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Development of marital adjustment and family functioning scale: a reliability and validity study

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ABSTRACT

Aim: We aimed to develop a novel, comprehensive scale to assess family functioning and marital adjustment.

Methods: We attempted to develop the Marital Adjustment and Family Functioning Scale with randomly selected 361 married participants without dementia and mental retardation. While calculating the internal consistency coefficient and deploying the test-retest method to ensure the reliability of the scale, we resorted to the factor analysis and criterion-related validity methods to seek its validity. The Marital Adjustment Test (MAT) and the Family Assessment Device (FAD) were utilized to ensure the criterion validity of the scale.

Results: The findings revealed the internal consistency coefficient of the scale to be 0.974. Following the test-retest study with 20 participants, we calculated the correlations between two measurements with the MAFFS test to be 0.951. Finally, we calculated the correlation coefficients between the MAFFS and the FAD and the MAT to be 0.704 and 0.775, respectively.

Conclusion: The first subscale is called the "family functioning and adjustment" since the items were oriented to assess general functions and adjustment in the family. The second subscale includes the items oriented to confidence-loyalty-violence; therefore, it is called "confidence-loyalty-violence." Finally, the third subscale is referred to as "marital dysphoria" since it attempts to assess dysphoric issues within the family. Overall, the whole scale is deemed appropriate to be called the "Berksun-Söylemez-Kayacık (BSK) Marital Assessment Scale."

Keywords: Family, marriage, marital adjustment, scale

INTRODUCTION

In its broadest definition, a family can be defined as a group of people who have kinship ties, feel close to each other, and often share the same residence. Most societies consider children the ultimate reason for existence. When it comes to family, one may recall concepts such as intimacy, economy, culture, tradition, honor, and friendship. The family can be described as the oldest, most fundamental, and most rooted institution forming the basis of society. Perhaps its most apparent task is to convey all kinds of human values to new generations and to be instrumental in the reproduction and continuation of the human species.[1] Although the definition and form of the family vary by society and culture, it has always maintained its significance as a social foundation. The previous research showed that a single type or definition of family cannot be suggested; in contrast, a family prototype has emerged over time within each society's own culture.[2]

The literature offers many definitions of family. While digging into the reasons why many definitions have been proposed for family, one may realize that family has a dynamic structure, is affected by innovations and changes, can vary by the number and characteristics of its members, and is shaped by a number of political, religious, legal, moral, and cultural elements.[3] Gladding defines family as a unit that anticipates the future with confidence and hope and trusts and protects its young members, where the members are all aware of their responsibilities and have open communication, that has clear boundaries but can be flexible when needed, and that seeks solutions for all possible problems.[4] Besides, a family can be categorized as patriarchal, matriarchal, and egalitarian by dominant character, as monogamy and polygamy (polygyny, polyandry) by the number of people to marry, as patrilineal, matrilineal, and both by the kinship of spouses, as patrilocal and matrilocal by the type of residence, and as nuclear and extended in general.

A family is established through marriage in modern societies; marriage is considered a distinguishing characteristic and the very first stage of family unity. The difference between family and marriage is uttered as follows: "Family is a group or organization, and marriage is a contract for bearing and raising

children".[5] The form and conditions of marriage, legal situations (e.g., age of marriage), and cultural changes regulate the structure and process of marriage. "Marriage is an institution, a form of a legal relationship that binds a man and a woman as spouses, provides a specific status and identity to children, and is within the control, rights, and authority of the state".[6] Framo stated that spouses are deeply attached to each other in marriage and satisfy their psychological needs (e.g., love, commitment, belonging, and happiness). He also emphasized that marriage ultimately leads to a family, meets the material and spiritual needs of its members, and ensures the safety and unconditional solidarity and sympathy between its members.[7] While defining marriage, Hansen underlined the unity between spouses, the open and reliable relationship between the members, the ability to be natural and to experience personal differences, and the satisfaction of feelings related to intimacy, anger, and sexuality.[8]

