

Improvement of marital intimacy scale and study of this instrument on measuring the result of psychotherapy

Makmuri Muchlas

Department of Psychiatry Faculty of Medicine
Gadjah Mada University, Yogyakarta

ABSTRAK

Makmuri Muchlas - *Perbaikan skala keintiman perkawinan dan studi skala ini untuk mengukur hasil psikoterapi.*

Muchlas¹ telah mengadaptasi Skala Keintiman Perkawinan (10 butir pernyataan) dari *the 36-items of PAIR (Personal Assessment of Intimacy in Relationships)* untuk disesuaikan dengan kultur Jawa. Dalam disertasinya, skala ini digunakan untuk bisa menerangkan, bahwa meningkatnya status kesehatan jiwa para ibu yang mengikuti kursus kesehatan jiwa, salah satunya melalui peningkatan keintiman perkawinan mereka. Ternyata hasilnya tidak seperti yang diharapkan, meskipun skala ini telah dinyatakan baik dalam uji validitas dan reliabilitasnya. Sudyanto² dalam studinya mengenai skala ini menemukan bahwa, meskipun masih memiliki validitas yang bermakna skala ini pada beberapa butir pernyataan memiliki konsistensi internal yang rendah, ada butir pernyataan yang lebih bersifat normatif, menanyakan moralitas daripada keintiman, ada beberapa ungkapan yang kurang tepat dan mungkin 10 butir pernyataan itu bisa mewakili dimensi-dimensi keintiman perkawinan. Tuntutan untuk merevisi skala ini menjadi sangat mendesak, di samping karena skala ini merupakan satu-satunya yang dirancang untuk masyarakat Indonesia, juga kegunaan praktisnya sangat dibutuhkan untuk mengevaluasi hasil konsultasi masalah-masalah perkawinan dan kesehatan jiwa oleh lembaga-lembaga yang ada, khususnya oleh Badan Penasihat Perkawinan dan Penyelesaian Perceraian (BP4). Muchlas & Sudyanto³ kemudian merevisi Skala Keintiman Perkawinan ini, memperbaiki kekurangan-kekurangan tersebut semaksimal mungkin, menjadi Revisi Skala Keintiman Perkawinan (15 butir pernyataan). Ternyata instrumen baru ini memiliki validitas dan konsistensi internal yang lebih baik. Pada studi ini Revisi Skala Keintiman Perkawinan digunakan untuk mengukur keintiman perkawinan mereka yang menderita kecemasan dan sedang berkonsultasi ke BP4 untuk mengajukan perceraian. Melalui studi eksperimental dengan psikoterapi, 100 orang dialokasikan secara random, menjadi 50 orang dalam kelompok eksperimen yang diberi psikoterapi dan 50 orang dalam kelompok kontrol yang tidak diberi psikoterapi. Keintiman perkawinan mereka dalam dua kelompok tersebut diukur dengan instrumen baru ini sebelum dan sesudah psikoterapi. Hasilnya menunjukkan perbedaan yang bermakna di antara kedua kelompok tersebut, dan hal ini dapat membuktikan bahwa validitas Revisi Skala Keintiman Perkawinan yang digunakan dalam studi ini ternyata cukup baik.

ABSTRACT

Makmuri Muchlas - *Improvement of marital intimacy scale and a study of this instrument on measuring the result of psychotherapy*

Muchlas¹ has adapted marital intimacy scale (10 questions) from 36-items of *PAIR (Personal Assessment of Intimacy in Relationships)* to suit with Javanese culture. In his dissertation, the scale was used to describe that one of the ways to increase the condition of mental health of mothers attending a course on mental health is by improving their marital intimacy. The result is not like what was expected, although the scale had been approved in the reliability and validity test. In his study on this scale, Sudyanto² said that although it had significant validity, the scale still had low internal consistency; there were normative questions, asking about morality instead of intimacy; several statements were inappropriate and the ten questions might not represent marital intimacy dimensions. The demand to revise this scale became urgent, as the scale is the only one planned for Indonesians and its practicality is required to evaluate the results of consultations on marital problems as well as mental health conducted by existing institutions, especially the Advisory Board of Marital and Separation Problems (BP4). Later Muchlas and Sudyanto³ revised this scale of marital intimacy, and it became the revised scale of Marital Intimacy (15 questions). This new scale had better validation and internal consistency. In this study the revision of the scale of marital intimacy was used to measure the marital intimacy of worried patients who visited BP4 for consultation concerning with their separaty. Through an experimental study using psychotherapy, 100 random samples were divided into two groups; 50 samples belonged to a group provided with psychotherapy and 50 other samples belonged to a control group without psychotherapy. Their marital intimacy was measured using the new instrument before and after they were

provided with psychotherapy. The result showed significant difference between the two groups and the validity of the marital intimacy scale used in this study was adequately good.

