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A Marital Patterns Test for use in Psychiatric Research

By ANTHONY RYLE

The importance of personality in determining the likelihood and form of psychiatric and psychosomatic disease is recognized, but relatively little attention has been paid to the intimate personal relationships of adults which both express and to some extent modify their personalities. The neglect of this field in psychiatry has been underlined recently by Post and Wardle (1962) and by Kreitman (1964).

A previous study of 112 families in a general practice population in which the author participated (Ryle and Hamilton, 1962; Hamilton *et al.*, 1962; Pond *et al.*, 1963) showed that husbands and wives resembled each other in respect of neuroticism, as measured by consultation history in general practice and by the Cornell Medical Index (Brodman *et al.*, 1952, 1954), and noted an association between neuroticism in wives and a rating of their marital adjustment. Kreitman (1962, 1964), in hospital-based studies, has also demonstrated that the spouses of psychiatric patients have a high rate of psychiatric disability, and has produced evidence that this resemblance is, in part at least, the effect of interaction. Nielsen (1964) found similar evidence of concordance for neuroticism between spouses in a population study in Denmark. Dicks (1959), in clinical reports of treatment involving both husband and wife, has demonstrated the intimate connection between neurotic illness and neurotic marriage relationships. More generally, it has been argued that psychiatric illness and psychosomatic disorders may be linked with the individual's experience of love and security and with domination/submission conflicts, not only as these were experienced or perceived in childhood but also as they are enacted in current relationships, particularly in marriage.

The present paper describes the development of a Marital Patterns Test (M.P.T.) designed for use in population studies, and reports the use of this instrument to test the prediction that poor marital adjustment and neuroticism are associated.

Purpose and Form of the M.P.T.

While clinical studies will undoubtedly continue to suggest the detailed mechanisms underlying the associations between marriage and illness, research would be aided considerably if some of the hypothesised relationships between patterns of marriage and psychiatric and psychosomatic disorders could be tested epidemiologically by comparing marital patterns in different diagnostic groups. The test described in this paper was developed to this end. As finally developed it consists of a questionnaire containing 24 items, each of which is presented as referring to the behaviour and attitudes of (*a*) the respondent and (*b*) his or her spouse, thus:

(*a*) I hardly ever find fault with him;

(*b*) He hardly ever finds fault with me.

The respondent ticks the true, uncertain or not true columns for both (*a*) and (*b*).

The test contains three main scales, namely:

Affection given (AG)
Affection received (AR)
Domination (D)

AG and AR scores are derived from the (*a*) and (*b*) halves respectively of the affection items. A subsidiary "affection discrepancy" score can be derived as AG–AR.

The domination score was differently derived. Domination is essentially a relative concept, and if statements like "I cannot win an argument with her" and "She cannot win an argument with me" are given a similar response, whether as true, uncertain, or untrue, no domination of

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one by the other is being reported. Hence items with domination face value were scored on the basis of the discrepancy between the response for self and spouse.

The choice of the dimensions of Acceptance and Domination was determined by their previous employment in the survey referred to above (Poud *et al.* (1963)) which in turn follows other work on marital adjustment (e.g. Winch (1948)) and on parent-child behaviour (e.g. Roe and Siegelman (1963)) showing that these dimensions provide a satisfactory basis for the rating of interpersonal behaviour.

Item Pool and Pilot Administration

The item pool from which the test was formed was culled from a number of sources in the literature and from interview reports from the family survey already referred to. Items were divided into those with face value indicating acceptance or rejection on the one hand and domination or submission on the other, and only items correctly sorted by eight independent judges were retained in the initial pool. After a pilot study using a card-sorting technique on 25 subjects, a questionnaire was assembled with 74 items, each of which was presented as referring to the self and to the spouse.