In Western societies, the search for solutions to familial problems formed the focal point of the social work profession, especially in the late 19th and early 20th centuries.[9] It is often accepted that family counseling started with Alfred Adler. Adler attached importance to preventive measures regarding mental health and attributed importance to parent education in this regard, leading him to establish family education centers in the 1920s. These centers enlightened parents and teachers about child education. Adler took a family member with a problem to meet with other family members in a family center and interviewed spouses as a couple. Moreover, he focused on interpersonal interaction based on the assumption that a disorder in a family member might not have arisen if they had lived alone.[10] "Married couples study groups" or "married couples group therapy" aimed at solving the problems between married couples, thus increasing happiness and satisfaction in marriage, initiated the born of marriage counseling, while "family education centers" can be considered the beginning of family counseling.[11] In Turkey, one may not be able to reach scholarly papers examining "family" in the pre-Republican period. The research until the 1960s often pointed out the stages of the Turkish family structure since the old Turkic communities.[12] The first empirical and large-scale studies date back to the 1960s. The changes in the 1950s also affected the family, leading family to become the subject of research in sociology. Until the 1970s, few studies focused on village and slum families. (e.g., Yasa's book titled "Ankara'da Gecekondu Aileleri" (Slum Families in Ankara) in 1960 and the studies on "Modernization Trends in Turkish Villages" by the State Planning Organization (SPO) in 1970).[13] However, the predominance of the young population, being a developing country, and the participation of women in business life led the state to focus on family studies and policies. In the 1980s and later, family studies often scrutinized "women and their problems." The review titled "Change of Family in Turkey" by the Turkish Social Sciences Association in 1984 may be shown as a noteworthy study addressing the papers on the subject. Following this period, the place of women in the family was brought to the agenda, leading the roles and statuses in the family to be questioned. The lifestyle and familial position of the woman, undertaking socialization as a wife and mother, were addressed with the changes. In the following years, the literature enjoyed increased sociological research, and the subject of the family began to be covered in doctoral and graduate studies.[14] For example, Volkan and Çevik introduced their study titled "Turkish Fathers and Families" in 1989.[15]

Measurement instruments designed for clinical settings bring practical benefits to professionals working on family and marital problems. They are particularly important to reveal possible intervention areas, provide objectivity in follow-ups, and save time. The importance of using scales in marriage and family counseling or developing novel instruments is highly acknowledged to obtain empirical information about relationships, to demonstrate problem areas to spouses efficiently, and to reveal what is needed to settle their problems.[16] The national literature seems to be dominated by adaptations of internationally-recognized instruments. For example, Çelik adapted the "Marital Satisfaction Scale" in 2006.[17] Yet, Berksun attempted to develop a scale to measure the "level of expressed emotions in families," which is thought to have an impact on the etiopathogenesis and prognosis of schizophrenia and to be a family-led factor. A total of 46 subjects, 27 of whom were relatives of schizophrenic individuals, were included in that scale development study.[18]

According to Ogburn, family functions are to satisfy economic needs, provide status, plan the education of children, provide religious education, organize leisure activities, protect family members, and create an environment of mutual affection.[19] Ackerman classified these functions as biological, social, psychological, and economic functions.[20] Epstein and Bishop perceived a healthy family as one consisting of members who can solve their problems by coming together, are emotionally connected to each other, are concerned in a way of not preventing their freedom, can effectively fulfill their roles, can control each other's behavior, and have an open, relaxed, and direct communication between them.[21] In this regard, Yörükoğlu stated, "People from healthy families are often mentally healthier, exhibit less depression and skepticism, and do not immediately worry about adverse events. They can relate better with those around them and think positively about the future. On the other hand, those coming from dysfunctional families show introversion, dependency, and skepticism, are unable to establish good relations with others, and have a negative view of the future.[22] Emphasizing the importance of communication and cooperation, Pollak argued that the interaction patterns in healthy marital relations should be based on the assumption of mutual satisfaction and that some problems depending on age and marriage can be eliminated thanks to positive communication and cooperation in healthy families.[23] Ackerman highlighted that couples in a healthy family have congruence in their marital roles, share common goals and values, and cooperate in seeking appropriate solutions regardless of the extent of the problems. Continuing a comprehensive description of a healthy family, he also stated that such couples do not have feelings of guilt, do not show behaviors such as overly dumping a member or making them a scapegoat, accept each other as they are, respect each other and understand the changes, and, most importantly, utilize all these behaviors as a means to improve their relationship.[24] One can think of the opposite of the above-mentioned qualities when it comes to an unhealthy family. Families are often considered unhealthy when the members avoid communication, seek solutions on issues concerning the family, do not/cannot establish true intimacy with each other, and have negative feelings.[25] It is clearly an undesirable environment where the family members are deprived of communication and interaction, cannot cope with any crises,

