An Integrative Model of Marital Therapy Based on the Psychoanalytic Behavioral and Systems Approaches

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AN INTEGRATIVE MODEL OF MARITAL THERAPY BASED ON THE PSYCHOANALYTIC, BEHAVIORAL AND SYSTEMS APPROACHES

by
Dennis L. Mulder

A dissertation
Submitted to the
Faculty of The Graduate College
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requirements for the
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The Integrative Model of marital therapy is a synthesis of the theoretical constructs of the psychoanalytic, behavioral and systems approaches. Relevant literature of the selected approaches is reviewed. The concepts of marriage, marital conflict and marital therapy of each approach are described. The Integrative Model is based on three assumptions and six propositions. The Integrative Model attempts to interpret the intrapsychic dynamics of intimate relationships in a data language suitable for empirical study. It attempts to define the relationship between internal and external determinants of behavior. It proposes a method of intervention consistent with the cognitive/behavioral conceptual model and procedures for perceptual/behavioral change. The conceptual formula for the Integrative Model is

\[ R = f (P_1) (P_2) E \]

which reads that a marital relationship is the function of the interaction of two evolving individuals within an environmental context.
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Western Michigan University

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Dennis L. Mulder
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CHAPTER I

INTRODUCTION

Marriage is a process involving two individuals who have complex and ever changing sets of beliefs and behaviors. Consequently, continuous and perfect harmony in a marriage relationship is virtually impossible. Regardless of whether it is experienced frequently or infrequently, conflict is probably an inherent and inevitable consequence of two individuals engaging in a close, intimate relationship such as marriage.

(Huber, 1984, p. 71)

Marriage, marital discord and therapeutic intervention are the focii of this study. The inevitability of marital conflict requires an acceptable conceptual framework for the understanding of what marriage is, what are the causes of marital disharmony, and what are the means of a therapeutic process to establish positive changes in an unhealthy relationship.

A review of relevant professional literature resulted in the identification of four needs for research in the area of marital therapy (Glick, 1955; Lederer & Jackson, 1968; Manus, 1966; Olson, 1970; Prochaska & Prochaska, 1978):

1. The need in our society for marital therapy to aid distressed couples.

2. The need for professional counselors to provide that therapy.
3. The need for an adequately trained mental health professional so that the therapy will be efficacious.

4. The need for a theory of marital therapy, with associated techniques, that will provide a conceptual framework out of which that trained professional may operate.

That married couples in America experience stress and conflict is unquestionable. The freedom movements of the 1960's, '70's, and '80's have brought about sweeping changes in our society affecting nearly every social institution. New freedom of sexual identity and expression has been initiated. Changes from traditional sex role models have been ardently and painfully inaugurated. Further changes have occurred in economic conditions. Nearly half of all women 16 years of age and older now are employed outside the home, accounting for approximately one-half of the national work force. (Statistical Abstract of the U.S., 1984) These socioeconomic changes have resulted in a dramatic change in the stereotypical female role. Women have become less dependent upon the financial support of their husbands and more self-sufficient. Changes have occurred in the amount of time husbands and wives have to spend together, and further changes have occurred in child rearing patterns and financial decision making. All of these changes and
more have resulted in a high (though unmeasured) level of marital stress. For many this stress has led to discord and eventually to the dissolution of the marital relationship. Though 2.4 million marriages began in the United States in 1983, more than 1.2 million marriages were ended by divorce. Since 1960, the rate of divorces has increased from 2.2 divorces per 1,000 population to 5.3 divorces per 1,000 population in 1980. It seems clear that governmental policies, the developing ethos of individualism, the women's movement, the high divorce rate, changing population trends, world events, and inflation have all had the impact of bringing stress to the marital relationship (Gramo, 1980). Therapeutic intervention can provide needed assistance to reduce and resolve marital discord.

Who should provide this intervention? Though it is often the case that the extended family and friends become involved in a couple's relationship problems, many couples turn to a professionally trained therapist for assistance. Though physicians, clergymen and educators may be approached for professional help, the three most common providers of therapy to the maritally troubled are psychologists, social workers and psychiatrists (Olson, 1970). There is a need and our society demands a therapist who is able to offer professional therapeutic intervention to those experiencing marital distress.
But there is also a need for these professionals to be properly trained to treat relationship disturbances. A marital therapist presented with a couple in distress is quickly faced with a baffling complexity of data: each spouse's personal history and signs of pathology; the history of the shared relationship; the individual meanings of shared events; current observable patterns of individual behaviors and interactions between spouses; and the willingness/resistance of each spouse to realize change, both personal and relational (Segraves, 1978).

However, few professionals are trained in the peculiarities and special challenges of marital therapy. In a national survey reported by Prochaska and Prochaska (1978) it was found that only 7% of approved Ph.D. programs in clinical psychology, 18% of approved Ph.D. programs in counseling psychology, and 19% of accredited social work schools offered seminars or practica concentrating on marriage and marital therapy. Though exact figures were not available, it was estimated that figures for psychiatric training programs would be lower.

There is a need for an adequately trained professional to perform the service of marriage counseling. A select panel of approved supervisors of the American Association of Marriage and Family Therapists (AAMFT) recommends the following curriculum for training marital therapists: 25 semester hours in theories and techniques of individual
and group psychotherapy, 18 semester hours of normal/abnormal growth and development, 14 semester hours of specific theories and techniques of marriage and family therapy, 22 semester hours of supervised clinical marital therapy practice, 5 semester hours of ethics and professional development, 7 semester hours of statistics and research methodology, and 4 semester hours of other applicable areas--for a total of 110 semester hours (Winkle, Piercy & Hovestadt, 1981).

Finally, there is a need for an acceptable theoretical framework to guide the clinician's interventions and recognize his perceptions (Olson, 1975). Indeed, it has been asserted that marital therapy is a therapy in search of a theory (Manus, 1956; Olson, 1970). The National Institute of Mental Health lists 130 therapies available to the clinician and general population--nearly all of which are for the individual or group (Winkle, et al., 1981). Attempts have been made to apply the theoretical principles of individual intervention models to marital therapy--primarily psychoanalytic/psychodynamic, behavioral, and systems approaches.

Marital therapy, like all psychotherapy, began in the cradle of the psychoanalytic theory and psychoanalysis (Sager, 1966). Though married couples were seen in many private offices, the first clinics in the United States to begin serving couples with problems opened in the
1930's. Abraham and Hannah Stone founded the Marriage Consultation Center in New York City in 1930. The Marriage Council of Philadelphia was established by Emma Mudd in 1932. Paul Popenoe started the American Institute of Family Relations in 1939. In England at about the same time the National Marriage Guidance Council was organized by David Mace. In 1942 a small group of marital therapy pioneers organized the American Association of Marriage Counselors which in 1970 was expanded into the American Association of Marriage and Family Therapists (Olson, 1970).

Since psychoanalysis was the predominant theoretical approach, focus was concentrated on the therapeutic treatment of the pathology within individuals. Oberndorff (1939) described the psychoanalysis of couples treating each spouse consecutively. Mittelman (1948) published a definitive paper on the concurrent psychoanalysis of married couples, that is, treating each spouse at the same time but separately. Because of the continuing influence of psychoanalysis and psychoanalytic theory, concurrent marital therapy remained the most widely used practice for treating couples through the 1950's and into the 1960's. Even as late as 1973 it was reported that concurrent therapy was the most common form of marital therapy (Prochaska & Prochaska, 1978).
However, two movements began separately and simultaneously in the late 1960's. The theoretical principles of behaviorism and general systems theory were applied to marital discord and intervention. Stuart (1969) was the first to apply operant learning principles to marital therapy. He was followed by Weiss, Hops, and Patterson (1973) and by Turkewitz and O'Leary (1976). Behavioral theory applied to marital therapy spread widely among the professional community and is widely used today primarily because it has been found to be a brief and efficacious form of therapeutic intervention.

Though principles of an organismic approach to biological problems was first proposed in 1928 by Baron Ludvig von Bertalanffy (1968), (the title General Systems Theory was not attached until 1945), the application to marital therapy was not made until 1967 by members of the Mental Research Institute in Palo Alto, California. This group included such theorists as Jackson, Bateson, Watzlwick, and Sluzki. This new and unique approach to marital therapy has received limited exposure and application to marital therapy in the professional community. However, its theoretical principles are being given widespread consideration for their application to a conceptual framework of marital therapy (Gurman, 1978).
These are the three main theoretical systems selected by the writer because they have influenced the practice of marital therapy—psychoanalytic/psychodynamic, behavioral, and general systems. Each of these theoretical systems offers the clinician a vantage point of observation, a differing set of explanatory concepts, and a suggested format for therapeutic intervention. They represent steps in a movement toward a unified theoretical system that relates therapeutic interventions into marital interactional systems with individual psychopathology. For the purposes of this research it will be necessary to categorically define the fundamental principles of these approaches, with little or no attention given to their derivatives:

A brief overview of each of the selected primary theoretical systems and their application to marital therapy begins of course with the psychoanalytic approach. In the earlier days of psychoanalysis, marriage was seen as an institution of socialization, a social means of controlling human sexual and aggressive drives. That view was modified toward marriage as a relationship revolving around the concept of complementarity of needs (Mittelman, 1944, 1948). People selected mates and entered into marital relationships to gratify
certain innate needs. This concept of complementarity of needs is also the basis for marital discord when the individual's needs are not satisfied. Through principles of identification, projection, unconscious conflict, perceptual distortions, marital conflict is described in terms of the role of individual psychopathology as a primary concern. Therapeutic intervention focuses on the individual psychopathology and through psychoanalysis attempts to establish transference neurosis that occurs in the marriage in the therapist's office. This model emphasizes the evolution of the transference phenomena as one of the major curative mechanisms in psychoanalysis (Kaplan 1976).