First Administration

This 74-item questionnaire was sent by post to 88 couples, all of whom were known to me as my patients in general practice, and all of whom had participated in the family survey referred to above. An accompanying letter explained the purpose of the test and emphasized that the husbands' and wives' forms should be completed independently without prior discussion. Separate envelopes were provided for the return of the forms. Completed questionnaires were returned by 64 couples and by four individuals. Forty-eight couples completed a re-test about one month later.

This population sample was composed of parents of children of primary school age who at the time of completing the test had a median duration of marriage of about 14 years. The majority were in Social Class 3 or 4 by the Registrar General's classification. Further details of the social composition of this population are given in the papers referred to above. Ratings of various aspects of these marriages had been made at the time of the survey, some of which referred to the dimensions to be measured by the test; these ratings could therefore provide some external validation for the test. In particular: (1) a rating of the overall quality of the marriage had been made and (2) a classification of marriage patterns in terms of domination/submission and (3) of nurturance/receptiveness had been carried out. Domination was defined as the imposition by one partner of his or her will, needs, ideas or interests at the expense of the other partner; submission was defined as the acceptance of, or need for, such domination. Mutual nurturance/receptiveness was seen as an aspect of normal marriage relationships but was regarded as abnormal where the nurturant partner gave excessive acceptace, tolerance or care in a way appropriate for a parent-child relationship, imposing or responding to dependency in the other. (4) The Cornell Medical Index scores of the couples were also available as an index of neuroticism.

Item Analysis

Item analyses of the replies of the 64 couples were carried out and the affection scales and the domination scale were derived. The affection scale (presented as (*a*) affection given, and (*b*) affection received) consists of eight accepting and six rejecting statements, a score of 1 being allotted for each true response to an accepting statement and for each uncertain or not true response to a rejecting statement. This scale is the same on the husbands' and wives' forms (except for the replacement of he by she, or him by her, as appropriate). All retained items correlated with the total scale score at the level of $p = < \cdot 01$ (χ^2 test, d.f. = 1). The domination score was calculated as husband-dominating replies, plus 10, minus wife-dominating replies—husband or wife domination being judged from the discrepancy between the response for self and spouse on the domination items. Ten items scored in this way were retained, eight of these being common to both husbands and wives forms. All retained items correlated with the total scale score at the level of $p = < \cdot 02$ (χ^2 test, d.f. = 2).

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Reliability

The following are the split half and test/re-test reliabilities.

	Split half reliabilities (n = 128)	Test/re-test reliabilities (n = 96)
Affection given (AG)	·73	·66
Affection received (AR)	·81	·55
Domination (D)	·86	·94

Score Values

The following are the mean scores obtained on these scales in this sample (n = 64 for each sex).

	Husbands	Wives
Affection given (AG)	9·5 (SD 3·1)	9·3 (SD 2·8)
Affection received (AR)	9·7 (SD 3·0)	10·7 (SD 2·8)
Domination (D)	9·8 (SD 2·3)	10·0 (SD 2·8)

Relationship Between the Scales

The affection given and affection received scores correlated at r = ·32 for wives, and ·60 for husbands. The domination score and the affection given score appear unrelated (Table 1), but there is in fact a tendency for egalitarian D scores to be associated with higher affection scores. (In men, the difference of the D score from 10, irrespective of direction, is correlated with the AG score at r = −·41; in women at r = −·28). The "affection discrepancy" (AG–AR) score is correlated with the D score (r = −·72 for husbands, and ·79 for wives); thus individuals who rate themselves as giving more affection than they receive also rate themselves as submissive. In view of this high correlation and the fact that it is secondarily derived, the affection discrepancy score was not retained. It is perhaps, of interest to note, however, that the test-retest reliability of this measure was ·94, a figure considerably higher than that of the AG or AR scores, and the same as the D score, suggesting that relative judgments show greater stability than straightforward measures of attitude.