end up with insolvency in problems, are always in constant conflicts, adopt diverse ego ideals, do not have flexibility, and experience chaos. The burden of stress in this unhealthy environment on the members and dysfunctional solutions for this situation (e.g., turnover of those assuming a role in the family, changes to the roles, or having to assume an irrelevant role in the family) can lead to a vicious circle of such an unhealthy environment.[26]

It is not prudent to show a moment without communication in the family since it is a dynamic structure. Therefore, it can confidently be asserted that family communication is one of the factors affecting happiness in marriage. Griffin and Greene grouped intra-familial communication into verbal/non-verbal communication and spousal communication/spouses' communication with other family members.[27] Fowers, on the other hand, mentioned two fundamental tasks of intra-family communication. The first is to bring affective intimacy where spouses exert efforts to mutually understand each other, while the second is to help settle life difficulties creating communication barriers.[28] Family problems are often caused by a lack of or disruptions of communication. Communication problems in the family may cause the following: a) each family member's thinking only of themselves, b) negative approaches and no respect for each other's feelings, needs, and desires, c) no support for each other, d) hindering each other's freedom by putting definite values and behaviors, e) lack of experience of positive and meaningful relationships, f) lack of communication between family members, and g) misunderstanding of each other.[29]

The scholarly interest yielded some theories/approaches to better understand the concepts of family and marriage: systems approach, structural approach, behavioral approach, communication approach, cognitive approach, strategic approach, psychoanalytic/psychodynamic approach, experiential approach, and developmental approach.

METHODS

This study was produced from the author's specialization thesis numbered 14-287 and titled "Development of marital adjustment and family functions scale: a reliability and validity study." The study was carried out with the permission of Ankara University Faculty of Medicine Ethics Committee (Date: 07.19.2010 Decision No: 14-287). All procedures were carried out in accordance with the ethical rules and the principles of the Declaration of Helsinki.

This is a scale development study covering item pooling and selection and seeking validity and reliability. While the population consisted of the author's social milieu and the patients hospitalized in the psychiatry ward of the Ankara University Faculty of Medicine, the sample included randomly selected 361 married participants without dementia or mental retardation. Among them were also ten hospitalized participants, four of whom were diagnosed with depression, three with anxiety disorders, and three with somatization disorders.

Three academics, who are well-versed in the subject, generated a pool of 600 items considering both the conceptual frameworks in the relevant literature on the family and the previously developed instruments. The preliminary draft included 248 items after 352 were eliminated for various reasons (overlapping, ambiguity, etc.). This draft was first submitted to 118 subjects on a 3-point Likert-type scale ranging from 0 (disagree) to 2 (agree). Then, the second draft included only those with an item-total correlation coefficient above 0.20. The second draft was then submitted to 500 married couples in a pilot study. We performed a factor analysis on the data from 264 valid responses and finalized the scale with 99 items.

Statistical Analysis

We performed the statistical analyses on the SPSS 17.0 program. Initially, responses were scored from 2 (agree) to 0 (disagree), and the positive items were reversely coded.

