

**Evaluating the Impact of the Marriage Services of
the Grace & Joy Integrated Family Service Centre of
the Hong Kong Catholic Marriage Advisory Council**

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Evaluating the Impact of the Marriage Services of the Grace & Joy Integrated Family Service Centre of the Hong Kong Catholic Marriage Advisory Council

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Foreword

Fifty golden years have passed since The Hong Kong Catholic Marriage Advisory Council (HKCMAC) first initiated marital services in Hong Kong. The mission of HKCMAC is to cultivate harmonious family and happy marriage. Ever since we set up our Grace and Joy Integrated Family Service Centre in Western District in 2004, we have continuously adopted various approaches to address to our users' marital difficulties, hoping to release the couples' stresses and prevent family breakdown.

In order to improve our service quality, we initiated this evaluative research on the effectiveness of the marital services provided under the context of Integrated Family Service Centre. This is the first research of its kind under the setting of IFSC, we are confident that this study will shed light on the users' needs as well as the service direction.

We would like to thank the Social Welfare Department for endorsing our usage of Social Welfare Development Fund to fund this meaningful research project. Our heart-felt appreciation must go to Dr. Grace LEUNG Suk Man, Assistant Professor of Department of Social Work of The Chinese University of Hong Kong, Dr. Catherine CHUNG Lai Ping, Field Supervisor of Department of Social Work and Social Administration of The University of Hong Kong, and Ms. CHAN Ki, Field Supervisor of Department of Social Work and Social Administration of The University of Hong Kong for their hard work and contribution to complete this research project.

We would like to give our special thanks to the users who participated in this project and shared their precious experiences with us. We are also grateful to have a team of devoted staff who deliver professional marital services to our users ceaselessly.

Finally, we thank Mrs. Jennie Chor, BBS, the Chairlady of our Integrated Family Service Subcommittee, and the Executive Board for their leadership and support rendered to the development of our Grace and Joy Integrated Family Service Centre throughout these years.

Mrs. Angela Chiu Chui Yuen Fun
Executive Director

The Hong Kong Catholic Marriage Advisory Council
December 2016

Chapter 1

Introduction

Background

1.1 The Grace & Joy Integrated Family Service Centre (the Centre) of the Hong Kong Catholic Marriage Advisory Council (HKCMAC) was established in 2004 to provide an integrated family service to individuals and families residing within the catchment area. Adhering to the integrated family service model, the Centre comprises a family resource unit, a family support unit, and a family counseling unit. The Centre provides educational, preventive, and remedial services, including family recreational activities, community educational talks, mutual help groups, brief counseling, intensive counseling, crisis intervention, and marriage mediation. It aims at early identification of problems and offers timely intervention to individuals and families in need; it also aims to promote healthy development and harmonious relationships in families, as well as to empower individuals and family members with various coping skills when facing difficulties.

1.2 According to the Hong Kong Census and Statistic Department (2015), the number of divorced and separated has increased significantly, from 147,581 in 2001 to 263,281 in 2011, almost doubling in a decade. This phenomenon reflects the increasingly relaxed attitude toward divorce and separation. People seem to be less committed to marital relationships (Kaufman & Goldscheider, 2007). Given this change in attitudes toward marriage in recent years, social workers providing marital services are facing challenges. With the support of the Social Welfare Development Grant, the Grace & Joy Integrated Family Service Centre of HKCMAC entrusted the Department of Social Work and Social Administration of The University of Hong Kong (HKU) to conduct a study to evaluate the marital services provided by the Centre.

Objectives of the study

1.3 The objectives of the study are:

- a. To investigate the marital quality and marital satisfaction of service users receiving marital services;
- b. To identify the level of service users' satisfaction with the marital services provided by the Centre;
- c. To identify helpful components of the marital intervention from service users'

- perspective;
- d. To make suggestions for service enhancement.

Outline of chapters

1.4 Chapter 1 states the background and the objectives of the study. Chapter 2 describes the research methodology. Chapter 3 reports the demographic data of the informants in the quantitative and qualitative studies. Chapter 4 presents the quantitative data, which mainly focuses on marital quality, marital satisfaction, mental well-being, and satisfaction with the Centre's service. Chapter 5 reports the qualitative data, which describes the experiences of service users receiving marital services. Chapter 6 summarizes the key findings and makes recommendations. Other material, such as the interview guide and questionnaire, can be found in the Appendices.

Chapter 2

Methodology

Introduction

2.1 This study uses both quantitative and qualitative research methods. The quantitative method is used to study service users' satisfaction with the Centre's marital services and to investigate their marital quality and marital satisfaction. The qualitative research method is used to identify the factors that service users consider helpful in the Centre's marital services. Colleagues in the Centre were responsible for the distribution and collection of the questionnaires, and the recruitment of informants for the qualitative research. The HKU research team helped to conduct the individual interviews and focus groups, and was responsible for the data analysis.

2.2 Ethical approval was obtained from the Human Research Ethics Committee at HKU. All potential informants were informed of the research objectives, and their right to choose not to participate in the study. They were assured that non-participation would not affect their right to receive services from the Centre.

Inclusion and exclusion criteria for informants

2.3 The criteria are:

- a. Informants must be service users receiving marital services (case/group/programs) in the three months preceding data collection;
- b. For closed cases, only those users whose cases were closed within the six months preceding data collection could participate;
- c. Couples sought for uncoupling counseling were excluded.

Measures for the quantitative study (Appendix 1)

2.4 *Revised Dyadic Adjustment Scale (RDAS) plus extra items*: The RDAS is designed to measure marital dyadic adjustment in three aspects, namely consensus in decision-making, satisfaction with the relationship in terms of marital stability and conflict management, and cohesion as revealed through joint couple activities and discussions (Busby, Crane, Larson, & Christensen, 1995). Ten items were added to the consensus subscale of the RDAS. The reliability of the 24 items in the scale was high ($\alpha = .937$). A higher score represents a higher degree of marital adjustment. The

cut-off score for the RDAS (excluding the added items, 7–16) is 48; scores of 48 and above indicate non-distress, and scores of 47 and below indicate marital/relationship distress (Crane, Middleton, & Bean, 2000).

2.5 *The Kansas Marital Satisfaction Scale (KMSS)*: The KMSS is a 3-item scale designed to measure marital satisfaction (Schumm et al., 1986). It is measured on a 7-point Likert scale in which a higher score represents higher marital satisfaction. The scale has high reliability ($\alpha = .968$).

2.6 *Family Strength Scale (FSS) plus extra items*: The FSS was designed to measure self-worth and marital interaction (Akagi, Schumm, & Bergen, 2003). It is subdivided into six subscales, namely personal worth, commitment, conflict resolution, communication, positive interaction, and time together. Each item has five possible response categories, anchored by ‘strongly disagree’ and ‘strongly agree’. Four items from the Investment Model Scale (IMS) (items 9–12) were incorporated into the subscale of commitment. Hence, the finalized scale consists of 24 items, with adequate reliability ($\alpha = .764$).

2.7 *Depression Anxiety Stress Scale (DASS)*: Originally, the DASS was a 21-item scale designed to measure current (over the past week) mental health condition in three dimensions, namely depression, anxiety, and stress (Antony, Bieling, Cox, Enns, & Swinson, 1998). Each of the dimensions contains seven items, using a 4-point combined severity/frequency scale to rate the extent to which the informant has experienced each item over the past week. The 21-item DASS indicates the severity of depression, anxiety, and stress in separate subscales. The short form of the DASS is used in the present study, so the total scores for depression, anxiety, and stress subscales must be multiplied by two before comparing the severity levels. The severity levels for depression are as follows: normal (0–9), mild (10–13), moderate (14–20), severe (21–27), and extremely severe (28+). The severity levels for anxiety are: normal (0–7), mild (8–9), moderate (10–14), severe (15–19), and extremely severe (20+). The severity levels of stress are: normal (0–14), mild (15–18), moderate (19–25), severe (26–33), and extremely severe (34+). An extra item (item 22: ‘Could not fall asleep’) was added to the scale. The finalized scale thus contains 22 items. A higher score represents higher levels of depression, anxiety, and stress. The scale has a high level of reliability ($\alpha = .931$).

2.8 *Evaluation of the marital services provided by HKCMAC*: The fifth measure was the level of satisfaction and impact of the marital services of HKCMAC. There

are eight questions to measure the extent to which service users are satisfied with the services provided, such as the delivery format, Centre facilities, and time of service provision. Nineteen items measure gains from the marital services.

2.9 *Demographic information:* Demographic information includes the participants' gender, age, educational level, marital status, the duration of their marriage, duration of dating before marriage, the number of children, occupation, hours worked per day and days worked per week (of informants and their spouse), family income, religion, and duration of services received from the Centre.

The qualitative study

2.10 The focus groups and case interviews aimed to explore the experiences of service users of marital services provided by the Centre. The qualitative study aimed to identify factors that service users considered helpful. The interview guidelines can be found in Appendix 2.

Chapter 3

Demographic Background

Demographic information of the quantitative study

3.1 A total of 111 completed questionnaires were received, but only 104 were retained for analysis. Seven were not included because more than 20% of the data was missing.

3.2 Among the 104 informants, 43 were male and 61 were female. Their age ranged from 22 to 80. The mean age of the men was 45.14 and 42.97 for the women. They were all native Cantonese speakers currently living in Hong Kong. Their educational level and socio-economic status were generally high. More than 60% of the informants had a university or postgraduate education. Over 70% had a family income exceeding \$30,001 per month. The hours that informants and their spouses worked per day mostly ranged between 8 and 12 hours (see Table 1).

Table 1. Demographic data of the informants in the quantitative study

Variables	<i>n</i>	%
Gender		
Male	43	43.1
Female	61	56.9
Age		
40 and below	46	45.5
41–60	49	48.6
61 and over	6	5.9
Educational level		
Form 3 or below	17	16.3
Form 4–7	24	23.1
University or above	63	60.6

Variables	<i>n</i>	%
Marital status		
Married	99	97.1
Cohabit	3	2.9
Duration of marriage		
10 years or less	46	46.5
Over 10–25 years	31	31.3
Over 25 years	22	22.2
Years of dating before marriage		
1–3 years	61	61.0
Over 3–6 years	23	22.0
Over 6 years	16	16.0
Number of children		
No children	24	23.1
1 child	34	32.7
2 children	40	38.5
More than 2 children	6	5.8
Occupation		
Managers and administrators	13	12.7
Professional/associate professional	20	19.6
Clerical support worker	19	18.6
Services and sales worker	4	3.9
Plant and machine operators and assemblers	2	2.0
Non-plant and machine operators and assemblers	2	2.0
Self-employed	7	6.9
Full-time housewife	20	19.2
Unemployed	2	2.0
Retired	9	8.8
Other	4	3.9

Variables	<i>n</i>	<i>%</i>
Daily working hours		
8 hours or less	29	36.7
Over 8–12 hours	45	57.0
Over 12–20 hours	2	2.5
Over 20–24 hours	3	3.8
Number of working days per week		
5 days or less	50	55.0
More than 5 days	30	45.0
Spouse daily working hours		
8 hours or less	27	35.5
Over 8–12 hours	47	61.8
Over 20–24 hours	2	2.6
Number of working days per week for spouse		
5 days or less	53	57.7
More than 5 days	25	42.3
Family income (Monthly basis)		
Low income group (\$15,000 or below)	10	10.1
Middle–low income group (\$15,001–\$30,000)	19	19.2
Middle–high income group (\$30,001–\$45,000)	29	29.3
High income group (over \$45,001)	41	41.4
Receiving CSSA		
Receiving CSSA	2	2.0
Not receiving CSSA	97	98.0
Religion		
No religion	50	48.5
Buddhism	8	7.8
Catholic	18	17.5
Christianity	26	25.2
Other	1	1.0

Variables	<i>n</i>	%
Duration of Service Received		
Under 2 years	67	65
2–4 years	20	19.4
4 years and over	16	15.5

Note. The *n* of some variables is not 104 because there are missing data in these variables.

Demographic information of the qualitative study

3.3 Focus groups and individual interviews were used to collect data. Two focus groups were conducted. One for men (five participants) and one for women (six participants). There were six individual interviews altogether – three with men and three with women. The mean age of the male informants was 45.63 and 44.56 for the female informants. Seventy-five percent of the male informants and 66.6% of the female informants had a university education. Duration of service received ranged from 0.5 years to 6.5 years, with an average of 2.6 years.

Chapter 4

Quantitative Results

Marital Quality, Marital Satisfaction, Mental Well-being and Satisfaction with the Centre's Services

Introduction

4.1 The RDAS, KMSS, FSS were used to measure marital quality and satisfaction. The DASS was used to study the informants' mental well-being. There were items measuring the informants' gains from the Centre's services. It is hypothesized that:

- a. Better marital quality and higher marital satisfaction were negatively correlated with psychological distress;
- b. Greater gains from the marital counseling/service were positively correlated with better marital quality and higher marital satisfaction, and negatively correlated with psychological distress.