Keywords: marital intimacy - validity of the MIS - REMIS - psychotherapy

(*B.I.Ked. Vol. 28, No. 4:173-179, Desember 1996*)

INTRODUCTION

In his dissertation on An Evaluation of Community-Based Mental Health Course in Indonesia, Muchlas¹ suggested that the positive result of the course on the participants mental health could be influenced by their increased marital intimacy. Some authors also reported that marital conflict impairs marital intimacy, or marital relationship^{4,5}, and that this, in turn, may contribute to mental illness^{4,6,7}. It is possible then, that coping skills can reduce psychiatric symptoms indirectly, through reduced marital conflict and increased marital intimacy.

Because the meaning of marital intimacy varies from culture to culture, no completely suitable instrument could be found in the literature. This lack of suitability applies, for example, to an instrument developed at the University of Western Ontario, the Waring Intimacy Questionnaire (WIQ)⁸, and to the Personal Assessment of Intimacy in Relationships (PAIR)^{9,10}. For this reason, an attempt was made to adapt the PAIR to Javanese culture. The PAIR itself is considered to be reasonably good instrument in terms of its reliability and validity. Reliability coefficient associated with its dimensions have been reported to range from 0.70 to 0.77¹⁰. Its predictive validity has been assessed by comparing it with the WIQ. The resulting correlation coefficient was 0.77¹¹.

As with the PAIR, the items used in the Muchlas study¹ covered five dimensions of intimacy, i.e. emotional, social, sexual, intellectual and recreational. The scale consisted of five pairs of statements formulated by the writer (the full text and scoring of this instrument is found in Appendix 2). The results indicated that increased mental health status among neurotic course participants were not accompanied by the increased marital intimacy. No conclusion was reached concerning the extent to which reduced conflict contributed to, or resulted from, the reduction of psychiatric

symptoms. There was, moreover, no evidence that reductions in conflict were the result of improved coping skills, or that these reductions led to increased intimacy. These negative results might reflect a flaw in the underlying conceptual framework. In addition, however, the adequacy of the measures that were employed could be questioned.

For this reason, further studies on the marital intimacy scale were considered very important, due to the fact that in Indonesia, many marital problems or mental health problems related to marital conflicts cannot be measured objectively. Likewise, the development of couples marital intimacy being treated in the family therapy or psychotherapy, cannot be followed up objectively without the use of valid and reliable marital intimacy scale.

Development of Marital Intimacy Scale

As mentioned before, the items on marital intimacy in Muchlas study¹ were adapted from a published instrument, the PAIR^{9,10}. Again, however, it is possible that an inadequate number of items was included, even though in pilot study, the resulting scores produced a test-retest reliability coefficient of 0.87. In the main study, however, the initial scores were already high, averaging approximately 30 on a scale of 40. It is possible therefore that the measure was insensitive to subsequent increases in intimacy.

Due to the fact that this kind of instrument is important for measuring the result of family therapy, so it is quite needed to be used in Indonesia, Sudiyanto² has studied this instrument independently by testing it among housewife participants in mental health course in Surakarta. Assuming that participants had different levels of their marital intimacy, they were questioned for their levels of intimacy by using this Marital Intimacy Scale (MIS) and the PAIR. The results indicated that this instrument showed a good

concurrent validity with the PAIR ($r=0.71$; $p<0.01$) and a good result of test-retest reliability ($r=0.80$; $p<0.01$). Nevertheless, the result of internal validity test through item analysis was not good enough. Some items had low coefficient correlations with the total score, had asked morality rather than intimacy and had too strictly and straightway questions.