RESULTS

The findings revealed the mean age to be 36 years (21-65 years) and the mean length of education to be 13 years and (5-17 years). Moreover, the mean length of marriage was found to be 11 years (1-48 years). There were almost the same numbers of females (52%) and males (48%) in the study, and no participants had more than two marriages. Almost all the participants (98%) were married once, and most of the participants (90%) hosted no person at home other than their spouses and children. A quarter of the participants had no children, 33% had an only child, 31% had two children, and 8% had three children. **Table 1** presents the participants' demographic characteristics.

Table 1. Participants' demographic characteristics

	Age	Length of education	Number of marriage	Length of marriage	Additional person at home	Number of children
N						
Valid	345	345	346	346	346	346
Missing	16	16	15	15	15	15
M	36.2841	13.8580	1.0231	11.1618	.1387	1.2977
SE	.50673	.13738	.00809	.54571	.02545	.05570
SD	9.41210	2.55181	.15051	10.15088	.47347	1.03607
Variance	88.588	6.512	.023	103.040	.224	1.073
Range	44.00	12.00	1.00	47.00	4.00	6.00
Min.	21.00	5.00	1.00	1.00	.00	.00
Max.	65.00	17.00	2.00	48.00	4.00	6.00
Percentiles						
25	29.0000	11.0000	1.0000	3.0000	.0000	.0000
50	33.0000	15.0000	1.0000	7.5000	.0000	1.0000
75	42.0000	15.0000	1.0000	17.0000	.0000	2.0000

The reliability of the 99-item MAFFS was sought by calculating its internal consistency coefficient and using the test-retest method. Accordingly, we calculated the internal consistency coefficient of the scale to be 0.974. In the test-retest phase, we readministered the scale to 20 participants and found a perfect correlation between the measurements (r = 0.951). When it comes to criterion validity, we considered the correlations between the MAFFS score and the scores on the FAD, MAT. Accordingly, the correlation coefficients between our scale and FAD and MAT were found to be 0.704 and 0.775, respectively. The results are presented in **Table 2**.

Table 2. Criterion-related validity of the MAFFS with the FAD, the MAT, and the BDI

Correlations	BDI	MAFFS	FAD	MAT
BDI				
Pearson Correlation	1	.548**	.519**	-.561**
Sig. (2-tailed)		.000	.000	.000
N	276	217	220	205
MAFFS				
Pearson Correlation	.548**	1	.704**	-.775**
Sig. (2-tailed)	.000		.000	.000
N	217	264	209	193
FAD				
Pearson Correlation	.519**	.704**	1	-.728**
Sig. (2-tailed)	.000	.000		.000
N	220	209	271	197
MAT				
Pearson Correlation	-.561**	-.775**	-.728**	1
Sig. (2-tailed)	.000	.000	.000	
N	205	193	197	244

DISCUSSION

The Marital Adjustment Test (MAT), developed by Locke and Wallace in 1959, consists of 15 items.[30] The original study sought the reliability and validity of the instrument with 118 men and 118 women not married to each other. For further validity, the authors compared the scores of 22 men and 26 women who were divorced, living apart, or undergoing marital therapy and the scores of 48 couples perceived as congruent by their relatives. It was observed that the scale significantly differentiated the compatible and incompatible groups. The clinical interviews yielded that only 17% of the group perceived as incongruent and 96% of the group defined as congruent got a score of 100 or higher, indicating good marital adjustment. The MAT was adapted into Turkish by Tutarel Kışlak.[31] The author sought criterion-related validity of the MAT using the Interpersonal Relationship Scale (IRS) and the Attribution Questionnaire (AQ). Accordingly, the correlation coefficients between the total scores were found to be 0.12 and -0.54, respectively. On the other hand, in the construct validity of the adapted scale, the same factorial structure was obtained as in the original study. The author considered internal consistency, split half-test reliability, test-retest reliability, and item test correlations for reliability concerns of the MAT. Accordingly, she found the internal consistency coefficient to be 0.84, the split half-test reliability coefficient to be .84, and the test-retest reliability coefficient to be 0.57.