A variety of techniques have been used in this psychoanalytic approach to marital therapy: concurrent marital therapy (as already described above); conjoin marital therapy (seeing both spouses together during all therapeutic sessions); combined marital therapy (mixing concurrent and conjoint sessions); collaborative marital therapy (the use of two therapists each seeing a spouse separately and then consulting together); collaborative combined therapy (use of separate therapists with all four meeting regularly for joint sessions); concurrent group therapy (spouses meeting in separate therapy groups); and conjoint group therapy (spouses
meeting in the same therapy group) (Prochaska and Prochaska, 1978). This theoretical approach will be described in greater detail in Chapter II.

The behavioral approach was applied to marital therapy at a time when there were two major focii within the behavioral theoretical system: Wolpe's counter-conditioning techniques (Wolpe, 1958), and Lindsley's contingency management (Lindsley, Skinner & Solomon, 1953). Social and environmental determinants were used to explain mate selection and choice of a marital relationship. Marital conflict was seen as the result of an unfair exchange of reinforcements, excessive cost for the reinforcements gained, a strategy for minimizing personal costs in the face of little expectation of mutual reward, withdrawal or reduced interaction due to a lack of mutual reinforcement, and/or the use of aversive and coercive controls to modify each spouse's behavior (Stuart, 1969).

Behavior techniques in marital therapy have evolved from the use of classical respondent conditioning model (desensitization, assertiveness training), and the operant instrumental conditioning model (contingency contracting) to one which integrates these two models with Stuart's (1969) application of a social exchange model of relationships. The resulting procedures include
counterconditioning techniques when anxiety related marital problems are presented. Contingency management techniques such as negotiation and compromise and cognitive processes such as re-labeling and reinterpreting particular behaviors of each spouse. This theoretical approach will also be discussed in Chapter II.

The third major theoretical system applied to marital therapy is the general systems theory. Marriage from this perspective is not seen from the viewpoint of individual psychopathology or intrapsychic dynamics, nor from environmental determinants, but from the perspective of a system of interactions and transactions between two closely related individuals. Marriage is more than a sum of its parts: it is a system within other systems kept in balance by a delicate set of mechanisms that generally allow change in a system to occur in an orderly and controlled manner. Concepts of wholeness, homeostasis, and circular causality lead to dynamic interactions, the disruption of which leads to marital conflicts (Watzlewick, Beavin & Jackson, 1967).

System theory techniques in marital therapy focus on the use of verbal and nonverbal communications to effect change in a relationship (Sluzki & Ransom, 1976). Since communication is understood as the primary form of interactions and transactions, communication training
is the primary technique in controlling and changing an established system. Communication training is aimed at trying to change interactional patterns in order to change the rules of the system or change the rules in order to allow changes in disruptive interactional patterns. In this manner interactional patterns that govern a marriage are controlled and altered to re-establish wholeness and homeostasis. Marital systems theory will be thoroughly presented in Chapter II.

Overview of the Research

In this study the three selected theoretical systems will be discussed as they have been applied to marital therapy (Chapter II); an integrative theoretical model will be presented which is built on the foundational groundwork of differing approaches to treatment of marital discord (Chapter III); and finally a critique of the integrative theoretical model and future research considerations will be suggested (Chapter IV).

Chapter II will be literature review presenting the major principles of the three selected theoretical systems regarding the conceptual framework of marriage, the causes of marital dissatisfaction, and concepts of intervention and change.

The presentation of the integrative theoretical model in Chapter III will follow the same format: a framework for conceptualizing marriage, an investigation
into the causes of marital disharmony, and a discussion of how couples change via therapeutic intervention.

Chapter IV will include a summary and critique of the integrative theoretical model. In addition to this format implications and recommendations for future development and research will be presented.

This study is limited by the selection of the three approaches as the bases for the Integrative Model. An integrative theoretical approach has been selected for several reasons. As compared to a specific theoretical school (such as psychoanalytic or behavioral), an integrative approach draws from a broad theoretical base and as such it can explain human behavior in a more thorough manner accounting for a wide range of human behavior and offering a variety of therapeutic interventions. Invariably major theoretical schools are slanted to a single framing of human experience to the relative ignorance of other factors. In this way they are limited conceptions. For example, the psychoanalytic model focuses primarily on individual psychic dynamics and psychopathology to the relative exclusion of environmental and interactional factors.

An integrative approach allows for flexibility in the treatment of marital discord allowing the clinician a wide range of choices of treatment modality--thus
generating the possibility of treatment efficiency and the acceptability of treatment by the client. A clinician bound by one conceptual framework, one approach to a presenting problem, and one set of therapeutic solutions necessarily limits his range of impact. The integrative approach affords the possibility of efficiently dealing with the presenting problems and the needs of the individual and/or couple because it allows the clinician to adapt the treatment program for the specific problems and needs.

A third reason for selecting an integrative approach is that it is applicable to a broad client population. The clinician who can draw upon a wide array of techniques can select an intervention strategy that best fits the client's personality and needs. A clinician using an integrative approach is able to offer a therapeutic intervention that blends his own personal conceptions of problem development and change with his own personality characteristics.

An integrative theoretical approach combines the major benefits of the specific approaches. What is emphasized is the ability of a clinician to draw from the diverse strengths of the other theoretical approaches and minimize their weaknesses. An integrative approach in addition possesses the flexibility to readily adapt
to include new techniques that have been proven to be effective (Lebow, 1984).

It is for these several reasons that this study focuses on an integrative theoretical model for marital therapy. Yet it is also understood that there are criticisms of integrative approaches that cannot be ignored. Integrative approaches may lack the rigor, consistency, and clear principal focus found in the various theoretical schools already mentioned. Integrative treatments have been criticized for attempting to work with all possible aspects of a problem and thus too many aspects, having grandiose goals of creating fully functioning marriages overnight, or implying that there exists a correct combination of treatment interventions for every marital situation. All these are potential criticisms of the integrative theoretical approach. Of greatest concern in this study is the caution that integrative approaches may be too complex and too difficult for the clinician to master. Marital therapy is in its infancy stage of development, being less than half a century old; there is much research and development to be done before it can take on the stature of a mature, theoretically sound, efficient theory or therapy. It is hoped that this study of an integrative theoretical model to marital therapy will
be a step in the direction of that growth--a step in the direction of preparing a thoroughly trained clinician with a conceptually sound theoretical framework for performing therapeutic marital intervention.
CHAPTER II

OVERVIEW OF SELECTED APPROACHES AND LITERATURE

Psychoanalytic Approach

Psychoanalytic therapy evolved as a conceptual system and a methodology to be employed in both the study and treatment of individual psychological abnormalities (Segraves, 1982). Marriage, marital discord and marriage therapy per se have not been of primary interest to most psychoanalytically-oriented therapists. The psychoanalytic model stresses the role of individual psychopathology in the marital partners as the etiological factor for marital conflict. The conceptual and methodological focus on intrapsychic dynamics and motivation was initially formulated in the pioneering work of Sigmund Freud. However, in the course of the evolution of psychoanalytic thinking, a gradual shift has occurred from the intrapsychic to incorporate the concepts of object relations theorists and developmentalists toward a more interpersonal and socialized perspective. In fact, three significant theoretical movements have been predominant in the development of a psychoanalytically-based approach to marital therapy: (a) the formulation of classical Freudian principles of psychic functioning and human behavior, (b) the contributions of the British Psychoanalytic
School emphasizing object relations theory; and (c) the Eriksonian elaboration of the developmental sociological dimension of an evolving ego psychology (Meissner, 1978). The core concepts of each of these movements will be described first followed by methodological applications to marital therapy.

**Freudian Principles**

Psychoanalytic theory conceptualized the human mind as operating from Freudian principles. The term Freudian refers not only to the ideas of Freud himself but also to those post-Freud followers who expanded his basic concepts. Psychoanalytic theory viewed the functioning of the mind as the expression of conflicting psychic forces. Some of these forces are conscious; others, the major forces controlling human behavior, are unconscious (Ackerman, 1958). Conflict is an inexorable dimension of the human condition reflecting the inherent contradiction in man's dual nature as a biological animal and a social being. Conflict, in psychoanalytic terminology, can be understood as a triad involving (a) the hidden impulse, (b) the anxiety and (c) the defense (Segraves, 1982).

Man's biological inheritance is instinctual
drives. The first is the satisfaction of basic narcissistic impulses, principally sex and aggression (Freud, 1914/1958). If left to basic impulsive urges, man would be motivated toward gratification of these drives without inhibition. Freud described this dimension of the human mind in the metapsychological concept of the id. The second closely related concept is a fundamental principle of psychoanalytic theory, that being the pleasure principle (Freud, 1912/1958). The concept of the pleasure principle is that human psychology is governed by a tendency to seek pleasure and avoid pain. This principle is not only patently and overwhelmingly dominant in the first years of life but is operative throughout life. The earliest experiences of pleasure (gratification) and pain (frustration) play a crucial role in shaping each individual's psychological structure.

In opposition to these biological impulses is that dimension of man's nature as a social being. Living within the context of a family, local and world communities, man's behavior is governed by societal rules of acceptability and prohibition. These rules, at first externalized in authority figures, then becoming internalized as the conscience, become the second metapsychological concept proposed by Freud, the
superego. The superego provides a check to the impulsive nature of the id with permissions or sanctions relative to human behavior. It becomes the task of the ego, the third metapsychological concept of the human mind, to mediate the conflict between the urges of the id and the prohibitions of the superego. These conflicts, often unconscious, are assumed by the psychoanalytic therapist to lead to internal anxiety and to underlie behavioral and interpersonal difficulties. The individual attempts to deal with or avoid the internal anxieties by the use of various defense mechanisms such as repression, reaction formation, rationalization, projection, conversion, and regression (Patterson, 1980). The individual's relative success in the employment of these defenses determines the extent of emotional conflicts and his/her functioning as a person individually and interpersonally. Should the individual's defenses prove ineffective, psychic or psychological symptoms develop which deter the individual's ability to function normally.

