COGNITIVE - BEHAVIORAL
MARITAL THERAPY

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by
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Cognitive-Behavioral
Marital Therapy

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To our wives,

Linda and Carolyn

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Foreword

The current volume by Baucom and Epstein demonstrates the product that can result when two individuals, both of whom are skilled therapists, creative theoreticians, and experienced researchers, combine their efforts. No other two individuals have the depth of understanding and the breadth of knowledge needed to write a book of this magnitude on cognitive behavioral therapy for marital distress. As a result, the best of the scientist-practitioner is revealed in *Cognitive-Behavioral Marital Therapy*.

Too often, there are significant gaps among theory, basic research, applied clinical research, and clinical practice in the real world. Baucom and Epstein have bridged those gaps in a way that is rarely seen. They share with us the theoretical bases for their treatment approach. In a detailed manner, they demonstrate the empirical grounding that supports their theoretical notions. And most importantly, they clarify the implications of these empirical findings for clinical practice. Thus, theory, research, and clinical practice are interwoven in a way that epitomizes the advancement of psychotherapy as a science as well as an art.

But let it be clearly stated: this is a book for clinicians. Cognitive behavioral marital therapy is a treatment approach which incorporates a fair amount of structure into the clinical setting. Consequently, it is easy for the novice to believe that it is a cookbook approach with a set of routinized treatment procedures. The authors reveal throughout the text that nothing could be further from the truth. Whereas they detail a wide range of specific treatment procedures, they also clarify the numerous

decisions regarding intervention which must be made within each session. Instead of relying upon the ubiquitous, ill-defined, clinical judgment of the clinician, these therapists take us much further, providing us with the logic and algorithms which they employ in making these critical treatment decisions. These decisions are brought to life through the numerous examples that the authors provide from their own clinical experience. For heuristic purposes, the authors provide separate coverage of couples' behaviors, cognitions, and emotions. Yet, they continually explain the interrelationships among these variables and their reciprocal influences upon each other. Among their many useful recommendations, they clarify when to focus on each of these classes of variables, and when and how to make a transition from a focus on one of these to another. Thus, the reader will find here a more detailed guide to conducting cognitive behavioral marital therapy than can be found anywhere else.

In order to arrive at the point where they could provide the field with this contribution, these authors needed numerous skills and experiences: a detailed understanding of the cognitive theory of maladaptive behavior and cognitive interventions; a firm grasp of behavioral principles and their application to clinical phenomena; insight into the multifaceted phenomena classified under the rubric of marital distress; and an empirical perspective on all of the above. Epstein worked for a number of years as Director of Research at the Center of Cognitive Therapy. His ongoing interests in marital distress and his knowledge of cognitive therapy for individuals placed him in a unique position to clarify the similarities and differences between marital distress and individual disorders such as depression from a cognitive perspective.

Baucom had been conducting research on marital distress for a number of years from a behavioral perspective and gradually came to recognize the importance that couples' cognitions have in their relationships. It is not surprising, then, that in the early 1980s, these two individuals began to work together to propel the field forward in its attempts to understand and treat marital discord. They have both been active researchers in exploring the foundations of marital discord as well as its treatment. They have developed some of the few existing measures of spouses' cognitions, which are critical for basic research in this area. In addition, they are both experienced researchers in the area of treating marital discord. Baucom is one of the field's major researchers in evaluating the effectiveness of behavioral marital therapy.

Between the two of them, Baucom and Epstein have conducted the majority of the existing outcome research studies on cognitive therapy for

marital distress. Furthermore, they both maintain active clinical practices in treating maritally distressed couples. It is important that in the field of psychotherapy, we write no book before its time: before the underlying theory can be articulated; before basic research is conducted to evaluate the phenomena of interest; before applied research is completed to clarify the effectiveness of the treatment strategies; before the authors have had years of experience to convey what they have learned in the clinic as well as in the laboratory. These authors have waited until the time was right for them and the field was sufficiently mature to receive a major contribution. *Cognitive-Behavioral Marital Therapy* is just such a contribution — a work that significantly expands our understanding of the phenomenon and treatment of marital distress.

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Preface

    This book is intended for individuals who wish to understand marital discord and treat couples with relationship problems. It is hoped that professionals from a wide range of disciplines who having been working with distressed couples will find something new and useful to them in the text. At the same time, it is appropriate for graduate students who have little experience in the field. Thus, we have attempted to provide appropriate background material, but the intent was to go beyond an introductory level of discussion of material.

    As the title indicates, this book provides a cognitive-behavioral, skills-oriented approach to understanding and treating couples. A cognitive-behavioral therapist is concerned with how the couple thinks, experiences emotions, and behaves. The skills-oriented emphasis prepares couples to address not only their current concerns, but also future difficulties when they arise. Whereas the domains of behavior, cognition, and affect are integrally related, for the purposes of presentation and focus of intervention, it is appropriate to differentiate among them. Thus, the text is organized around these three constructs. Each of the constructs is considered in each of the three major sections of the book: (a) theoretical issues and research findings concerning marital discord; (b) assessment; and (c) intervention. Thus, there are chapters focusing on cognitive factors in marital dysfunction, assessment of cognitions, etc.

    In an attempt to limit the scope of discussion, certain parameters were introduced. Therefore, issues rather generic to the field of marital therapy,

such as establishing rapport, the use of cotherapists, and responding to confidential information from one spouse are not addressed as general topics. They are discussed only to the extent that a cognitive-behavioral marital therapist would be expected to respond to these issues in a unique way. Consequently, the role of the therapist, the structuring of the sessions, and decision making are described, specific to the cognitive-behavioral model. In addition, several specialty areas, such as behavioral treatment of sexual dysfunctions and spouse abuse, have become popular in recent years. Owing to the large volume of materials already published on these topics, they are not dealt with in detail in this book.

There are many current books on the treatment of marital discord. Unfortunately, most of the theoretical notions on which these treatments are based have not been empirically investigated, and there have been few studies evaluating the effectiveness of these other theoretical approaches in treating distressed couples. Behavioral and cognitive-behavioral approaches are rather distinct in this regard. In the past 20 years, there have been a large number of investigations attempting to understand the cognitive, emotional, and behavioral components of marital discord. Skills-oriented approaches comprise the majority of well-controlled studies evaluating the effectiveness of treatment for marital discord.

Several excellent books already exist on the behavioral treatment of marital discord. However, they give only minimal attention to interventions focusing on cognitions and emotions. The research in these areas and clinical developments have now reached a point where a more in-depth discussion of cognitions and emotions in marital distress is needed. The current volume differs from other behavioral marital therapy books by providing equal attention to cognitions, emotions, and behaviors in marital distress.

This text has a stronger research focus than many texts describing the treatment of marital discord. We hope that this has not translated into a dry presentation of the material. This book is intended for clinicians, and working with distressed couples is anything but dry and boring. The goal of presenting research findings is to provide a sound research basis for clinical practice. Even where there is substantial research supporting the effectiveness of a particular technique, that research base typically has been rather general. For example, many investigations have demonstrated that teaching problem-solving skills to distressed couples can benefit them a great deal. While teaching the problem-solving process to couples, the therapist must make many decisions. How these specific decisions are made by the therapist has not been investigated empirically. At present, all we

know is that couples often benefit from learning problem-solving techniques. Yet, these and numerous other decisions must be made by the therapist throughout treatment. Therefore, the treatment of distressed couples is not presented merely as a set of routinized techniques. Instead, various decision points for the therapist and guidelines for making decisions are described throughout the book, although there is no empirical support for many of these specific guidelines, owing to a lack of investigation at this detailed level.

A skills-oriented approach to marital therapy involves a number of techniques for addressing specific cognitions, emotions, and behaviors. Therefore, some of our students with different theoretical orientations have approached these different interventions with skepticism, concerned that the approach is too structured and routinized. Most of them have been pleased to find that the treatment is individualized for each couple. In addition, they have found that they can use many of the strategies described in this book, even though they maintain their primary allegiance to another theoretical orientation. For example, it is hard to argue against the value of learning to express emotions adaptively and becoming a good listener in a marriage. Thus, we hope that this discussion of marital therapy will be of assistance to clinicians from varying orientations.

This volume was truly a collaborative effort, and the order of authorship merely reflects an alphabetical listing of our names. We both made unique and equally important contributions to the book, and it would have been difficult, if not impossible, for either of us to have accomplished this task alone. We hope the reader will enjoy reading it as much as we have enjoyed working together to prepare it.

We would like to give special thanks to the many researchers who have devoted their careers to investigating marital discord from a cognitive-behavioral perspective and thus laying the empirical basis for this volume. A number of our graduate students have read earlier drafts of chapters and provided us with useful feedback; a special thanks to Tamara Sher for her feedback. Most important, our sincere appreciation goes to our wives, Linda and Carolyn, and our children, Brian, Jennifer, Anna, and Meredith. They have helped us to maintain a realistic perspective on families and to realize that it can look great on paper, but if it does not fly at home, it is not worth much.

This book is about understanding and helping couples. It is about caring, loving, dealing with disappointment, and having fun — not only for the couple, but also for the therapist. If we have succeeded in describing how that can occur, we have met our goals.