Marital quality measured by the Revised Dyadic Adjustment Scale (RDAS)

4.2 According to the original RDAS (minus the ten items added in this study), the cut-off score is 48 and a relationship was perceived to be in distress if it scored below the cut-off. The total mean score of the informants on this scale (excluding the ten added items) was 41.09, indicating that the relationships were in distress.

4.3 Men had higher mean scores than women on the RDAS subscales of marital consensus, satisfaction, and cohesion (Table 2). A statistically significant difference was found between men and women in the domain of marital satisfaction [$t(102) = 2.20, p = .030$]. However, there was no statistical difference between the genders in marital consensus [RDAS items 1–6: $t(102) = .92, p = .358$; RDAS plus ten added items 1–16: $t(102) = 1.03, p = .304$], cohesion [$t(102) = 1.11, p = .270$], or total RDAS scores (excluding the ten added items) [$t(102) = 1.76, p = .082$].

Table 2. Gender comparison in RDAS with ten added items

	Overall (<i>n</i> = 104)	Male (<i>n</i> = 43)	Female (<i>n</i> = 61)
	<i>M (SD)</i>	<i>M (SD)</i>	
Total (excluding 10 added items)	41.09 (10.33)	43.07 (7.96)	39.70 (11.59)
Total (with 10 added items)	74.86 (18.56)	77.95 (15.87)	72.67 (20.08)
Consensus			
RDAS items 1–6	18.56 (4.97)	19.09 (4.97)	18.18 (5.17)
RDAS items 1–6 with 10 added items	52.32 (13.76)	53.98 (13.24)	51.15 (14.12)
Satisfaction	13.22 (3.85)	14.14 (3.01)	12.57 (4.26)*
Cohesion	9.32 (4.02)	9.84 (3.44)	8.95 (4.37)

Note. * Statistically significant difference found between genders.

4.4 One-way ANOVAs were used to explore differences in marital consensus, satisfaction, and cohesion in terms of marital duration (Table 3). No statistical difference was found in the total RDAS (excluding ten added items) among groups of various marital durations [$F(2, 96) = .54, p = .585$]. Though there was no statistical difference [RDAS items 1–6: $F(2, 96) = .33, p = .723$; RDAS plus ten added items 1–16: $F(2, 96) = .81, p = .448$; satisfaction: $F(2, 96) = 8.19, p = .580$; cohesion: $F(2, 96) = 2.02, p = .138$], informants who had been married over 25 years tended to have lower scores in the three domains of the RDAS.

Table 3. Marriage duration comparisons in RDAS with ten added items

	Married 10 years or less (<i>n</i> = 46)	Married over 10 –25 years (<i>n</i> = 31)	Married over 25 years (<i>n</i> = 22)
	<i>M (SD)</i>		
Total (excluding 10 added items)	41.91 (9.33)	42.23 (11.19)	39.45 (11.27)
Total (with 10 added items)	77.28 (16.01)	76.29 (19.59)	71.27 (21.57)
Consensus			
RDAS items 1–6	19.26 (4.84)	18.51 (4.51)	18.41 (5.45)
RDAS items 1–6 with 10 added items	54.63 (11.96)	52.58 (13.59)	50.23 (16.36)
Satisfaction	13.00 (3.91)	13.94 (3.89)	13.27 (3.76)
Cohesion	9.65 (3.55)	9.77 (4.50)	7.77 (4.05)

4.5 One-way ANOVAs were used to explore differences in the three domains of the RDAS in terms of educational level (Table 4). The ‘Primary–F.3’ group tended to have the lowest mean scores on all measures. Statistically significant differences were found in the total RDAS (excluding ten added items) [$F(2, 101) = 4.34, p = .015$], RDAS plus ten added items 1–16 [$F(2, 101) = 4.13, p = .019$], and cohesion [$F(2, 101) = 3.97, p = .022$]. *Post hoc* comparisons using the Tukey HSD test indicated that the mean score for ‘Primary–F.3’ group was significantly different from the ‘University and above’ group in all three domains: total RDAS (excluding ten added items), RDAS plus ten added items, and cohesion. The ‘F.4–7’ group did not differ significantly from the other two groups.

Table 4. Educational level comparisons in RDAS with ten added items

	Primary–Form 3 (<i>n</i> = 17)	Form 4–7 (<i>n</i> = 24)	University or above (<i>n</i> = 63)
	<i>M (SD)</i>		
Total (excluding 10 added items)	34.94 (10.20)	40.54 (11.87)	42.97 (9.18)*
Total (with 10 added items)	64.71 (20.84)	72.63 (22.33)	78.44 (15.23)*
Consensus			
RDAS items 1–6	16.47 (5.63)	17.63 (5.29)	19.48 (4.47)
RDAS items 1–6 with 10 added items	46.24 (17.51)	49.71 (16.46)	54.95 (10.72)
Satisfaction	11.59 (4.51)	13.25 (4.08)	13.65 (3.51)
Cohesion	6.88 (3.22)	9.67 (4.54)	9.84 (3.82)*

Note. * Statistically significant difference found among educational levels.

4.6 In the consensus subscale, the lowest score was on the item ‘demonstration of affection’, followed by ‘sex relations’, ‘making major decisions’, and ‘philosophy of life’ (Table 5). The area with greater consensus was career decision, followed by religious matters, and conventionality. No statistical difference was found in the consensus items related to gender (Table 6).

Table 5. RDAS (consensus domain) ($n = 104$)

Items	<i>M (SD)</i>
*Demonstrations of affection	2.67 (0.92)
*Sex relations	2.90 (1.13)
*Making major decisions	2.99 (1.05)
Philosophy of life	2.99 (1.14)
Parenting methods	3.00 (1.14)
Expectations of roles	3.00 (1.08)
Ways of dealing with parents/in-laws	3.04 (1.00)
Parenting direction	3.08 (1.15)
Household tasks	3.09 (1.19)
Handling family finances	3.11 (1.25)
Matters of recreation	3.11 (0.99)
Amount of time spent together	3.12 (0.99)
Aims, goals, and things believed to be important	3.23 (1.04)
*Conventionality	3.27 (1.01)
*Religious matters	3.34 (1.45)
*Career decisions	3.38 (1.18)

Note. * Items on the RDAS scale, others are added items.

Table 6. Gender comparisons in RDAS (consensus domain) ($n = 104$)

Items	Male	Female
	($n = 43$)	($n = 61$)
	<i>M (SD)</i>	
Demonstration of affection	2.72 (0.96)	2.64 (0.90)
Sex relations	2.95 (0.95)	2.87 (1.24)
Making major decisions	3.09 (1.04)	2.91 (1.05)
Philosophy of life	3.00 (1.11)	2.98 (0.99)
Parenting methods	3.07 (1.08)	2.95 (1.19)
Expectations of roles	3.09 (0.97)	2.93 (1.15)
Ways of dealing with parents/in-laws	3.19 (1.00)	2.93 (0.99)
Parenting direction	3.23 (1.11)	2.97 (1.17)
Household tasks	3.28 (1.08)	2.97 (1.26)
Handling family finances	3.16 (1.19)	3.07 (1.30)
Matters of recreation	3.21 (0.83)	3.03 (1.09)
Amount of time spent together	3.26 (0.79)	3.02 (1.10)
Aims, goals, and things believed to be important	3.33 (0.92)	3.16 (1.11)
Conventionality	3.40 (0.98)	3.18 (1.02)
Religious matters	3.47 (1.32)	3.25 (1.55)
Career decisions	3.47 (1.20)	3.33 (1.17)

4.7 One-way ANOVAs showed that there were significant differences between educational level on the following items: ‘making major decisions’ [$F(2, 101) = 5.85, p = .004$], ‘philosophy of life’ [$F(2, 101) = 7.20, p = .001$], and ‘aims, goals, and things believed to be important’ [$F(2, 101) = 4.84, p = .01$] (Table 7). In the item ‘making major decisions’, significant difference was found between the ‘Primary–F.3’ and ‘University and above’ groups. The ‘Primary–F.3’ group had the lowest mean score. In the item ‘philosophy of life’, significant differences were found between the ‘Primary–F.3’ and ‘F.4–7’ groups, and between the ‘Primary–F.3’ and ‘University and above’ groups. Again, the ‘Primary–F.3’ group had the lowest mean score. For the item ‘aims, goals, and things believed to be important’, significant differences were found between the ‘Primary–F.3’ and ‘University and above’ groups, and between the ‘P.4–7’ and ‘University and above’ groups. The ‘University and above’ group had the highest mean score in this item, but there was no difference between the ‘Primary–F.3’ and ‘F.4–7’ groups (Table 7).

Table 7. Educational levels comparisons in RDAS (consensus domain) ($n = 104$)

Items	Primary-Form 3 ($n = 17$)	Form 4-7 ($n = 24$)	University or above ($n = 63$)
	<i>M (SD)</i>		
Demonstration of affection	2.41 (0.94)	2.54 (0.83)	2.79 (0.94)
Sex relations	2.59 (1.00)	2.75 (1.15)	3.05 (1.14)
Making major decisions	2.35 (1.32)	2.79 (1.10)	3.24 (0.86)*
Philosophy of life	2.11 (1.22)	2.96 (1.12)	3.34 (1.03)*
Parenting methods	2.59 (1.62)	2.83 (1.17)	3.17 (0.94)
Expectations of roles	2.82 (1.55)	2.88 (1.12)	3.10 (0.91)
Ways of dealing with parents/in-laws	2.88 (0.99)	2.91 (1.21)	3.13 (0.92)
Parenting direction	2.65 (1.66)	2.96 (1.10)	3.24 (0.93)
Household tasks	2.88 (1.41)	2.71 (1.60)	3.30 (0.89)
Handling family finances	2.59 (1.66)	2.88 (1.57)	3.33 (0.92)
Matters of recreation	2.76 (1.25)	3.13 (1.15)	3.19 (0.84)
Amount of time spent together	3.06 (1.25)	3.13 (1.19)	3.13 (0.83)
Aims, goals, and things believed to be important	2.82 (1.24)	2.88 (1.15)	3.48 (0.86)*
Conventionality	3.18 (1.19)	3.38 (1.06)	3.25 (0.95)
Religious matters	3.00 (1.66)	3.04 (1.63)	3.54 (1.31)
Career decisions	2.94 (1.14)	3.13 (1.26)	3.60 (1.12)

Note. * Statistically significant difference found among educational levels.

Marital quality measured by the Kansas Marital Satisfaction Scale (KMSS)

4.8 A statistically significant difference was found in marital satisfaction between the genders [$t(102) = 2.94, p = .004$] (Tables 8 and 9). Men considered their marriage more satisfactory than women. There was no statistical difference among groups of differing marital duration, although those married over 25 years tended to have a lower mean score [$F(2, 96) = .34, p = .715$]. The mean scores of groups with differing educational levels did not differ significantly [$F(2, 101) = 2.25, p = .111$].

Table 8. Gender and marriage duration comparisons in KMSS

	Overall (<i>n</i> = 104)	Male (<i>n</i> = 43)	Female (<i>n</i> = 61)	Married 10 years or less (<i>n</i> = 46)	Married over 10 –25 years (<i>n</i> = 31)	Married over 25 years (<i>n</i> = 22)
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)		<i>M</i> (<i>SD</i>)		
KMSS	14.13 (4.31)	15.47 (3.16)	13.18* (4.77)	14.50 (3.93)	14.32 (4.43)	13.59 (4.93)

Note. * Statistically significant difference found between the genders.

Table 9. Educational level comparisons in KMSS

	Primary–Form 3 (<i>n</i> = 17)	Form 4–7 (<i>n</i> = 24)	University or above (<i>n</i> = 63)
	<i>M</i> (<i>SD</i>)		
KMSS	12.59 (4.39)	13.42 (4.91)	14.81 (3.96)

Marital quality measured by the Family Strengths Scale (FSS)

4.9 Comparing the genders in the domains of the FSS (Table 10), statistically significant differences were found in commitment (FSS) [$t(102) = 2.38, p = .019$]; commitment (FSS + 4 extra items) [$t(102) = 2.12, p = .036$]; communication [$t(102) = 2.42, p = .018$]; total score (FSS) [$t(102) = 2.31, p = .023$]; and total score (FSS + 4 extra items) [$t(102) = 2.22, p = .029$]. Although there was no statistical difference between the genders on personal worth [$t(102) = 1.93, p = .056$], conflict resolution [$t(102) = 0.86, p = .392$], positive interaction [$t(102) = 0.98, p = .325$], or time together [$t(102) = 1.87, p = .065$], females tended to have a lower mean score in these domains.