Psychological symptoms result from the persons' attempt to adjust to unconscious intrapsychic conflicts and to signal anxiety that is generated from these conflicts (Freud, 1926). These symptoms serve three purposes: (a) to economize the mental effort needed to
resolve the intrapsychic conflict, (b) to alleviate the anxiety, and (c) to avoid the dangers signaled by the anxiety (Meissner, 1978). The symptom is a secondary adaptive phenomenon representing a reaction to the primary psychological cause of the psychological problem, a reaction of the ego to the instinctual demands of the id and the moralistic demands of the superego. Patterns of psychological symptoms result from an unconscious force drawing the mind away from a specific object while other influences are attracting the mind toward the same subject in an approach-avoidance struggle. This concept, that there are simultaneously existing opposing forces toward and away from a specific object, is basic to psychoanalytic theory.

Of paramount importance to the psychoanalytic psychotherapist is the significance of infancy and the effect of familial influences on the development and shaping of the individual's personality and the evolution of psychopathology (Ackerman, 1958). Early childhood psychic development determines psychological functioning throughout life. According to classical Freudian theory, early development is divided into four phases of instinctual life: oral, anal, phallic and latent. Each phase focuses on the gratification of instinctual impulses and involves a
characteristic situation of danger that may evoke intense displeasure, anxiety and conflict.

The oral phase is so called because its chief source of libidinal pleasure centers around feeding and the oral organs. Gratification of oral needs from feeding brings about a state of release from the tension of hunger and induces sleep. The basic orientation of the psychic apparatus is accepting what is pleasurable and expelling what is not. The greatest danger (potential source of anxiety) in this initial phase is the unavailability or loss of the need satisfying object (mother), which causes intense frustration of the libidinal impulses. This phase extends from birth throughout the first eighteen months.

From the ages of eighteen months to three years is the anal phase. The main source of libidinal gratification and pleasure involves activities centered around retaining and passing feces. Interest in the bodily processes and in the smelling/touching/playing with feces is paramount. The first experience with self-control on the part of the young child is experienced as well as the imposition of demands from the parents for control on the part of the child. After the conceptualization of the mother as an independent and demanding entity develops, the psychic danger consists
of losing the mother's love if the child does not comply with her demands.

The third or phallic phase begins after the third year of life and focuses on the genitals as the main area of libidinal gratification. Greater interest in sexual bodily functions and awareness of gender differences is connected with the pride and pleasure of showing off one's body and looking at the body of others. The danger characteristic of the phallic phase is referred to as the fear of castration, specifically the fear of injury to the body and the sexual organs. This is produced by the prohibitions regarding sexual activity imposed by the controlling culture and the fear of retaliation or punishment for forbidden sexual and aggressive wishes.

At first, the instinctual libidinal drives center on the self, a state referred to as narcissism (Freud, 1921/1955). As other persons (initially the mother, then other significant persons) come to be appreciated as sources of sustenance, protection and gratification, some of the energy of the libidinal drives is vested on mental representations of these significant others, typically referred to as love objects or, simply, objects. Though the human personality retains a considerable amount of childish self-centeredness
throughout its history, the capacity to need others, to love, to want to please, and to want to become like others is a significant indicator of psychological maturity. The quality of relations with objects during the early years of life are decisive in shaping the capacity to love and identify with others. Any disturbance in this process at any developmental level because of traumatic experiences or poor object relations contributes to forms of intrapsychic and interpersonal pathology.

Valued objects to whom a person looks for gratification of needs become also the objects of frustration, disappointment, and inevitably, conflict. The instinctual impulses of childhood, as demanding as they are, can never be fully gratified. Inexorably, relations with important objects become an ambivalent mixture of love and hate. These feelings reach a climactic crisis with the Oedipal longings of the phallic phase, intense erotic feelings for the parent of the opposite sex, and a hostile, competitive orientation toward the same-sex parent. Under favorable conditions, the Oedipal wishes are given up (repressed) and an identification with the same-sex parent is affected, including moral standards and prohibition. However, these Oedipal impulses continue to exert an important influence on mental life--
on the forms and objects of adult sexuality, on creative, artistic and vocational activities, on character formation and whatever neurotic symptoms the individual may later develop.

The latency phase follows the passing of the Oedipal complex. Socialization and education in preparation for adult identity ensues. Conflicts of childhood are renewed and more adult attempts are made to resolve the conflicts. Through successful resolution of these conflicts, the individual solidifies his/her adult identity regarding sexual role, moral responsibility and career preferences.

However, unconscious wishes and unresolved libidinal conflicts remain dynamic, though unconscious. These impulses (libidinal and aggressive) and conflicts may at times overcome the repression instituted to constrain them. Under such circumstances, the ego may employ mechanisms of defense to ward off the unpleasant effect of anxiety. Unsuccessful resolution of intrapsychic conflicts eventuates in neurotic illness and neurotic character traits, inhibitions, sexual perversions and patterns of behavior of a neurotic and self-defeating nature (Meissner, 1970).

The understanding of intrapsychic conflicts and the functioning of the id, ego and superego become the
basis for a conceptualization of marriage and marital discord. Forces involved in mate selection, marital satisfaction and dissatisfaction are considered in classical psychoanalytic theory to be unconscious and based on how the individual has resolved intrapsychic conflicts. The most inclusive perspective of these unconscious operative factors is that of complementarity of needs (Mittelman, 1944, 1948; Oberndorf, 1938).

Winch (1952, 1955) proposes that through a homogamy of social characteristics, a field of potential mates is established and through a heterogamy of motives, a mate is selected. These motives are termed need complementarity or, more specifically, unfulfilled personality needs. Each of the partners seeks, with varying degrees of conscious or unconscious attention, a mate who promises to provide optimal gratification of usually unconscious, predominantly narcissistic, libidinal needs.

Dicks (1967) referred to the process of mate selection based on complementarity of needs as "collusion" but he described it as a process operative throughout the history of the marital relationship. He viewed collusion as a process involving the active (yet unconscious) collaboration of the two marital partners whereby each partner chooses the other and enters an implicit agreement to choose the other on the basis of
one's own unfulfilled needs. An implicit "contract" is formed to meet the unfulfilled needs of the one chosen. Further, this contract is an implicit agreement that each partner will join with the other to protect each partner from those aspects of intra- and inter-personal experience that evoke conflict anxiety. The contract is oriented toward the maintenance of each partner's consistent self-perception, to see the partner as the partner needs to see himself/herself. Collusion is geared toward anxiety reduction and avoidance of intrapsychic conflict residual from childhood. However, according to Dicks, collusion may be viewed as a potentially growthful collaboration, an adaptive attempt to resolve conflict and satisfy unfulfilled personal needs through specific relationships.

Despite the growth-oriented purposiveness of need complementarity, the potential for conflict in the marital relationship exists. In fact, the same personal characteristics (potential for need fulfillment) that initially attract one person to another may become the overt focus of marital conflict. When spouses sense the reality of whom their mates really are (rather than as they perceived them to be in hopes of need fulfillment), when it becomes apparent that the love object is unable to gratify the repressed needs so that
unresolved childhood conflicts are re-evoked, re-enacted in marital conflict and within subsequent intensification of anxiety.

Another major force in the choice of a marital partner and the occurrence of marital discord is idealization. Freud (1921-1955) described idealization as an unconscious defensive process whereby the ego represses ambivalent feelings towards the love object and consciously perceives only the satisfying aspects of the mate. Interpersonal conflict begins with the return of the repressed so that the complementarity which initially appeared to be and was felt as non-ambivalent now becomes reattached to intrapsychic conflicts surrounding the individual's felt needs and impulses.

Object Relations Theory

The Object Relations school of thought represents an evolution of the Freudian concept of love objects. Proponents of this theory include Fairbairn (1954), Guntrip (1969), Mahler (1975), and Winnicott (1962). Whereas with classical Freudian thought the objects were mental representations to which energy of libidinal forces was vested, the object relations theorist focuses on the subject-object relationship as the means by which an individual develops a sense of self-identity as unique and distinct from others. It represents a
shift from early Freudian psychobiological instincts to the ego or self. "Object-relational thinking is the gradual emergence to the forefront of what was always the real heart of Freud's revolutionary approach to mental illnesses, that is to say mental disturbances that are not specifically the result of physical causes, but profound disturbances of the normal courses of emotional development of human beings as persons" (Guntrip, 1971, p. 194).

From this neo-psychoanalytic perspective, the development of the human personality is a complex process which takes place through a sequence of phases involving repetitions of increasing differentiation and integration, or as Mahler describes in individuation and separation (Mahler, Pine & Bergman, 1975). The infant begins life in a state of symbiotic unity with the significant mothering figure who becomes an internalized object. Through a progression of developmental steps the individual is gradually able to separate from this symbiotic dependence and establish an independent and relatively autonomous separate psychic existence (Guntrip, 1969). The successful negotiation of this process of separation and individuation leads in the direction of a progressively more differentiated and internally integrated organization of the sense of
self (Mahler et al., 1975). This gradual establishment of a personal identity reflects the unique psychological organization of that developing individual and provides the foundational bases for successful resolution of developmental crises and the inevitable conflicts and complexities of adult human life.

The successful outcome of this separation-individuation process depends on the establishment of libidinal object constancy which implies the capacity for relationship and the maintenance of attachment to and regard for the object through all the vicissitudes of affective change--gratifications, frustrations, libidinal wishes, aggressive assaults and disappointments (Mahler et al., 1975; Meissner, 1978). It implies the capacity to delay gratification, tolerate frustration and maintain ego functioning. This process leads toward establishing a coherent and cohesive sense of self which becomes the basis for one to establish and maintain a sense of self different from others and a sense of separation between self and others. One of the marks of a mature personality (a successfully individuated person, from this viewpoint) is the capacity to tolerate separateness and differentness of important emotionally involved objects. And beyond this tolerance, the individual with a relatively mature and secure sense of identity is capable of accepting and
valuing this separateness and difference.

Another of the significant features of the mature and individuated personality is the fact that his/her emotional functioning is contained within the boundaries of his/her own self. He/She is able not only to maintain a clear sense of self differentiated from others (personality boundary) but also to buffer himself/herself from the emotional experiences of others (emotional boundary). This characteristic of the integrated personality to contain the flow and communication of feeling is of utmost importance for the understanding of interpersonal dynamics within the marital dyad.