Looking at the above flaws and relative small number of items (10 items compared with 36 items of the PAIR) that could not cover dimensions of intimacy, Muchlas & Sudiyanto³ then, revised this instrument by adding one item to each dimension of intimacy and modified some items suitable for couples. This 15 items of Revised Marital Intimacy Scale (REMIS) was revalidated further among 78 married woman participants in mental health course. Again, assuming that participants had different levels of their marital intimacy, they were questioned for their levels of intimacy by using both, the MIS and the REMIS. Besides they were questioned for their mental health status by using the SCL-90 (90 items of Symptoms Check-List). In the analysis of internal consistency, compared with the MIS, the REMIS showed a better coefficient correlation between each item and the total score. All positive coefficient correlations were ranging from 0.34 to 0.69 ($p < 0.01$). While coefficient correlations of MIS items were ranging from 0.12 to 0.66 ($p > 0.05 - p < 0.01$) (see Appendix 1). Through these respondents, the sensitivity and specificity of the REMIS were also examined which showed the cut off score of 37. Furthermore, the REMIS was significantly related to Depression, Anxiety, Interpersonal Sensitivity and Hostility. This means that the better marital intimacy was related to the lower risk of depression, anxiety, interpersonal sensitivity and hostility.

It was proven then that the validity of revised instrument was improved as compared with the old MIS. It has not been proven, though, that this REMIS is a quite good instrument to measure the result of family therapy or psychotherapy (psychiatric intervention). For this reason, further study was conducted among married respondents with anxiety who visited the Advisory Board of Marital and Separation Problems (BP4) for divorce consultation.

Aim of Study, Usefulness and Originality

The aim of this study is to test further the validity of REMIS for measuring the result of psychotherapy (psychiatric intervention) among married respondents with anxiety who are in process of marital divorce.

This study is very useful, due to the fact that many unhealthy marital problems consulted to the BP4 need to be measured their marital intimacy for estimating levels of problem and again, after some intervention by the BP4 consultants, they are remeasured to see the improvement of their marital intimacy.

This study is considered original due to the fact that the REMIS adapted from the PAIR was designed for Javanese culture and as far as the writers knowledge this kind of instrument, being useful for marital counselling, is the only one set up in Indonesia.

Research Question

As mentioned above, the REMIS has never been used for measuring the result of family therapy or psychotherapy, whether there was an increased intimacy in their marriage after such a treatment. This study was conducted joining the study of risk factors and psychiatric intervention as an effort to prevent marital divorce among Moslems with anxiety in the Special Territory of Yogyakarta¹² It was reported by the Department of Religion that the 1987 - divorce rate in Indonesia was 12.96 %, while in the Special Territory of Yogyakarta the 1987- divorce rate was 9.74 %¹².

This rate is considered high, and needs more attention from the government and non government agencies. It was mentioned as well that mental disorders such as psychoses, depression, anxiety and other neurotic conditions have some degree of relationships with the marital divorce. Psychiatric intervention or other family therapy were conducted, even though it was difficult to measure levels of marital problems and furthermore, to estimate the result of such intervention¹².

For this reason the use of REMIS in this study was expected to answer the problems. Research question could be raised as follows :

Is the use of REMIS valid for measuring the result of psychotherapy (psychiatric intervention) among married respondents with anxiety

who were in process of marital divorce or is it true that the increased of marital intimacy measured by the REMIS was followed by the decreased of divorces among married respondents with anxiety, after receiving some psychiatric intervention ? This question need to be studied further.

SUBJECTS AND METHODS

This study was carried out to join together in the stage III of Soewadi study done in 1988 (July 1 - December 31, 1988)¹². There were 1065 cases visited the BP4 for divorce consultation in Special Territory of Yogyakarta. One hundred out of them were diagnosed as suffering from anxiety reaction and were allocated at random to be included in the randomized control trial, using the before-after control group design. Using the table of random number, 100 cases were divided into two groups, 50 for experimental group and another 50 for control group. The experimental group received a psychiatric intervention (psychotherapy and if necessary with anxiolytics) while the control group did not receive such a treatment.

Psychotherapy given here was a brief psychotherapy, consisted of 10 sessions of 30 minutes individual session, twice a week. The REMIS (Appendix 3) was applied to both group, before and after treatment, questioning their marital intimacy, i.e. starting on July 1988 for the first interview (T1) and starting on December 31, 1988 for the second interview (T2). Data on marital intimacy were analyzed separately from Soewadi study because of different aim and direction. Predictive validity was expected through the higher score of increased marital intimacy among respondents in the experimental group compared with that in the control group. Statistical analysis was done using t-test, due to the fact that the variability of continuum data in this study will be more accurately analyzed by this kind of test.

RESULTS AND DISCUSSION

Result from the use of REMIS to measure levels of marital intimacy among married respondents with anxiety who visited the BP4 for

divorce-consultation, can be depicted here as seen in TABLE 1 and FIGURE 1.