Table 10. Gender comparison in FSS with four added items

	Overall (<i>n</i> = 104)	Male (<i>n</i> = 43)	Female (<i>n</i> = 61)
	<i>M (SD)</i>	<i>M (SD)</i>	
Personal worth	12.11 (1.93)	12.53 (1.64)	11.80 (2.06)
Commitment			
Only FSS items	19.12 (3.34)	20.02 (2.92)	18.48 (3.49)*
FSS + extra 4 items	35.09 (5.65)	36.47 (4.72)	34.11 (6.06)*
Conflict resolution	7.20 (1.69)	7.37 (1.43)	7.08 (1.86)
Communication	14.01 (3.04)	14.79 (2.18)	13.46 (3.43)*
Positive interaction	6.89 (1.52)	7.07 (1.37)	6.77 (1.62)
Time together	14.19 (2.45)	14.72 (2.33)	13.82 (2.49)
Total (excluded added items)	73.52 (11.31)	76.51 (9.02)	71.41 (12.31)*
Total (with added items)	89.49 (13.61)	92.95 (10.78)	87.05 (14.89)*

Note. * Statistically significant difference found between the genders.

4.10 Comparing groups of differing marriage duration, there was no statistical difference in the following domains: personal worth [$F(2, 96) = 2.25, p = .111$]; commitment [$F(2, 96) = 5.61, p = .600$]; commitment (FSS + 4 extra items) [$F(2, 96) = 1.56, p = .215$]; conflict resolution [$F(2, 96) = 1.43, p = .245$]; communication [$F(2, 96) = 1.07, p = .347$]; positive interaction [$F(2, 96) = 0.53, p = .591$]; time together [$F(2, 96) = 0.93, p = .399$]. No difference was found in total score [FSS: $F(2, 96) = .35, p = .704$; FSS + 4 extra items [$F(2, 96) = .73, p = .483$]. However, those married over 25 years had lower scores on most domains, particularly personal worth, commitment, conflict resolution, communication, and total score (Table 11).

Table 11. Marriage duration comparisons in FSS with four added items

	Married 10 years or less (<i>n</i> = 46)	Married over 10 –25 years (<i>n</i> = 31)	Married over 25 years (<i>n</i> = 22)
	<i>M (SD)</i>		
Personal worth	12.46 (1.73)	12.19 (2.09)	11.41 (2.02)
Commitment			
Only FSS items	19.26 (3.17)	19.74 (3.57)	18.82 (3.19)
FSS + extra 4 items	35.62 (5.12)	36.13 (5.99)	33.50 (6.03)
Conflict resolution	7.43 (1.71)	7.16 (1.70)	6.68 (1.78)
Communication	14.50 (2.82)	13.97 (2.93)	13.36 (3.61)
Positive interaction	6.76 (1.52)	7.09 (1.62)	7.05 (1.40)
Time together	13.83 (2.54)	14.29 (2.56)	14.68 (2.34)
Total (excluded added items)	74.24 (10.63)	74.45 (12.59)	72.00 (11.67)
Total (with added items)	90.63 (12.46)	90.84 (15.06)	86.68 (14.61)

4.11 Significant differences were found among groups with different educational levels (Table 12): personal worth [$F(2, 101) = 7.47, p = .001$]; commitment (FSS + 4 extra items) [$F(2, 101) = 4.59, p = .012$]; FSS total score [FSS: $F(2, 101) = 3.29, p = .041$; FSS + 4 extra items [$F(2, 101) = 4.34, p = .016$]. *Post hoc* comparisons using the Tukey HSD test indicated that the mean scores of the ‘Primary–F.3’ group and ‘University and above’ groups were significantly different in these domains. The ‘F.4–7’ group did not differ significantly from the other two groups.

Table 12. Educational level comparisons in FSS with four added items

	Primary–Form 3 (<i>n</i> = 17)	Form 4–7 (<i>n</i> = 24)	University or above (<i>n</i> = 63)
	<i>M</i> (<i>SD</i>)		
Personal worth	10.82 (1.94)	11.67 (1.90)	12.62 (1.75)*
Commitment			
Only FSS items	17.71 (3.02)	19.46 (2.93)	19.37 (3.51)
FSS + extra 4 items	31.47 (5.67)	35.29 (4.47)	35.98 (5.74)*
Conflict resolution	6.47 (2.00)	7.00 (1.77)	7.48 (1.52)
Communication	12.82 (3.23)	13.63 (3.02)	14.48 (2.94)
Positive interaction	6.41 (1.33)	6.71 (1.63)	7.10 (1.51)
Time together	13.47 (2.07)	14.29 (2.61)	14.35 (2.49)
Total (excluded added items)	67.71 (10.52)	72.75 (11.79)	75.38 (10.92)*
Total (with added items)	81.47 (13.43)	88.58 (13.39)	92.00 (13.05)*

Note. * Statistically significant difference found among educational levels.

Mental well-being measured by the Depression Anxiety Stress Scale (DASS)

4.12 A statistically significant difference was found in anxiety scores between the genders [$t(102) = -2.15, p = .024$]. Women had higher mean scores in anxiety. No differences were found on DASS total scores [DASS: $t(102) = -1.81, p = .074$; DASS with 1 added item: $t(102) = -1.81, p = .072$]; depression [$t(102) = -1.19, p = .237$]; or stress scores [$t(102) = -1.61, p = .107$] (Table 13).

Table 13. Gender comparison in DASS with one added item

	Overall (<i>n</i> = 104)	Male (<i>n</i> = 43)	Female (<i>n</i> = 61)
	<i>M (SD)</i>	<i>M (SD)</i>	
DASS Total	13.29 (10.07)	11.17 (8.86)	14.77 (10.66)
DASS Total (with 1 added item)	13.94 (10.59)	11.72 (9.37)	15.51 (11.17)
Depression	3.65 (3.54)	3.16 (3.24)	4.00 (3.72)
Anxiety	3.63 (3.28)	2.81 (2.52)	4.19 (3.64)*
Stress	6.00 (4.25)	5.21 (3.83)	6.57 (4.46)

Note. * Statistically significant difference found between the genders.

4.13 No statistical difference was found between groups of differing marriage duration [DASS total without extra item [$F(4, 94) = 0.45, p = .774$]; DASS total with an extra item [$F(4, 94) = 0.39, p = .817$]; depression [$F(4, 94) = 0.39, p = .814$]; anxiety [$F(4, 94) = 0.88, p = .482$]; stress [$F(4, 94) = 0.41, p = .817$]. Nevertheless, those married over 25 years tended to have higher mean scores in depression, anxiety, and stress (Table 14).

Table 14. Marriage duration comparisons in DASS with one added item

	Married 10 years or less (<i>n</i> = 46)	Married over 10 –25 years (<i>n</i> = 31)	Married over 25 years (<i>n</i> = 22)
	<i>M (SD)</i>		
DASS Total	12.74 (10.68)	12.32 (7.76)	14.59 (11.01)
DASS Total (with 1 added item)	13.41 (11.31)	13.03 (8.34)	15.09 (11.38)
Depression	3.63 (3.87)	3.22 (2.86)	3.95 (3.66)
Anxiety	3.32 (3.31)	3.35 (2.44)	4.41 (4.10)
Stress	5.78 (4.45)	5.74 (3.51)	6.23 (4.51)

4.14 No significant difference was found in the DASS between different educational levels (Table 15).

Table 15. Educational level comparisons in DASS with one added item

	Primary– Form 3 (<i>n</i> = 17)	Form 4–7 (<i>n</i> = 24)	University or above (<i>n</i> = 63)
	<i>M (SD)</i>		
DASS Total	16.18 (11.56)	12.50 (7.61)	12.81 (10.47)
DASS Total (with 1 added item)	16.76 (11.92)	13.17 (8.18)	13.48 (11.05)
Depression	4.47 (3.97)	3.63 (3.59)	3.44 (3.44)
Anxiety	4.82 (3.76)	3.42 (2.12)	3.38 (3.48)
Stress	6.88 (4.65)	5.46 (2.84)	5.98 (4.59)

4.15 Regarding the severity of depressive, anxious, and stress symptoms, most of the informants were within the normal to mild range. Around 19% to 20% were experiencing moderate to extremely severe depressive and stress symptoms. A higher percentage of informants (33.6%) were experiencing moderate to extremely severe anxiety symptoms (Table 16).

Table 16. DASS severity rating (without added item) (*n* = 104)

	Normal	Mild	Moderate	Severe	Extremely severe
	<i>n (%)</i>				
Depression	66 (63.5)	18 (17.3)	15 (14.4)	3 (2.9)	2 (1.9)
Anxiety	62 (59.6)	7 (6.7)	25 (24.0)	3 (2.9)	7 (6.7)
Stress	70 (67.3)	13 (12.5)	12 (11.5)	7 (6.7)	2 (1.9)

Relationships between marital quality, marital satisfaction, and mental well-being

4.16 The DASS was negatively correlated with the RDAS (with and without extra items), KMSS, and FSS (with and without extra items). Higher levels of marital

quality and satisfaction were associated with lower levels of depressive, anxiety, and stress symptoms (Table 17).

Table 17. Correlations of marital quality and mental health

	1	2	3	4	5	6
1. DASS	-					
2. DASS (with extra item)	.99***	-				
3. RDAS	-.47***	-.46***	-			
4. RDAS (with extra item)	-.44***	-.44***	.95***	-		
5. KMSS	-.45***	-.45***	.81***	.80***	-	
6. FSS	-.42***	-.41***	.77***	.76***	.81***	-
7. FSS (with extra item)	-.41***	-.40***	.76***	.75***	.82***	.99***

Note. DASS = Depression Anxiety Stress Scale; RDAS = Revised Dyadic Adjustment Scale; KMSS = Kansas Marital Satisfaction Scale; FSS = Family Strengths Scale. *** $p < .001$.

Satisfaction with the Centre's services according to the type of service received

4.17 Some service users received more than one kind of service, and therefore the data are grouped according to the type/s of service received (Table 18).

Table 18. Service user groups according to type/s of service received

	Group work	Program	Casework	<i>n</i> (%)
Group 1	✓			15 (16.0)
Group 2		✓		18 (19.1)
Group 3			✓	22 (23.4)
Group 4	✓		✓	13 (13.8)
Group 5		✓	✓	6 (6.4)
Group 6	✓	✓		10 (10.6)
Group 7	✓	✓	✓	10 (10.6)

4.18 The mean scores in Table 19 show that users with a casework component had higher mean scores.

Table 19. Satisfaction with the Centre according to the type/s of service received

		Average	Satisfied	Very	
	<i>n</i>		(%)	satisfied	<i>M (SD)</i>
Group 1 (Group work)	11	3 (27.3)	7 (63.6)	1 (9.1)	3.82 (0.60)
Group 2 (Program)	13	-	10 (76.9)	3 (23.1)	4.23 (0.44)
Group 3 (Casework)	21	-	11 (52.4)	10 (47.6)	4.48 (0.51)
Group 4 (Group work & casework)	13	-	7 (53.8)	6 (46.2)	4.46 (0.52)
Group 5 (Program & casework)	6	-	5 (83.3)	1 (16.7)	4.17 (0.41)
Group 6 (Group work & program)	10	1 (10.0)	7 (70.0)	2 (20.0)	4.10 (0.57)
Group 7 (All services)	10	-	5 (50.0)	5 (50.0)	4.50 (0.53)

Satisfaction with the Centre's opening hours, facilities, and number of meetings with social workers

4.19 As shown in Table 20, overall satisfaction was very high, with a mean score of 4.26. The lowest satisfaction score was for the Centre's facilities. The Centre is small and there is not enough space for further facilities. There was no difference in overall satisfaction levels between the genders [$t(102) = -.49, p = .623$].

Table 20. Satisfaction with opening hours, Centre facilities, and number of meetings with social workers

			Dissatisfied	Average	Satisfied	Very satisfied	
	<i>n</i>			(%)			<i>M (SD)</i>
Opening hours	88	2	11	57	18		4.03
		(2.3)	(12.5)	(64.8)	(20.5)		(0.65)
Facilities	90	-	12	66	12		4.00
			(13.3)	(86.7)	(13.3)		(0.52)
Number of meetings with social workers	71	-	11	33	27		4.23
			(10.6)	(31.7)	(26.0)		(0.70)
Overall satisfaction	94	-	5	60	29		4.26
			(5.3)	(63.8)	(30.9)		(0.55)

Evaluating the gains from the Centre's services

4.20 The 19 items evaluating the gains from the Centre's services were derived from focus groups. They were subjected to principal components analysis. The Kaiser-Meyer-Olkin value was .82, and the Bartlett's Test of Sphericity reached statistical significance, supporting the factorability of the correlation matrix. Principal components analysis revealed the presence of four components with eigenvalues exceeding 1. Varimax rotation was performed. Four items (13, 14, 19, 21) were deleted because of double and high loading (above 0.45) on two or more components.