Husband/wife Correlations

Inter-correlations between the husbands' and wives' scores in the 64 couples studied were as follows:

—Husband's rating to wife's rating for affection given .. .. r = ·31
—Husband's rating for affection given with wife's rating for affection received .. .. r = ·35
—Wife's rating for affection given with husband's rating for affection received .. .. r = ·46
—Husband's rating for domination with wife's rating for domination .. .. r = ·44

Relationship of Test Scores to Interview Measures

1. *The marital rating*

In the family study marriages had been rated against a 4-point scale (good, satisfactory, stresses contained, severe stresses) by the psychiatric social worker (M. Hamilton) who conducted the interviews. This rating was shown to agree fairly closely with an independent rating by myself based upon general practice contacts with the family and with the couple's verbal self-rating (for details see Pond *et al.*, 1963). This classification, reduced to satisfactory (grades 1 and 2) and stressful (grades 3 and 4) is related to test scores for

TABLE I

Relation of Affection Given Score to Domination Score

Mean Domination Score (MPT)

Affection given Score	Husbands No.	Husbands Mean Score	Wives No.	Wives Mean Score
0—6	9	8·8	9	11·8
6—7	9	10·0	10	10·3
8—9	16	9·2	9	8·6
10—11	14	10·5	17	10·3
12 or more	16	10·4	19	9·5

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TABLE II

Relation of Affection Score to the Interview Classification of Marital Adjustment

Affection given	Husbands			Wives			Combined		
	N	Satis-factory	Stress-ful	N	Satis-factory	Stress-ful	N	Satis-factory	Stress-ful
Low (6 or less) ..	15	3	12	14	4	10	29	7	22
Adequate (7 or more) ..	49	33	16	50	32	18	99	65	34
TOTAL..	64	36	28	64	36	28	128	72	56
Significance		$\chi^2 = 10{\cdot}4$, $p < {\cdot}01$			$\chi^2 = 15{\cdot}7$, $p < {\cdot}02$			$\chi^2 = 15{\cdot}7$, $p < {\cdot}01$	

affection in Table II, which shows significant agreement between the two measures. There were three marriages which had been rated at interview as 4 (major stresses), and in these both spouses scored 7 or less on both affection scales. The domination score was not significantly related to the marital classification.

2. *Interview classification by domination/submission*

Table III records the score levels for domination in relation to the interview classification of the marriages as husband-dominated, intermediate or wife-dominated. The relationship of the husbands' mean domination score to this classification was not significant. Wives' domination scores in the wife-dominated marriages were lower, and this difference approached conventional significance levels ($t = 1{\cdot}9$, $p < {\cdot}07$).

TABLE III

Interview Classification of Domination Related to Test Scores for Domination

Interview Classification	No.	Mean Domination Score	
		Husband	Wife
Husband dominates ..	14	10·1	9·6
Intermediate	38	9·9	10·6
Wife dominates.. ..	12	9·2	8·5
Significance (wife dominates vs. the rest)		—	$t = 1{\cdot}9$ $p < {\cdot}07$

3. *Interview classification by nurturance/receptiveness*

This rating of the interview data had a low inter-rate reliability; the classification presented is that finally agreed in the original study after discussion between myself and the psychiatric social worker who carried out the interviews. Its relationship to the test scores for domination is given in Table IV. Husbands' and wives' scores for domination were both significantly lower in the "husband-nurturant" group. Affection scores were not significantly correlated.

TABLE IV

Interview Classification of Nurturance Related to Test Scores for Domination

Interview Classification	No.	Mean Domination Score	
		Husband	Wife
Husband nurturant ..	11	7·7	7·3
Intermediate	32	10·6	11·0
Wife nurturant ..	21	9·7	9·9
Significance (husband nurturant vs. the rest)		$t = 2{\cdot}6$ $p < {\cdot}01$	$t = 3{\cdot}6$ $p < {\cdot}01$

Non-response

Test forms were sent to 88 couples of whom 20 returned blank forms or failed to reply despite a reminder, and in four cases only one of the couple replied (3 wives and 1 husband). These 24 non-responding couples were compared with the responders in respect of scores on the C.M.I. and of interview ratings of marital adjustment. Taking a C.M.I. score of 16 or more in men and 31 or more in women as the criterion, non-responders were significantly more neurotic ($\chi^2 = 5{\cdot}8$, $p < {\cdot}02$). They tended non-significantly to have worse marital ratings.