The failure to achieve a differentiated sense of self identity results in the developing individual remaining intensely emotionally attached (unseparated) from love objects in the family. In this dependence on and emotional attachment to the childhood love object, there is a lack of an individuated sense of self that is separate and different from the object, a fusion, and a blurring of boundaries between persons. The implication is the inability to exist without the object. The developing personality is caught in a separation/attachment dilemma between a position of more or less infantile dependence and differentiation. This dilemma produces intense intrapsychic conflict.
which determines the quality of future personality and relationship functioning (Mahler et al., 1975).

The attachment/separation dilemma and accompanying conflicts reach a crisis stage in adolescence when infantile dependence and normal developmental pressures towards independence peak. Children who have not accomplished the separation/individuation process cannot distinguish or separate their own sense of self from that of their parents. They are unable to direct their energies towards self development and pursuing the independent life but remain emotionally attached and dependent on early objects. They either acquiesce to an existence of infantile dependence or rebelliously adopt a facade of exaggerated adequacy and independence all the while denying inner dependency needs and related conflicts. Such individuals have an impoverished or deficient sense of self and are unable to develop values or beliefs of their own but accept the values derived from the family or the perceived strength of other objects. Thus their identity becomes that of a borrowed sense of self, indistinguishable and undifferentiated from the internalized objects of the past. The boundaries between the self and the object are confused and unclear and the continuity of the self as a separate entity remains undefined (Winnicott, 1962).
Object Relations theory stresses the simultaneous buildup of the self (a composite structure derived from the integration of multiple self-images) and of object representations (or "internal objects") derived from the integration of multiple object images into more comprehensive presentations of others. Psychological health consists of a cohesive, well-integrated sense of self and realistic, well-differentiated images of others. These self and other representations are formed by introjection. As the child successfully and securely negotiates the process of separation from the symbiotic union with mother, he/she can take from the mother and adopt as part of his/her own view of self a selection of elements considered desirable and weave them into his/her own psychic organization and pattern. Ideally, such selection and patterning are conflict-free, independent of drive pressures and defensive needs, set the stage for the child's emerging autonomy, and aid in establishing the sense of differentness as a separate, integrated human being. In such cases, the introjection process is positive and constructive (Meissner, 1978).

Should the introjection process be caught up in the vicissitudes of drives and defensive needs (such as maternal overprotection or rejection) in order to
preserve a sense of security in the risks of separation, the child must carry throughout the developmental process more of the residues of symbiotic attachment and resultant conflicts. What is reserved then from the mother is distorted by infantile dependence (and defenses against it), infantile narcissistic needs and attendant vicissitudes, and the intense ambivalence of the tension between the need for increased autonomy and the impediments of lingering dependence (Mahler et al., 1975). A result of the developmental vicissitudes is a failure to mobilize positive, constructive, and relatively differentiated forms of identification which allow the individual to establish inner cohesiveness and adequate differentiations of self from important objects of dependence.

This lack of differentiation leaves an element of unintegrated and relatively primitive, unstructured emotional energy which permeates the organization of the self. Not being contained within nor being differentiated and integrated within the structure of the self, this energy diffuses beyond the self to contaminate the attachments to other significant objects in an uncontrolled, undisciplined, unorganized primitive manner (Fairbairn, 1954). This kind of psychic energy, communicated in subtle unconscious ways, affects the psychological functioning of the subject and the
functioning and responsiveness of the object.

Pathological introjects, resulting from faulty differentiation, produce a secondary process called projection. Projections represent externalized displacements of aspects of the pathogenic organization of the self. Derived from the repressed or split-off dimensions of the introjective configuration (protecting the basically "good" object relations with the mother by turning the aggression against himself in the form of "bad" internalized objects). These projections are attributed to external objects (Saretsky, Goldman & Milman, 1979). "Splitting" refers to the ego mechanism defending against the ambivalence of extreme oscillations of love and hate for the object. With splitting, the introjects with positive (good) and negative (bad) balance are kept apart. With projection, the introjects with negative valence are "projected" onto external objects, thus protecting the positive. This process of splitting and projection results in a unique distortion of self and other perceptions such that neither is perceived as a whole being with ambivalent qualities (Segraves, 1982).

From the Object Relations perspective, a successful marriage requires that each partner be relatively free from neuroticism, meaning that each partner is free
from pathological introjections and projections and is adequately individuated from his/her family of origin so that intimacy with a new love object is possible (Meissner, 1978). Among the significant developmental tasks of marriage is that of establishing and maintaining a new level of object relationship. The individual who enters into the role of husband or wife must disengage from old entanglements and attachments that may compete or interfere with the commitment to the marital partner and marital relationship and must modify the pattern of premarital need gratification to suit the emerging patterns of the newly formed object relations. The continuing process of self-identity development includes confirming and reaffirming gender identity, establishing and patterning sexual relations with a member of the opposite sex (if the attachment to parents has not been excessively binding and the relationship to the parent of opposite sex has not been contaminated with lingering incestuous pulls or separation anxieties), and establishing a new, permanent relationship with a nonincestuous object, a relationship which develops its own distinctive qualities of autonomy/independence and intimacy/dependence.

As an individual with a well differentiated and individuated sense of self enters into an intimate and
interdependent marital relationship, he/she is able to enter into and participate freely in an emotional life with another individual. The less the degree of individuation and differentiation of self of either the marital partners, the more emotional energy from early emotional attachments spills over and is communicated to the other dyadic member, affecting the functioning of the partner and influencing the quality of the relationship. Within this complex of implicit and relatively unconscious emotional influences (the lack of resolution of childhood emotional attachments, the presence of separation anxieties and an undifferentiated identity of self), symptoms develop either as a consequence of or as a defense against the state of fusion, the feared unconscious meaning of intimacy for individuals undifferentiated from early object relations. In these cases, spouses either maintain infantile dependence on their parents or fuse themselves with their marital partner creating a new dependent relationship, but in either case maintaining the developmental failure of establishing an independent, separate, individuated psychic and emotional self (Gurman and Knishern, 1978).

A successful marriage and one capable of managing conflict (internal and external) requires two individuated
persons whose emotional flexibility "betokens a secure sense of identity—adequate ego strength. It means that the self is sufficiently at ease in varied aspects of itself . . . a person with this degree of ego strength can bear to see the partner as different and self as distinct from the partner, without feeling threatened by the contrast (Dicks, 1967, p. 31). Conflict is likely in the presence in one or both parties of a rigid and relatively undifferentiated object relations scheme (Rausch, Barry, Hertel & Swain, 1974). A pathological relationship is one in which internal conflicts of each marital partner are translated from the reciprocal interaction of internal, interlocking projections and introjections (known as projective identification) into concrete modes of perceiving and behaving within the marital relationship (Mannino & Greenspan, 1976).

Developmental Dimensions

The developmental dimension of ego psychology is the theoretical foundation underlying all psychoanalytic concepts. Beginning with the work of Erikson (1959), this dimension evolved with the works of Sullivan (1953) chronicling the development of self esteem; Sullivan (1953) whose developmental sequence was entitled interpersonal integration; Peck and Havighurst (1960) who use the term character development; Loevinger's...
(1976) concepts of ego development; and Kegan's (1982) constructive/developmental human development. More specifically related to marriage and the life cycle developmental processes are the works of Levinson (1978); Sheehy (1974); Blanck and Blanck (1968) and Duvall (1977).

Ego development is the "master" personality dynamic which describes the development of the ego or self esteem and organizes and integrates all other aspects of the personality, including interpersonal dynamics (Swenson, 1977). The person develops from the earliest stage in which there is no cognitive differentiation to the higher stages in which there is extensive differentiation of persons, objects, situations, feelings and behaviors. The person develops from no integration of his/her various needs, responsibilities and relationships to a balanced integration of these various forces in his/her life. The person develops from total self-centeredness to being able to understand, share and appreciate the feelings, thoughts, needs and experiences of other people. The person develops from being totally at the mercy of the environment to being
able to have an effect on the environment and, to some degree, controlling it. And, really, the person develops from an inability to relate to other people to being able to relate deeply, intimately, and harmoniously with others (Sheehy, 1974).

Each developmentalist conceptualizes the stages of human development in different terminology. However, there are certain developmental principles that are generally accepted, which need to be enumerated prior to a presentation of the stages. Duvall (1977) lists twenty-four principles inherent in human development. These are:

1. Development results from biological maturation and individual learning.
2. Development of human characteristics tends to be orderly, regular and predictable.
3. Growth rates vary within different stages of individual development.
4. Each individual grows at a rate appropriate for him/her, at his/her stage of development in his/her environment.
5. Development tends to be sequential with each added increment built on earlier ones.
6. Development of specific characteristics is based on previous progress in similar forms.
7. Growth and development are most rapid during the early stages of life.
8. The first months and years are crucial foundations for later development.
9. Early verbal learning is essential for the development of later complex human skills.
10. Socially prescribed expectations order the major events of a lifetime in a given society.
11. Norms for given ages and stages function as social prods or brakes on behavior.
12. Developmental proceeds in a specific direction, from a known beginning to an expected end.
13. Anticipated end points in development serve as personal goals for individuals.
14. Personal goals are both individually and socially determined.
15. Attainment of personal goals brings a sense of fulfillment and success.
16. Developing individuals face certain responsibilities for maturing and achieving at every stage.
17. Individuals may be expected to be at work on developmental tasks appropriate to their stage of development.
18. Developmental tasks successfully accomplished
lead to further developmental levels; failure at developmental tasks arrests developmental progress at a specific stage.

19. No one else can accomplish the developmental tasks an individual faces.

20. Few developmental tasks are completed in isolation--most depend on social interaction.

21. Helping persons can be of great help to a person at work on one or more developmental tasks.

22. Modification of the environment has least effect on characteristics at their periods of least development.

23. Rates of growth and development may be modified most at times of most rapid change.

24. Assistance in development is most effective at times of fastest growth and readiness.

Developmental tasks are defined as tasks that arise at or near a certain time in the life of an individual, the successful achievement of which leads to his/her happiness and to success with later developmental tasks whereas failure leads to personal unhappiness, societal disapproval, and difficulty with subsequent tasks (Havighurst, 1980).