4.21 The 15 items remaining for analysis revealed the presence of a simple structure, with all items loading on only one component. The four-factor solution explained 79.59% of the variance, with factor 1 contributing 25.23%, factor 2 contributing 20.91%, factor 3 contributing 16.85%, and factor 4 contributing 16.59%. Factor 1 was related to understanding the essentials for marriage maintenance; factor 2 was related to understanding one's role in one's marriage; factor 3 was related to the normalization of marital problems and learning marital interaction skills; and factor 4 was related to social workers' attitude (Table 21).

Table 21. Factor analysis of items related to gains from the marital services

Items	Factors			
	1	2	3	4
17. 明白維繫婚姻需要遷就	.931			
16. 明白維繫婚姻需要接納	.918			
15. 明白維繫婚姻需要容忍	.898			
18. 明白維繫婚姻需要信任	.756			
23. 明白我的付出能改善婚姻關係		.810		
24. 明白愛錫自己對建立美滿婚姻很重要		.808		
25. 明白夫婦間的平等地位對建立美滿婚姻很重要		.754		
22. 明白婚姻對整個家庭的影響		.691		
10. 認識更多解決夫婦間問題／分歧的方法			.822	
11. 認識有共同困擾的朋友			.717	
12. 明白婚姻問題不是我獨有的			.643	
20. 了解更多配偶的想法和感受			.568	
26. 感到被社工尊重				.926
27. 感到被社工關心				.855
28. 感到社工在處理夫婦問題上能保持中立				.776

4.22 Greater understanding of the essentials to maintaining a marriage was associated with higher scores in overall satisfaction with the Centre's services and the Family Strength Scale (Table 22).

4.23 Getting to know more about one's role in one's marriage was associated with higher scores in overall satisfaction with the Centre's service, the RDAS, KMSS, and FSS. A higher score in this domain was correlated with better mental well-being (DASS).

4.24 Normalization of marital problems and learning marital interaction skills were positively correlated with the RDAS, KMSS, and FSS.

4.25 Social workers' attitude was positively correlated with overall satisfaction with the Centre's services.

Table 22. Correlations of gains from the marital services, overall satisfaction with the Centre, marital quality, and mental health

	1	2	3	4	5	6	7	8
1. Gain: Essentials	-							
2. Gain: Personal role	.64***	-						
3. Gain: Normalization & skills	.55***	.57***	-					
4. Gain: Social worker	.34***	.51***	.47***	-				
5. Overall satisfaction	.23*	.35**	.23	.52***	-			
6. RDAS	.14	.30*	.24*	.12	.13	-		
7. KMSS	.14	.31*	.24*	.13	.17	.81***	-	
8. FSS	.24*	.39***	.32**	.14	.13	.77***	.81***	-
9. DASS	-.16	-.23*	-.22	-.11	-.03	-.53***	-.52***	-.53***

Note. Gain: Essentials = essentials to maintaining a marriage; Gain: Personal role = role in one's marriage and the impact of marital quality on family; Gain: Normalization & strategies = normalization & marital skills; Gain: Social worker = the attitudes of social workers; Overall satisfaction = satisfaction with the Centre service; RDAS = Revised Dyadic Adjustment Scale; KMSS = Kansas Marital Satisfaction Scale; FSS = Family Strengths Scale; DASS = Depression Anxiety Stress Scale. *** $p < .001$, ** $p < .01$, * $p < .05$.

4.26 Hierarchical regressions were used to examine the impact of overall satisfaction with the Centre's services and gains from the marital services on the RDAS, FSS, and DASS. The demographic variables – gender and educational level – were entered in step 1. In step 2, the overall satisfaction level and gains from the marital services were entered. It was found that understanding one's role in marriage

significantly predicted two outcomes, FSS (positive interaction and total score).

4.27 Regarding the FSS (positive interaction), gender and educational level explained 4% of the variance but this model was not statistically significant [$F(2, 63) = 1.32, p = .275$]. The variables in step 2 explained an additional 18.9% of the variance [$R^2 = .230$; R^2 change = .189; $F(7, 58) = 2.47, p = .027$]. Helping service users understand their role in their marriage contributed to improvement in couples' positive interaction (Table 23).

Table 23. Hierarchical regressions of demographic variables, overall satisfaction with the Centre's services, and gains from the marital services on the Family Strengths Scale (FSS) (positive interaction)

	Model 1		Model 2	
	<u>B</u>	B	<u>B</u>	B
Demographic variable				
Sex	-.300	-.098	.154	.050
Education	.350	.175	.416	.209
Overall satisfaction			.123	.111
Gain				
Essentials			.095	.143
Personal role			.297	.445*
Normalization & skills			.002	.003
Social worker			.122	.140
R^2		.040		.230*
R^2 change				.189

Note. * $p < .05$.

4.28 Another hierarchical regression was conducted with the FSS (total score) as the dependent variable. Model 1 of the hierarchical regression was significant [$F(2, 63) = 3.87, p = .026$]. Of the two variables sex and educational level, only educational level was significant in the hierarchical regression that explained 10.9% of the variance. The variables in model 2 contributed an increase in variance [$R^2 = .295$; R^2

change = .185; $F(7, 58) = 3.46, p = .004$]. The variables in model 2 explained 29.5% variance. Helping service users understand their role in their marriage contributed more to the FSS score than the educational level of informants (Table 24).

Table 24. Hierarchical regressions of demographic variables, overall satisfaction with the Centre's services, and gains from the marital services on the Family Strengths Scale (FSS) (total score)

	Model 1		Model 2	
	<u>B</u>	B	<u>B</u>	B
Demographic variable				
Sex	-5.105	-.223	-3.975	-.174
Education	3.624	.244*	4.121	.277*
Overall satisfaction			-1.261	-.152
Gain				
Essentials			-.356	-.072
Personal role			1.650	.332*
Normalization & skills			.987	.201
Social worker			.002	.000
R^2		.109*		.295**
R^2 change				.185

Note. * $p < .05$, *** $p < .01$.

Summary of the quantitative results

4.29 Men considered their marital quality to be better than women. Women had lower mean scores than men on all the scales measuring marital quality, including the RDAS, KMSS, and FSS. There were statistically significant differences between men and women in terms of marital satisfaction on the RDAS (satisfaction subscale), KMSS, and FSS (commitment, communication, and total score).

4.30 The mean scores revealed that the longer the marriage, the lower the marital quality, although no statistical difference was found between groups of differing

marital duration. Those married over 25 years tended to have a lower mean score on most of the measures.

4.31 Informants with university or above education tended to have better scores on the marital scales than those with primary to Form 3 education.

4.32 In domains relating to marital consensus, the lowest scores were centered on intimacy (the demonstration of affection and sex relationships), decision-making, and philosophy of life. Significant differences were identified on three items relating to educational level – ‘making major decisions’, ‘philosophy of life’, and ‘aims, goals and things believed to be important’. Those with university and above education had the highest mean scores on all three items.

4.33 Women presented more anxiety symptoms than men. A statistically significant difference was found on this dimension in gender. Those who had been married for over 25 years tended to have more depressive, anxiety, and stress symptoms, though no statistically significant difference was found. Better marital quality was associated with better mental well-being among the informants.

4.34 The informants were satisfied with the Centre’s services. The least satisfactory area was the Centre’s facilities, followed by opening hours.

4.35 It was found that those informants who had received casework services were more satisfied with the Centre.

4.36 Gains from the Centre’s service, namely understanding the essentials of marriage maintenance; greater understanding of one’s role in one’s marriage; normalization of marital problems and learning marital interaction skills; and social worker attitudes were positively related to marital quality and satisfaction with the Centre’s services. Greater knowledge of one’s role in one’s marriage and the impact of marriage on family were related to better mental well-being.

4.37 Understanding one’s role in one’s marriage and the impact of marital quality on family predicted more positive interactions in couples.

4.38 Understanding one’s role in one’s marriage, and the informants’ educational level predicted higher scores in positive interaction on the Family Strengths Scale.

Chapter 5

Qualitative Results

Experiences of Service Users Receiving the Marital Service

Introduction

5.1 The informants were invited to share their experiences of receiving the Centre's marital services (Table 25). A process model was derived from the data collected (Figure 1). The informants were asked about their family and marital situations before they approached the Centre, the factors they considered helpful in alleviating their problems, and the change they identified after receiving the services (Figure 1).

Table 25. Qualitative study – informants' data

Transcript Code	Gender	Focus group/individual interview
1	Female	Focus group (6 participants)
2	Male	Focus group (5 participants)
3	Male	Individual interview
4	Female	Individual interview
5	Female	Individual interview
6	Female	Individual interview
7	Male	Individual interview
8	Male	Individual interview

Difficulties of couples before counseling

5.2 Couples encounter a number of difficulties before they seek counseling – life stage transition, differences in values and expectations, inadequate emotional management strategies, and lack of support and social network. These challenges are delineated in the following.

5.21 Life stage transition

Couples' problems often coincide with life stage transitions. No matter whether it is the birth of a child or retirement, life stage transition relates to the addition and

reduction of family roles. This change induces stress in a couple's relationship, and increasing marital conflict results.

(Male 2; focus group): 「應該差不多細路仔出世，之後開始，大家可能衝突磨擦會多咗...」

(Female 1; focus group): 「我第一個女產後就同先生有 D 磨合，健康院就轉介來這裏(HKCMAC)。」

(Male 3; individual interview): 「我結婚時候就好唔想有細路仔，我決定左一定唔要細路仔。我太太就……鍾意細路仔。……結果最後我太太真係有咗……我個人可以講係見步行步。……但慢慢行落去嘅時候，發覺愈行愈多問題。」

(Male 7; individual interview): 「我已退休，我外母就過身……女又大，(關係)沒那麼密切……(太太有)好多時間，佢就會想多咗。」

The birth of a child brings many demands, expectations, challenges, and tension to couples' lives. For instance, one female participant expressed that she had to take up multiple roles, such as mother, wife, and supervisor of the domestic helper. Additional parental roles cause frustration for couples when they feel that they are unable to meet the demands upon them. The new family member becomes their focus of attention, and they may not have time and energy to address their partner's needs and feelings. The mutual support between spouses weakens and individual stress increases.

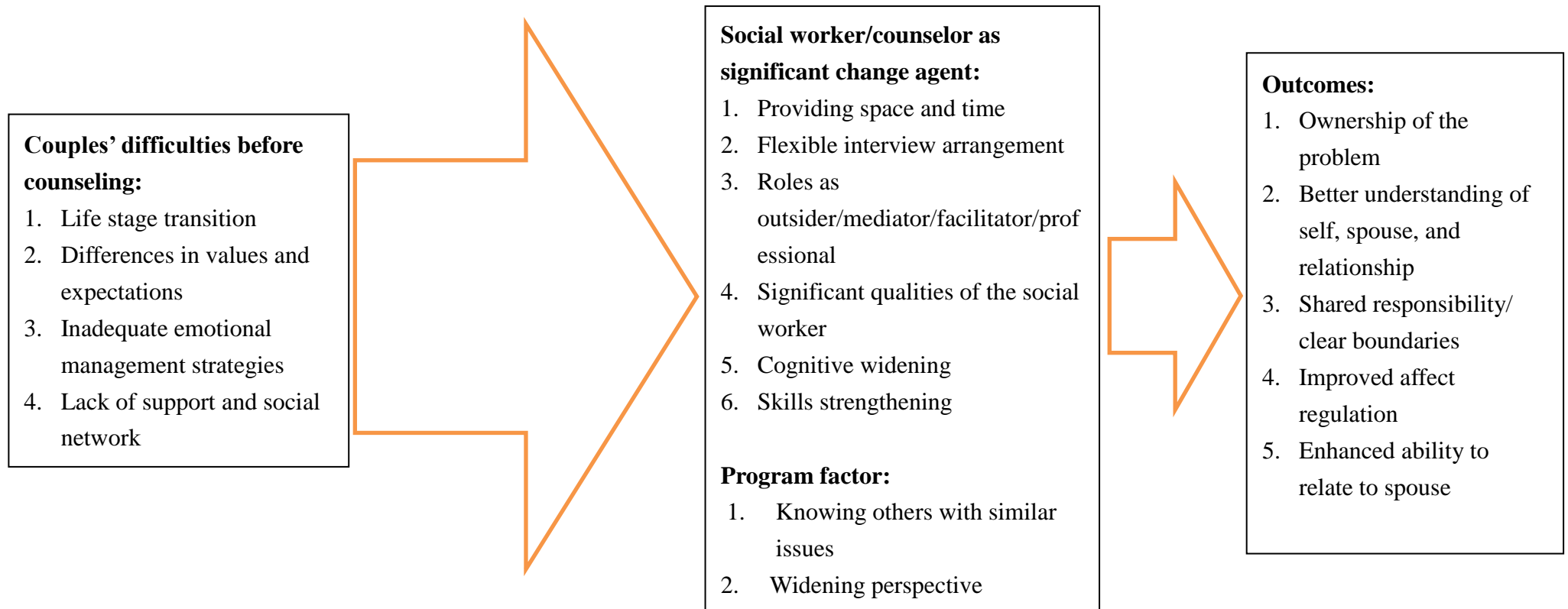
(Female 1; focus group): 「又要做阿媽，又要做老婆，又要做姐姐嘅主管。」

(Female 5; individual interview): 「作為媽媽可能有好多時都覺得想要 fulfill 一些 task、或者一些期望、而又覺得做得唔好。」

(Female 4; individual interview): 「之後一生完又發現有問題。大家為要照顧細路，根本無時間理(大家)。」

(Male 3; individual interview): 「我有時都將注意力集中個女身上。大家個關係就慢慢(變)…」

Figure 1. Informants' experience of receiving the marital services



5.22 Differences in values and expectations

Another difficulty or challenge a couple might face is differences in their expectations and values, which affect how they deal with different issues, such as finances, parenting, and so on. Here are some quotations from different participants:

(Male 3; individual interview): 「我諗最大分歧，我同我太太個價值觀相差好遠。佢自己有(自己想法)，但我自己又覺得未必。」

(Male 8; individual interview): 「通常因為佢睇我做嘢、或者睇我講 feedback 方面，有陣時佢睇唔順眼、或者聽唔順耳，咁就會開始唔高興，就開始諗下諗下就會有衝突。」

(Male 8; individual interview): 「(我們是)兩個人，個管教方式唔同嘅。」

(Male 2; focus group): 「有時就家庭財政點處理呀，這個是衝突點，比如有些錢，無謂都要使。」

5.23 Inadequate emotional management strategies

Some informants reported that they lacked appropriate strategies for managing their stress and emotions in situations of high stress. Some chose to suppress their disappointment and anger, which increased the risk of using violence or developing mood disorders.

