, especially in women. The study by O'Leary *et al.* (1994) explored, in a community sample of married individuals, the association between marital dissatisfaction, depression symptoms, and perceptions of marital communication styles such as self-silencing and the demand–withdraw communication pattern. For men and women, depression symptoms were correlated with self-silencing and wife-demand and husband-withdraw communication. Furthermore, for women, self-silencing mediated the association between marital dissatisfaction and depression symptoms. As expected, depression symptoms were more highly associated with being in the demanding role for women than for men. Results suggested that perceptions of interactions with one's spouse, as well as gender-related expectations of how both husband and wife should interact, may be important phenomena to address when considering depression and marital dissatisfaction in both men and women (Uebelacker, 2003).

Much evidence suggests that marital discord is related to depressive symptoms in couples. A research by Beach, Katz, Kim and Brody (2003) examined the association

between one spouse's marital discord and his or her partner's later levels of depressive symptoms. It also explored potential sex-related differences in the prospective effect of marital discord on depression. Results revealed that marital quality was associated with depressive symptoms; the magnitude of this effect was similar for both husbands and wives, and spouses' own marital quality predicted their partners' depressive symptoms. (Beach *et al.,* 2005).

According to a study by Halford (1999) on the association between individual and marital problems with the focus on depression, alcohol abuse, anxiety disorders, and the functional psychoses, available evidence shows that individuals' and couples' problems often exacerbate each other. Consequently, regardless of whether the initial presentation is individual or couple focused, there is a routine need to assess both individual and relationship functioning. Couples therapy, and in particular behavioral couples therapy (BCT), is an important element of effective treatment of depression, alcohol abuse, anxiety disorders, and the functional psychoses.

Lewis (2000) indicates that personality maturation seems to occur as a result of participation in relationships in which strong affective bonds are established and their differences repaired. The affective bond process of "establish, rupture and repair" is understood as the underlying dynamic of internalization, an important mechanism of growth across the lifespan.

Managing conflict is one of the most important tasks in maintaining a marriage, so identifying what specific conflict resolution styles are linked to change in marital satisfaction is important. Kurdek (1995) has found in his replication study that each spouse's marital satisfaction is positively related to the frequency with which each spouse uses constructive strategies to resolve conflict, such as agreement, compromise, and humor. Marital satisfaction is negatively related both to the frequency with which each spouse uses destructive strategies to resolve conflict (such as conflict engagement, withdrawal, and defensiveness) and to the joint frequency that the wife uses conflict engagement and the husband uses withdrawal. This data is highly reliable because it tested three causal relations involving spouses' conflict resolution styles and marital satisfaction. The findings indicate that conflict resolution styles do cause marital satisfaction and also that change in marital satisfaction is linked to change in conflict resolution styles. However, the idea that marital satisfaction causes conflict resolution styles is not supported. Kurdek (1995) admits that a limitation of this study is that no actual observations were made of couples attempting to resolve conflict.

Evidence of Relationship between Social Support and Mental Health Status

For most individuals with a healthy social support network, major stressors in life can be more easily handled. A proper support network consists of a reinforcing family and friends who can help the affected individual to work through any problems, such as the death of a family member, loss of a job, major injury, or any number of other stressors that can contribute to psychological illnesses, such as depression. For individuals with an underdeveloped social network, or those with a negatively reinforcing social network, these major life events can cause greater harm to them because of a lack of support that most individuals have. An underdeveloped social network cannot handle the pressure of an

individual looking for support, and a negatively framed social network can actually reinforce thoughts of hopelessness, failure, and being worthless. Without a developed social support, it is more likely for the individual to develop symptoms of depression (Wade & Kendler, 2000).

Families also have a positive influence on their relatives when it comes to depression. When family members are there for a person in need, they can help in reducing the person's stress and anxiety level by showing their love. They can also assist in getting the kind of help needed so that the person does not fall into a deeper state of depression. Although there is a possibility that family members can cause their depressed relatives to fall into a deeper state of sadness, they can be very helpful in providing protection and helping to improve their depressed relatives' mental and emotional states. The love shown by family members results in a sense of belonging in the world (Martire, Lustig, Schulz, Miller, & Helgeson, 2004). A study by Walen and Lachman (2000) shows the evidence that supportive networks could buffer the detrimental effects of strained interactions but friends and family served a buffering role more often for women than for men.