The mean first-occasion scores of the 48 couples completing the re-test were little different from the mean scores of the whole population, the biggest difference being in the case of the affection given scores which were slightly higher (husbands 10·1, wives 9·7).

Reliability and validity

The test is seen to provide a measure of domination of satisfactory reliability, and

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measures of affection given and affection received with less satisfactory, but acceptable, test/re-test and split half reliabilities.

As regards validity, the affection scores show the predicted relationships with the interview marital rating. The domination scores are appropriately related to the interview classification of domination, but not at significant levels, and are significantly related to the interview classification of nurturance. Nurturance (giving more affection than is received) and submission (being imposed upon) are clearly associated concepts and interview-based scores for them had been significantly correlated. This relationship of the M.P.T. domination score to the interview classification by nurturance is parallelled by its high correlation with the (discarded) "affection discrepancy" score.

Second Administration

The Marital Patterns Test was now administered in its final form of 24 paired items to a sample of married couples, drawn from a list of patients aged 20 to 65 in 1964, who had been registered for a minimum period of six years on my National Health Service list, and who had completed the CMI in 1964 as part of a separate investigation. Forms were sent out to 58 men and 41 women, with additional forms for completion by the spouse, with the object

(*a*) of carrying out a repeat item analysis, and

(*b*) of testing the predicted association of neuroticism, as measured by the CMI, with poor marital adjustment.

33 male and 25 female subjects returned completed forms (a response rate of only 56 per cent.). In seven cases both husband and wife were subjects. Spouses' forms were returned from all but two of the remainder. The mean duration of marriage in this sample was 19·1 years for the men and 19·9 years for the women.

Results

Item scale analysis

On the AG and AR scales, all but one of the items were significantly related to the total scale score ($p = < \cdot 05$) the remaining item being related at $p = < \cdot 1$. On the D scale, one item present in the husbands' form only, and one wife-only item, were not significantly related to the total scale score, the remainder being significantly associated at $p = < \cdot 05$.

Cornell Medical Index Scores and M.P.T. Scores

Poor marital adjustment is characterized clinically by low levels of affection and by domination-submission conflicts. These features should be reflected in low scores on the M.P.T. AG and AR scales and in D scores which deviate from the egalitarian level of 10. It should be noted that mean D scores would not necessarily vary between groups with good and poor marital adjustment if the proportion of husband and

Table V

Mean MPT Scores Related to CMI Scores (first sample)

Groups	Number	Mean MPT scores (subjects' form) AG	AR	D	Difference (±) of D from 10
Husbands CMI 0·30	57	9·6	9·7	9·7	2·2
31 or more	7	8·6	9·7	10·3	2·1
Difference		1·0	0	0·6	0·1
Wives CMI 0·30	46	10·0	10·8	9·9	2·0
31 or more	18	7·5	8·4	10·1	3·0
Difference		2·5† (t = 3·0)	2·4* (t = 2·3)	0·2	1·0

* significant at $p < \cdot 05$
† significant at $p < \cdot 01$

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TABLE VI

Mean MPT Scores Related to CMI Scores
(second sample)

Group	Mean Score (subjects form) No.	AG	AR	D	Difference (±) of D from 10	Mean Score (Spouses form) No.	AG	AR	D	Difference (±) of D from 10
Husbands										
CMI 0·30 ..	24	10·2	10·2	10·7	1·7	24	10·2	10·2	9·8	2·0
CMI 31 or more	9	7·9	9·4	12·0	5·9	9	8·8	9·2	12·2	3·1
Difference ..		2·3* (t=2·1)	0·8	1·3	1·2		1·4	1·0	2·4	1·1
Wives										
CMI 0·30 ..	16	10·1	10·8	8·9	2·1	15	9·9	10·8	9·7	1·7
CMI 31 or more	9	9·9	9·7	10·0	2·0	8	8·9	10·4	10·0	2·7
Difference ..		0·2	1·1	1·1	0·1		1·0	0·4	0·3	1·0