(Male 3; individual interview): 「你覺得忍左無嘢，但有時想起就覺得好唔開心。忍氣吞聲其實無用。件事攞左心入面，依家想起都會唔開心。」

(Female 4; individual interview): 「我有時候想郁手囉。我會覺得自己，點解會咁暴力嘅。」

(Female 5; individual interview): 「睡唔好，同埋都有去…食藥…有 depression。」

5.24 Lack of support and social network

When mutual support between spouses was weak, some service users stated that they lacked an external support network and so struggled to find someone to share with.

(Male 2; focus group): 「男性世界好孤獨，好難去搵到人傾訴，你會唔會話搵個男人去傾訴啊？……男人唔會搵人出嚟去傾訴(家庭事)呀！」

(Male 7; individual interview): 「(太太)有好多空閒、時間……本身佢個笑容都唔多。相對朋友唔多、傾談者唔多，嗜好唔多，佢最多就去幫家姐，有陣時見下面。」

(Female 4; individual interview): 「無人傾訴情況下會想埋一邊。」

Motives for seeking professional assistance

5.3 One of the reasons for seeking professional help is related to children because couples fear that their children might be adversely affected by disharmony in the marital relationship. Some informants wanted to find solutions to their marital discord, while others did not want to terminate their marriage. The accessibility of the Centre is also a factor that motivated informants to approach and enquire about services.

5.31 Children

‘For the sake of the children’ is one of the major motives for couples to seek marital counseling services. Most of the informants were aware of the negative impact of marital discord on their children.

(Female 1; focus group): 「我點解會(求助)，個時覺得，阿女開始好依賴我，我覺得自己好似成日好易撘，有嘢唔識得去解決。」

(Male 3; individual interview): 「我哋有個女，都唔想個女，係一個破裂個家庭成長…」

5.32 Finding solutions

The feeling of being helpless motivated many informants to seek marital counseling services, to find out if their predicament could still be resolved.

(Male 7; individual interview): 「可能可以解決我哋，夫妻之間、感情又好、或者日常生活問題。」

(Male 2; focus group): 「我同我老婆一齊嚟嘅，開頭就，因為覺得溝通上有

問題，需要解決…」

(Male 2; focus group): 「想搵一個……柔性啲嘅方法，打破大家…溝通方式，同埋一啲比較隔閡嘅表現。」

(Male 8; individual interview): 「搵吓有無中間人、輔導個類可以幫助下我哋兩個關係之間修和返少少。」

5.33 Commitment to the marriage

Some informants strongly believe that marriage is a life-long commitment and that they should not give up on their marriage easily. They tried to see if it could be rescued.

(Male 7; individual interview): 「同(太太)結咗婚，無理由唔理佢。」

(Male 2; focus group): 「因為想繼續同老婆一齊，如果你唔想繼續呢，咁就…走喇。」

(Female 4; individual interview): 「呢個係最後一步，根本上…如果(先生)唔行呢一步(接受輔導)，亦都想不到有咩方法呢，基本上我都要走架喇。」

5.34 Accessibility

The accessibility of the Centre was a facilitating factor enabling those in need to approach and investigate its services.

(Male 3; individual interview): 「因為我以前就經常搭小巴，見到呢種服務，個刻就想起，不如試吓睇吓幫唔幫到手喇，咁最後就嚟呢到。」

(Male 2; focus group): 「因為我住附近，所以我地就搵咗呢度(社工)姑娘…幫手。」

Social worker/counselor as a significant change agent

5.4 The social worker/counselor is an important change agent in the process. The informants commented that their social workers had provided a safe environment in which couples could share. The role and quality of social workers were considered

important factors in the therapeutic process that had helped to loosen their rigid thinking and to strengthen the couples' interaction skills. The informants also considered the programs offered by the Centre as a good means to induce change.

5.41 Providing time and space

Some informants expressed that they did not have the space and time to talk with their partner at home. However, their social worker had given them sufficient time and space to express themselves and to learn how to relate to each other.

(Male 2; focus group): 「(社工)係個時間上會預得幾充足，有時我哋都真係講到 overrun，但佢好耐性聽，同埋好耐心講，咁變左呢，有足夠嘅時間俾你消化，係真係做好個 case……佢預足夠時間去，去同你溝通。」

(Female 1; focus group): 「係屋企講唔到，係冇空間，因為有其他嘅家人…其他成員係到，… 有些好深入嘅嘢，要慢慢撩返起。」

5.42 Flexible interview arrangement

The social worker would adjust the format of an interview according to the needs of the client in individual or conjoint interviews. The social worker would inform a spouse if an individual interview would be arranged for his/her partner.

(Male 2; focus group): 「大家雙方都覺得有委屈，……對方好唔理解自己，好委屈嘅情況之下，就會單獨見囉。」

(Male 2; focus group): 「單獨見嘅數量，男同女又唔一定一樣。比如我個情況呢，我太太單獨見嘅時間，當然，因為佢冇做嘢，幫手照顧屋企，湊細路，咁佢單獨見嘅時間，係多過我。……(視乎)個需要問題，太太覺得有啲嘢佢想唔通，但係我覺得冇嘢呀…佢會單獨見會多啲，傾完之後，佢會舒服左。」

5.43 The role of the social worker: outsider/mediator/facilitator/professional

a. Outsider position

The social worker occupies an external position (someone outside the couple system), and thus can provide the couple an objective view of the problem. The informants commented that, because of their social worker's objectivity, they could be more open to listening to and accepting different views.

(Male 2; focus group): 「有時，有些事呢，經過第三者幫手講吓呢，會好好

多。因為我地始終有個身份係度，即係比如果我對我太太，我係佢先生，又或者，調返轉頭，我對住佢，佢係我老婆，咁變左有個身份係度呢，咁變左好多嘢，明明係好簡單直接嘅嘢呢，就會加左一個身份係度，就好多嘢，就會聽唔明。咁又經過有個第三者係度幫手呢，其實好多問題或者衝突，就幫手解決咗唔少。」

(Female 4; individual interview): 「如果有多一個人，將件事嘅睇法用另外一個方面話比你聽…有時佢(先生)講嘅嘢我都唔會聽。」

(Female 1; focus group): 「社工中間坐係到，佢唔係一個 judge，裁判者，但係佢就可以分析唔同嘅意見，希望我先生聽得明。….咁可能換個環境或者角度來講，佢(先生)會接受多些。」

b. Mediator and facilitator

The social worker takes on the role of mediator, facilitating communication between the members of a couple. The regulation of the couple's communication, including asking them to take turns in expressing their views, prevents them from becoming too emotional, and educates the couple on how to understand the feelings and thoughts of the other party. This enhances mutual exchange between partners.

(Female 4; individual interview): 「社工姑娘會唔比我講咁多…佢唔比我講，佢話你比佢(先生)講，你聽下佢(先生)講先。」

(Male 2; focus group): 「我就覺得佢哋(社工) ……第一，控制場面，因為好多時都會講到好火爆嘅，咁佢可以喺適當時候就 stop 咗我哋，即係佢知道幾時…佢會俾你抒發，抒發到某個位呢，佢(社工)覺得要停呢，佢就會停囉。」

(Male 8; individual interview): 「大家都可以(在輔導時)…平心靜氣喇，如果私底下講就火上加油，咁就無交嗰就搵交嗰。」

(Male 2; focus group): 「跟住(社工)就問我喇，「喂，你聽唔聽到你太太個感覺係點樣啊？」個情緒先，講左情緒先啦，佢個情緒係點樣先。調返轉頭，跟住(社工)就叫我講啦喇，叫我分我分享個 point，又問返呀太太，「你又聽唔聽到佢講」，佢其實，佢個心入面咁樣，佢想表達緊係咩意思啊？」

c. Professional

The social worker is also very professional, using his/her expertise to facilitate the couple's understanding of the underlying message and needs of the other party. In addition, the social worker can point out the possible pathways that the couple can further pursue their communication.

(Male 2; focus group): 「佢(社工)好留心聽你講嘅嘢，佢知道你心底想講嘅嘢，反而喺另一邊唔知，佢就會誘導話返俾另一半聽，佢有講過個樣嘢，而係個 key point 係邊一樣，即係佢喺聆聽到你講個樣嘢，可能你講二十句，佢就聽到就係個一句就係最 key point，佢就係會捉個句 key point 嘅嘢話返俾你另一半聽。」

(Female 4; individual interview): 「佢(社工)有一個指導同埋有個引導性，因為佢(如果)唔引導我地去講，我地唔知道自己……條路行得岩唔岩。個條路好似行錯咗，行錯左佢(社工)會搬返埋個正確(方向)。如果唔係我哋又諗又拗交喇。佢(社工)會引導返……我地聽左先生講，我先生講完聽太太講，然後再諗一諗，轉返個角度去講返件事。」

(Female 1; focus group): 「有個專業嘅帶住你，一步一步，好多時我地會 jump from 一個 topic 去個個 topic，但係佢(社工)就會 guide 住你，再講多次，呢個係咁樣樣、跟住到咁、跟住到咁。咁你慢慢就會分析左、知道個盲點係邊到。」

5.44 Significant qualities of social workers

The informants listed a number of essential attitudes/qualities of social workers that are conducive to the counseling process, such as helping service users to express themselves, and preventing couples becoming overemotional, which may block their cognitive thinking. Social workers' qualities include acceptance; understanding, support, and unconditional regard; friendliness; patience and neutrality; sensitivity and appropriate pacing; and confidentiality.

a. Acceptance

(Female 1; focus group): 「我對住我個社工。其實我都係可以暢所欲言，因為我知道我講咩嘢，佢都接納。咁所以我就可以講我心入面最中心個句說話出來。因為我知道佢接納我。」

b. Understanding, support, and unconditional regard

(Male 2; focus group): 「有個幫你嘅人，佢願意俾個 heart 你……即係有呢一

份嘅情係當中呢，已經係一個好大嘅支持。」

(Female 1; focus group): 「當你唔開心嘅時候，有個人可以聆聽，咁你講左出來，你個心係會舒服 D。即係好似釋放左 D 嘢出來。」

(Male 2; focus group): 「有認同感，即係佢(社工)明白你，咁你自自然然你個人會冷靜落嚟，當你一冷靜你就會容易啲接收到佢(社工)講嘅訊息，可以容易啲去，去真係再思考。」

c. Friendliness

(Male 2; focus group): 「好似佢(社工)係好似朋友式去傾偈，講下，即係慢慢去帶入話題……唔係用一啲好專業嘅手法去講解，變左你容易、輕鬆咁講你嘅問題出嚟，咁變咗大家都好輕鬆嘅聚會咁樣，變左唔係一種有壓力。」

(Male 2; focus group): 「你唔會有太大壓力囉。去執行好多嘢呀，或者話要 must do 呢個，唔會囉，即係好似真係當朋友傾偈。」

d. Patience and neutrality

(Male 2; focus group): 「佢地有時係個時間上會預得幾充足，有時我地都真係講到 overrun，咁佢係佢好耐性咁聽，同埋好耐心咁講，有足夠嘅時間俾你消化。」

(Male 2; focus group): 「我諗最主要係，首先佢(社工)會有一個持平嘅態度，好有耐性……佢係一個好好嘅聆聽者，其實呢樣好緊要。」

(Male 7; individual interview): 「佢(社工)唔係嘗試去判邊個啱，或者 anything，有任何 judgment。」

e. Sensitivity and pacing

(Male 2; focus group): 「好多時佢(社工)就 read 咗你情緒先，然後先俾個分析你，然後先至將佢個分析講返俾你聽，等你容易啲接受。」

(Male 2; focus group): 「佢(社工)又唔會一次過俾好多嘢你，慢慢講，慢慢講，

講少少，講少少，停一停。咁變左就等你有，有空間去消化。」

f. Confidentiality

(Male 8; individual interview): 「最緊要係大家圍內自己傾、唔好再散出去喇。比如我講自己唔好嘅經歷出嚟，我會放心講。(社工)唔會同屋企人講呀、或者同朋友講……有時真係唔想身邊朋友、屋企人知，輔導員就真係 BEST CHOICE 呀。」

5.45 Cognitive widening

Social workers help to promote the couple's curiosity about one another and also help to identify positive areas in their relationship.

a. Arousing curiosity

Social workers help the couple to be more curious about their relationship, their partner, and themselves. Through addressing spouses' needs and experiences, the couple is helped to develop greater mutual- and self-understanding.