Relationship with a spouse also plays a role in preventing a person from falling into a deeper depression (Burns, Sayer, & Moras, 1994). Support from other sources cannot compensate for lack of support from a spouse (Coyne & DeLongis, 1986). Once the support by spouses is considered, support from other important people provides no significant gains in predicting individual/s well-being or distress (Ruehlman & Wolchik, 1988). Support from partner has been shown to aid in relationship functioning when individuals are faced with severe stressors (Coyne & Smith, 1994). Goodman (1999) finds that spouses in reciprocal relationships provide the most positive descriptions of their marriage. In her research where she examined these areas of reciprocity using a 28-unit survey, Goodman found that her hypothesis was supported to some extent: spouses in reciprocal relationships provide the most positive descriptions of their marriage. Interestingly, stronger and more consistent results were found in women, whereas men focused more on control as a factor of marital satisfaction.

A troubled marriage is itself a prime source of stress while simultaneously limiting the partner's ability to seek support in other relationships (Coyne & Delongis, 1986). The impact of a turbulent marriage is substantial.   For example, epidemiological data demonstrates that unhappy marriages are a potent risk factor for major depressive disorder, associated with a 25-fold increase relative to untroubled marriages (Weissman, 1987). Support and reciprocity is a recurring theme in literature related to marital satisfaction. Spousal contributions to marriage in the areas of love, respect, information, goods, services and money are all indicators of marital success.

Research Issues

Although conflicts in a marriage are inevitable, the need to be able to handle them appropriately especially as a couple is extremely important. Over the years, there seems to be an increase in attention given to the impact or consequences of marital dissatisfaction and parental separation issues, towards the psychological aspects of couples involved as well as their present and future development of their children. Recent studies conducted by Malaysian Islam Development Department (JAKIM, 2008) showed a drastic increase in

divorce rates in Malaysia. The total number of divorces reported annually against marriages is high. For example, in 2007 there were 131,086 marriages against 20,259 divorces. This translates into more than 56 divorce cases daily. According to JAKIM (2008), divorce rate appears to be associated with changing expectations about marriage, marital conflict and women working outside the home. In addition, the department has found that 21.0 percent of divorces are due to irresponsible attitude of couples whereas 19.2 percent is attributed to incompatibility. These high figures threaten the integrity of the Malaysian family system.

Studies on marital conflict have indicated that conflicts are normal, unavoidable and necessary for a marriage to a certain extent. However, a couple's ability to manage conflicts will determine the level of satisfaction or impact on their marriage. Research findings related to marital conflict and mental health status mainly indicate that a relationship exists between the two variables. Depression seems to be the main symptom in troubled marriages when couples fail to compromise or manage their differences. In addition, social support regardless of the source of support definitely has a role to play in buffering the effects of conflict on the state of marriage, couples and their children.

However, there is still very little empirical research examining marital conflict on measures of social support and mental health problems in one study. Various sources of social support for troubled marriages have been identified but not the predominant source and its actual relationship towards the outcome of the mental health status of the individuals involved. Thus, it appears that these variables are independent of each other, and couples just need to accept and handle marital conflicts as part and parcel of married life.

Purpose and Hypotheses of Study

The purpose of this research is to investigate the relationships between marital conflict, mental health and social support. The prospective effect of marital discord such as conflict tactic on mental health has been explored. This study also aims to find out which type of perceived social support has a greater impact on an individual and his/her spouse's mental health. In order to achieve the above objectives, the following research questions have been formulated:-

   a.   Would conflict tactic scales promote better mental health status?
   b.   Would social support lead to better mental health status?
   c.   Would family support play a more important role in improving conflict tactic?