Erik Erikson (1959) has identified eight stages in
the life cycle of man as critical in human psychosocial development. He emphasized that each negative/positive struggle in each stage must be resolved in order to reach the next developmental stage. His eight stages are: (a) Infancy--trust versus mistrust; (b) Early Childhood--autonomy versus shame and doubt; (c) Play Age--initiative versus guilt; (d) School Age--industry versus inferiority; (e) Adolescence--identity versus identity diffusion; (f) Young Adulthood--intimacy versus isolation; (g) Adulthood--generativity versus self-absorption; and (h) Senescence--integrity versus disgust. Successful completion of childhood developmental phases is essential for the identity development of adolescence which, in turn, becomes an essential step for establishing intimacy with self (inner self) and with others, both in friendships and eventually in a love-based mutually satisfying psychosexual relationship with a member of the opposite sex.

Loevinger and Wessler (1970) proposed a series of six stages of ego development, each stage being a cognitive stage which characterizes the way a person sees and interprets self, the world, events and other people. The first stage she describes as the Presocial or Symbiotic stage in which the individual is unable to distinguish himself/herself from others. Impulsive is the
name of the second stage in which the person confirms his/her existence as being separate from others by the exercise of the will; others are seen primarily as sources of supply of his/her needs to be exploited. Delta is a transitional phase related to the Impulsive stages. The individual recognizes the existence of rules that govern the behavior of people and manipulates these rules for personal advantage, continuing the exploitation of relationships.

The third stage in Loevinger and Wessler's (1970) system is the Conformist in which the person partially internalizes the rules of society, is concerned with how he/she compares with others, and relates to others in a stereotypical manner. The fourth stage is Conscientious in which morality is internalized and self-criticism is part of the maturation process. The person at this stage perceives interpersonal relations in terms of feelings, motives, needs and personality characteristics rather than the actions of the Conformist stage. The Conscientious person becomes more aware of the conflicts, problems and dissatisfactions that exist within his/her relationships with others.

The individual at the Autonomous stage (fifth) is caught up in the internal conflicts between duties to others and personal needs. Accepting conflict is part
of human nature, the Autonomous person recognizes the
needs of other persons in an intimate relationship and
the interdependence of persons. The Integrated person,
at the sixth and highest level of development, has
reconciled the conflicting demands between self and
others. He/She tolerates and cherishes individual
differences, has moved beyond role differentiation to
an integrated identity and promotes the growth and
development of people with whom he/she relates.

Kegan (1982) describes a process of increasing
differentiation-integration through six eras of human
development. These six stages are: (a) the Incorporative
stage where the individual focuses on reflexive sensing
and moving; (b) the Impulsive stage which emphasizes
impulsive motivations though with initial perceptions
of others as separate; (c) the Imperial stage where
there is a greater interest in personal needs, interests
and wishes but also a greater awareness of others;
(d) the Interpersonal stage during which the individual
focuses on mutual reciprocations of a one-to-one
relationship; (e) the Institutional stage with its
emphasis on typical group involvement and admission to
the adult public arena; and (f) the Interindividual stage
in which the individual acknowledges and cultivates the
capacity for interdependence and intimacy.
Personality or ego development, as described briefly by these representative examples, is considered to be the most significant factor in the way people relate to each other and develop intimate relationships such as marriage. Indeed, marriage has been described as one of the most significant human developmental experiences with its own developmental tasks that need to be achieved (Blanck & Blanck, 1968; Duvall, 1977). The level of maturity achieved through the developmental process by the marital partners is crucial to the success of the marriage and marital satisfaction experienced by both members of the dyad. Those marriages have greatest success and satisfaction where the respective partners are developing to a level of maturity which allows them to be independent identities and to be aware of, appreciate and share each other's individual thoughts, feelings and needs. In these relationships, the impetus for personal growth and sharing of relationship resources allows for further developmental work to be done (Blanck & Blanck, 1968; Levinson, 1978; Sheehy, 1974).

In relationships where developmental tasks are unresolved or only partially resolved, developmental conflicts may be carried over into the marital relationship creating tensions and difficulties and
further hindering individual growth. Where the organization of pathogenic introjects has blocked the completion of essential developmental tasks, the operation of psychic needs may impede personal growth or lead individuals to seek gratification of those needs inappropriately in marriage. The inevitable frustration of inappropriate needs, the employment of immature coping patterns, the unresolved developmental issues, and the consequent disappointment and disillusionment create an environment of continual antagonism and hostility. Excessive marital conflict is the result of developmental failures (Meissner, 1978).

Further, critical stages in the individual life cycle are related to critical stages in marriage (Blanck and Blanck, 1968). Issues that appear to be either individually determined or dyadic are often the result of interaction between marital and individual crisis points. According to Berman and Leif (1975), there is a shift of tasks, expectations and demands during the course of a marriage. Changes (personal and marital) occur with the birth of children, changing of careers, changes in family relationships and friendships, changes in age, and changes in the physical environment. Complementary shifts may not occur simultaneously in a spouse thus disturbing the homeostatis balance of the
relationship and potentially producing conflict.

Therapy

Since the conceptual framework for the psychoanalytic approach to marriage focuses on intrapsychic dynamics and motivation, the therapeutic methodology also focuses on the individual. "An unhappy marriage is often the final common pathway that results from a collection of psychic 'symptoms' belonging to one or both partners" (Paolino, 1978). The psychoanalytic approach to therapy is primarily concerned with the unconscious motivation and conflict which are the basis for the symptoms operative in the individual leading to marital discord (Nadelson, 1978). The psychoanalytic therapist focuses interactions with the client on interventions that make the client conscious of the pathogenic intrapsychic conflicts and helps the client make the inner changes needed for the resolution of the conflicts (Segraves, 1982). Early Freudian therapeutic principles asserted that psychic conflict resolution resulted from making the unconscious conscious. The principle was based on the presupposition that a major cause of psychopathology is the separation of anxiety-evoking thoughts and feelings from conscious awareness. Later and contemporary Freudian theory emphasizes the need for more than just making the unconscious conscious.
An increased awareness of the unconscious must be combined with the appropriate emotional experience in order for a more effective and mature resolution or adaptation of the problems of intrapsychic and interpersonal life to take place. This principle is one of the significant tenets in psychoanalytic psychotherapy.

A fundamental assumption of psychoanalytically-oriented therapy is that the expression of thought and feelings is superior to the therapeutic influence of deeds, i.e. "emotional insight must come first, then behavioral changes will follow" (Paolina, 1978, p. 99). Though a more behavioral treatment approach may be appropriate for immediate symptomatic relief, a question is raised in psychoanalytic theory whether any permanent behavior changes can be effected without the modification of the underlying intrapsychic conflict itself. In fact, immediate behavioral changes may be a client's way of avoiding dealing with the underlying conflict, a destructive form of denial and repression to a maladaptive degree. It is further assumed that by the client's uninhibited, uncensored and freely-associated communications in therapy, the primary intrapsychic conflicts causing the symptoms will be exposed to the therapist and the patient. The therapist formulates and interprets these communications to the client.
From this exposure and interpretation, the client is able to apply more adult approaches (secondary process modes of thinking and reality testing) to the resolution of the conflict, the ambivalence, and, in marital therapy, the projective identification.

Two major methods of treating couples from the psychoanalytic perspective are: (a) a brief psychotherapy based on a supportive or counseling methodological approach (Alexander, 1954; Mann, 1973; Malan, 1976) and (b) the classical investigative or exploratory approach formulated by Freud and his followers. Supportive psychoanalytically-oriented psychotherapy, though grounded on Freudian principles of intrapsychic dynamics, is based on the underlying assumption that derivative intrapsychic conflicts and symptoms can be significantly resolved without resolution or even awareness of primary and basic unconscious intrapsychic conflicts or the resistance and transference associated with the conflicts. The goal of supportive psychotherapy is not aimed at an emotionally meaningful uncovering of unconscious pathogenic elements (as in investigative psychotherapy) but instead attempts the removal or amelioration of the most disabling symptoms as soon as possible, the prompt re-establishment of the patient's previous emotional equilibrium, and the development of the patient's
understanding of the current disturbance and increased coping ability in the future (Butcher and Koss, 1978).

A second assumption of brief supportive psychotherapy and one which is difficult for the psychoanalytically oriented therapist to deal with is that personality reconstruction is impossible within the limited time frame of brief psychotherapy. In order to work towards the limited goals listed above, the therapist abandons the indepth approach; i.e., the endlessly promoting a working alliance, cultivating a regressive transference, working through resistance forces and resolving previously unconscious conflicts. Instead, therapy is directed toward both the dyadic needs of the marital relationship and the conflicts of each individual in that relationship as they are manifested in marital interactions (Gurman and Knishern, 1978). The marital couple may be in such relational or individual distress that their goal for therapy (to establish immediate relief in the midst of emotional chaos) may be in sharp contrast to the therapeutic goals of the therapist. The danger inherent in this model of marital therapy is that "the successful resolution of a marital crisis may preclude the couple's interest in further exploration or change in their relationship since anxiety, the major force operating to initiate a couple's entry into therapy,
has been substantially reduced" (Gurman and Knishern, 1978, p.464).

The therapeutic procedures by which symptomatic relief is achieved through supportive psychotherapy were outlined by Alexander (1954) and Gill (1951): (a) the indulgence of dependency needs which reduces anxiety; (b) promoting the explosive release of pockets of unhealthy emotion (abreaction); (c) offering advice or suggestions for changes which is fostered and facilitated by the dependent relationship between client(s) and therapist; (d) the support of psychic defenses, that is, verbally encouraging adaptive defenses and confronting maladaptive defenses, and (e) manipulating the external environment to facilitate therapeutic goals.