(Male 7; individual interview): 「大家睇清楚件事係點樣？即係邀請你去睇清楚，咁所以大家就會覺得原來可以有另一個 interpretation。」

(Female 4; individual interview): 「我先生有 d 嘢都會改變緊嘅。縱使佢可能都係唔係好想講，但係……當佢知道我都，停止咗喇(不良的互動)，或者佢又有時見到我坐喺到。(先生會想)「咦你點解會坐係到呢？」原來…你唔洗講咁多，你係到有肢體動作，佢已經會好奇問你。」

(Female 4; individual interview): 「講開話究竟你對大家有無發生興趣呢？跟住我就答…我對(社工)姑娘話，我對佢好有興趣，我唔知佢點解咁鍾意跑馬、篤波、足球呀。我唔知呀，所以我問佢點篤(波)架……(社工問)「先生做咗呢 D 嘢你知唔知呀依家？」我開始明白「喔…原來係咁嘅。」」

(Female 1; focus group): 「社工嘅重要性喺可以搵到個問題核心，例如我、或者我先生兩個人，就一大抽問題喺自己背後……現象背後其實係咩原因。」

(Female 1; focus group): 「我諗佢(社工)要我老公去聽返點解我要想生，令到我老公去明白我點解想生。亦都令到我去明白翻我老公點解會咁驚。」

b. Identifying positive areas in the relationship

It is also important to help the couple to identify positive areas in their relationship, such as the underlying goodwill and spouses' good qualities, so that they do not focus solely on their problems and issues.

(Female 1; focus group): 「以前平時覺得係日常嘅嘢，你感覺唔到有愛。但依家望落去，就覺得，噢，原來佢做個樣嘢係代表佢對屋企嘅愛、對家庭嘅愛。你就會覺得，將兩個人關係去更加緊密。」

(Male 2; focus group): 「退後幾步睇返件事，你先有機會睇下，「咦，原來對方同你一樣咁 caring。」」

5.46 Skill strengthening

Social workers teach couples concrete skills and guide them to practice them in the sessions. Sometimes, social workers discuss with a couple how to work together to deal with daily matters.

(Female 6; individual interview): 「(社工說)「太太好嬲呀，你睇吓？同佢握番手啦。」老公就照做…就握番手囉。(社工說)「太太你唔好嬲啦。老公都同你握手咯…妳對住老公講：我原諒你啦」…咁樣我咪講：「我原諒你嘞。」」

(Male 7; individual interview): 「姑娘就少少、少少同我地協調返……可能可以解決我哋夫妻之間、感情又好、或者日常生活問題。」

5.47 Getting to know others with similar issues by participating in a program

By joining the programs, the informants got to know other couples who had similar problems. This may help to ease stress by normalizing the fact that they have a problem and by providing mutual support.

(Female 1; focus group): 「我哋大家一個有需要，大家係共同嘅，咁大家 share。你個先生又係咁樣唔出聲，原來你個先生又係一樣。」

(Female 1; focus group): 「現家我都覺得舒緩㗎，聽落大家都有 similar 嘅故事，其實有身同感受呀。即係精神上有 support，亦都學到好多嘢。」

5.48 Broadening horizons through listening to others' sharing

Listening to others' stories inspired informants with ideas on how to resolve their own problems.

(Male 2; focus group): 「輔導一排之後，後尾就見到有一個婚姻加油站，都係講婚姻關，其實都幾廣泛，都唔止講婚姻夫婦，同啲長輩呀，同啲下一代呀，老中青，即係個啲會產生咩問題都有提到。都幾好嘅，因為多方面聽下唔同嘅同學會講一啲真實嘅經歷，咁自己可以參考或者反醒。即係切身處地，代入咗佢個(情況)，我又會點做呢？」

(Female 1; focus group): 「一班同學大家都唔識，但係個夫婦一齊參與……原來人地夫婦都會咁樣相處，或者人地拗兩句都唔係大問題嘅。咁好多時就唔會好細咁去觀察，原來其實關係係咁樣建立嘅。」

Outcomes

5.5 The marital services had the following impacts: enhancing informants' ownership of their problem, better understanding of the self and one's spouse, clarification of responsibilities, and improved affect regulation skills and interaction skills.

5.51 Ownership

One significant change was that spouses became more aware of how they contribute to their problem, which meant that they started to own their problem rather than just blaming their partner. This attitude reduces the sense of helplessness because spouses become aware that they are able to do something to influence the situation, they need not just remain passive.

(Female 4; individual interview): 「唔係話佢(先生)唔聽我講嘢，係有時我都無聽佢講嘢。…後期發覺原來大家係雙向嘅。發覺唔係剩係佢(先生)錯晒㗎，原來我都有唔啱㗎，咁…我要去…去調整自己…個化學作用係大家做出嚟，唔係我一個人或者唔係佢一個人。」

5.52 Enhanced understanding of self, spouse, and the relationship

The informants were more aware of their own and their spouse's needs, experiences, and limitations.

(Female 1; focus group): 「可能佢(先生)唔鍾意又唔出聲……其實呢原來女仔就算點差講嘢，其實女仔都喺叻過男仔。跟住原來男性有嘢屈住屈住。」

(Male 7; individual interview): 「我咁樣做，我估佢(太太)應該收到。但係我唔知呀……原來佢係要好具體嘅反應、表示囉。」

(Male 2; focus group): 「拗交就一定有，但係起碼，我知佢(太太)大概咁諗，即係會有個準備呀，變咗冇咁多拗撬囉。」

(Male 2; focus group): 「男士有時唔識 articulate 份情，即係感受到都講唔到出嚟。」

(Female 1; focus group): 「教我要識得欣賞自己，會讚自己，因為原來我成日等人啲……等人啲讚自己。佢(社工)教我，你自己可以欣賞自己，你可以讚自己。」

(Female 4; individual interview): 「首先自己要有社交。你自己無社交就有時不停都會諗起先生唔需要(你)。」

(Female 5; individual interview): 「自己都會照顧自己好些，例如……要做運動呀、…去教會，訓得好 D 呀、食得好 D 呀…」

Spouses were helped to understand the interactional dynamics in their relationship. This enhanced their understanding of the vicious cycle that maintained the problem.

(Male 2; focus group): 「不單止你自己要冷靜，你點樣用你自己冷靜咗個情緒去打動到佢(先生)，或者安撫到佢，或者同佢有一個大家都靜落嚟嘅心去討論個個問題。」

5.53 Shared responsibility/clear boundaries

Some informants were very stressed as they had shouldered too many responsibilities, particularly wives, who normally took on the child care role. They had grievances with their husband for not giving a helping hand and were disappointed. They wanted more support but did not feel that they could share the burden with their spouse and children. One significant lesson they learned from counseling was that they could not take on all the responsibilities. Moreover, they realized that their spouse or even other family members could take care of themselves and offer support to each other.

(Female 4; individual interview): 「有時講完重要嘅事，可能個女有特別嘅重要嘅事，(先先)都唔記得咗，其實都唔在意。咁我就自己搞晒喇，日積月累就…係喇，(社工)話你太多嘢自己去搞晒，有些要大家分擔，咁後期咪識得，呀原來有些要佢(先生)分擔、有些要我分擔，咁就開始會有些變化，我唔會咁辛苦囉。」

(Female 5; individual interview): 「太過緊張嘅。都有覺得自己過多嘅責任。依家都多些覺得，老公、個仔自己都有 take 佢地嘅 responsibility，唔洗我一定要處理晒佢哋嘅問題。」

5.54 Affect regulation

The informants reported progress in regulating their emotions and became less reactive. They learned to be calmer and more objective in understanding the situation, so the intensity and frequency of conflict were reduced.

(Female 4; individual interview): 「比如你嘅情緒…你自己控制得好，你兩個人去表達嘅時候，你就唔會咁激烈。你可以幫自己去更加有耐性。」

(Male 2; focus group): 「起碼我自己覺得冇咁谷住先，起碼明(白)佢(太太)，即係起碼我自己明咗佢(太太)點解會咁諗啊，即係我地自己有咁谷氣，起碼解決左自己嘅情緒先啦。……有以前咁啦，冇火星撞地球。」

5.55 Enhanced skills in relating to spouses

The informants commented that they learned to be more skillful in relating to their spouses. They were more sensitive to spouses' non-verbal messages and were able to use non-verbal message at times too, such as body touch, to show their support and

concern. Rather than just using verbal language, they developed alternative ways to communicate with their spouses, such as taking a walk together.

(Male 7; individual interview): 「佢(社工)都教我些小動作，拍下佢(太太)，等佢(太太)都知囉。咁呢 D 我以前唔會做，無端端拍我老婆做乜。」

(Female 4; individual interview): 「陸續聽到(社工)姑娘嘅意見就…會陪下我呀…去散步呀…做好多事情呀。原來覺得係有幫助嘅。」

Informants gained greater confidence in expressing their needs and feelings in a way that would not irritate their spouses. They had learned how to express differing opinions in ways that would not result in conflict.

(Female 1; focus group): 「以前我可能唔敢問佢。唔係呀，不如問吓佢，佢真係答我。我上左堂之後……我就識問佢。」

(Female 1; focus group): 「字眼唔使咁樣，你應該溫和些、婉轉些，都係同一個意思，你可以返屋企試吓個效果係會唔同嘅。但係如果我記得個時，我會試，我發覺係真係 work 嘅。」

Recommendations and suggestions

5.6 Facility and services

Regarding the facility, the informants considered that the Centre is not large enough. They also suggested more training to enhance couples' communication. The need for expanded child care services was also voiced.

(Male 2; focus group): 「我諗如果你話改善，唔夠地方呀。」

(Female 1; focus group): 「我會覺得如果可以做一個講說話嘅 coaching，我唔知係一個 course，定係一個訓練嘅 training 會好。… 如果呢到可以搞一個 course，係夫婦嘅，不過個形式上面係男嘅一 group，女嘅一 group，跟住佢地學吓講想講自己嘅說話，表達情意又好，表達自己嘅

意見又好，或者表達一 D 需要都好。男嘅有男嘅學，女嘅有女嘅學，學完之後就再一齊聽，就再一齊做個 role play，有人 guide 住嘅。咁返屋企嘅時候，就好容易做得到。」

(Female 1; focus group): 「有冇多暑期、假期些託兒？呢區真係唔多。」

Chapter 6

Discussion

Introduction

6.1 This chapter discusses the objectives of the study and then its limitations. To recapitulate, the objectives of the study are:

- a. To investigate the marital quality and satisfaction of service users receiving marital services;
- b. To identify the level of service users' satisfaction with the marital services provided by the Centre;
- c. To identify helpful components of the marital intervention from service users' perspective;
- d. To make suggestions for service enhancement.

Service users' marital quality and satisfaction

6.2 The study's findings indicate that the mean score on the RDAS was 41.91, which is below that scale's cut-off point (48). This reveals that the couples' relationships were in distress. This sample was mostly drawn from a clinical population. The informants, who were service users of the HKCMAC Family Service Centre, were seeking counseling to improve their marital relationship. The mean score of the present sample was comparable to that of Anderson et al.'s (2014) study on the marital relationships of couples who were receiving couple therapy. The mean score in Anderson et al.'s study was 40.58.

6.3 Men's perceived marital quality and their satisfaction with their marriage were generally higher than women. Men had higher mean scores than women on all the measures of marital quality and marital satisfaction. Significant differences were found on the RDAS (satisfaction subscale), KMSS, and FSS (commitment subscale, communication subscale, and total score). These findings are consistent with international and local studies. A meta-analysis of marital satisfaction indicated that women had lower marital satisfaction than men, though the difference was of small magnitude (Jackson, Miller, Oka, & Henry, 2014). Shek (1995) examined the gender difference in marital quality and marital satisfaction of Chinese couples in Hong Kong, and found that women had significantly lower scores on the Dyadic Adjustment Scale and KMSS. The results of the present study are similar to those of Shek's study, which was conducted 20 years ago. One plausible explanation is that woman are more

concerned about their relationship, hence the quality of marriage seems to have a stronger impact on women than men (Liu, Li, & Feldman, 2013).