TABLE 1. - Mean Scores of Marital Intimacy By Group and Time of Interview

GROUP	TIME		t-test
	Time 1 (X ± SD)	Time 2 (X ± SD)	
- Experimental Group (those who received a psychiatric intervention)	34.74±3.98	43.24±4.08	t= -13.96; df = 49; p = 0.001
- Control Group (those who didn't receive a psychiatric intervention)	33.80±3.80	37.47±2.44	t = 4.18; df = 49; p = 0.001

Time 1 = First interview (T1)
Time 2 = Second interview (T2)

As seen in the TABLE 1, the basic line data (T1) have shown the almost similar level of marital intimacy scores among both groups, while data at T2 (after psychiatric treatment for the experimental group) have shown significantly higher level of marital intimacy score for the experimental group compared with that for the control group. This kind of result can be more clearly seen in the FIGURE 1 where the line of experimental group has shown the higher inclination compared with the almost horizontal line of the control group.

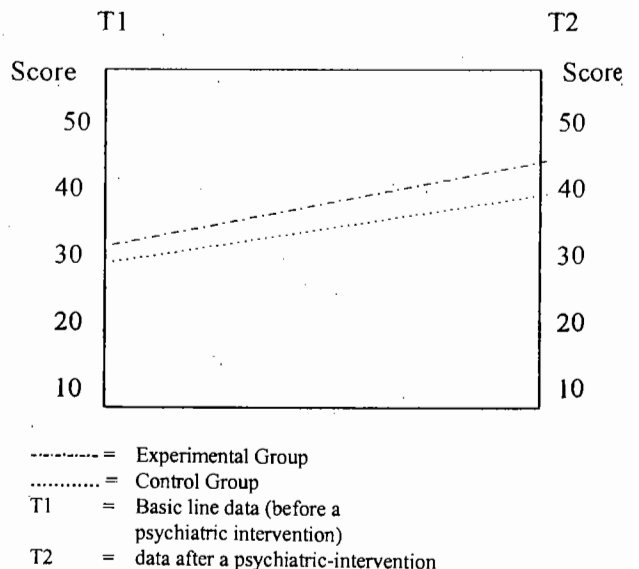


FIGURE 1. - Mean Scores of Marital Intimacy by Group and Time of Interview

Score differences of Marital Intimacy in the Experimental and Control Groups between Time 1 and Time 2 can be seen belows :

- Experimental Group (n =50) :	
Mean of differences (de)	= 8.50
SD	= 4.31
- Control Group (n = 50) :	
Mean of differences (dc)	= 3.66
SD	= 2.82

t-test for differentiating de and dc :

$$t\text{-value} = -6.13$$

$$df = 49$$

$$p = 0.001$$

Looking at the above result, marital intimacy of both groups were improved after psychotherapy, but the increased intimacy in the experimental group was significantly higher compared with that in the control group.

Discussion

This study is very important, as part of the continuing series of studies related to the Marital Intimacy Scale. The first use of this instrument was to measure the marital intimacy of married women participants in the mental health course whether any development of intimacy, especially among neurotic participants, by attending the course. Unfortunately, the increased mental health status among neurotic course participants were not accompanied by the increased marital intimacy¹.

That is why, Sudiyanto² tried to study further this instrument descriptively, among housewife participants in mental health course in Surakarta compared with the PAIR. The results indicated that while this instrument showed a good concurrent validity with the PAIR, it had a low internal validity; some items had a low coefficient correlations with the total score, had asked morality rather than intimacy and had too strictly and straightway questions. Muchlas & Sudiyanto³ tried to improve the MIS to become the REMIS and studied further REMIS descriptively the among 78 married women participants in the mental health course. The results indicated that the REMIS was more valid and reliable compared with the MIS, besides it had a good correlation with depression, anxiety, interpersonal sensitivity and hostility. The REMIS, however, has not been applied for the experimental study measuring the

result of psychotherapy among psychiatric cases. That is why this study is quite strategic to evaluate objectively the result of such psychotherapy by using the REMIS.