SECTION I

THEORETICAL AND EMPIRICAL FOUNDATIONS

This book focuses on the roles that behaviors, cognitions, and emotions play in determining couples' levels of marital satisfaction or distress, and consequently on the roles that they play in the treatment of marital problems. This first section of the book describes both the theoretical conceptualizations and empirical research findings that have identified a variety of specific behavioral, cognitive, and affective factors differentiating distressed from nondistressed couples. In our cognitive-behavioral approach to marital therapy, the assessment of couples' relationship strengths and problems, as well as the design of therapeutic interventions, is tied closely to these theoretical and empirical foundations. The assessment and intervention procedures described in the following sections of the book are organized around the behavioral, cognitive, and affective factors reviewed in the four chapters of this section.

Chapter 1 provides an overview of the manner in which spouses' behaviors, cognitions, and affects interact in functional and dysfunctional ways. It begins with a case example that illustrates the interplay of behavioral factors such as communication patterns, cognitive factors such as arbitrary inferences that spouses make about each other's behavior, and affective factors such as high levels of anger. The case example is followed by an outline of the ways in which a spouse's behaviors, cognitions, and affects can influence either his or her own or the partner's subsequent behaviors, cognitions, and affects. All of these potential links among the three types of factors are described in detail in the subsequent three chapters.

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Chapter 2 begins with a description of the social learning and social exchange theories that underlie behavioral approaches to understanding marital and other intimate relationships. Empirical findings bearing on the relevance of these theoretical views of relationship dysfunctions are reviewed. Furthermore, cognitive factors that may mediate couples' behavioral exchanges are noted. The chapter then describes behavioral discrimination skills, communication skills, problem-solving skills, and behavior-change skills that are important if a relationship is to meet the needs of both partners and if a couple is to resolve marital conflicts that may arise.

Chapter 3 presents a cognitive view of marital distress, including a discussion of five types of cognitive phenomena that can influence spouses' behavioral and affective responses to events in their relationship: perceptions (particularly selective attention), attributions, expectancies, assumptions, and standards. Theoretical and empirical support for the importance of these types of cognitions in intimate relationships is reviewed. In addition, the systematic information-processing errors (i.e., cognitive distortions) identified in the cognitive therapy literature (e.g., Beck et al., 1979) and in social cognition research are described as they apply to dysfunctional marital interaction. Finally, possible causal relationships among perceptions, attributions, expectancies, assumptions, and standards are proposed, and a case example is offered to illustrate the contributions of all five types of cognitions to a marital problem.

Chapter 4 describes four aspects of spouses' affective experiences within their marriages: (a) the degrees of various positive and negative emotions experienced by each spouse, (b) each individual's ability to recognize his or her emotions and the factors that elicit them, (c) the degree to which the individual expresses emotions overtly, and (d) the presence of specific emotional responses that interfere with constructive interaction between spouses. Cognitive factors that can influence the experience and expression of emotions are discussed, as are clinical and empirical data concerning specific communication skill deficits that impede affective expression. Deficits in listening skills also are examined as potential blocks to the communication of affect in marital relationships. Furthermore, special attention is paid to the nature and determinants of four types of affect that can be both causes and results of negative marital cognitions and behaviors: anger, depression, anxiety, and jealousy.

The behavioral, cognitive, and affective factors that influence marital satisfaction and distress are presented in separate chapters for heuristic purposes, but throughout this book it is stressed that behavior, cognition, and affect exert mutual influences on each other. Each chapter in this section describes this interdependence, and this integrative model is extended through the assessment and treatment sections of the book.

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The Interplay of Behavior, Cognition, and Affect in Marital Interaction

Therapists and researchers who are interested in understanding intimate relationships such as marriage are faced with the challenge of taking into account both the interpersonal behavioral interactions that occur between two people and the individuals' intrapsychic cognitive and affective experiences. On the whole, the predominant theoretical approaches to marital relationships and therapy (e.g., psychoanalytic, systems, behavioral) traditionally have tended to emphasize either the interpersonal or the intrapsychic aspects of marriage (Segraves, 1982). For the most part, separate research literatures have developed concerning behavior, cognition, and affect in close relationships (Bradbury & Fincham, 1987). Recently, there have been promising efforts to construct theoretical models that integrate components of marital interaction (e.g., Bradbury & Fincham, 1987; Segraves, 1982). Furthermore, the clinical marital literature increasingly has described interventions that address links among behaviors, cognitions, and emotions (see, for example, Neidig & Friedman's [1984] book on spouse abuse), and a growing body of empirical studies on the association between marital interaction and depression (e.g., Hooley, 1986) is representative of researchers' concerns with integrating intra- and interpersonal processes.

It is a premise of this book that when a couple is experiencing difficulties in their relationship, the problems are likely to include behavioral, cognitive, and affective components, and that these three types of factors exert mutual influences on one another. Although the three factors might not have equivalent impact on dysfunction in a particular marriage

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(e.g., a couple's distress might be determined primarily by a chronic deficit in basic problem-solving skills rather than by cognitions or emotional states), most often it is important to alter all three of them in therapy. The following case example illustrates the complex interplay of behavioral, cognitive, and affective factors in a couple's marital problems.

KEN AND SUE: A CASE OF MARITAL DISTRESS

Ken (age 36) and Sue (age 35) sought marital therapy after eight years of marriage, due to increasingly bitter arguments. Both were highly distressed about the deterioration of their relationship and remarked to their therapist that they had not experienced such strife in their earlier years together, or in any dating relationships with other people prior to their marriage. Their concerns were not only for themselves, but also for their six-year-old and four-year-old daughters, who clearly were upset by their parents' conflict.

During an initial interview with the couple, the therapist learned that both spouses were college graduates and had moderately stressful and time-consuming, white collar jobs. At present, their work and family commitments left them little leisure time, and they reported few pleasant shared activities. In fact, both spouses complained that they felt neglected by their partner, and that the other person did not seem to care about the marriage any longer. During the session, the therapist noticed that at times each spouse appeared quite sad when describing the marriage, and at other times they became angry when debating who was more at fault for their problems.

When the therapist asked each spouse to describe the marital problem as he or she viewed it, the following exchange occurred:

Sue: Ken is so preoccupied with himself and what he's doing, whether it's his job or his projects with the house. So much of the time, he seems like he's in another world.

Ken (interrupting): Oh, come on! You're as busy and distracted with things as I am.

Therapist: Ken, I can see that you don't agree with what Sue is saying, but right now it is important for me to get an idea about how each of you views the problems in your relationship. My goal is not to see who is right or wrong, but to understand how the relationship looks to each of you and what about it makes each of you upset. So, it is very important that you do not interrupt each other now. I'd like you to just listen carefully to what Sue has to say, and if your views of things are different, you will have an opportunity to describe how you see it in a few minutes. Now, Sue would you please tell me a little more about what the difficulties seem to be from your perspective?

Sue: Well, as I was saying, he seems so self-centered. After the children are in bed and the dishes are washed, he just goes off and reads something for work or works on the house. Sometimes I'm just seething, because I've been upset about something, maybe something that happened at work, and he's so insensitive that he ignores me and heads off for other things.

Therapist: If you are upset about something, how do you tend to let Ken know about it?

Sue: Sometimes I start to talk about it, maybe during dinner, but at other times it just has to show, because I'm so upset inside, but he doesn't pay any attention.

Therapist: And when he doesn't seem to pay any attention, what do you do next?

Sue: I've learned that there isn't much I *can* do. Whenever I tell him that I want him to pay attention to me, he gets defensive and we have a fight. Most of the time I sit on my feelings now. Sometimes I get so frustrated that I blow up and scream or call him names, and I really don't like what I've become at times like that. I'm generally a pretty reasonable person, but he makes me go wild.

Therapist: When you blow up, how does Ken react?

Sue: Well, I get his attention that way. It seems like the only way to get through to him. But, he usually walks out of the room and I really get nowhere. Once in a while, if I yell enough he actually seems to feel guilty and tries to soothe me. It doesn't take him long to get distracted again though.

Therapist: So, one thing that really seems to upset you is when Ken doesn't seem to notice how you are feeling or pay more attention when you want him to. Is there anything else that goes on between you two that is upsetting to you?

Sue: Yes. When I described our hectic evening before, I didn't mention that I'm the one who does most of the cooking, dishwashing, and other chores. Ken talks a good game about having a balanced and fair relationship, but with both of us working full time, somehow I still get stuck with a lot more of the housework.

Therapist: Is that something that the two of you have discussed?

Sue: Many times. There's a big difference between the excuses and promises that Ken makes at those times and his actual lack of follow-through.

Therapist: When Ken doesn't do things that he said he would do, what goes through your mind?

Sue: That he's selfish and doesn't care how much stress I have to handle. What really upsets me is that I've seen the kind of relationship that his parents have, and his father has taken advantage of his mother for years and years. She doesn't complain, but I can tell that she's had to tolerate a lot while her husband expects her to take care of him. I didn't realize this for a long time, but Ken seems to take after his father a lot. I guess if you see that kind of thing for years as you are growing up, it must seem like the natural way of things.

Therapist: When you thought about coming to meet with me about these issues, what were you thinking I might be able to help you with?

Sue: I can't say that I feel like there's much chance that you can do anything about this, but I guess that I had enough hope to make the appointment. It's just

that these seem to be such ingrained patterns on Ken's part. He isn't motivated to change, and I don't know if he could if he wanted to do it. To be honest, I was hoping that you knew some way to get him more involved in our relationship and more sensitive to my needs.