The following research hypotheses have been formed:

      Hypothesis 1: Higher conflict tactic scales will result in better mental health status
      Hypothesis 2: Better social support will lead to better mental health status
      Hypothesis 3: Family support is more important in improving conflict tactic

METHODOLOGY

Subjects

The sample size consisted of 399 randomly selected participants from Klang Valley, Selangor. They included 181 (45.4%) males and 218 (54.6%) females who have jobs/career and are either living together with their spouse or co-habiting with their partner. The sample was not controlled for age, race, educational qualification, or, for whether or not they had children with their spouse/partner. The ages of participants ranged from 18 to 68 years old with a mean age of 37.8 years old (SD=11.20). There were 38 (9.5%) Malay participants, 267 (66.9%) Chinese participants, 69 (17.3%) Indian participants and 25 (6.3%) participants from other races.

Measurements

Conflict Tactics Scale (CTS) was developed by Straus (Straus & Gelles, 1990). It is based on the premise that conflict is an inevitable and valuable aspect of all human association with the use of coercion, including force and violence as a tactic for resolving conflicts being harmful. The CTS is oriented towards behaviors, not attitude and seeks to measure the behaviors of both the respondents and their partners. It is recognized as a standard survey tool for assessing domestic violence. CTS measures three dimensions of conflict tactics, which are reasoning, verbal aggression and violence and in this scale, it is divided into three parts that is "Yourself", "Spouse" and "Ever Happen" and each part has 20 items. However, this research only focuses on the scales of "Yourself" and "Spouse". Participants were given 5 options and each option is assigned a number, 0=Never, 1=Twice, 2=3–5 times, 3=6–10 times, 4=11–20 times and 5=more than 20 times. Items 1 to 3 in "Yourself" and "Spouse" are reverse-scored and lower score indicated a more adaptive way of handling conflict.

The General Health Questionnaire [GHQ] (Goldberg, 1981) was designed as a screening device to detect psychiatric disorder in an adult population. The device encompasses questions on somatic symptoms, anxiety and insomnia, social dysfunction, and depression. It is a self-administered 12-item scale where respondents rate themselves on a 4-point scale (i.e. Better than usual, Same as usual, Worse than usual and Much worse than usual). Higher scores are indicative of greater symptomatology. A high degree of internal consistency was observed for each of the 12 items with Cronbach's alpha value of .37–.79. Test-retest coefficients for the 12 items were highly significant (Goldberg, 1981).

Multidimensional Scale of Perceived Social Support [MPSS] (Zimet, *et al.,* 1988) is a 12-item self-administered scale that measures perceived social support from three sources: friends, family and a significant other. The item responses are of a 7-point categorical scale, where respondents answer whether they agree or do not agree with the statement. Higher scores are indicative of higher perceived social support. Internal consistency for the MPSS was found to be .91 for the total scale, and .90 to .95 for the subscales.

Procedure

The questionnaires were administered by a team of 10 trainee psychologists. The questionnaires were given to participants to complete, either on-the-spot, or at home. Each participant was also required to complete a consent form. All questions were administered in English.

RESULTS

Pearson correlation, r, was used to analyze the three hypotheses of this study. Marital conflict formed the independent variable, whereas both mental health status (General Health Questionnaire) and social support (Multidimensional Scale of Perceived Social Support) formed the dependent variables.

Table 1. Correlation between General Health and Conflict Tactics Scale

	General Health
Conflict Tactics Scale	.305*

* p<.05

A correlation was done between the General Health and Conflict Tactics Scale. The results were significant with a low degree of correlation between General Health and Conflict Tactics Scale (r =.305, p< .05) as shown in Table 1.

Table 2. Correlation between Multidimensional Social Support and General Health

	General Health
Multidimensional Social Support	-.432*

* p<.05

A correlation was done between the Social Support and General Health. The results were significant with a moderate degree of correlation between Social Support and General Health (r =.-.432, p<.05) as shown in Table 2.

A correlation was done between social support and conflict tactic scale. The results were significant with low negative correlation between conflict tactic scales and scales of social support from family (r = -.28, p< .01), friend r = -.25, p < .01) and significant others (r = -.269, p < .01). This indicates that family support is more important in improving conflict tactics as shown in Table 3 as compared to support from friends and significant others.