The 60-item Family Assessment Device (FAD) measures family functions within six dimensions. The battery that can be administered to all family members over 12 years consists of seven subscales: problem-solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning. A high score on the scale indicates impaired functioning. The family score can be obtained from the mean scores of all family members. Epstein mentioned the psychometric properties of the FAD and reported sufficient internal consistency (0.72-0.92) and test-retest reliability (0.66-0.76) of the subscales, a moderate relationship with other family functioning scales, and low correlation with social desirability.[32] Clinicians previously discovered that each subscale of the FAD distinguished families as healthy and unhealthy. The FAD was adapted into Turkish by Bulut.[33] The author sought its reliability by adopting internal consistency reliability and score invariance and calculated Cronbach's alpha coefficients for the subscales to be between 0.38 and 0.86. Moreover, test-retest correlation coefficients of the subscales were found to be between 0.62 and 0.90. Furthermore, the construct validity of the adapted FAD was sought with the groups with and without psychiatric patients who were in the process of divorce and not. The results showed that the adapted scale significantly distinguished the groups. Finally, the criterion-related validity of the instrument scale was explored using the Married Life Scale (MLS) on 25 married couples. The correlation between the general functioning subscale and the MLS was calculated to be .66. Overall, these findings yielded sufficient psychometric properties of the Turkish version of the FAD.[33]

We subjected the final draft of the 99-item MAFFS to a three-way factor analysis and found no change in its factorial structure and factor loadings of the items. It was also observed that there were enough differences between the factor loadings of the items to be reclustered under other factors.

The items in the first subscale (42 items; sample items: "I think my spouse is/will be a good parent" (item 18), "I usually feel close to my spouse" (item 11), "I mostly enjoy spending time with my spouse" (item 13), "Our arguments and struggles usually result in reconciliation" (item 15), "My spouse appreciates and likes me" (item 21), "My spouse often knows how to apologize when behaving wrong" (item 19), "I think we have a congruent relationship" (item 166), "We chat while eating" (item 14), and "We make decisions about our family together" (item 70)) are all related to the general functioning and marital congruence in the family. Thus, it was deemed appropriate to call this subscale "family functioning and adjustment."

The second subscale (30 items; sample items: "I think my spouse is prone to extramarital affairs" (item 175), "I have experienced physical violence from my spouse in the last year" (item 137), "I think my spouse shares martial issues with everyone except me" (item 160), "I think my spouse is a liar" (item 181), "My spouse brings up divorce following every argument" (item 143), "My spouse often uses verbal and emotional violence against me" (item 133), "My spouse thinks that I will be unfaithful to her/him; s/he does not trust me" (item 132), "I think my spouse is prone to physical violence" (item 85)) was discovered to assess trust, loyalty, and violence within the family. Thus, we thought that it could represent the construct of "trust-loyalty-violence."

The items on the third subscale were thought to be related to "marital dysphoria" as they reflect the hostile emotional atmosphere with dissatisfaction, distress, sadness, blame, or accusation between spouses; therefore, it was called "marital dysphoria." (sample items: "My spouse sees me as a biased person" (item 146), "I think that I mostly overwhelm my spouse" (item 158), "I often think that my spouse does not understand what I feel and go through" (item 189), "I think that my spouse is more fond of her/his mother/father/siblings (her/his own family" (item112), "My spouse makes me feel guilty about many issues" (item 126), "My spouse thinks I am a rather demanding person" (item 126), "My spouse makes me feel guilty about many issues" (item 135), "I increase the frequency of my suggestive speech and behaviors when thinking that my spouse does not understand me" (item 198), "I think my spouse criticizes me too much" (item 199), and "My spouse always thinks that I am indifferent to her/him" (item168).

A measurement tool must be reliable and valid to be utilized in clinical practice. In this study, while we tested the reliability of the MAFFS based on internal consistency reliability and test-retest methods, its validity was sought based on construct validity and criterion-related validity. Prior to the validity and reliability study, we attempted to reduce the number of items on the 208-item draft MAFFS. Accordingly, we intentionally included the same or similar items, which were predicted to positively or negatively affect the internal consistency of the scale if responded differently, in the draft form. As a result of evaluating these items in two stages by their internal consistency/test-retest/item-total coefficients and factor loadings, they were found to be responded in a way that would not disturb the consistency of the test structure. After eliminating these items, we applied reliability and validity tests for the 99-item final draft.