Therapist: O.K., I've begun to get an idea about some of your concerns, Sue, and I would like to shift now and get some of your views, Ken. I'd like to hear about your impressions of the things that Sue said, but first I would prefer that you tell me a little about the aspects of the marriage that have been of greatest concern to *you.*

Ken: Well, it's sure interesting hearing Sue talking about my not listening to her, because she makes it sound like it's my fault. Since the day I met her, she's always been introverted and I had to take the lead to get conversations going. If I don't baby her and almost plead with her to tell me what's on her mind, I don't hear about it. Then, out of the blue, she blows her top and starts screaming. I don't want any part of her when she's like that. Most of the time, I don't know what she's upset about.

Therapist: You said "most of the time." Can you give me an example of a time when you did know what was upsetting Sue?

Ken: Yes. When she expects me to do something like wash the dishes and I haven't gotten around to doing it, she makes it *very* clear how angry she is about it. I think that I should do my fair share, because we both work, but when Sue tries to run the show and be the big director, I'm not going to be ordered around and treated like a child. When she gets like that, it's clear that she wants to cut me down to size, and I can tell that there's nothing that will get her to back off once she's started to go after me. I just get myself away from her. I don't know if it's just her reaction to me in particular, or maybe she has a need to dominate a man. Well, she picked the wrong one!

As the therapist explored the spouses' concerns further, a number of other factors emerged. The couple was asked to provide a brief history of the development of their relationship, including how they met, what attracted them to each other initially, how they decided to get married, and what significant events (e.g., moves, job changes, major illnesses) seemed to affect their marriage. Both reported that they had been very attracted to each other physically and had enjoyed spending time pursuing mutual interests such as dancing, bicycling, and hiking. Sue said that she was attracted by Ken's stability, his ambition about getting ahead in his career, and his being more serious and mature than some other men she had known. Ken noted that he had been attracted by Sue's sense of humor, her knowing what she wanted out of life, and her easygoing nature; she didn't seem to like to fight.

The couple's account of the developmental history of their relationship indicated that there was little conflict or distress during the year that they dated or for the first few years of marriage. However, as their careers and

the births of their daughters increasingly placed significant demands on their coping abilities as individuals and as a dyad, arguments such as those described above increased, and both spouses experienced a drop in marital satisfaction. Both spouses reported that during the past year their distress had progressed to the point where merely seeing the other person made them feel discouraged and irritated. Ken and Sue claimed that they made attempts from time to time to do nice things for the other, but neither was able to recall receiving such favors.

BEHAVIOR, COGNITION, AND AFFECT IN MARITAL DISTRESS

The case of Ken and Sue illustrates how behavioral, cognitive, and affective factors all can contribute to dysfunction in a couple's relationship, and how these factors tend to be intertwined.

Behaviorally, their communication with each other about the sources of their dissatisfaction consists of mutual criticism, interruptions, and yelling. Other problematic behavioral patterns include Ken's tendency to withdraw when Sue yells and the couple's overall low rate of pleasant shared activities.

In terms of cognitions, both spouses tend to see the other as responsible for the marital problems, and they attribute each other's negative behaviors to traits that are unlikely to change (e.g., Sue sees Ken as self-centered and insensitive; Ken sees Sue as having a need to dominate men). Their descriptions of the qualities that initially attracted them to each other suggest that to some extent their partners' actual behaviors might have remained constant over the years, but that their attention is focused on the negative aspects of these behaviors now, whereas initially they focused on the positive aspects. For example, when they met, Ken labeled some of Sue's behavior as indicative that she "knew what she wanted" (which he valued), but now he has come to attribute the same behavior to a negative characteristic of "needing to dominate men."

Both spouses appear to have perceptual biases, whereby they fail to notice each other's positive acts, and this selective attention might be linked to their tendencies to have global negative emotional responses to the other's mere presence, independent of the partner's current behaviors. Thus, their strong and consistent emotional responses to each other not only are the result of their negative behavioral interactions and their negative cognitions about each other, but the emotions in turn influence their perceptions and behaviors toward each other.

Up to this point in the assessment interview, Sue also has provided some clues concerning some of her other cognitions about the marital problems. It appears that she may apply a general standard to their relationship whereby Ken should be able to "mindread" her thoughts and feelings without her having to express these directly, and she also may have developed an expectancy (prediction) that screaming is the only behavior that is effective in drawing Ken's attention. Ken also appears to be pessimistic about the potential for altering the couple's interaction pattern; he has indicated that he has a general expectancy that there is nothing he can do to influence Sue's behavior once she has started to criticize him.

Thus, as this couple was faced with coping with some major developmental life stresses (demands of careers and children), deficits in their behavioral relationship skills such as communication and problem solving seem to have produced a negative interaction pattern. Their exchanges of negative behavior, in conjunction with the decline in pleasant shared activities, produced emotional distress, and the distress seems to have been exacerbated by the spouses' tendencies to attribute each other's unpleasant behaviors to negative traits. In a reciprocal manner, their negative appraisals of each other elicited more emotional distress and more negative behavioral responses toward each other. Rather than expressing their distress to each other in a direct but nonattacking manner, and communicating empathy for each other's frustration and pain, both spouses focused on expressing their own complaints in an aversive manner.

Furthermore, Ken and Sue's global negative emotions regarding their relationship tended to bias their perceptions, such that they selectively noticed each other's negative rather than positive behaviors. In other words, there was an upward spiral of negativity comprised of behaviors, cognitions, and emotions.

This case example is not intended to illustrate a comprehensive model integrating behavioral, cognitive, and affective components of marital dysfunction. Rather, its purpose is to demonstrate that the three aspects of marital interaction are interrelated in a complex manner, and that ignoring any of these components leads to an incomplete conceptualization of a couple's relationship.

The next three chapters review specific behavioral, cognitive, and affective factors derived from theory and empirical research concerning marital dysfunction. The following are brief overviews of each of these three types of factors and the ways in which they can influence one another.

Behavioral Factors in Marital Dysfunction

As described in Chapter 2, theory and research on behavioral aspects of marital interaction have identified several forms of behavior that can facilitate or detract from marital satisfaction. In general, distressed couples tend to (a) exchange higher rates of negative behavior and lower rates of positive behavior, (b) use less effective (i.e., indirect, unclear) and more aversive (i.e., critical) communication to express their thoughts and feelings, (c) attempt to solve relationship problems with less effective problem-solving skills, and (d) use more coercive methods for attempting to change their partners' behavior than do nondistressed couples. Each spouse's behaviors can influence both the partner's and his or her own subsequent behaviors, cognitions, and affective states. The following is a summary of the impacts that one spouse's behaviors can have.

One spouse's behaviors can influence the other's behaviors directly, without cognitive mediation. For example, consistent with reinforcement principles, verbally and nonverbally rewarding some aspects of the partner's behavior but not other aspects can influence the relative frequencies of those acts. Furthermore, research studies reviewed in Chapter 2 have indicated that distressed couples are more likely than nondistressed couples to engage in negative behavioral reciprocity, in which one spouse's negative behavior is followed by a negative response from the partner.

An individual's behaviors can influence his or her own subsequent behavior by creating an environment that limits stimuli and contingencies. For example, an individual who consistently avoids spending time with his or her partner eliminates opportunities for expressing thoughts and feelings to the partner. If the avoidant behavior produces general isolation, the individual's lack of exposure to any reinforcement from the partner or other sources may lead to overall inactivity (and perhaps an affective response of depression).

A significant way in which *one spouse's behavior can alter the partner's cognitions about the relationship* involves very aversive acts that are so potent (emotionally significant) they become the foci of the recipient's future thinking about the marriage. For example, acts that involve physical or psychological abuse and those that involve the violation of a basic tenet of the relationship (e.g., a sexual affair that breaks an explicit or implicit vow of fidelity and trust) can alter the partner's basic assumptions about the nature of the relationship. After the revelation of an affair, it is common for a partner to attend selectively to those of the spouse's behaviors that might be signs of further infidelity.

Because individuals perceive and interpret their own behavior as well as those of their partners, *a spouse's behavior can influence his or her own cognitions about the marriage.* For example, an individual who finds himself or herself engaging in a behavior inconsistent with his or her view of the marriage may alter that view. A spouse who is flirting with an acquaintance might conclude, "I must be losing interest in my spouse, or else I wouldn't be acting this way." Furthermore, poor communication skills (e.g., arguing and interpreting a partner's messages instead of listening carefully) can reduce an individual's awareness of the partner's thoughts and emotions, thereby either producing or maintaining a biased view of the partner. Other behaviors that absorb the spouse and channel his or her attention (e.g., watching television during a discussion with the partner) can have a similar effect.

A spouse's behavior can elicit affective responses in a partner, in the absence of cognitive mediation. As described in Chapter 2, research studies have supported the behavior exchange model of marital interaction (cf., Jacobson & Margolin, 1979), which postulates that an individual's marital distress increases as the ratio of pleasant to unpleasant behaviors received from the partner decreases. Although spouses' appraisals of partner behaviors as positive or negative can be influenced by idiosyncratic cognitive factors (see Chapter 3), many behaviors appear to have direct effects in eliciting pleasant or unpleasant emotions in the recipients.