The approach of supportive psychotherapy is to focus on one "central issue" that is both genetically and adaptively important, interpersonal in nature, and manifest in the interactional relationship (Mann, 1973). Mann further argues that there are a limited number of "universal conflicts" such as independence-dependence, activity-passivity, self-esteem, and unresolved grief that involve the management of object loss. There are several universal conflicts inherent in intimate relationships reflective of developmental aspects of individual and marital life cycles. These include
developing autonomy from one's family of origin, and
establishing a marital commitment, resolving ambivalence
over intimacy with one's partner, managing the inevitable
conflict surrounding the dependency issues of marriage,
clarifying role expectations, and developing the capacity
for the expression of both positive and negative
feelings in the dyadic relationship. The selection
of one of these central "universal" issues from the
conflictual and developmental dimensions of the marital
relationship precludes a treatment essentially touching
every significant factor in the discord and decisively
focuses the intervention of the therapist toward
treatment of the individuals and their joint personality
evidenced in the marital interactions.

The predominant and classic psychoanalytic approach
in psychotherapy is the explorative or investigative
approach which, in comparison to supportive psychotherapy,
proceeds in greater depth, is less directive, uses
psychoanalytic principles to understand and treat
couples, and concerns itself with unconscious motivation
and conflict. The therapeutic goal of this "uncovering"
therapy is for the client to master the transference
neurosis (transference will be discussed shortly).
The patient experiences the intrapsychic conflicts
(usually from childhood) that have been re-evoked in
the marital relationship within the contemporary transference neurosis (client-therapist relationship) as if the conflicts were the original pathogenic problem, though less intense (Nadelson, 1978). By utilizing the client-therapist relationship, by re-experiencing the unresolved conflicts, by applying the client's adult-developed ego strengths, the client is able to resolve the conflicts experienced as a child, projected onto the images of the marital partner. A resolution of the conflict alleviates the behavioral symptoms, frees the client from previous developmental retardation that occurred as a result of the conflict and enables the client to develop and maintain functionally satisfying relationships. Essentially, Gurman and Knishern (1978) contend that the goal of marital therapy from the psychoanalytic perspective is to facilitate adaptive interpersonal behavior between marital partners as a result of increased insight, self-understanding and psychic growth.

Key elements in explorative psychoanalytic therapy are therapeutic alliance, transference, countertransference, resistance, regression, and working through (Sahakian, 1976). These elements of therapy take place in three stages of the therapeutic process, namely the initial stage, the middle stage and the termination stage (Menninger & Holzman, 1973; Paul, 1978).
The initial stage of therapy involves a process of evaluation and developing a therapeutic alliance (Greenson, 1965). The therapeutic alliance is the working relationship between the patient (client) and the therapist. It is an evolutionary process that begins with the first contact and continues through the evaluative process and throughout therapy. This alliance evolves by a mechanism whereby the observing part of the client's ego identifies with the therapist in order to modify the pathological defenses which were being used to ward off the internal anxiety (Saul, 1973). Five elements are essential for this alliance to form: (a) The client must have the ability to form mature object relations (object relations cannot be at a primitive symbiotic or need-gratifying level); (b) The client must possess the motivation to work with the therapist; (c) The couple must be able to agree on goals and expectations of therapy; (d) The couple must be willing to confront the determinants of resistance as they occur; and (e) The couple and the therapist need to form a trusting relationship (Nadelson, 1978). The development of this therapeutic alliance and, more specifically, the motivation of both partners to achieve the goals they set (Nadelson, Bassuk, Hopps, and Boutells, 1977) and the recognition and understanding of resistances (Smith
and Grunebaum, 1976) are essential for the progression and success of therapy.

The evaluative process in the initial stage involves assessing the client's motivations and resistances to therapy, psychic processes, ego functioning, and goals for therapy. Nadelson (1978) recommends assessing each marital partner individually in order to establish a client-therapist relationship, to set into motion the development of the transference of each partner to the therapist, and to allow each partner to have an opportunity to tell his/her own story. The evaluative process continues, Nadelson suggests, with a conjoint session to explore differences of goals, wishes and complaints and to clarify mutual problems and goals. The marital partners may feel more supported and motivated to explore and clarify problems and solutions in the context of a positive relationship with the therapist facilitated during the individual sessions.

The middle stage of therapy is the treatment phase and involves transference, countertransference, resistance, regression and working through. Transference has been defined by Menninger as "the unrealistic roles or identities unconsciously ascribed to an analyst by a patient in the regression of the psychoanalytic treatment and the patient's reactions to those
misrepresentations, usually derived from earlier experiences" (1973, p. 83). The most extreme form of this transference relationship and the form most prized by orthodox psychoanalysts is the transference neurosis, "When a patient is re-enacting in the treatment relationship a panorama of neurotic conflicts, including many that are rooted in his childhood experience, and when his cumulative transference reactions have become so pervasive as to make therapy and the therapist the central concerns of his life" (Weiner, 1975, p. 20). The probability of the emergence of a transference neurosis in marital therapy is extremely low (Gurman, 1975), but the occurrence of transference reactions is stimulated within marital therapy if both partners are present. Whitaker (1975) asserts that the most powerful transference relationship in marriage therapy exists between the husband and wife. This intense, ongoing transference interaction between marital partners is characterized by the interlocking displacement, introjection, projection and repetition associated with the misidentification and misrepresentation of the spouse and the subsequent use of various attitudes and behaviors towards the spouse based on these misperceptions. This transference relationship includes the stereotyped, changing and regressive responses the partners have to
each other.

In psychoanalytically-oriented marital therapy the transference relationship extends to include the therapist in five transference manifestations: (a) woman to man, (b) man to woman, (c) woman to therapist, (d) man to therapist, and (e) couple to therapist (Gurman and Rice, 1975). These multiple levels of transference pose a formidable challenge to the therapist. The tryadic relationship reflects the pattern of repression and/or splitting of introjective polarities and their respective internalization and projection (Nadelson, 1978).

Understanding this transference phenomenon through the clarification and interpretive work of the therapist enables the marital partners to gain insight into individual and dyadic pathological defensive maneuvers.

Countertransference is the unintentional and involuntary participations of the therapist with the client, the therapist's unconsciously determined reactions to the client (Menninger & Holzman, 1973). "Countertransference is not only an inevitable feature but also a necessary prerequisite of analysis. If it does not exist, the necessary talent and interest is lacking. But it has to remain shadowy and in the background" (Reich, 1951, p. 30). It is part of the interrelationship between client and therapist.
Just as there are multiple transference reactions in psychoanalytic marital therapy, there are multiple countertransference responses. Again these include all levels beginning with the intermeshing marital relationship and the individual marital partners. The therapist, too, undergoes waves of temporary regression and misidentifications of his/her clients based on his/her own transference reactions. Countertransference in marital therapy, as in individual psychotherapy, must be identified, recognized, clarified and interpreted so as to bring about insight as a mechanism of growth and change.

Regression is a process of temporary surrender of contemporary reality in favor of a replacement in fantasy or repetitions from a recollected state of existence, a movement in therapy to more primitive ways of feeling, experiencing, and behaving, a preoccupation with self, a step backward developmentally. This regression occurs in the setting of introspection and understanding and makes possible further growth on the basis of the client's discoveries within himself/herself. The client discovers the immaturities within, the archaic nature of his/her loves and hates, and the self-defeating compromise or splits between aspects of himself/herself/others, all of which have been obscured
in the unconscious. In regression, the client moves into the regressive crisis of the transference relationship which brings him/her face to face with his/her childhood anxieties and conflicts if he/she can hold onto the potentiality of a new object relationship represented in the therapist. The therapist encourages the client to let go, to let the client be as childish as he/she wishes, to say whatever comes to mind regardless of consequences (Menninger & Holzman, 1973).

The frustration-induced regression (from the transference relationship with the therapist) is accompanied by resistance which is an inevitable, defensive element in the therapeutic process. Freud (1926) formulated his concept of resistance as a defensive action undertaken by the ego to buttress the repression it maintains to protect itself from intrapsychic conflicts and anxiety and to defend this repressive function against the disarming effect of insight. He further listed five types of resistance: (a) resistance derived from unconscious fear; (b) derived from disappointed expectations in therapy (transference resistance); (c) derived from inertia (reluctance of the ego to give up advantages accrued as a result of the illness, i.e. secondary gain); (d) derived from self-directed aggression; and (e) derived from the
feeling that one should continue to suffer in propitiation (superego resistance). Resistance in marital therapy may take many forms: talking to the therapist rather than the marital partner, allying the therapist to take sides against the partner, displacement from the real issues of therapy, placation of spouse, unwillingness to discuss a certain issue, threats to leave therapy or change therapists, or excluding the therapist from participation. In all such cases, the therapist confronts the resistance and interprets the determinants of the resistance in terms of the individual's or couple's repertoire of defenses against change (Menninger & Holzman, 1973).

Working through refers to the process combining increased insight and self-understanding with appropriate emotional experiences. It involves the aid of the therapist through clarification and interpretation (suggestion, manipulation, abreaction, clarifications and interpretations of client communications and patterns). But working through primarily involves the client's/couple's activity in allowing the experience of the regressive crisis, confronting resistances, discovering and understanding transference reactions and interactions, understand repressed and projected aspects of himself/herself as it is experienced in the
mate, and emotionally and cognitively work through these experiences to achieve insight in order to make appropriate amendments in his/her/their contemporary reaction patterns (Gurman and Knishern, 1978; Menninger & Holzman, 1973).

The ultimate goal of working through and interpretive work is the neutralization and integration of aggressive and libidinal needs so that behavior is motivated more in service of the ego and less by impulsive and intrapsychic conflict, i.e. resolution of the projective identification transference relationship (Segraves, 1982). Since instinctual drives derive from early relationships and may result in defensive mechanisms inappropriate and confusing in the marital relationship, interpretation of resistances and defenses over time neutralize these maladaptive mental mechanisms and facilitates the acquisition of more adaptive, more mature mechanisms of interaction between marital partners. "Maturity in marriage consists of a relative neutralization of instinctual drives so that each partner reciprocates with the other (Nadelson, 1978, p. 146).