In the reliability phase, the number of participants validly responding to the scale items became 264 since 97 participants left missing items on the scale. However, we discovered that the missing items were not related to a specific domain (e.g., sexuality). Then, we calculated Cronbach's alpha coefficient of the scale and obtained almost perfect internal consistency (0.974) of the scale for 264 subjects. It is expected for the internal consistency coefficient to appear low as the number of items decreases. Nevertheless, we did not experience a dramatic reduction in the internal consistency from the 208-item draft form (0.986) to the 99-item final form (0.974), suggesting that the MAFFS demonstrates a robust internal consistency and factorial structure. In the test-retest measurements, we calculated the correlation coefficient between the test-retest MAFFS scores to be 0.951. It was caulked to be 0.875 for the family functioning and adjustment subscale, 0.785 for the trust/loyalty/violence subscale, and 0.696 for the marital dysphoria subscale. Therefore, the test-retest reliability of the MASS tested with 20 participants at three-week intervals documented the temporal reliability of the scale.

We sought the construct validity of the MAFFS on three-way factorial analysis based on the varimax rotation method. Accordingly, we concluded that the factorial structure of the scale was preserved after removing similar/same items with less distinctiveness. On the other hand, we used the FAD and the MAT to seek the criterion-related validity of the scale. The results showed good correlations between the MAFFS and the FAD (0.704) and the MAT (-0.775), indicating that the MAFFS yielded sufficient validity to be utilized.

CONCLUSION

Overall, the MAFFS can confidently be utilized in research with further evidence by future studies since it was developed from scratch relying on our society/culture and showed good correlations with similar instruments introduced before..

ETHICAL DECLARATIONS

Ethics Committee Approval: The study was carried out with the permission of Ankara University Faculty of Medicine Ethics Committee (Date: 07.19.2010, Decision No: 14-287).

Informed Consent: All patients signed the free and informed consent form.

Referee Evaluation Process: Externally peer-reviewed.

Conflict of Interest Statement: The authors have no conflicts of interest to declare.

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Author Contributions: All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