Also, by means of a process of classical conditioning, the pairing of particular partner behaviors with particular emotional experiences can produce conditioned responses to those partner behaviors. Clinical reports (e.g., Kaplan, 1974) suggest that such a process often occurs in the development of sexual problems that involve anxiety. Once an individual experiences strong anxiety in a sexual interaction with a partner, future benign sexual behavior by the partner may elicit anxiety.

As already noted, *an individual's behavior can influence his or her own emotions* by creating a pleasant or unpleasant environment for the self. Just as a person's avoidance of a partner can produce social isolation and depression, initiation of shared leisure activities with a partner may increase the likelihood of pleasant marital interactions and an associated improvement in marital satisfaction. Furthermore, some behaviors can decrease an individual's *awareness* of his or her own emotions. For example (and in some cases this may be an intentional means of coping with marital distress), some spouses keep themselves so involved in daily activities that they lose awareness of their emotions concerning their marriages.

Cognitive Factors in Marital Interaction

Clinical writers such as Beck (1976) have noted particular themes in the content of cognitions associated with particular emotional states (e.g., themes of loss in depression, danger in anxiety, and violated personal rights in anger). Consequently, cognitive therapy for disorders involving affective states such as depression and anxiety focus on altering specific cognitions that elicit those emotions (Beck & Emery, 1985; Beck et al., 1979). Chapters 3 and 4 describe types of cognitions that can elicit emotions such as anger, depression, anxiety, and jealousy in marital interactions.

As detailed in Chapter 3, five major types of cognitions play roles in marital interaction: *assumptions* about the nature of spouses and marriage, *standards* about how spouses and marriage "should" be, *attributions* about the causes of positive and negative marital events, *expectancies* about the likelihood that particular marital events will occur in the future, and *perceptions* (notably, selective attention) of the information available when observing one's interactions with a partner. These forms of cognition can influence the type and intensity of either the individual's own or the partner's behaviors, cognitions, and emotions. The following are examples of these impacts of marital cognitions.

An individual's cognitions can influence his or her emotions and behavior toward a partner. For example, some individuals mistakenly interpret physiological and behavioral manifestations of their anger toward their partners as signs that they will lose control (e.g., "go crazy"; become physically abusive). Consequently, they experience anxiety due to the perceived danger and may avoid discussions with the partner concerning important issues that anger them.

Similarly, *a spouse's cognitions can influence his or her other cognitions concerning marital interactions.* An individual's standards about individual or marital functioning can bias his or her perceptions of marital events. For example, a husband who believes "To feel anger means that you are a bad person" may selectively ignore cues of his own anger. In contrast, a wife who holds the standard "A good spouse should not anger a mate" may be hypervigilant for cues of anger from her husband.

As described in cognitive consistency theories (e.g., Abelson et al., 1968; Cooper & Fazio, 1984; Zanna & Cooper, 1976), when an individual becomes aware of having inconsistent cognitions, one way of resolving this dilemma is to alter one of the cognitions in order to increase consistency. For example, a woman's life experiences may have led her to develop an

assumption that men primarily want to control women in relationships, but she also may have tended to attribute her husband's doing favors for her as a sign that "he is trying to make life easier for me." One possible way in which she may reconcile the apparent inconsistency between her assumption and her attribution would be to alter the attribution to "he is trying to win my confidence and make me vulnerable to his influence."

When an individual expresses his or her cognitions explicitly (i.e., verbally) or even implicitly through behaviors toward the partner, the *cognitions can influence the partner's cognitions, behaviors, and emotions.* A spouse's expressed assumptions and standards concerning marriage (e.g., "Disagreement is destructive to a relationship," "You should always support your partner's views in public") can strengthen a similar belief held by the partner. In terms of effects on a partner's behavior, when a spouse expresses negative trait attributions (e.g., "You forgot to call because you are selfish and self-centered"), the partner may respond defensively or aggressively, perhaps even behaving in ways that seem consistent with the spouse's negative attribution. In such a situation, not only can the expressed cognition elicit particular behaviors from the partner, but it also can provoke particular emotions, such as anger.

Affective Factors in Marital Interaction

Although popular literature emphasizes the strong pleasant and unpleasant emotions that commonly occur in intimate relationships, less systematic attention has been paid by marital researchers and therapists to identifying specific ways in which affect influences marital interaction. Chapter 4 describes four aspects of affect in marital relationships: (a) each spouse's degrees of positive and negative emotions toward the partner and marriage, (b) spouses' awareness of their emotions and the causes of their emotional states, (c) the degrees to which spouses express their emotions and respond to each other's emotional expressions with empathic listening, and (d) forms and intensities of affect that can interfere with good marital functioning. The following are some ways in which affective factors can influence marital interaction.

A spouse's affective states can influence his or her own cognitions and behaviors. For example, Weiss (1980) has described a process of "sentiment override" by which an individual's perception and evaluation of a partner's behaviors are colored by the person's overall affect toward the partner rather than by the partner's current behavior. Thus, a spouse who is generally very angry toward his or her partner may perceive the partner's behavior

as negative even when the partner attempts to communicate caring messages. As Beck et al. (1979) note, individuals also tend to use their affective experiences as "data" in making inferences about events. For example, it is common for distressed spouses to conclude, "If I don't have loving feelings toward my partner, the relationship must be dead." Clearly, the degree to which an individual is *aware* of his or her emotions will determine whether affective information can influence his or her judgments about the marriage.

Chapter 4 also describes how particular affective states can influence the manner in which an individual interacts with a partner. For example, depression may decrease a spouse's overall activity in interacting with his or her partner, anxiety may lead to either avoidance or clinging to the partner, and anger may contribute to abusive behavior toward the partner.

Furthermore, the degrees to which spouses possess good expressive and empathic listening skills can determine whether emotions such as anger, depression, and anxiety lead to constructive or destructive marital interaction. When a spouse is able to express anger (and information about its cause) to his or her partner in a clear and nonattacking manner, and the spouse achieves and communicates good empathic understanding of the affective messages, there is potential for subsequent joint problem solving to resolve the anger-eliciting circumstances. In contrast, if the angry person blames and criticizes the partner, and the partner reciprocates criticism rather than responding empathically, problems of negative escalation described in Chapter 2 are more likely than problem solving.

A spouse's expression of affect can influence the partner's cognitions, affect, and behavior. Just as individuals use cues about their own emotions as "data," their cognitions about their partners can be shaped by verbal and nonverbal cues about the partner's emotions. Thus, a wife who observes her husband's frequent mood fluctuations may conclude that he is "an unstable, unreliable person." Research on empathic processes has indicated that an individual may experience a contagious induction of emotions exhibited by another person (such as a marital partner), and that emotional empathy for the other person's distress can produce less aggression and more helping behavior toward that person (Eisenberg & Miller, 1987). In contrast to empathic responses, there is evidence that partners of depressed individuals often exhibit hostile as well as supportive responses toward the depressed spouses.

In terms of the escalation of marital conflict, Schaap (1984) found that among both distressed and nondistressed couples an expression of negative affect (e.g., an angry facial expression) by one spouse was likely

to be followed by an expression of negative affect by the partner.

Schaap also found evidence of reciprocity sequences in which an expression of negative affect by one spouse was likely to elicit negative verbal communication by the partner.

Implications for the Assessment and Treatment of Marital Problems

Because behaviors, cognitions, and emotions are so intertwined in marital interaction, it is important that the assessment of a couple's problems include evaluations of all three types of factors, as well as the ways in which the factors influence each other. Furthermore, the complex interplay of behavior, cognition, and affect in influencing spouses' marital satisfaction necessitates that therapeutic interventions address each of the three areas.

In this section of this book, the specific behavioral, cognitive, and affective factors that theory and empirical research have implicated in marital dysfunction are described. The following section provides detailed descriptions of strategies and instruments for assessing behavioral, cognitive and affective components of marital dysfunction. The final section covers specific therapeutic interventions for modifying behavioral, cognitive, and affective aspects of couples' problems, as well as guidelines for integrating the three types of interventions. The book concludes with a survey of research findings concerning the effectiveness of cognitive-behavioral marital therapy.

2

Behavioral Factors in Marital Dysfunction

The behaviors that are the foci of a cognitive-behavioral approach to marital dysfunction are those that have become the standard targets of behavioral marital therapy (BMT): namely, (a) excesses of displeasing acts and deficits in pleasing acts exchanged by members of a couple, (b) general communication skills, (c) problem-solving skills, and (d) behavior change skills. This chapter describes the basic theoretical concepts and empirical findings underlying therapeutic attention to these forms of marital behavior, as well as an overview of the specific types of behaviors that the cognitive-behavioral marital therapist attempts to assess and modify.

SOCIAL LEARNING AND SOCIAL EXCHANGE VIEWS OF MARITAL DISTRESS

Because there are a number of detailed reviews available concerning the theoretical models underlying BMT (e.g., Epstein & Williams, 1981; Jacobson & Margolin, 1979; Stuart, 1980; Weiss, 1978), the present discussion is a brief summary of the major concepts that guide therapists' assessments of potential problems in marital interaction.