The final stage of psychoanalytic marital therapy is the termination phase. During this phase, conflicts and defenses may re-emerge due to the anxiety about the impending separation from or loss of object represented in the therapist. Individual and dyadic dynamics
dealing with separation and loss are clarified and interpreted. Therapeutic goals are reviewed and assessed. The goal of this phase of treatment is to work through each marital partner's ambivalence about separation, reinforce gains made through therapy and strategize means for continued psychic and relational growth (Gurman and Knishern, 1978). The acceptance and understanding of the integrity of each partner (individuation) and the development of mechanisms of conflict resolution and intimacy (interdependence) form the basis for successful termination of therapy.

The Behavioral Approach

The term "behavior therapy" was first used by Lindsley (1953) and then by Lazarus (1958) and Eysenck (1959) to refer to the application of a wide variety of techniques derived from or related to learning theory principles to the modification of abnormal behaviors both in the counseling and noncounseling situations (Patterson, 1980). Learning theory principles have, in turn, been applied to the social context and, more specifically, to marital dysfunction and treatment. Several writers have applied the behavioral perspective to the treatment of disharmonious marital relationships within the past two decades. These include Azrin,
Naster and Jones (1973): Gottman, Notarius, Gonso, and Markman (1976); Patterson, Weiss and Hops (1976); Jacobson and Martin (1976); Rappaport and Harrell (1972); Weiss and Margolin (1977); Lazarus (1968); and Stuart (1969, 1975).

Behavioral marriage therapists, like behavior therapists in general, have little concern for the client's developmental past in relationships or for the internal motivators of behavior. Instead, they place an emphasis upon present behavior, the quantified assessment of observable behavior and the situation-behavior-consequence network that exists in a dyadic relationship. Key concepts of the behavioral approach are: situation, behavior (meaning overt, objectively observable behavior), outcome, reinforcement control, stimulus control, respondent (classical) conditioning, operant (instrumental learning) conditioning and behavior change (Bandura, 1969). Each of these core concepts will be discussed before describing their direct application to marital therapy. The emphasis will be on how persons learn and change their behavior and how they influence the behaviors of others.

A situation is the first element in the situation-behavior-outcome sequence. It refers to a stimulus pattern defined by behavioralists to occur externally
to an organism. However, some behaviorists who recognize the authenticity of internal situational events acknowledge cognitive thought processes (mediational processes) as covert stimuli to behavior. Stimuli (whether overt or covert events) are divided according to four stimulus functions: (a) eliciting stimulus, (b) discriminative stimulus, (c) reinforcing stimulus and (d) neutral stimulus (Bandura, 1969). An eliciting stimulus is a specific situation which reliably produces a specific behavioral response. Such stimuli are considered part of a stimulus-response reflex or may be part of a learned association between a specific stimuli and associated responses. A discriminative stimulus is a situation that acts as a signalling device for the occurrence of one type of response rather than another. This kind of stimulus has a cueing function and a controlling effect on behavior. Reinforcing stimuli are situational events which are the consequences for a behavior and change the probability of occurrence of the responses that proceeded from these stimuli. Neutral stimuli have no particular function relative to behavior; they are situational events that do not elicit or reinforce a particular response but may under certain circumstances be changed into an eliciting or reinforcing stimulus.
Behaviors are the responses to the stimulus and are the second element of the situation (stimulus)-behavior (response)-outcome (consequence) sequence. Behaviors may be overt or covert. Behavioral events are usually divided into two categories, respondents or operants. Respondents are under the control of an eliciting stimulus so that the frequency of the stimulus equals the frequency of the response. The consequences of the respondent does not alter the frequency of their occurrence. Operants, on the other hand, are responses that have a statistical frequency when the eliciting stimulus is either unknown or not evident. Operants are associated or learned responses to a particular stimulus which continues in the absence of said stimulus. Operant behaviors can be reinforced to occur independently of the stimulus (Bandura, 1969).

Outcomes is the third link in the situation-behavior outcome sequence and refers to the measurable verifiable consequences of the behavioral response to the stimulus. Outcomes are a primary concern of the behavioralist. What is the effect of behavior A or B? Outcomes or consequences affect rates, intensity, and duration of behaving, acting to accelerate or decelerate the rate of a behavior. Consequences that accelerate the rate of a behavior are referred to as reinforcers.
Reinforcers may be a positive or a negative outcome to a particular response but both outcomes alter the rates of behavior. Positive reinforcement increases the probability of the occurrence of a specific stimulus-response sequence. The termination of an aversive consequence is a negative reinforcement.

Consequences which decelerate the frequency of a behavior are referred to as punishers. Punishment acts as a suppressant on an ongoing behavioral response and includes aversive stimuli or a withdrawal of a positive stimulus. This reduces the probability of occurrence of the behavior (Weiss and Margolin, 1977).

Reinforcers and punishers are important parts of the concept of reinforcement control, as they have a direct effect on rates of behaving. Contingency refers to the relationship between a response and its consequence. The amount and frequency of reinforcement can be controlled, made to vary contingent upon a certain response. For example, the withholding of reinforcement contingent upon responding describes extinction or the cessation of responding. Technically, the reduction or withdrawal of reinforcement reduces the rate of responding until the response ceases. Practically, when observing human behavior, withholding reinforcement reduces the rate of responding until it reaches its operant level but does
not produce immediate discontinuance of the response. Response rates are strengthened or weakened according to their contingencies and reinforcement history (Bandura, 1969).

Stimulus control is another significant concept of the behavioral approach to understanding and treating human activity. Stimuli may act as cues for responding (discriminative stimuli) indicating that reinforcing outcomes are more probable when the outcome is presented with the stimulus. This produces a behavioral chain or network of situation-behavior-outcome sequences in which the outcome of one sequence becomes the stimulus for the next sequence in a linear network of sequences. Each response functions as the discriminative stimuli for the next response. This concept becomes the basis for learning when each behavior sets the stage for the next behavior in a sequence (Weiss et al., 1973).

Respondent conditioning, a core concept in behavior therapy, is also known as classical conditioning. It is primarily concerned with elicited behavior that is involuntary in nature and the role of eliciting stimuli in producing this behavior. Respondent conditioning is the process by which previously neutral stimuli acquire the ability to elicit involuntary behavior. By repeated pairing of neutral stimuli with naturally
occurring eliciting stimuli, the neutral stimuli
acquire the ability to elicit responses, or, in other
words, they become conditioned stimuli. Much of
classical conditioning theory is based upon Pavlov's
early work (Segraves, 1982).

Operant conditioning is primarily concerned with
the relationship between voluntary behavior and the
events that follow it. Operant conditioning is also
described as instrumental learning. The behavior of
the organism in relationship to its environment is
determined by the presence or absence of rewards.
Behavior is determined by its consequences. As
organisms interact continuously with their environment,
their behaviors are constantly being affected by the
presence or absence of rewarding and punishing stimuli.
It is possible to describe the contingencies of
reinforcement in well-controlled experimental settings,
that is, the exact relationships between behavior and
its consequences.

Interpersonal relationships, particularly an ongoing
and intimate one such as marriage, provide a density of
stimulus-response-consequence sequences. In fact,
marrige is viewed from the behavioral approach as an
interaction between two persons in which each partner
provides a rich stimulus-response-consequence network
with the other (Weiss, et al., 1973). Reinforcing exchanges result in chained relationship behaviors so that one person's behavior is the stimulus for the other person's response and so on in an interlocking network. The use of positive reinforcers as well as aversive stimuli and punishers are used by each member of the marital dyad in an attempt to shape and control the behavior of the other partner with the purpose of maximizing one's gains or benefits from the relationship and minimizing one's losses or costs in that relationship (Weiss and Margolin, 1977).

This concept is articulated in Thibaut and Kelley's theory of social exchange (1959), Stuart's social exchange concept (1969) Azrin et al. concept of reciprocity (1973). Thibaut and Kelley's theory emphasizes a form of behavioral economics utilizing terms such as benefits and costs. Benefits are satisfactions; costs are dissatisfactions. When applied to a conceptualization of a marital relationship, the exchange model proposes an interdependence of benefits and minimizes costs. In a satisfying marriage, the beneficial behaviors should be of low cost to the other partner while each person receives highly beneficial behaviors from the other. The interdependency of this exchange model requires that each person have a high reward value for the other.
and a high positive reinforcingness. These positive behavioral exchanges over time produce a parity or equilibrium of give-get exchanges in the relationship. Further, positively reinforced interactions increase positive attitudes toward the marital relationship.

Stuart (1969) concurred with this view, adding that the marital relationship offered at a given time the best available rewarding alternative to a couple, the best balance between individual and mutual costs and rewards. He stated that "the exact pattern of interaction which takes place between spouses at any given time is the most rewarding of all the available alternatives" (1969, p. 675), i.e., remaining single. Over time a quid pro quo arrangement is established and maintained.

Azrin et al. (1973) stressed reciprocity which he defined as providing reinforcement to one's spouse by positive behaviors. When a marital partner pleases (reinforces) the other, it is essential to reinforce the pleasing behavior to assure its recurrence. In other words, if Partner A does something that pleases Partner B, Partner B must reinforce Partner A so that the pleasing behavior will recur. The greater and more varied the reinforcement exchange over a wide variety of marital behaviors, the greater the reciprocity and marital happiness, according
to Azrin's conceptualization of marriage.

Current social learning models of marital interaction are based upon these reciprocity and exchange concepts which stress a quasi-behavioral economic approach. Partners enter marriage with the expectation that the ratio of rewards to costs of the relationship will exceed the rewards to costs ratio of singleness. There is also the expectation that rewards or benefits in the marital relationship will exceed, if not equal, the costs. Partners in a satisfying relationship exchange positive behavioral benefits, increasing the reinforcement value for the other. Rewarding exchanges, that is positive stimulus-response outcome networks chained together, maintain the relationship.