Result from the use of REMIS in this study indicated that before a psychiatric intervention (a brief psychotherapy and if necessary with anxiolytics) the mean scores of both groups in the marital intimacy were almost similar, under the cut off score of 37. This means that respondents with anxiety were less intimate in their marriages. After a psychiatric intervention, though, mean scores of both groups were remarkably different. In the experimental group, mean score at Time 2 was strikingly higher than mean score at Time 1. In the control group, mean score at Time 2 was less higher than mean score at Time 1. The differences of mean score in both groups at different time of interviews were statistically significant (see TABLE 1). This means that even in the control group there was an improvement of marital intimacy, even though they did not receive a psychotherapy. It is possible that such a Hawthorne effect (showing an effort to have an almost similar result with the experimental group due to the existence of jealousy being selected in the control group) could be responsible for this phenomena. To make sure that the increased scores in the experimental group were strikingly higher than that in the control group, t-test of score-differences between two groups was also conducted and the result was statistically very significant.

So the validity of REMIS has been proven good enough to measure levels of marital intimacy. Lower scores of marital intimacy for a worse mental health status (anxiety reaction in this study) or before a psychotherapy and higher scores of marital intimacy for a better mental health status or after a psychotherapy.

Furthermore, the validity of REMIS would become stronger and could answer more the research question compared with the short term and longer term results of psychotherapy by Soewadi¹² in terms of their marriage settlement. It has been shown that those in the experimental group, who had the higher mean score of intimacy, after treatment for their anxiety were more settled in their marriages compared with those in the control group, who had the lower mean score of intimacy.

Finally the use of REMIS for following up the result of family therapy or psychotherapy is becoming very important due to the some statements that in western countries, mental illness was related to marital conflict^{11,13} and in Yogyakarta, anxiety was also related to marital divorce as found in the Soewadi study¹².

CONCLUSION

A study on the improvement of the 10-items of Marital Intimacy Scale (MIS) to become the 15 - items of Revised Marital Intimacy Scale (RE-MIS) has been conducted. The validity and internal consistency of the REMIS was proven better compared with that of the MIS when being used in the Muchlas & Sudiyanos study³ and in this study.

Hopefully that this instrument of marital intimacy which is originally adapted from the PAIR in order to be suitable for the Javanese culture, can be used independently for different settings of similar studies or can be applied for practical uses in the marital or mental health problems and degree of improvements.

ACKNOWLEDGMENT

I would like to thank Soewadi MD, MPH, Ph.D, Psychiatrist for permitting me to join together in his main study for collecting data on marital intimacy measured by the REMIS, which are invaluable for this study. This study could not have been carried out without his permission.

REFERENCES

1. Muchlas M. An evaluation of a community based mental health course in Indonesia. [dissertation], London: Univ. of Western Ontario, 1986.
2. Sudiyanto, A Pengaruh ketidakintiman orang tua terhadap perlakuan salah pada anak diantara peserta kursus kesehatan jiwa keluarga di Surakarta, Proceeding Pertemuan Nasional IDAJI I; 1986; Semarang.
3. Muchlas M, Sudiyanto A. The role of family intimacy on mental health among family mental health course participants in Surakarta - Indonesia. *Jiwa*, 1991; 24(1):
4. Waring EM, Patton D. Marital Intimacy and Family Functioning. *Psychiat J Ottawa Univ*; 1984, 9(1): 24-9.
5. Thomas S, Albrecht K, White P. Determinants of marital quality in dual career couples. *Family Relations* 1984; 33:513-21.
6. Birtchnell J. The relationships between scores on ryles marital patterns test and independent ratings of marital quality. *BJ Psychiatry*, 1985; 146:638-44.
7. Monteiro W, Marks IM, Ramm E Marital adjustment and treatment outcome in agoraphobia. *BJ Psychiatry*, 1985; 146; 383-90.
8. Waring EM. Concept of intimacy in the general population. *J Nervous & Mental Disease*, 1980; 168 (8): 471-74.
9. Schaeffer MT, Olson DH. Diagnosing intimacy : the PAIR Inventory. Proceeding of National Council on Family Relations Annual Conference; 1977; San Diego.
10. Schaeffer MT, Olson DH. Assessing intimacy: The PAIR inventory. *J Marital & Family Therapy*, 1981; January: 47-59.
11. Hames, Waring EM. Marital intimacy and non-psychotic emotional illness. *The Psychiatric Forum*, 1980; Spring: 13-9.
12. Soewadi. Kajian terhadap faktor risiko dan intervensi psikiatri, sebagai upaya pencegahan perceraian pada populasi islam dengan keadaan cemas, di daerah Istimewa Yogyakarta [Dissertasi]. Yogyakarta: Universitas Gadjah Mada, 1991.
13. Birtchnell J, Kennard J. Does marital maladjustment lead to mental illness ? *Soc Psychiatry*, 1983;18:79-88.