Table 3. Correlation Matrix Depicting Relationships between Social Support and Conflict Tactic Scale: Yourself and Spouse

	MSSS-Fa	MSSS-Fr	MSSS-Ot	CTS-Y	STS-S
MSSS-Fa					
MSSS-Fr	.684**				
MSSS-Ot	.619**	.856**			
CTS-Y	-.280**	-.250**	-.269**		
CTS-S	-.343**	-.346**	-.397**	.717**	

*p < .05, ** p< .01

Key:

MSSS-Fa:	Multidimensional Scale of Social Support-Family
MSSS-Fr:	Multidimensional Scale of Social Support-Friend
MSSS-Ot:	Multidimensional Scale of Social Support-Other
CTS-Y:	Conflict Tactic Scale-Yourself
CTS-S:	Conflict Tactic Scale-Spouse

A correlation was done between social support and conflict tactic scale (Spouse). The results were significant with low negative correlation between conflict tactic scales (Spouse) and scales of social support from family (r = -.343, p< .01), friend (r = -.346, p < .01) and significant others (r = -.397, p < .01). This indicates that support from significant others is more important in improving conflict tactics for spouse as compared to support from friends and significant others (see Table 3).

DISCUSSION

In general, the hypotheses of this study were supported. Hypothesis 1 predicted that higher conflict tactic scales will result in better mental health status. It was supported by a higher score for conflict tactic scale resulting in a higher mental health score; Hypothesis 2 predicted that better social support will lead to better mental health status outcome. This was also supported by the higher social support scores in reducing mental health scores. The third hypothesis stated that family support is more important in improving conflict tactic.

The result revealed that family support was ranked higher than the dimensions of significant others and friends and was proved to be correlated with conflict tactic.

This study supports evidences to suggest that conflict management is important in dealing with mental health status. A troubled marriage is itself a prime source of stress; simultaneously limiting the partner's ability to seek support in other relationships will worsen the situation. The results of this study support the finding of Weissman (1987), who demonstrated that unhappy marriages are a potent risk factor for major depressive disorder, associated with a 25-fold increase relative to untroubled marriages. The impact of a turbulent marriage is substantial. There seems to be a link between how a couple manages their differences in their marriage and the status of their mental wellbeing. The results of this study also support other researchers (O'Leary *et al.,* 1994) who found that depressive symptoms are associated with marital discord.

A partner helps an individual to get through situations that are hard to survive alone. The individual knows that there is someone there to get him/her through times of sadness. Those who are single go deeper into their depression because they do not have the comfort and support of a loved one. An intimate relationship indeed increases happiness in a person because the person knows that he/she is not alone in the world.

The current study's findings are also consistent with the fact that the success of a marriage is very much influenced by the balance in the interaction and attitude between partners towards solving and handling differences in a marriage. Similarly, it is undeniable that social support has an important role to play in maintaining that balance.

The results of this study support the findings of Burns, Sayer and Moras (1994). Their results indicated that relationships are a way to help prevent loved ones from falling into a deeper depression. Coyne and DeLongis (1986) also found evidence to indicate that support from other sources does not compensate for lack of support from a spouse. However, in the present study, support from family and significant others for an individual and his/her spouse seems to be the more predominant in assisting them to handle conflicts in their marriage. The findings of this research are congruent with previous research outcomes where support from family seems to be more important.

The main strengths of this study include the high reliability and validity of the General Health Questionnaire (GHQ), Perceived Social Support Questionnaire and Conflict Tactics Scale. Since close-ended questions were adopted in the present study, the tabulation of scores was less complicated and results were easily interpreted and presented. Besides, the Scale is scored based on a rating scale, from "strongly agree" to "strongly disagree" and this enables administrators to have better understanding of participants as it gave more specific and accurate responses compared to other ratings such as "Yes" or "No".

There are a number of limitations that must be taken into account when considering the implications of our findings. Variables of study should include years of marriage and samples should include those from urban as well as rural areas. It is difficult to know the extent to which duration of marriage has on the couples' maturity; the level of ability to handle their marital conflicts might have also changed over time. Hence, it may be desirable to control the time factor and/or analyze its influence in future studies. In addition, it is likely that the differences in the area where samples are taken will influence both the style of handling conflict as well as the sources of support. Therefore, a comparison of results between these sources of samples should be considered in future studies.