The two major theoretical models underlying behavioral marital therapy are social learning theory and social exchange theory. Both models postulate that an individual's behavior both influences and is influenced by his or her environment. As applied to marital relationships, these models suggest that in order to understand an individual spouse's behaviors

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one must determine how that person's actions are influenced by the partner's responses. A reciprocal process of mutual influence develops between two spouses, and each spouse's behavior in the marital context may differ from the behavior that he or she has learned to exhibit with other people.

SOCIAL LEARNING VIEW OF MARRIAGE

Among the basic tenets of social learning theory (Bandura, 1977; Rotter, 1954) are the concepts that (a) behavior is controlled by its consequences (i.e., operant conditioning) and antecedent discriminative stimuli that signal to the individual that particular reinforcement contingencies are operating, (b) much human behavior (especially complex behavior patterns) is learned through the imitation of observed models, and (c) the learning and performance of behaviors commonly are mediated by cognitive processes.

Operant conditioning shapes marital interaction when spouses provide reinforcement for some of each other's responses and punishment for other responses. This process begins with the earliest interactions that the couple has when they first meet (e.g., he suggests that they see a horror movie, and she expresses her displeasure; in the future he is less likely to make such a suggestion). Each person learns about discriminative stimuli that signal the likelihood that particular responses will elicit reinforcement or punishment from the partner (e.g., she learns that when they reunite at the end of a workday, if he looks preoccupied it is likely that he will rebuff any attempts she might make to talk about problems of any sort). The internalized expectancies that each person has about probabilities of particular outcomes under particular circumstances are important cognitions in the learning process.

A common example of the reciprocal nature of reinforcement processes in couple interaction occurs when one spouse complies with the other in order to terminate the other's aversive behavior. Thus, if a husband nags his wife about not paying attention to him when he finds her working on her personal hobby and she turns her attention to him in order to stop his nagging, she receives negative reinforcement for shifting attention to him. In turn, he receives positive reinforcement for nagging. Her paying attention to him rather than to her individual interests may be more likely to occur in the future because that behavior effectively terminates unpleasant stimulation (nagging), whereas his nagging may be more likely

to occur in the future because it apparently elicits desirable consequences (her attention). Such an interactional dynamic is powerful because the spouses' reinforcement contingencies are so interdependent.

Patterson and his colleagues (cf. Patterson, 1982) have demonstrated reciprocal coercion patterns in family interactions, whereby each individual's behaviors serve as antecedents (i.e., elicit) and reinforcers for the other family members' aversive acts. On the one hand, an individual's aversive behavior can be maintained or increased by positive reinforcement (e.g., attention) or negative reinforcement (e.g., termination of another person's nagging). On the other hand, Patterson (1982) notes that many parents attempt to suppress their children's unpleasant behavior with ineffective forms of punishment. The parents offer (a) insults, threats, and scolding that are not backed up by more serious punishment (e.g., consistent deprivation of privileges) or (b) physical assault that suppresses the child's behavior only temporarily. These patterns are similar to the aversive exchanges of distressed couples, which are described later in this chapter.

Observational learning plays a major role in marital interaction because many of an individual's patterns of behavior toward his or her partner are based on imitation of behaviors exhibited by a variety of other people, including the individual's parents, couples portrayed in movies and other mass media, and any other available models of intimate relationships. It is highly unlikely that complex interpersonal skills such as communication and dyadic problem solving can be learned solely through trial-and-error reinforcement processes. Thus, if an individual has observed repeatedly that people seem to gain compliance from their intimate partners by acting aversively (e.g., the models obtain positive reinforcement for using threats and criticism), he or she may imitate such behavior with a partner. Spouses also may imitate their own partners' behaviors that have produced desired outcomes for the partners in the past.

A SOCIAL EXCHANGE VIEW OF MARRIAGE

Social exchange theory (Thibaut & Kelley, 1959) views social relationships such as marriage in economic terms; that is, the involved parties engage in an exchange of "goods," and each person's satisfaction with the relationship is a function of his or her ratio of benefits received to costs incurred. This model meshes well with the social learning model, in which partners provide each other with varying amounts of reinforcement.

Marital Satisfaction and the Exchange of Noncommunication Behaviors

Based on social exchange theory, a number of studies have investigated the degree to which spouses' levels of marital satisfaction are associated with frequencies or ratios of pleasant and unpleasant behaviors received from their partners during their daily interactions. In contrast to the communication behaviors such as expressive and listening skills discussed later in this chapter, these "noncommunication" behaviors include a wide variety of affectional and instrumental behaviors (e.g., companionship, household management), most commonly assessed in marital research by means of the Spouse Observation Checklist (SOC) developed by Weiss and his associates (Weiss, Hops, & Patterson, 1973; Weiss & Perry, 1983). Each spouse is asked to complete the SOC at the end of each day, indicating which of the 408 behaviors he or she received from the partner (although some items describe joint activities; e.g., "We listened to music on the radio or stereo"). The respondent categorizes each behavior as pleasing or displeasing and also provides an overall Daily Satisfaction Rating concerning the relationship, using a nine-point Likert scale (see Chapter 5 for a more detailed description of this instrument).

Studies using the SOC have provided considerable support for the social exchange model of marriage. First, distressed spouses report significantly more displeasing and fewer pleasing partner behaviors than nondistressed spouses (Barnett & Nietzel, 1979; Birchler, Weiss, & Vincent, 1975; Jacobson, Follette, & McDonald, 1982; Margolin, 1981). Second, daily marital satisfaction ratings have been found to be correlated with daily frequencies of pleasing and displeasing behaviors (Christensen & Nies, 1980; Jacobson et al., 1982; Jacobson, Waldron, & Moore, 1980; Margolin, 1981; Wills, Weiss, & Patterson, 1974).

Given the importance that daily exchanges of various affectional and instrumental behaviors have for spouses' levels of marital satisfaction, it is important that treatments for distressed couples include procedures for alleviating deficits in pleasing behaviors and decreasing excesses of displeasing behaviors. Several strategies for helping couples alter their exchanges of noncommunication behavior are described in Chapter 8.

Reciprocity in marital behavioral exchanges.

Social exchange theory also postulates that in ongoing relationships the exchange of goods is characterized by *reciprocity*, such that the re-

inforcements that one partner provides to the other depend on the level of reinforcement received from the other person. The result of this "you give what you get" process is a fairly equal exchange of rewards and punishments between partners.

As research studies have investigated the degree to which reciprocity operates in marital interactions, it has become clear that reciprocity can be defined in a number of ways. First, although studies have demonstrated that members of distressed couples direct more negative behaviors and fewer positive behaviors toward each other than do nondistressed spouses (e.g., Billings, 1979; Birchler et al., 1975; Gottman, Markman, & Notarius, 1977; Jacobson et al., 1982; Margolin, 1981; Vincent, Weiss, & Birchler, 1975), these differences in base rates do not demonstrate that partners are engaging in reciprocity (i.e., giving positives and negatives because they receive them). Reciprocity is more accurately defined in terms of *contingencies*, whereby one spouse's giving the other a negative or a positive behavior increases the probability that the other partner will subsequently reciprocate with a similar type of behavior.

Some studies (e.g., Vincent, Cook, & Messerly, 1980) have examined groups of couples and found that husbands' reports of frequencies of pleasant and unpleasant behaviors received from their wives are correlated with the wives' reports of pleasant and unpleasant behaviors received from the husbands. However, Vincent et al. note that such correlational results do not indicate whether or not *temporal reciprocity* has occurred; e.g., whether a wife's negative act elicits a negative act from her husband, and vice versa.

A number of studies (e.g., Billings, 1979; Gottman et al., 1977; Margolin & Wampold, 1981; Raush, Barry, Hertel, & Swain, 1974; Revenstorf, Hahlweg, Schindler, & Vogel, 1984; Schaap, 1984) have investigated temporal or contingency-based reciprocity (Gottman, 1979) by coding *sequences* of behaviors exchanged by spouses in a laboratory discussion task. Reciprocity is defined as the conditional probability that one spouse's positive (negative) behavior will be followed immediately by a positive (negative) behavior from the partner, taking into account the overall base rates of these behaviors. Although the results of these studies have varied somewhat, overall they have revealed that reciprocity of negative behavior is more characteristic of distressed than of nondistressed couples, whereas reciprocity of positive behavior is comparable in distressed and nondistressed couples. Revenstorf et al. (1984) have examined longer interactional sequences, up to five alternating husband and wife behaviors. They have identified sequential patterns such as "problem escalation" (more common

in distressed than nondistressed couples) in which spouses alternate, with one describing a problem and the other responding negatively.

Based on theory and research concerning reciprocity in marital interactions, behavioral marital therapists focus on couples' tendencies to reciprocate positive and negative behaviors on a moment-to-moment basis. The importance of focusing on immediate temporal reciprocity is underscored by Jacobson et al.'s (1982) finding that distressed spouses are more reactive to the immediate events in their interactions than are nondistressed spouses. Jacobson et al. found significantly higher correlations between spouse reports of both daily positive and negative partner behaviors and the spouses' daily ratings of their marital satisfaction among distressed than among nondistressed couples. Thus, not only do distressed spouses exchange more negative and fewer positive behaviors than nondistressed spouses, but their daily marital satisfaction also is influenced more by the daily quality of their interactions. Gottman, Notarius, Markman, Bank, Yoppi, and Rubin (1976) have suggested that distressed couples react to immediate positive and negative partner behaviors, "keep score," and get even with negative reciprocity. However, nondistressed couples tend to operate according to a "bank account" principle whereby they "deposit" (give) positives based on good faith that at some point their partners will reciprocate. Similarly, the trust that one will receive future positives from one's partner allows the individual to tolerate negatives received from the partner without reciprocating.