REFERENCES

1. Lundberg GA. Sociology. Harper & Row. 4th ed. 1958.
2. Doğan İ. Aile Sosyolojisi Modeli, Türk Aile Ansiklopedisi, T.C. Başbakanlık Aile Araştırma Kurumu Yayınları, 1991; 1: 25.
3. Gündüz MF. Yurttaşlık Bilinci, Anı Yayıncılık. 2002.
4. Gladding ST. Family Therapy. History, Theory and Practice. Second Edition, Merrill Prentice Hall. 2002:6.
5. Gökçe B. Evlilik Kurumu ve Aile Yapısı ile İlişkileri. Türk Aile Ansiklopedisi, T.C. Başbakanlık Aile Araştırma Kurumu Yayınları, 1991; 2: 509.
6. Özgüven İE. Kişiler Arası İletişim. Ailede İletişim ve Yaşam, Ankara, PDREM Yayınları, 2001; 60.
7. Framo JL. A Personal Retrospective of The Family Therapy Field: Then and Now. *Journal of Marital and Family Therapy.* 1996; 22: 239-316.
8. Hansen JC, L'abate L. The Classification of Normal Families. Functionality and Disfunctionality. Approaches To Family Therapy. Macmillan Publishing Co. 1982; 2-27.
9. Richmond M.E. Social Diagnosis. New York: Russell Sage Faundation. 1917.
10. Mosak HH. Adlerian Psychotheraphy. Current Psychotherapies. (Ed. R. Corsini) Itasco III: F.E.Peacock Pub. Inc. 1979.
11. Kuzgun Y. Aile Danışmanlığı Hizmetleri. Türk Aile Ansiklopedisi, T.C. Başbakanlık Aile Araştırma Kurumu Yayınları, 1991; 1: 88-9.
12. Fındıkoğlu Z. Türklerde Aile İçtimaiyatı, Aile Yazıları, 1990; 1: 126.
13. Canatan K. Yıldırım E. Aile Sosyolojisi, İstanbul, Açılım Kitap. 2009.
14. Tokuroğlu B. Türkiye'de Aile Araştırmaları, Türk Aile Ansiklopedisi, T.C. Başbakanlık Aile Araştırma Kurumu Yayınları, 1991; 1; 38-9.
15. Volkan VD, Çevik A. Turkish fathers and their families: A study of fathers and their families in a transitional society. Cath S, Gurwitt A, Gunsberg L. The Analytic Press. 1989; 347-64.
16. Thomas V, Olson DH. Problem Families and The Circumplex Model: Observational Assesment Using The Clinical Rating Scale. Journal of Married and Family Therapy. 1993; 19.
17. Çelik M. Evlilikte Doyum Ölçeği Geliştirme Çalışması, Çukurova Üniversitesi, Sosyal Bilimler Enstitüsü Eğitim Bilimleri Anabilim Dalı, Doktora Tezi. 2006.
18. Berksun OE. Şizofrenide Aile Faktörü: Expressed Emotion Ölçek Geliştirme ve Uyarlama Denemesi. Ankara Üniversitesi Tıp Fakültesi Psikiyatri Ana Bilim Dalı, Ankara.1992.
19. Ogburn WF. The Changing Functions of The Family, Selected Studies in Marriage and The Family. U.S.A.: Rinehart and Winston Inc.1963.
20. Ackerman NW. The Psychodynamics of Family Life. U.S.A.: Basic Books Inc. 1958.

21. Epstein NB, Bishop D, Ryan C, Keitner G. The McMaster Model View of Healthy Family Functioning. In Froma Walsh (Eds.), Normal Family Processes, 1983: 138-60.
22. Yörükoğlu A. Çocuk Ruh Sağlığı. Ankara: T. İş Bankası Kültür Yayınları. 1978; 93.
23. Pollak Otto. Social Determinatiants of Family Behavior, Case Work Families and Children, Eileen Younghusband, Chicago, The University of Chicago Press, 1965; 23.
24. Ackerman NW. The Family Approach to Marital Disorders. The Psychoteraphies of Marital Disharmony. U.S.A.: The Free Press. 1966; 163.
25. Turan N. Fonksiyonel Aile. Basılmamış Ders Notları. Ankara: H.Ü. Sosyal Hizmetler Yüksekokulu 1988.
26. Friedlanderr ML, Wildman J, Heatherington L. Interpersonal Control in Structural and Milan Systemic Family Therapy. *Journal of Marital and Family Therapy.* 1991; 17: 395-408.
27. Griffin WA, Greene SM. Bowen Systems Therapy. Models of Family Therapy: The Essential Guide. George H. Buchanan Co. Philadelphia.1999.
28. Fowers BJ. Psychology as public philosophy: An illustration of the moral dimension of psychology with marital research. *Journal of Theoretical and Philosophical Psychology,* 1993;13(2), 124–136. doi: 10.1037/h0091114
29. Greene BL. A Clinical Approach Marital Problems Evaluation and Management. U.S.A.: Charles C. Thomas Publisher. 1970.
30. Locke HJ, Wallace KM. Short marital adjustment and prediction tests: Their reliability and validity. Marriage and Family Living. 1959; 21: 251-5.
31. Tutarel Kışlak Ş. Evlilik Uyum Ölçeği Adaptasyon Çalışması. 3P Dergisi. 1999; 7: 50-7.
32. Epstein NB, Bishop D, Ryan C, Keitner G. The McMaster Model View of Healthy Family Functioning. In Froma Walsh (Eds.), Normal Family Processes 1983; 138-60.
33. Bulut I. Aile Değerlendirme Ölçeği El Kitabı. Ankara, Özgüzeliş Matbaası 1990.

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