6.4 The findings of the commitment subscale on the FSS indicate that men had higher mean scores than women and that the difference was statistically significant. Men tended to believe that marriage is a lifelong commitment whereas women were inclined to consider divorce and separation if their marriage was unsatisfactory. Perhaps this can be explained by the fact that women are more concerned about the quality of their relationships. Women with 'Primary 3–F.3' education are more inclined to consider separation and divorce than those with higher education. This factor needs further exploration.

6.5 There was also a statistically significant difference on the FSS communication subscale. Among the four items in this subscale, women had a significantly lower score than men in two items – 'My spouse communicates with me in a frank and open manner' and 'I understand my spouse'. Frustration and disappointment in women are anticipated when they think that their spouse is not communicating with them frankly and when they do not fully understand someone in a close relationship with them. This might be the reason for the lower perceived marital quality and marital satisfaction in women.

6.6 The hypothesis that better marital quality and higher marital satisfaction are negatively correlated with psychological distress is supported. The impact of poor marital quality and low marital satisfaction on spouses' mental health has been widely researched (Ng, Loy, Gudmunson, & Cheong, 2009; Shek, 1995; Soons, Liefbroer, Kalmijn, & Johnson, 2009). The DASS was moderately correlated with the RDAS, KMSS and FSS in the present study. The higher the marital quality and marital satisfaction scores, the better the spouses' mental well-being.

6.7 Women's scores on the DASS (anxiety) were statistically significantly different from those of men. They also had higher mean scores in the depressive and stress dimensions, indicating that women in struggling couples are generally more distressed than men. This is consistent with Shek's (1995) study on couples in Hong Kong. Marital quality seems to have a stronger influence on women's mental health. Traditional Chinese culture may also be a source of stress, as women are expected to be the main care giver in a family. Role overload induces stress in women. In the qualitative study, the women showed that they were aware that they had taken on too many familial responsibilities. They had to learn to trust their husbands and children

and recognize that they are capable of taking on responsibility for household tasks.

6.8 Educational attainment seems to have an impact on marital quality. Those informants with a university education had higher mean scores on all the measurements related to marriage, whereas those with primary to Form 3 education ranked lowest. Statistically significant differences were found on the RDAS (cohesion subscale) and FSS (personal worth, and commitment subscales with added items) between the 'Primary-F.3' and 'University and above' education groups. Statistics from the Hong Kong Census and Statistics Department reveal that the number of divorces/separations increased substantially among those with primary education or below over the last 20 years (Hong Kong Census and Statistics Department, 2015). It is plausible that individuals with higher education are better equipped with problem-solving skills, which ability is conducive to solving problems in the marital relationship (Heaton, 2002; Woszidlo & Segrin, 2013).

6.9 The findings indicate that there is a general decline in marital quality and marital satisfaction with time, although the results are not statistically significant. Social services should pay attention to this phenomenon because Hong Kong people have the longest lifespan in the world. A report in the *South China Morning Post* stated that the average lifespan of Hong Kong men is 81.24 years and that of women is 87.32 years (Lee & Cheah, 2016). Those married 25 years or more are mostly at the empty-nest stage. They need not spend so much time taking care of the younger generation; there is more time for the couple to face their marriage. Moreover, the empty-nest stage sees changes in life stage, such as retirement, aging, and health problems. The marital relationship may be affected by these life stage transitions.

6.10 Couples at later life stages are not the only ones who need attention: the qualitative part of the study indicates that the birth of a baby may also disturb the balance in a couple's relationship. Research has highlighted that the parenthood transition 'hastens marital decline' (Lawrence, Rothman, Cobb, Rothman, & Bradbury, 2008, p. 41) no matter whether the transition is planned or not.

Service users' satisfaction with the Centre's services

6.11 Overall satisfaction with the Centre's services scored 4.26, within the 'very satisfactory' range. The informants were also very satisfied with the number of meetings with social workers (mean score: 4.23). In general, informants in the qualitative study appreciated their social workers' hard work. They commented that

the social workers were caring and willing to work overtime when necessary.

6.12 The least satisfactory aspect was the Centre's facilities (mean score: 4.00), followed by opening hours (mean score: 4.03). The space of the main office of the Grace & Joy Integrated Family Service Centre is small, and it is therefore difficult to provide many facilities for service users. Further investigation of service users' expectations regarding office hours is required.

6.13 Regarding the types of service received and the satisfaction levels, it was identified that the informants receiving casework services gave relatively higher satisfaction scores. This might be due to the fact that social workers can cater to the needs of each couple. In addition, the social worker-client relationship appears to be more intense in casework services.

6.14 Positive correlations were found between overall satisfaction with the Centre and gains from the Centre's services (promoting the essentials to maintaining a marriage; understanding one's role in one's marriage; social workers' attitudes). Particularly, social workers' attitudes were found moderately correlated with service users' sense of satisfaction. Social workers' genuineness, unconditional positive regards, and support made service users feel being accepted that might contribute to the sense of satisfaction.

Service users' perception of the helpful elements of the services

6.15 There is partial support for the hypothesis that greater gains from the marital counseling/services were positively correlated with better marital quality and higher marital satisfaction. Social workers' promotion of the essentials for marriage maintenance was associated with better scores on the FSS. Service users' enhanced understanding of their role in their marriage, the normalization of marital distress, and equipping service users with marital interaction skills were positively correlated with the RDAS, KMSS, and FSS. The attitudes of social workers were not correlated with marital quality or marital satisfaction. The hierarchical regressions demonstrate that assisting service users to understand their own contribution to marital suffering contributed to higher FSS scores (positive interaction and total score). The qualitative part of the study reached a similar finding. Owning one's problem instead of blaming others is an important initial step toward change. This attitudinal change may convey to his/her marital partner that an individual is more aware of his/her responsibility in contributing to marital suffering.

6.16 The hypothesis that the gains from marital counseling are negatively correlated with psychological distress is partially supported. Greater understanding of one's role in one's marriage was associated with better psychological well-being.

6.17 The informants elaborated on the role and essential qualities of social workers in bringing forth their change in the qualitative study. They commented that the social workers were professionals acting as mediator, facilitator, and educator. The social workers helped to regulate communication within the couple, facilitating spouses to express their frustrations, emotions, and needs, widening their perspective in conceptualizing their problem, and equipping them with interactional skills. Furthermore, the informants very much appreciated the social workers' attitudes, including their acceptance, understanding, non-judgmental position, sensitivity, patience, and confidentiality. In fact, these are the fundamental values of the social work profession.

6.18 The program and group format were identified as helpful elements in the qualitative study. Through participating in the program and group sessions, the informants got to know other couples with similar problems and shared wisdom on how to deal with marital issues. This helped normalize their marital problems.

6.19 The changes in service users include ownership of the problem, greater understanding of self and spouse, learning to trust family members, abandonment of their previous maladaptive thinking patterns and interaction modes, and acquiring affect regulation and interaction skills. Social workers play a crucial role in facilitating these changes, but the input of service users is also indispensable. The motivation of service users to work to improve their marriage is vital for change.

Suggestions and recommendations

6.20 Around 49% of the residents in the Central and Western District of Hong Kong Island have received a university and above education, making it the most highly educated district in Hong Kong. The data reveal that individuals with lower educational levels may be more vulnerable when facing marital discord. It is recommended that the Centre promote its services to this population, perhaps by setting up booths in public housing estates.

6.21 It is suggested to pay attention to the marital needs of women because women are generally more dissatisfied with their marriages than men. It is also important to

engage men in marital counseling services because there are two people in a marriage, which is built upon their interactions. Change in one partner will lead to system change. The male informants had positive views of the Centre's marital services.

6.22 Life transitions seem to be a vulnerable time for couples. More educational programs may be launched to prepare couples to handle the disruptions they may face during life transitions.

6.23 The service users gave much good feedback on the social workers' professional performance, praising their empathic understanding and mediation of the communication between spouses, as well as helping them resolve marital conflicts. HKCMAC is renowned for its marital work. The social workers are an asset to the Centre. To maintain service quality, professional training should be provided continuously to the Centre's staff.

6.24 Helping service users to be aware of their role in contributing to marital problems and to take care of themselves within their marriage is conducive to positive change in marital relationships. The informants also highlighted the need to learn communication skills and how to regulate affect and express intimacy. These elements can be incorporated into marital counseling, groups, and programs in the future.

6.25 The Centre can continue to promote commitment to marriage. Marital commitment is a motivational force that leads service users to seek marital counseling services. Committed service users are more willing to invest time and effort to improve their marriage.

6.26 The Centre's regular programs, such as 婚姻加油站, are a helpful element facilitating service users to learn new skills and increase their understanding of their marriage. The informants valued the opportunity to share informally among themselves, through which they gain ideas on how to handle their marital issues. The Centre can consider promoting this kind of service. Furthermore, the Centre may consider recruiting service users who have gone through and overcome marital impasses to lead or share in the program. The Centre may assist the networking of couples so that they can support each other.

6.27 The informants expressed the need for more child care services, which would facilitate their participation in the Centre's activities. Temporary child care services may be considered to this end.

6.28 The physical space of the main office limits expansion of facilities. The Centre may consider using the sub-office as extra space to provide more facilities for service users.

6.29 Promotion of the Centre's activities is very important. The publicity at the entrance of the Centre is attractive and encourages individuals in need to approach the Centre for assistance when they encounter problems.

Limitations of the study

6.30 The results of the present study cannot be generalized to couples with distressed relationships in the community because its sample is not representative:

- a. The informants were likely to have had a high awareness of their marital problems because they had taken the initiative to approach a social service center for marital services.
- b. The sample is small, with only 104 cases.
- c. A convenience sampling method was used. The informants, who were invited by the Centre's social workers to participate in the study, may have already had a good relationship with their social worker and held a positive view of the Centre's services.
- d. Because of the geographic location of the Grace & Joy Integrated Family Service Centre, more highly educated service users were recruited in the sample.

Chapter 7

Conclusion

7.1 This study aimed to investigate the perceived marital quality and marital satisfaction of the Centre's service users' and their satisfaction with its marital services, and to identify the helpful elements in marital interventions from the service user's perspective. Although the couples were still in stressful marital relationships, they had positive views of the Centre's services and were highly satisfied with them. They deeply appreciated the professional input of the social workers: they valued their acceptance and unconditional positive regard, which had facilitated them to express their sorrows, frustrations, and worries in their marital relationship.

7.2 The study encouraged social workers to pay attention to the needs of women, those with lower educational levels, and those going through life transitions. The informants pointed out which components are helpful in marital services: making them aware of their role in their marriage, opening up their understanding of its dynamics, learning emotional regulation and marital communication skills, and the professionalism of social workers (i.e. their knowledge and attitudes in providing services). Continuous professional training for social workers is crucial for high-quality services. To promote the use of the services, continuous promotion, supportive child care services, and expanded facilities may attract more service users to the Centre.

7.3 Finally, there are three recommendations for future study:

- a. It is suggested to examine the effectiveness of the intervention at three points in time – pre-intervention, post-intervention, and three-month follow-up;
- b. It may yield interesting results if both parties in a marriage can participate in the study;
- c. Future study can focus on couples who have been married for more than 25 years as this group had lower mean scores in marital quality and psychological well-being in the present study.