The findings of the present study heighten the importance of social support for couples due to their vulnerability to marital conflict which is directly linked to the state of their mental health. The quality of marital relationship which includes how conflicts are handled, have significant implications for couples' daily lives and psychological adjustment. In fact, skilled marital communication and conflict resolution play an important role in determining the overall high functioning marriage (Lauren, Marcie, & Mark as cited in Bradbury, Fincham, & Beach, 2000). In the Malaysian context, marital research by JAKIM (2008) is in line with many of the western research findings that physical distress and higher level of mental problems are found in couples who consistently apply withdrawal tactics (Lauren, Marcie, & Mark as cited in Schmaling & Jacobson, 1990). It is important to raise awareness among couples that marital conflict often precedes the onset of individual problems and is interrelated with mental health problems; happy marriages are associated with physical well-being. With respect to children, growing up in a home with two stable and happy parents is one of the strongest protective factors against mental, physical, educational and peer-related problems (Burman & Margolin, 1992).

CONCLUSION

Marriage is good for mental and physical health for the spouse (Burman & Margolin, 1992). It is crucial for couples to know that partners are protected from the negative effects of stressors in a mutually satisfying relationship. The present findings revealed that a person's general health is correlated to marital conflict tactics and social support. Social support from family and significant others are important in improving marital tactic. The findings indicated that managing conflict is one of the most important tasks in maintaining a marriage, so identifying what specific conflict resolution styles are linked to change in marital satisfaction is essential. Though this study succeeded in replicating previous results generated by other researchers, this is still one of the important conclusions generated in Malaysian population. Since marital conflict and mental health is one of the important issues worldwide, further research is strongly recommended.

REFERENCES

Ashford, J. B., LeCroy, C.W., & Lortie, K. L. (2006). *Human Behavior in the Social Environment: A Multidimensional Perspective* (3rd Edition)*.* California: Thomson Brooks.

Beach, S. R. H., Katz, J., Kim, S., & Brody, G. H. (2003). Prospective Effects of Marital Satisfaction on Depressive   Symptoms in Established Marriages: A Dyadic Model. *Journal of Social and Personal Relationships, 20*(3), 355–371.

Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961).   An inventory for measuring depression. *Archives of General Psychiatry, 4,* 561–571.

Bradbury, T. N., Fincham, F. D., & Beach, S. R. H. (2000). Research on the nature and determinants of marital satisfaction: A decade in review. *Journal of Marriage and the Family, 62*, 964–980.

Buehler, C., Krishnakumar, A., Stone, G., Anthony, C., Pemberton, S., Gerard, J., & Barber, K. (1998). Interparental conflict styles and youth problem behavior: A two-sample replication study. *Journal of Marriage and the Family*, *60*, 119–132.

Burman, B., & Margolin, G. (1992). Analysis of the association between marital relationships and health problems: An interactional perspective. *Psychological Bulletin, 112*, 39–63.

Burns, D. D., Sayers, S. L., & Moras, K. (1994). Intimate relationships and depression: Is there a causal connection? *Journal of Consulting and Clinical Psychology, 62,* 1033–1043.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, *98*, 310–357.

Coyne, J. C., & DeLongis, A. (1986). Going beyond social support: the role of social relationships in adaptation. *Journal of Personality & Social Psychology, 54*, 454–460.

Coyne, J.C., & Smith, D. A. F. (1994). Couples coping with myocardial infarction: Contextual perspective o patient with self efficacy. *Journal of Family Psychology*, *8*, 43–54.

Cummings, E.M. (1998). Children exposed to marital conflict and violence: Conceptual and theoretical directions. In G.W.Holden, R.Geffner, & E.N.Jouriles (Eds.), *Children exposed to marital violence*, Washington, DC: APA.

Goldberg D. (1981). *General Health Questionnaire*. Berks, UK: NFER-NELSON Publishing Company Ltd.

Graetz, B. (1991). Multidimensional properties of the General Health Questionnaire. *SocPsychiatry Epidemiology, 26,* 132–138.

Goodman, C.C. (1999). Reciprocity of social support in long-term marriage. *Journal of Mental Health & Aging*, *5*(4), 341–357.