* significant at $p < \cdot 05$

wife dominated marriages were similar in the poorly adjusted groups. In addition to measuring D, therefore, the difference of D from 10 (irrespective of direction) was calculated as a measure of conflict. For calculation of t, the log of this value was used, to correct for its J-shaped distribution.

The prediction that poor marital adjustment would be associated with neuroticism was tested by dividing the population into two groups according to their CMI score (0–30, and 31 or more) and calculating mean values for AG, AR, D, and the difference of D from 10 in these two groups.

The first sample had completed the CMI 2–4 years previously, and a clinical rating of poor marital adjustment had been shown to relate to high CMI scores in the wives.

Mean M.P.T. scores from the subjects' own test are recorded in Table V which shows differences nearly all of which are in the predicted directions, but which reach significance only in the case of the wives' affection given and affection received scores.

The results from the second sample, who had completed the CMI during the previous year and who had a longer mean duration of marriage, are set out in Table VI, which also records the mean scores derived from the spouses rating of the marriage. It will be seen that similar trends are apparent in the subjects' and spouses' scores. Significant differences in this sample are found only in the case of the husbands' self rating for affection given.

DISCUSSION

The purpose of developing the M.P.T. was to obtain an instrument which would share the ease of administration—if also the relative crudity—of the personality inventories which have been so useful in epidemiology. This purpose has, it is hoped, been achieved. The rather low response rate achieved by postal administration, and the relationship of non-response to psychological instability, suggest that the test would be better administered personally. While husbands' and wives' test scores are correlated and show similar trends at least in respect of neuroticism (Table VI), it is probably worth while obtaining spouses' M.P.T. responses where feasible; in particular, the significance of discrepancies between spouses might repay investigation.

Whether the failure to derive independent scores for domination and for affection discrepancy is a function of confused concepts in rating interviews and designing tests, or of the way in which married couples construe and behave towards each other, is open to discussion.

The predicted relationship between high CMI scores and low affection scores and "non-egalitarian" D scores was only partially confirmed, significant differences being found only in the AG and AR scores of wives in one sample (confirming an association found previously in this sample on the basis of a clinical rating) and in the AB scores of the husbands in the second sample. However, in view of the relative crudity of the CMI as an index of neuroticism, and of the known influence of other factors, such

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as childhood experience, on C.M.I. scores, this partial confirmation may perhaps be regarded as reasonably satisfactory.

Future use of the M.P.T. might well be confined to the examination of more circumscribed diagnostic groups. In particular, the investigation of psychosomatic disorders such as duodenal ulcer and hypertension, which present major medical problems and which are believed by many to be linked with hostility and dependency conflicts, might be rewarding.

Summary

The development of a questionnaire Marital Patterns Test is described. This test gives measurements of affection given and received, and of the balance of domination/submission in the marriage. The reliabilities of these scores are adequate, and comparison with ratings made from interview data suggests that the test has reasonable validity. The prediction that neuroticism, assessed by the C.M.I. score, would be associated with low affection scores and with "non-egalitarian" domination scores, was partially confirmed.