APPENDIX 1

Comparison between the internal consistency of the MIS and the REMIS

No of Item	Contents	Old	New
Old (MIS)	New (REMIS)		
1	- My husband is patient, loving and understanding	0.21 *	
(1)	- My husband / wife is understanding		(0.51)
2	- I try to make my husband feel good	0.55	
(2)	- I try to make my husband/ wife fee good		(0.55)
(3)	- My husband/wife and I can open heartedly express our own feelings		(0.66)
3	- My husband support my important social activities.	0.43	
(4)	- My husband/wife support my important social activities.		(0.46)
4	- I am friendly with all my husbands friends regardless of their religion	0.33	
(5)	I am friendly with all my husbands /wives friends		(0.42)
(6)	- I know all my husband's /wife's close friends		(0.53)
5	- My husband and I are in conformity on our sexual needs	0.66	
(7)	- My husband/wife and I are in conformity on our sexual needs		(0.68)
6	- My husband and I do not violate religious restriction in our sexual life.	-0.12*	
(8)	- My husband/wife and I have the same attitudes /opinions toward sexual norms.		(0.34)
(9)	- I am satisfied having sex with my husband/ wife		(0.69)
7	- My husband shares with me his personal problems	0.45	
(10)	- My husband/wife shares with me his personal problems.		(0.47)
8	- I obey my husband in matters that are not important to me	0.31	
(11)	- I respect my husband's /wife's opinion.		(0.44)
(12)	- My husband/wife and I have unlimited matters to talk about.		(0.68)
9	- In his leisure time my husband help me with housekeeping	0.32	
(13)	- In his leisure time my husband/wife do out door activities together.		(0.65)
10	- In his leisure time, I cook my husbands special food.	0.34	
(14)	- In leisure times, I do things to please my husband's/wife's.		(0.50)
(15)	- My husband/wife I has a sufficient time for a joke together.		(0.65)

*) : not significant (p>0.05)

Resource: Muchlas & Sudiyanto, JIWA, Th XXIV. No 1, 1991.

APPENDIX 2

Below are some statements about marital relationship. Read each one carefully and selected one of the numbered descriptors that best describes the way in which that statement applies to you. Place that number in the open block to the statement. Do not skip any item, and print your number clearly. If you change your mind, erase your first number completely. If you have any question, please ask the interviewer.

Descriptors

- 0 = never, or very rarely
- 1 = rarely
- 2 = sometimes
- 3 = almost always
- 4 = always

1. My husband /wife is patient, loving and understanding.
 2. I try to make my husband /wife feel good.
 3. My husband /wife supports my important social activities.
 4. Im friendly with all my husbands /wives friends regardless of their religion.
 5. My husband /wife and I are in conformity on our sexual needs.
 6. My husband /wife and I do not violate religious retrictions in our sexual life
 7. My husband /wife shares with me his/her personal problems.
 8. I obey my husband / wife in matters that are not important to me.
 9. In his / her leisure time my husband/wife helps me with housekeeping.
 10. In his / her leisure time I cook my husbands / wives special food
- Responses are scored from 0 (never or very rarely) to 4 (always). The responses are then added to obtain a total score.

APPENDIX 3

The Indonesian version of the Revised Marital Intimacy Scale (Revisi Skala Keintiman Perkawinan).

1. Suami/istri saya penuh pengertian.
2. Saya berusaha untuk membuat suami/istri saya merasa senang
3. Saya dan suami/istri saya saling menyatakan perasaan masing-masing secara terbuka.
4. Suami/istri saya mendukung kegiatan sosial saya.
5. Saya bersikap ramah dengan setiap teman suami/istri saya.
6. Saya kenal baik dengan teman dekat suami/istri
7. Saya dan suami/istri saya merasa saling sesuai dalam kebutuhan sex.
8. Saya dan suami/istri saya mempunyai sikap/pandangan yang sama terhadap norma seksual.
9. Saya puas dengan kehidupan seks bersama suami /istri saya.
10. Suami/istri saya mengutarakan problem-problemnya kepada saya.
11. Saya menghargai ide atau pendapat suami/ istri saya.
12. Saya dan suami/istri saya mempunyai bahan pembicaraan yang tidak ada habis-habisnya.
13. Dalam waktu luang saya dan suami/istri saya melakukan kegiatan di luar rumah bersama.
14. Dalam waktu luang saya melakukan hal-hal yang menyenangkan hati suami/istri saya.
15. Saya dan suami/istri saya mempunyai waktu senda gurau bersama.