Stuart (1980) also has stressed that reciprocity does not imply symmetry or equality in couples' behavior exchanges, but rather it refers to equity. In other words, in a relationship characterized by reciprocity there need not be an immediate and equal exchange of goods, but over time the exchange is balanced enough to be seen as fair by both people. It is not uncommon for a marital therapist to note that a couple has an unequal exchange of reinforcements but that both members of the couple are satisfied overall with their relationship (whereas the therapist might view that relationship as undesirable by his or her own personal standards). Weiss (1978) notes that relationships become dysfunctional when the partners work less toward achieving mutual rewards and more toward minimizing their own costs. A common pattern in distressed relationships is for each partner to attempt to elicit rewards from the other by means of coercion (i.e., providing negatives in order to receive positives).

The social exchange model of relationships has led to behavioral interventions for distressed couples that emphasize increasing exchanges of positive behaviors and decreasing negative exchanges. Beginning with

Stuart's (1969) "operant interpersonal" approach, behavioral marital therapists have included a variety of behavioral contracting procedures that are designed to alter couples' ratios of positive to negative exchanges (Epstein & Williams, 1981; Jacobson & Margolin, 1979; O'Leary & Turkewitz, 1978; Stuart, 1980). Methods for applying such behavior-exchange procedures in clinical practice, including the advantages and disadvantages of alternative approaches, are described in Chapter 8.

Comparison level and marital satisfaction.

Another important concept in the social exchange model is *comparison level*, whereby an individual's satisfaction with a relationship depends on the degree to which the ratio of benefits to costs is better or worse than the ratios that might be received in alternative situations (e.g., another relationship; no relationship). This concept suggests a role for cognitive processes in social exchanges, because the benefit/cost ratios that an individual perceives in alternative situations often involve expectancies that are untested until he or she substitutes the alternative for the present situation. For example, a married individual who predicts that being single would produce a better ratio of benefits to costs may find that in practice this is not so in his or her case.

Cognitions as mediators of couples' social exchanges.

Although there are some behaviors that virtually all spouses would find pleasant or unpleasant, to a significant degree the extent to which an individual experiences pleasure from his or her partner's actions is idiosyncratic. Behaviorists have long recognized that this is so by defining reinforcement in terms of whether or not providing a consequence for an individual's behavior affects the future frequency of the behavior, not in terms of the apparent pleasant quality of the consequence. In other words, one cannot assume that praising a child for cleaning his or her room serves as a positive reinforcement for cleaning behavior merely on the basis that praise seems to be a pleasant consequence. Some children may find praise very pleasurable and thus work hard to obtain more of it, but others may, for a variety of reasons, experience praise as neutral or even unpleasant. Therefore, an observer can determine that praise has served as a positive reinforcer only by noting that it does in fact lead a child to clean his or her room more frequently.

Thus, it is important that behavioral assessment and treatment procedures be guided by such learning principles that take into account the degree to which spouses' experiences of their partners' behaviors are subjective. Weiss and Perry's (1983) modification of the Spouse Observation Checklist is a good example of this point. In the original SOC, the items were categorized a priori as pleasing or displeasing by the scale constructors. In contrast, the revised SOC asks spouses to provide their own categorization of their partners' behaviors as pleasing or displeasing. Similarly, when using standardized observational systems for coding spouses' behaviors (see Chapter 5), caution should be exercised in using codes for verbal and nonverbal behaviors that were defined solely on the basis of the developers' intuitive conceptions of definitions of positive and negative behavior.

Furthermore, when couples are taught to increase particular behaviors that are presumed to be more satisfying, clinicians should be sensitive to the possibility that some spouses might not find the behavior changes pleasing. Even when spouses increase specific behaviors that their partners have *requested*, this does not guarantee that the partners will be pleased by the change, because partners may discount the new behavior (e.g., because they interpret it as insincere). As emphasized in Chapter 1 and detailed in Chapter 3, it was the recognition of the extent to which spouses' idiosyncratic cognitive appraisals influence the impact of each other's behaviors that has led to the integration of cognitive variables into behavioral theoretical models, assessment techniques, and therapeutic interventions for couples.

Thus, when applying a social exchange model of marriage, clinicians must take into account (a) rates of behaviors exchanged by a couple, (b) each spouse's subjective appraisal of how desirable or pleasant each of the partner's behaviors is, (c) the spouses' standards for what constitutes an equitable exchange, (d) their attributions about *why* the partner gives what he or she does give (e.g., "She only gives to me out of a sense of duty, not because she cares"), and (e) their expectancies about future exchanges (e.g., "If I request any further changes, he'll stop giving me anything"). In cognitive-behavioral marital therapy, spouses' subjective cognitions about their behavior exchanges are at least as important as the behaviors themselves. These cognitions are described in detail in Chapter 3.

Limitations of the social exchange model.

Although social exchange theory does seem to capture part of the dynamics of close personal relationships, and research studies have pro-

duced evidence of reciprocity between spouses, a pure economic model does not seem to account fully for marital interaction and satisfaction. First, the tendency for distressed spouses to be more reactive to immediate behavior exchanges than nondistressed spouses suggests that members of the two types of couples have developed *qualitatively different views of their relationships*. The implicit view of nondistressed spouses seems to be "I can give freely to my partner, because I know that my partner is committed to my needs as well and will give to me, if not now then soon" (the "bank account" model). Thus, during periods when the individual is receiving a low ratio of benefits to costs in the relationship, he or she does not interpret it as a reflection of an unsatisfactory marriage. In contrast, the distressed spouse seems to view his or her relationship in terms such as "I cannot trust my partner to meet my needs because my partner is unreliable, uncaring, insensitive, etc." Consequently, when this individual receives a low ratio of benefits to costs, he or she interprets it as characteristic of an unsatisfactory relationship. Of course, a benefit-to-cost ratio that becomes chronically inconsistent with a nondistressed or distressed spouse's basic view of the relationship might alter that view and the person's level of marital satisfaction.

Some basic views about one's relationship and partner, such as those described here, reflect ideas about reciprocity. Spouses whose standards concerning a "good" relationship emphasize equitable exchanges are likely to be distressed when they do not receive favorable ratios of benefits to costs. It also seems likely that such spouses would be especially distressed if they attribute the poor benefit-to-cost ratio to negative traits in their partners (e.g., insensitivity, lack of caring). Research findings about trait attributions that spouses make for negative partner behaviors (reviewed in Chapter 3) are consistent with this prediction, although they have not addressed spouses' cognitions about behavior exchanges per se.

Other standards about intimate relationships may make some spouses *more* tolerant of low ratios of benefits to costs. For example, an individual may hold to a standard such as, "If you have committed yourself to a marriage, you live with what it brings." Such a person's marital satisfaction may decrease to some extent due to an unfavorable current exchange ratio, but because of that relationship standard he or she may continue to provide benefits to the partner and accept the circumstances to some extent. Additional standards about relationships such as (a) "No one else really can make you happy in life; your happiness comes from rewarding yourself," (b) "It is selfish to focus on meeting your own needs," and (c) "My pleasure comes from making others in my life happy" (an altruistic model) also differ

from the reciprocity concept of the behavior exchange model that has been applied to couples' relationships. Consequently, it is important to consider spouses' basic relationship standards and other cognitions when considering interventions to shift the couple's behavioral exchanges toward a more equitable balance.

Finally, some spouses may not approach their relationships with pro-social values and ethics. For example, they may not establish positive reciprocity in their marriages owing to the fact that fairness and nurturance are not salient dimensions for them in thinking about a relationship with another person. In such cases, their partners' negative attributions about these individuals' characteristics may be accurate. Under such circumstances, appropriate therapeutic interventions might include (a) problem-solving training and negotiation training to help a couple agree on a pattern of exchange acceptable to both spouses, without altering their basic relationship standards, or (b) modifying the spouses' basic standards about intimate relationships (e.g., increasing the value that a nonnurturant spouse places on engaging in pleasant acts for a partner). In some cases, therapy may lead distressed spouses to decide to end their relationship, based on their realization that their partners do not share their prosocial values about being in a relationship with another person.

THE ROLE OF SKILLS IN MARITAL INTERACTION

In a well-functioning relationship, a couple is able to meet a variety of needs of each spouse (e.g., affection, self-esteem, companionship) and also accomplish a number of joint goals (e.g., raising children, running a household, sharing leisure activities). Consequently, many of the existing marital adjustment questionnaires (see Chapter 7) assess the degree to which spouses experience conflict and distress in these areas. At times a couple's failure to achieve individual and dyadic goals is determined to a significant degree by deficits in particular relationship skills. In social exchange terms, it is unlikely that spouses' interactions will provide them with satisfying benefit-to-cost ratios when they lack certain abilities to produce individual and joint rewards for each other. Thus, it is important for therapists to devote considerable effort to identifying and modifying skill deficits that appear to be impeding couples from having satisfying interactions.