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Appendix 1

問卷編號：_

香港公教婚姻輔導會
恩悅綜合家庭服務中心
與
香港大學社會工作與社會行政學系

婚姻服務效用評估

本調查的目的是希望透過檢視現有的婚姻服務，了解如何提升中心的婚姻服務質素。問卷所得到的數據會只用作評估婚姻服務的效用。而得到的個人資料會絕對保密，只會用作統計研究之用。整份問卷共有 10 頁，大概需時 20 分鐘，請回答所有問題。答案並無對錯之分，請不要花太多時間在某一句子上。謝謝你的參與。

第一部份

以下是你對婚姻關係的看法，請於每題圈出自己之所屬程度：

A. 你與配偶在以下事情上之一致性 (例如在宗教信仰上，你和你的配偶想法是完全一致，請圈出「5」完全同意)	完全不同意	幾乎完全不同意	經常不同意	有時不同意	幾乎完全同意	完全同意
1. 宗教信仰	0	1	2	3	4	5
2. 情感表達方式	0	1	2	3	4	5
3. 作重要決定	0	1	2	3	4	5
4. 性關係（有關性愛的事情上）	0	1	2	3	4	5
5. 傳統習俗	0	1	2	3	4	5
6. 職業抉擇	0	1	2	3	4	5
7. 家庭財政處理	0	1	2	3	4	5
8. 人生哲學（例如：道德觀念、價值觀）	0	1	2	3	4	5
9. 與父母／姻親相處方式	0	1	2	3	4	5
10. 認為重要的事情、目標	0	1	2	3	4	5
11. 共同相處的時間多寡	0	1	2	3	4	5
12. 家務安排	0	1	2	3	4	5
13. 閒暇消遣方式	0	1	2	3	4	5
14. 教育子女方向	0	1	2	3	4	5
15. 教育子女方式	0	1	2	3	4	5
16. 角色期望	0	1	2	3	4	5

B. 你與配偶之間，以下項目發生的頻密程度：	任何時間	很多時	有時	間中	很小	從不
17. 考慮或討論離婚／分居／結束關係	0	1	2	3	4	5
18. 與配偶爭吵	0	1	2	3	4	5
19. 你後悔結婚／同居	0	1	2	3	4	5
20. 互相激怒對方	0	1	2	3	4	5

	從不	小部份	部份	大部份	全部活動
21. 與配偶一起外出參加聚會／活動	0	1	2	3	4

	從不	每月少於一次	每月一二次	每星期一二次	每天一次	經常
22. 有啟發性的意見交流	0	1	2	3	4	5
23. 共同合作進行一些事情／計劃	0	1	2	3	4	5
24. 一起冷靜地討論問題	0	1	2	3	4	5

第二部份

請你按著你對你現時的婚姻關係的感覺，在以下每一條問題後面指出你認為最能夠代表你的感受的答案。

	極度 不滿意	很不滿意	有點兒 不滿意	界乎滿意 與 不滿意之間	有點兒滿意	很滿意	極度滿意
1. 你對你的婚姻滿意程度有多少？	1	2	3	4	5	6	7
2. 你的丈夫（妻子）作為一個配偶，你對他／她的滿意程度有多少？	1	2	3	4	5	6	7
3. 你對你們夫妻之間的關係的滿意程度有多少？	1	2	3	4	5	6	7

你有多同意以下的句子: (FSS)	極度 不同意	不同意	界乎同意 與 不同意之間	同意	極度同意
4. 我覺得我與其他人一樣是個有價值的人。	1	2	3	4	5
5. 我的配偶對我來說非常重要。	1	2	3	4	5
6. 我的配偶覺得我對他／她來說非常重要。	1	2	3	4	5
7. 我從來不會考慮跟我的配偶離婚。	1	2	3	4	5
8. 如果我的配偶不再取悅我，我會與他／她離婚。	1	2	3	4	5
9. 在婚姻中「至死不渝」的理念已不再合用於我身上。在很多情況下，離婚也是一個合理的選擇。	1	2	3	4	5
10. 我願意承諾去改善我們的婚姻（儘管我們的關係已很不錯）。	1	2	3	4	5
11. 為了我和我的配偶，我願意持之以恆改善我們的婚姻。	1	2	3	4	5

	極度 不同意	不同意	界乎同意 與 不同意之間	同意	極度 同意
12. 我願意履行承諾去維繫我和配偶的婚姻。	1	2	3	4	5
13. 如果我和配偶的關係在不久的將來要結束，我不會感到很可惜。	1	2	3	4	5
14. 我和配偶的關係很緊密。	1	2	3	4	5
15. 我期望我和配偶的關係是一生一世的。	1	2	3	4	5
16. 我和我的配偶有能力化解大部分的分歧，從而達到我們雙方都滿意的共識。	1	2	3	4	5
17. 我和我的配偶能夠原諒彼此過去的錯失。	1	2	3	4	5
18. 我對我的配偶非常開放和坦誠。	1	2	3	4	5
19. 我的配偶對我非常開放和坦誠。	1	2	3	4	5
20. 我的配偶通常能了解我。	1	2	3	4	5
21. 我通常能了解我的配偶。	1	2	3	4	5
22. 我和我的配偶經常向對方表達尊重和關懷。	1	2	3	4	5
23. 我和我的配偶不時向對方口出惡言。	1	2	3	4	5
24. 我們享受與對方在一起的時間。	1	2	3	4	5
25. 我們很難找到二人獨處的時間。	1	2	3	4	5
26. 我們有足夠時間與對方獨處聊天。	1	2	3	4	5
27. 我們不再花時間與對方相處。	1	2	3	4	5

第三部份

請仔細閱讀以下每一句句子，如「過往一個月」內有以下情況，請在其右方圈上適用於你的數字。
答案並無對錯之分，請不要花太多時間在某一句子上。

	不適用	頗適用／ 間中適用	很適用／ 經常適用	最適用／ 常常適用
1. 我覺得很難讓自己安靜下來	0	1	2	3
2. 我感到口乾	0	1	2	3
3. 我好像不能再有任何愉快、舒暢的感覺	0	1	2	3
4. 我感到呼吸困難（例如不是做運動時也感到氣促或透不過氣來）	0	1	2	3
5. 我感到很難自動去開始工作	0	1	2	3
6. 我對事情往往作出過敏反應	0	1	2	3
7. 我感到顫抖（例如手震）	0	1	2	3
8. 我覺得自己消耗很多精神	0	1	2	3
9. 我憂慮一些令自己恐慌或出醜的場合	0	1	2	3
10. 我覺得自己對將來沒有甚麼可盼望	0	1	2	3
11. 我感到忐忑不安	0	1	2	3
12. 我感到很難放鬆自己	0	1	2	3
13. 我感到憂鬱沮喪	0	1	2	3
14. 我無法容忍任何阻礙我繼續工作的事情	0	1	2	3
15. 我感到快要恐慌了	0	1	2	3
16. 我對任何事也不能熱衷	0	1	2	3
17. 我覺得自己不怎麼配做人	0	1	2	3
18. 我發覺自己很容易被觸怒	0	1	2	3
19. 我察覺自己在沒有明顯的體力勞動時，也感到心律不正常（例如心跳急速）	0	1	2	3
20. 我無緣無故地感到害怕	0	1	2	3
21. 我感到生命毫無意義	0	1	2	3
22. 我難以入睡	0	1	2	3

第四部份

以下是你對「恩悅綜合家庭服務中心」婚姻服務的意見調查

A. 服務使用歷史	過往 一年內	一年前 至 未足兩年	兩年前 至 未足三年	三年前 至 未足四年	四年前 至 未足五年	五年前 或以上			
1. 你使用這個「家庭服務中心」的服務有多久？	1	2	3	4	5	6			
B. 你對有關服務的滿意程度									
在過去十二個月，你有沒有使用／參加本中心以下的服務／活動？				5. 如曾經參加，請圈出滿意程度：					
	有	沒有		非常 不滿意	不滿 意	普通 ／ 一般	滿意	非常 滿意	無意 見
2. 小組服務（包括治療、支援、教育、互助小組） （如有，請繼續回答右邊問題）	1	2	→	1	2	3	4	5	6
3. 一次過教育／發展活動（如婚姻講座、夫婦營） （如有，請繼續回答右邊問題）	1	2	→	1	2	3	4	5	6
4. 個案服務／社工輔導 （如有，請繼續回答右邊問題）	1	2	→	1	2	3	4	5	6
				非常 不滿意	不滿 意	普通 ／ 一般	滿意	非常 滿意	無意 見
6. 請問你對中心開放時間滿意嗎？ 如不滿意，建議時間：_至_	1	2	3	4	5	6			
7. 請問你對中心的設施滿意嗎？	1	2	3	4	5	6			
8. 請問你對面見社工的次數滿意嗎？	1	2	3	4	5	6			
9. 總括來說，你對中心提供的整體服務滿意嗎？	1	2	3	4	5	6			

C. 你對服務成效的評價						
整體而言，中心服務是否能夠令你...	完全 不能夠	不能夠	普通／ 一般	能夠	完全 能夠	無意見
10. 認識更多解決夫婦間問題／分歧的方法	1	2	3	4	5	6
11. 認識有共同困擾的朋友	1	2	3	4	5	6
12. 明白婚姻問題不是我獨有的	1	2	3	4	5	6
13. 更願意和其他人分享自己的困難	1	2	3	4	5	6
14. 改善與配偶的溝通	1	2	3	4	5	6
15. 明白維繫婚姻需要 <u>容忍</u>	1	2	3	4	5	6
16. 明白維繫婚姻需要 <u>接納</u>	1	2	3	4	5	6
17. 明白維繫婚姻需要 <u>遷就</u>	1	2	3	4	5	6
18. 明白維繫婚姻需要 <u>信任</u>	1	2	3	4	5	6
19. 明白婚姻是一生一世的承諾	1	2	3	4	5	6
20. 了解更多配偶的想法和感受	1	2	3	4	5	6
21. 學習欣賞配偶	1	2	3	4	5	6
22. 明白婚姻對整個家庭的影響	1	2	3	4	5	6
23. 明白我的付出能改善婚姻關係	1	2	3	4	5	6
24. 明白愛錫自己對建立美滿婚姻很重要	1	2	3	4	5	6
25. 明白夫婦間的平等地位對建立美滿婚姻 很重要	1	2	3	4	5	6
26. 感到被社工尊重	1	2	3	4	5	6
27. 感到被社工關心	1	2	3	4	5	6
28. 感到社工在處理夫婦問題上能保持中立	1	2	3	4	5	6

D. 個人資料

29. 性別 (請圈出)

1. 男 2. 女

30. 年齡 _____歲

31. 教育程度 (請圈出)

1. 沒有受過正規教育
2. 小學畢業
3. 初中畢業(中一至中三)
4. 中五畢業(中四至中五)
5. 中七畢業(中六至中七)
6. 大學/大專或以上
7. 其他 (請說明: _____)

32. 婚姻狀況 (請圈出)

1. 已婚 2. 同居 3. 離婚／分居

33. 第幾次婚姻 _____ (請填上數字)

34. 現在這段婚姻維持了多久 _____年_____月

35. 這段婚姻於結婚前拍拖了多久 _____年_____月

	36. 子女年齡	37. 子女是否有特殊教育需要	38. 子女是否同住
第一位子女		是／否	是／否
第二位子女		是／否	是／否
第三位子女		是／否	是／否
第四位子女		是／否	是／否
第五位子女		是／否	是／否
第六位子女		是／否	是／否
第七位子女		是／否	是／否

39. 職業 (請圈出)

1. 經理/行政人員 2. 專業人員/輔助專業人員 3. 文職人員
4. 服務/銷售人員 5. 技術工人 6. 非技術工人
7. 自僱人士 8. 學生 9. 家庭主婦
10. 失業/待業 11. 退休人士 12. 其他 (請說明: _____)

	40. 每日工作時間 (多少小時)	41. 每週工作日數 (多少天)	42. 是否需要輪班工作
你			是／否
你的配偶			是／否

43. 平均每天照顧家人時間 _____ (請填上時數)

44. 家庭總收入 (請圈出)			
1. \$5,000 以下	2. \$5,001–\$10,000	3. \$10,001–\$15,000	4. \$15,001–\$20,000
5. \$20,001–\$25,000	6. \$25,001–\$30,000	7. \$30,001–\$35,000	8. \$35,001–\$40,000
9. \$40,001–\$45,000	10. \$45,001–\$50,000	11. \$50,001 以上	

45. 有否接受綜合社會保障援助（綜援） 1. 有 2. 沒有

46. 宗教信仰 (請圈出)

1. 無信仰 2. 佛教 3. 天主教 4. 基督教
5. 道教 6. 伊斯蘭教 7. 其他（請說明：_____）

47. 與老人家同住 (如有，請繼續回答第 47 題)

1. 有 (多少位: _____) 2. 沒有

48. 同住老人家的整體健康狀況 (請圈出)

1. 極差 2. 差 3. 一般 4. 良好 5. 極好

Appendix 2

Interview Guide for Individual Interviews and Focus Groups

(Ask clients to report their story chronologically along the timeline:

When they first come to the institution → after receiving the service for a while → their current situation)

1. What attracted you to come?
 - Location
 - Availability/accessibility of the Centre (e.g. matched your work hours)
 - Reputation of the institution
2. Background information on service received
 - What service did you receive? (e.g. case, group, program)
 - How long have you been receiving the service?
 - Have you changed worker in the process?
3. Problem/needs/situation of the couple
 - What are your stresses/problem?
 - Did any contextual changes lead to a change in your marital relationship?
 - How do you cope?
 - How do you manage your different roles? (as parents, as children, as a partner)
 - How does the couple communicate?
 - What about your personal space?
 - Has marriage hindered pursuit of your personal interests?
 - What maintains the marriage despite of the difficulties?
 - What are your marital beliefs?
4. Comment on the service
 - What expectations did you have when you first came to the Centre?
 - What factors/elements of the service matched your expectations?
 - Are the HKCMAC marriage services helpful to you? If not, in what way it is not helpful?
 - Is there any service gap?

Appendix 3

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