Gottman, J. M. (1994). *What predicts divorce?* Hillsdale, NJ: Lawrence Erlbaum.

Halford, W. K., Bouma, R., Kelly, A., &. Young, R. M. (1999). Individual Psychopathology and Marital Distress: Analyzing the Association and Implications for Therapy**.** *Behavior Modification*, *23*(2), 179–216.

Heitzmann**,** C. A., & Kaplan, R. M. (1984). Interaction between sex and social support in the control of Type II diabetes mellitus. *Journal of Consulting and Clinical Psychology, 52*(6), 1087–1089.

Hocker, J. L., & Wilmont, W. W. (1998).*Interpersonal Conflict. 5ᵗʰ Ed*. Boston, MA:McGraw Hill Publishers.

Malaysian Islam Development Department (JAKIM, 2008). *Statistical Figure on Divorce and Causes of Divorce in Malaysia.*

Kurdeck, L. A. (1995). Predicting change in marital satisfaction from husbands' and wives' conflict resolution styles. *Journal of Marriage and Family*, *57*(1), 153–164.

Lewis, J.M. (2000).Repairing the Bond in Important Relationships: A Dynamic for Personality Maturation. *Am I Psychiatric, 157*(9), 1375–1378.

Lovibond, P. F., & Lovibond, S. H. (1995). Self-report scales (DASS) for the differentiation and measurement of depression, anxiety and stress. *Behaviour, Research and Therapy, 33*, 335–343.

Martire, L. M., Lustig, A. P., Schulz, R., Miller, G. E., & Helgeson, V.S. (2004). Is it beneficial to involve a family member? A meta-analysis of psychosocial interventions for chronic illness. *Health Psychology*, *23*, 599–611.

O'Leary, K. D., Christian, J. L., & Mendell, N.R. (1994). A closer look at the link between marital discord and depressive symptomatology. *Journal of Social Clinical Psychology, 13,* 33–41.

Ruehlman, L. S., & Wolchik, S.A. (1988). Personal goals and interpersonal support and hindrance as factors in psychological distress and well-being. *Journal of Personality and Social Psychology, 55*, 293–301.

Sacco, W. P., & Phares, V. (2001). Partner appraisal and marital satisfaction: The role of self-esteem and depression. *Journal of Marriage & Family, 63*(2), 504–513.

Sarason, B. R., Pierce, G. R., & Bannerman, A. (1993). Investigating the antecedents of perceived social support: Parents' views of and behavior toward their children. *Journal of Personality and Social Psychology, 65*(5), 1071–1085.

Schmaling, K. B., & Jacobson, N. S. (1990). Marital interaction and depression. *Journal of Abnormal Psychology, 99,* 229–236.

Spielberger, C. D., Gorsuch, R. C., & Lushene, R. E. (1970). *Manual for the State-Trait Anxiety Inventory*. Palo Alto, CA : Consulting Psychologists Press.

Straus, M. A., & Gelles, R. J. (1990). Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8145 Families, New Brunswick, NJ: Transaction. Instruments reproduced with permission of Murray A. Strauss.

Uebelacker, L. A., Courtnage, E. S., & Whisman, M. A. (2003).Correlates of Depression and Marital Dissatisfaction: Perceptions of Marital Communication Style. *Journalof Social and Personal Relationships, 20*(6), 757–769.

Wade, T. D., & Kendler, K. S. (2000). The relationship between social support and major depression: Cross-sectional, longitudinal, and genetic perspectives. *Journal of Nervous and Mental Disease, 188*, 251–258.

Walen, H. R., & Lachman, M. E. (2000). Social Support and Strain from Partner, Family, and Friends: Costs and Benefits for Men and Women in Adulthood. *Journal of Social and Personal Relationships*, *17*(1), 5–30.

Weistein, M. (2005). *The Surprising Power of Family Meals: How Eating Together Makes Us Smarter, Stronger, Healthier and Happier*. New Hampshire: Steerforth Press.

Zerzonsky, M. (1978). Formal reasoning in adolescence: An alternative view. *Adolescence, 13,* 279–290.