In order to maximize positive individual and joint outcomes and minimize negative outcomes, a couple needs to have skills for (a) discriminating specific positive and negative behaviors that affect marital satisfaction,

(b) communicating preferences and emotions, (c) solving problems, and (d) changing chronic behavior patterns (Weiss, 1978). In addition to these general skills that can be used in any area of a couple's relationship, couples need a variety of other specific skills that are involved in particular aspects of daily life such as sexual interaction, time management, and money management. The remainder of this chapter describes the nature of these general and specific relationship skills that are the foci of assessment and modification in behavioral marital therapy.

Behavioral Discrimination Skills

Many couples who enter therapy do not conceptualize their relationship problems in behavioral terms, and they are not accurate observers of their own dyadic interactions. In other words, they do not (a) think about their problems as excesses and deficits in specific observable behaviors, or (b) notice the causal connections whereby each spouse's behaviors influence the other's actions. Weiss (1978) stresses that spouses need to be able to discriminate specific behaviors that occur between them concerning the positive and negative behaviors exchanged, the specific situations that control each spouse's behavior, and the communication options available at any point. Weiss notes that spouses commonly do not "track" (monitor) events between them and identify what behaviors produce which consequences under which conditions. Spouses are more likely to attribute global traits to their partners (e.g., "She's inconsiderate") than to identify specific excesses or deficits in the partners' behaviors (e.g., "She doesn't call me on the phone when she is going to get home late, and she rarely asks my opinion before buying things for our house"). Within a social learning model, it is crucial for therapists and their client couples to identify specific behaviors that occur too seldom or too often, as well as reinforcement contingencies that influence the rates of those behaviors. Therefore, a marital therapist must conduct an assessment of a couple's behavior exchange pattern *and* an assessment of the degree to which the spouses have the skills necessary to evaluate their own behavioral interactions.

As noted by Weiss, it is important that spouses be able to translate their global impressions of their partners into excesses and deficits of objective behaviors. Behavioral discrimination or objectification skills apply to both noncommunication behaviors and communication behaviors (described in detail later in this chapter). Concerning noncommunication behaviors, therapists need to inquire about specific acts that each spouse

experiences as pleasing or displeasing, and they need to ask each person to define global complaints in behavioral terms. When an individual does not produce clear operational definitions of complaints and preferences, it is important for the therapist to determine whether this is due to a behavioral discrimination skill deficit or a conscious decision by the individual to focus on global characteristics rather than concrete behaviors. For example, Bornstein and Bornstein (1986) note that some spouses who have romanticized views of intimate relationships may find it distasteful to translate relationship dynamics into specific pleasing and displeasing behaviors, even if they are capable of doing so. Thus, understanding couples' deficits in the use of objectification skills involves assessing both the observational skills and the cognitions of each spouse.

Concerning communication behaviors, it is important for therapists to determine the degree to which spouses are able to identify (a) that their distress and related difficulties at a particular point in their interactions are due to deficits in the communication process and (b) which specific expressive, listening, and problem-solving behaviors should be used at what times. Although many couples complain, "We can't (or don't) communicate," very often they are referring only to global unpleasant interactions rather than deficits in specific expressive and listening skills. Spouses need to be adept at noticing circumstances when particular communication behaviors would be likely to improve the quality of their interactions; for example, "I need something from you right now, and I am not getting it. I think that the problem is that I am not expressing my needs clearly and specifically enough. I'll try to do that now."

Objectification skills concerning behavioral sequences.

Even when spouses are able to define their relationship problems in terms of specific behaviors that occur in their marital interactions, they commonly take a unidirectional causal view of these events. As emphasized by systems-oriented marital and family therapists (e.g., Watzlawick, Beavin, & Jackson, 1967), clients who observe their own family interactions typically "punctuate" them in a manner that portrays their own behaviors as results of other family members' actions. Punctuation refers to the point in an ongoing sequence of interaction where an observer assumes that causation originates. Thus, even though an outside observer may notice a repetitive pattern in which one spouse's nagging alternates with the other spouse's withdrawal, the person who nags may report, "I nag *because* she withdraws," and the person who withdraws may report, "I withdraw *because*

he nags." The unidirectional causal explanations offered by both spouses do not capture the circular causality that has developed in their relationship. Because a deficit in a spouse's ability to see mutual causality in marital inter-action sequences can interfere with his or her willingness to collaborate in behavior change efforts, it is important that therapists determine the extent of such deficits and remediate them as quickly as possible. As discussed in Chapter 3, a spouse's tendency to blame the partner for relationship prob-lems may be due to cognitive factors such as biased attributional processes (which may serve the purpose of preserving the individual's own self-esteem), and it may be necessary to alter such cognitions before the individual will be able to exercise good behavioral discrimination skills.

In essence, objectification skills are concerned with behavior but are themselves cognitive (perceptual) processes. Chapter 3 includes a discussion of research studies (e.g., Christensen & Nies, 1980; Jacobson & Moore, 1981) that have indicated low rates of agreement between spouses concerning the occurrence of specific behaviors in their daily interactions. These studies appear to reflect spouses' tendencies to attend selectively to events in their relationship, noticing some and overlooking others. Clearly, it is important to determine the degree to which spouses have difficulty with behavioral discrimination owing to systematic selective attention that may require cognitive as well as behavioral interventions.

Communication Skills

Geiss and O'Leary (1981) found that both couples and marital therapists identify communication problems as the most frequent and destructive problems in distressed marriages. Although it is common for couples to tell marital therapists, "We cannot communicate" or "We do not communicate," these tend to be imprecise descriptions for communication problems, because in fact there are always messages sent between partners, even through silence (Lederer & Jackson, 1968). Consequently, a behavioral approach to couples' communication involves focusing on (a) the amount of information (facts, emotions, thoughts) that is communicated, (b) its specificity and clarity, and (c) its tendency to decrease or escalate marital conflict and distress.

Skill deficits versus performance deficits.

The quantity and quality of messages sent between spouses appear to be influenced by the degree to which spouses have particular communi-

cation skills in their behavioral repertoires and by situational variables that determine whether or not spouses employ the skills they possess. Although some spouses show evidence that they lack skill in expressing their thoughts and emotions effectively (e.g., their messages directed to a therapist are as unclear as those to their partners), others exhibit an ability to communicate well with people other than their partners. Studies by Vincent et al. (1975) and Birchler et al. (1975) indicated that distressed spouses did not communicate in negative ways with strangers, as they did with their partners. This contrast may be due to deficits in communication skills that are properties of couples rather than individuals, but it also may be due to *choices* that some spouses make to behave negatively with their partners. Such factors that may lead spouses to fail to use skills that they possess when interacting with their partners are covered more extensively in the discussion of behavioral assessment in Chapter 5. The important issue is that in order to understand problematic communication between spouses, a therapist must consider both actual skill deficits and the possibility that other factors (particularly negative cognitions) may block the use of existing skills. Consequently, the assessment of both behaviors and cognitions is crucial in preparation for therapeutic interventions with couples' communication patterns.

Quantity of communication.

Deficits in the amount of information that spouses disclose to one another (particularly regarding their subjective thoughts and emotions) are among the major targets of communication skill training. Such deficits are considered important because it is widely assumed that spouses who do not exchange much information about their preferences, attitudes, perceptions, and emotions are less likely to feel intimate and to resolve whatever conflicts they may have. This view has been reinforced by research findings indicating significant positive correlations between measures of marital satisfaction and self-report measures of communication that assess the amount of expressiveness between spouses (e.g., Navran, 1967; Snyder, 1981). There also is some evidence from behavioral observations of couples' communication interactions (Hahlweg, Reisner, Kohli, Vollmer, Schindler, & Revenstorf, 1984) that distressed spouses exchange fewer statements disclosing emotions, wishes, and needs than do nondistressed spouses. In addition, Noller (1982) found that distressed wives were more likely than nondistressed wives to want their husbands to increase their initiation of conversations and their expression of emotions.

On the other hand, Guerney (1977) reports that clients' abilities to express their emotions and thoughts subjectively (coded observationally) were not correlated with self-reports of communication quality and relationship satisfaction. Also, Raush et al. (1974) found that couples who actively avoided discussing their conflicts were not necessarily distressed. Furthermore, there is evidence that uncensored communication is more common in distressed than nondistressed relationships (Bornstein & Bornstein, 1986), and Stuart (1980) stresses the need for tact and "measured honesty" when spouses discuss material that may hurt or alienate each other. Thus, although the quality of communication between spouses has been found to differentiate distressed from nondistressed couples, there is less direct evidence that deficits in the *amount* of information exchanged is problematic. However, it is evident that in order for couples to exchange a satisfying level of positives and to engage in constructive problem solving they must express their thoughts and emotions. Consequently, marital therapists need to coach relatively unexpressive spouses to disclose more information to their partners about their thoughts and emotions. Procedures for improving expressiveness skills are described in Chapter 10. Also, because some spouses fail to express themselves owing to inhibiting cognitions (e.g., an anxiety-eliciting expectancy that the partner will react very negatively to such disclosures), it is important for therapists to determine whether a lack of disclosure is due to a skill deficit or conscious choice. Cognitive restructuring procedures (Chapter 9) will be needed to modify any cognitions that interfere with spouses' expressiveness.