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Anthony Ryle, D.M., D.Obst.R.C.O.G., *Director, University Health Service, University of Sussex, Falmer, Brighton, Sussex*

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Appendix

A copy of the MPT (Wives' version) is given below. The figure A represents the affection score items, which score one each. D represents the domination items, which are scored as either wife or husband dominating, or as neither, according to the relation of the replies to (*a*) and (*b*), one point being scored for any discrepancy, as explained in the text. The line next to the D indicates the relation of (*a*) to (*b*) in replies scored as husband dominating; the opposite relation, of course, scores as wife dominating. On the husbands' form, items 14 and 16 are replaced by

(*a*) I am often impatient with her

(*b*) She is often impatient with me

and

(*a*) I will do almost anything to avoid a row with her

(*b*) she will do almost anything to avoid a row with me.

Score sheet No.

WIVES

Marriage Patterns Test

How to complete the test

The test consists of a number of statements describing how you might feel about your husband and about how he might feel about you. You are asked to indicate, by ticking in the appropriate column, whether each statement is, to your belief, true, uncertain or not true. Only tick the "uncertain" column if you really have no idea at all.

Do not ponder too long over any one statement; just indicate how it feels to you on first reading it.

PLEASE COMPLETE THE FORM AND SEAL IT IN ITS ENVELOPE BEFORE DISCUSSING THE CONTENTS, OR YOUR REPLIES, WITH YOUR HUSBAND OR ANYONE ELSE.

No.		True	Uncertain	Not true
1. (*a*)	I am usually very patient with him		A	
(*b*)	He is usually very patient with me			
2. (*a*)	I hardly ever find fault with him		A	
(*b*)	He hardly ever finds fault with me			
3. (*a*)	I am very warm-natured and affectionate to him		A	
(*b*)	He is very warm-natured and affectionate to me			
4. (*a*)	I cannot win if there is an argument with him		D—\	
(*b*)	He cannot win if there is an argument with me			
5. (*a*)	I don't often get my own way with him		D—\	
(*b*)	He doesn't often get his own way with me			
6. (*a*)	I am unwilling to make it up after a disagreement		A	
(*b*)	He is unwilling to make it up after a disagreement			
7. (*a*)	I wish I could be more affectionate		A	
(*b*)	He wishes he could be more affectionate			
8. (*a*)	I give a lot of time to him		A	
(*b*)	He gives a lot of time to me			
9. (*a*)	I nearly always manage to get my own way		D—/	
(*b*)	He nearly always manages to get his own way			

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No.		True	Uncertain	Not true
10. (*a*)	I seldom express affection for him		A	
(*b*)	He seldom expresses affection for me			
11. (*a*)	I wish he would play more part in making decisions		D —/	
(*b*)	He wishes I would play more part in making decisions			
12. (*a*)	I am quick to criticise and slow to praise him		A	
(*b*)	He is quick to criticise and slow to praise me			
13. (*a*)	I wish that he would stick up for himself more		D —/	
(*b*)	He wishes that I would stick up for myself more			
14. (*a*)	I wish that he would give way more easily		D —\	
(*b*)	He wishes that I would give way more easily			
15. (*a*)	I am always ready to make it up after a disagreement		D —\	
(*b*)	He is always ready to make it up after a disagreement			
16. (*a*)	I like him to make the decisions		D —\	
(*b*)	He likes me to make the decisions			
17. (*a*)	I am nearly always prepared to do what he says		A	
(*b*)	He is nearly always prepared to do what I say			
18. (*a*)	I make him feel more confident		A	
(*b*)	He makes me feel more confident			
19. (*a*)	I often feel thoroughly fed up with him		A	
(*b*)	He often feels thoroughly fed up with me			
20. (*a*)	I let him take responsibility for nearly everything		D—\	
(*b*)	He lets me take responsibility for nearly everything			
21. (*a*)	I would like to be better at sticking up for myself		D —\	
(*b*)	He would like to be better at sticking up for himself			
22. (*a*)	I find it easy to forgive him for his faults		A	
(*b*)	He finds it easy to forgive me for my faults			
23. (*a*)	I wish I could give way to him more easily		A	
(*b*)	He wishes he could give way to me more easily			
24. (*a*)	I am considerate of his feelings		A	
(*b*)	He is considerate of my feelings			

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