Even when spouses do not have deficits in the *amount* of information that they express to one another about their behaviors, cognitions, and affects, the *specificity* and *clarity* of their messages may be problematic. Clinicians consistently have noted that couples and families frequently make vague statements that do not specify particular behaviors and emotions (Falloon, Boyd, & McGill, 1984; Gottman, Notarius, Gonso, & Markman, 1976; Guerney, 1977; Stuart, 1980). A lack of specificity can be especially limiting when a spouse wants to express dissatisfaction with a partner's behaviors, because vague descriptions of problems give the partner little information about behavioral changes that would please the other person. Furthermore, when spouses describe their complaints in global terms (e.g., attributing negative personality traits to their partners rather than specifying particular displeasing behaviors), their partners commonly respond with anger and defensiveness to the pejorative labeling. Consequently, it is important for therapists to determine the degree to which each spouse uses concrete descriptions of behaviors and specific labels

for his or her emotions when expressing messages to the partner. Brevity and specificity are emphasized in clinicians' guidelines for clear communication, such as Gottman, Notarius, Gonso, and Markman's (1976) formula, "When you do X in situation Y, I feel Z." The person expressing such a message should describe the "X" in terms of specific observable behaviors, the "Y" in terms of specific circumstances (e.g., time of day, setting, particular people present), and the "Z" in terms of the specific quality of emotion (e.g., angry, depressed, anxious) rather than imprecise global emotional labels such as "I felt bad."

Lack of clarity can also result from a variety of other communication problems, such as poor logic in a spouse's statements, dysfluencies, frequent topic shifts, overgeneralized statements, and inconsistencies between verbal and nonverbal communication channels (Bornstein & Bornstein, 1986; Falloon et al., 1984; Stuart, 1980; Thomas, 1977). Concerning verbal-nonverbal inconsistencies (e.g., a spouse says, "I am not angry!" through clenched teeth), recipients of such mixed messages commonly give greater weight to the nonverbal behavior (Mehrabian, 1972). Nevertheless, it often is difficult for spouses to interpret inconsistent messages clearly. This problem is even more serious when the members of a couple fail to "meta-communicate" about inconsistent messages; that is, they do not tell each other that an inconsistent message has been sent and ask for clarification.

Although misunderstandings between spouses often are due to unclear expression of messages, it also is important to determine whether the confusion may arise at the recipient's end. Noller (1984) notes that inaccuracies in communication can be divided into those involved in *encoding* (the sender does not express his or her intended message clearly) and those involved in *decoding* (the receiver does not recognize the message's cues accurately). In Noller's marital nonverbal communication research, spouses were videotaped while sending each other specific messages. In each case, the sender was given standardized verbal content (e.g., "I'm cold, aren't you?"), plus instructions to convey a positive, neutral, or negative message with those words. Thus, the accurate communication of a message depended on the vocal qualities and nonverbal behaviors (e.g., facial expressions) used by the sender and "read" by the receiver. Each message sent was considered to be "good communication" if at least two-thirds of a group of independent raters correctly identified the message intended by the sender, or "bad communication" if less than two-thirds of the judges identified it correctly. Consequently, an encoding error by a couple was defined as a sender's bad communication that was decoded

incorrectly by the partner, and a decoding error was a sender's good communication that was decoded incorrectly by the partner.

Among Noller's (1984) findings with this methodology were that (a) the tendency for more inaccuracies in the communication of messages among distressed than among nondistressed couples was due more to encoding than to decoding errors; (b) wives (distressed as well as nondistressed) tended to be better encoders than husbands, especially when sending positive messages; (c) more decoding errors occurred with neutral than with positive or negative messages; (d) wives' decoding errors tended to involve seeing their husbands' messages as more positive than intended, whereas husbands' decoding errors tended to involve seeing their wives' messages more negatively; and (e) distressed husbands made more encoding and decoding errors than nondistressed husbands, whereas distressed and nondistressed wives' encoding and decoding were comparable. Noller (1984) provides an extensive discussion of this marital communication research, as well as related studies by herself and other investigators. Findings concerning spouses' encoding and decoding errors can be useful in guiding marital therapists' assessments of deficits in couples' exchanges of information about their thoughts and emotions. For example, it is important to determine whether a particular husband tends to decode his wife's communications as more negative than she intends, and if so, to plan interventions that can reduce his perceptual bias.

In regard to factors that might interfere with accurate decoding of messages, Guerney (1977) has emphasized that effective communication requires a receptive and attentive listener as well as an individual who expresses clear, specific messages to the listener. There can be incomplete or distorted communication if a listener is distracted or has a biased "filter" for understanding incoming messages. For example, Guerney stresses that in order to listen well an individual must refrain from expressing opinions, judgments, and advice while attempting to receive messages from another person. Aside from the fact that such responses would disrupt the expresser's train of thought, it is unlikely that the listener would be capable of assimilating information at the same time that he or she was thinking and talking about other matters.

Gottman, Notarius, Markman, Bank, Yoppi, and Rubin (1976) found that whereas distressed and nondistressed couples did not differ in how positive versus negative they intended their messages to be, distressed spouses rated the *impact* of their partners' messages as more negative than did nondistressed spouses. Floyd and Markman (1983) found that distressed wives rated the impact of their husbands' messages more negatively than

did independent observers, whereas distressed husbands rated the impact of their wives more positively than did the observers. Separate objective coding of the couples' communication samples indicated that the distressed wives actually exhibited more negative communication behaviors than their husbands. Thus, it appears that the distressed husbands were engaging in selective inattention to their spouses' negative behavior, whereas the distressed wives' negative perceptions of their spouses' behaviors were influenced by their *own* negative feelings about the husbands.

Although there are some discrepancies in the findings about sex differences in decoding biases between the Noller (1984) and Floyd and Markman (1983) studies, taken together they indicate that there may be processes occurring in listeners that color their perceptions of their partners' messages. Weiss (1980) has described a process of "sentiment override" (discussed further in Chapter 3) by which an individual's perception of the positive or negative quality of a partner's messages depends on the recipient's overall positive or negative feelings about the partner and relationship. Consistent with this view, Weiss, Wasserman, Wieder, and Summers (1981) found that even after they controlled statistically for objectively coded positive versus negative couple communication behaviors, 25% to 50% of spouses' positive versus negative ratings of their partners' communication were due to their own satisfaction with their marriages.

Markman (1979, 1981, 1984) conducted a longitudinal study that indicates that communication problems are predictive of future marital distress. He assessed premarital couples' intent and impact ratings of their communication and found that the impact ratings (but not initial intent ratings or relationship satisfaction) significantly predicted marital satisfaction both 2½ and 5½ years later. Unlike the Weiss et al. (1981) study, there was no significant correlation between relationship satisfaction and communication impact ratings at the initial premarital testing session. However, this may have been due to the fact that Markman's initial assessment was conducted at the premarital stage, when the couples may not have developed the type of pervasive "sentiment" about their relationships that Weiss (1980) describes acting as a perceptual filter when spouses view their partners' current communication.

In summary, research findings regarding the encoding and decoding of marital communication indicate that when attempting to understand a couple's misunderstandings, it is important to investigate the degree to which it is a problem of unclear expressiveness by one party or ineffective listening by the other party. Spouses' errors in decoding their partners'

messages might be due to their own systematic perceptual biases that may need modification if the couple's communication process is to be improved.

Constructive and destructive forms of communication.

Marital theorists and clinicians have for many years proposed that particular types of communicative behaviors are constructive, whereas others are distressing and exacerbate conflict. Consequently, marital researchers have conducted many studies intended to identify which behaviors truly are associated with marital distress. Two major strategies have been used to identify specific behaviors that may detract from or enhance marital satisfaction: (a) comparison of base rates of particular behaviors in groups of distressed and nondistressed couples, and (b) sequential analyses for identifying any dyadic interaction *patterns* that distinguish distressed from nondistressed couples (Baucom & Adams, 1987). The first strategy involves simple frequency counts of the behaviors of interest, whereas the second involves calculating conditional probabilities that certain behaviors by one spouse will be followed by particular behaviors by the partner. Most commonly, the data used for both types of analyses have been generated by having couples engage in a structured discussion (e.g., with the goal of solving a specific problem in their relationship) and having trained observers code each spouse's responses according to a standard system such as the Marital Interaction Coding System (MICS; Hops, Wills, Patterson, & Weiss, 1972; Weiss & Summers, 1983) and the Couples Interaction Scoring System (CISS; Gottman, 1979; Notarius & Markman, 1981).

Base rate studies generally have indicated that distressed couples exhibit more of the negative communication behaviors and fewer of the positive communication behaviors tapped by the observational coding systems (Birchler et al., 1975; Gottman, 1979; Gottman et al., 1977; Revenstorf et al., 1984; Schaap, 1984; Vincent, Friedman, Nugent, & Messerly, 1979; Vincent et al., 1975). Gottman et al.'s (1977) finding that nonverbal affect codes differentiated distressed from nondistressed couples more strongly than did verbal content codes indicated the importance of including nonverbal behaviors in such studies of marital communication. Margolin and Wampold (1981) found that nondistressed couples exhibited significantly more MICS positive behaviors than distressed couples, but the groups did not differ on negative behaviors. Robinson and Price (1980) examined only positive behaviors and found no difference between