Marital relationships exist to provide benefits to the members. Satisfaction, when accomplished within such a relationship, implies two variables: (a) an evaluative criteria for behaviors (a way of judging behaviors either as positive or negative) and (b) specific accomplishment skills. Evaluative criteria can be very individualistic, meaning that two persons in the same relationship can place differing values on the same behavior; each partner defines the value of specific behaviors and exchanges. But Patterson, Weiss and Hops (1975) identified twelve common criteria of
marital interaction which become the basis for evaluating mutually beneficial relatedness. These criteria are (a) companionship, (b) affection, (c) consideration, (d) sex, (e) communication, (f) coupling activities, (g) child care, (h) household management, (i) financial and decision making, (j) employment-education, (k) personal habits-appearance, and (l) self--and spouse--independence. The first six are considered by these behaviorists to be essential to a positive reciprocal reinforcing relationship. The next four are described as functional-instrumental criteria and the last two are labeled the by-products of marital interaction.

Specific accomplishment skills are essential for a mutually beneficial relationship. These skills are divided into four categories and operate within the context of the exchange of hedonic beneficial behaviors, the control of stimulus and reinforcing conditions and methods of communicating (Weiss, et al., 1973). The four categories are (a) objectification, (b) support/understanding, (c) problem-solving and (d) behavior change. Objectification refers to the discriminating of values of behavioral environments between members of the marital dyad: "Spouses need to make reliable discriminations in their behavioral environments among (a) the benefits received, (b) the situations which
control behavior, and (c) discriminations among communication options" (Weiss, 1978, p. 201).

Support/understanding refers to accomplishment skills which include companionship, comforting and understanding behaviors. Listening skills which communicate understanding such as reflective listening, paraphrasing, identifying and using idiosyncratic helping aides are included in this category (Gottman et al., 1976).

Problem solving is the application of reason, intelligence and experience to the production of some outcome and meeting some objective. Decision-making, planning, agenda-making and discussion, stating positions are all part of this category. "Problem solving cannot occur if identification has failed or if one person is seeking support while the other is problem solving" (Weiss, 1978, p. 202).

Behavior change refers to the relationship rules which are operative in accomplishing behavioral changes in each spouse. These rules may describe the ways in which a couple fight, negotiate, coerce, control, and provide for successful outcomes. In any event, couples must accomplish behavior change through positive and reinforcing means, not aversive or coercive, in order to experience a satisfactory relationship.
Central to the behavioral exchange model of marriage is the concept of the Give-Get equilibrium, a balance established and maintained within the relationship between benefits (get) and costs (give). How couples bring the Give-Get economics into equilibrium if it moves out of balance is also a key consideration of this model.

Marital conflicts (dissatisfactions) arise when, due to a deficiency of positive reciprocal reinforcements (costs exceeding benefits) the couple attempt faulty behavior change efforts (Patterson and Hops, 1972). Raush, Barry, Hertel, and Swain (1974) defined conflict as "any situation or process in which two or more social entities are linked by at least one form of antagonistic psychological relation or at least one form of antagonistic interaction" (p. 30). In an unsatisfactory relationship, the reward system shifts from a positive reinforcement system to a coersive control system in which each person attempts to force positive reinforcement in exchange for negative reinforcements, resulting in deficit reward exchanges and loss of positive value of the marital partner and the relationship. "In an unsuccessful marriage, both partners appear to work to minimize individual costs with little apparent expectations of mutual rewards" (Stuart, 1969, p. 75). Patterson and Reid (1970)
describe the coercion process as when a marital partner trims personal costs by giving less personal value (resulting in withdrawal) or shifting to the use of punishment and aversive controls. One or both marital partners seeks to gain positive reinforcement through the coercive use of negative reinforcement which, in the end, results in a self- and relationship-defeating approach.

A basic assumption of the behavioral treatment of marital discord is that positive reinforcement is more effective than coercive control as a behavior change mechanism (Segraves, 1982). This leads to the central emphasis of behavioral marital therapy which is to help spouses learn more productive and positive means of effecting desired behavior changes in one another (Weiss, 1978). "One of the therapist's goals is to teach the couples a more positive means of changing one another's behavior" (p. 249). Though with a common goal, behavioral therapists utilize treatment procedures that are conceptualized within a behavioral framework but emphasize three distinctive technical approaches: respondent, operant and cognitive conditioning. These three streams of influence in behavioral marital therapy form the conceptual bases for specific treatment procedures. Each will be discussed relative to their
unique contributions to the field of marital therapy.

Respondent Conditioning

Classical or respondent conditioning was developed through the pioneering work of Wolpe (1958). Wolpe proposed behavior therapy procedures for adult patients with fears and neurotic reactions. He determined that anxiety was the causal agent of his adult patient's problems and treated this anxiety with the procedure known as systematic desensitization. Through the use of relaxation and mental imagery of anxiety-provoking stimuli, anxiety could be extinguished through the process called reciprocal inhibition. Wolpe defined anxiety as a persistent response of the autonomic nervous system to a stimulus acquired through classical conditioning. Anxiety could be reduced if "a response antagonistic to anxiety could be made to occur in the presence of the anxiety-evoking stimuli so that it is accompanied by the complete or partial suppression of the anxiety response" (Wolpe, 1958, p. 71). Relaxation is one of the responses antagonistic to anxiety.

Applications of the respondent conditioning paradigm to marital therapy have largely been confined to sexual dysfunctions. If great amounts of anxiety have been conditioned with sexual responsiveness so that sexual inhibition results, systematic desensitization can be
employed to reduce the level of anxiety and restore sexual performance. In vivo extinction and reinforcement of alternative responses became the basis for Masters and Johnson's (1970) sensate focus procedures. Since sexual and marital conflicts may be inextricably linked, it is often necessary to treat sexual dysfunctions in marital therapy.

Operant Conditioning

The predominant therapeutic approach in behavioral marital therapy is based on the operant conditioning model. This model, in turn, becomes the basis for the Behavioral Exchange Model previously described. The emphasis of the Exchange Model is the increase of positively reinforced desired changes rather than on punishing undesirable behaviors (Patterson, Weiss and Hops, 1976).

One of the first applications of operant learning principles to marital therapy was designed by Stuart (1969). Stuart advocated a reciprocal reinforcement paradigm for couples in which the marital partners learned to list behaviors they desired in one another, record the frequency with which their spouse displayed the desired behaviors and specify exchanges for the desired behaviors. Stuart employed the use of tokens,
rewards given by a member of the marital dyad to their partner after they displayed the desired behavior, which the partner could redeem for communication and affectionate or sexual behaviors. Though this practice is no longer used by Stuart and most operant-oriented therapists, tokens became the basis for a major emphasis of this behavioral approach, namely, contracting. Operant-based marital therapy emphasizes, in a didactic approach, the use of positive reciprocal reinforcement (with corresponding decrease of aversive controls), communication skills training and teaching negotiation and contracting skills. These control treatment approaches will be discussed prior to a description of the therapeutic process.

Couples in distress often develop skills in punishing each other for the occurrence of undesirable behaviors. One goal of therapy is to eliminate the use of aversive control strategies by focusing on positively reinforcing desired changes. Couples list those behaviors which they desire from their mates as well as those behaviors which each spouse experiences as undesirable and negative. Weiss, Birchler and Vincent (1974) found that it is easier to reinforce the occurrence of a positive behavior than to reinforce a nonoccurrence. Therefore, the emphasis is on the positive desired
behaviors and specifying a reinforcing procedure by which the increasing of desired behaviors will be rewarded.

This procedure is formalized in the therapeutic process in the form of contracting. Couples are instructed in negotiating and contracting skills so that positive, reinforcing, reciprocal behavioral exchanges become the methodology of the marital interactions. Contracts are written marital agreements in which the spouses agree to engage in the behavior desired by their partner. Three elements common to written contracts are a) specification of desired behaviors, b) agreement regarding what behaviors will take place, and c) stipulation of intrinsic positive consequences of compliance to the agreement to make positive behavior changes (Weiss, Birchler and Vincent, 1974).

There are two major forms of contracts used in behavior marital therapy. The first is the quid pro quo or contingency contract (Azrin et al., 1973; Lederer and Jackson, 1968; Rappaport and Harrell, 1972; and Sager, 1976). In this form of contracting, spousal behavior changes are cross-linked so that if one spouse demonstrates the desired behavior, then the other partner will reciprocate in the requested manner.
Marital behavior changes are dependent upon one another. So, too, rewards (reinforcements) are contingent upon behavior change by each spouse. In this manner, couples negotiate to change their immediate behaviors in a mutually desirable direction in a step-by-step, behavior-for-behavior, reward-for-reward process.

Two problems that arise with quid pro quo contracting were noted by Weiss (1978) and Bancroft (1975). Weiss suggested that "if the first part of the contract is not executed, the second spouse is under no obligation to change" (p. 251). In other words, the spouses may play a "you go first" game with neither wanting to make the first move. Bancroft noted that couples in conflict are often unable to change rationally their behavior in their contract attempts. The contracting approach "requires both partners to behave like adults. One is explicitly asking them to do so when negotiating treatment contracts with them. All too often behaving like children has become well established in their coping behaviors" (p. 152).

The second major form of contracting is the "good faith" contract proposed by Weiss, Hops and Patterson (1973). This contract is written in such a way that if a spouse engages in the desired behavior, the positive reinforcer is independent of desired changes in the
marital partner's behavior. With the good faith contract there is no benefit in waiting for one's partner to change first. Each spouse receives his or her own rewards for changing in the desired direction, either from the spouse, the therapist or some other source. Weiss et al. (1974) raised a caution in the use of good faith contracts, that with the use of spouse-controlled reinforcers it becomes essential that both spouses agree on the reinforcers chosen. It would not be advisable, for example, for the husband to choose a reinforcer that may be highly aversive to his wife. If the opposite were true (the husband chose an aversive reinforcer), a subversion of the contract would occur where the negative aspects of the reinforcer would outweigh the positive effects of the desired behavior.

Though each form of contracting has been found to be equally effective, quid pro quo contracts are more powerful (since reinforcers for a spouse would be changes they desire in their partner) and more efficient (since it may be more time consuming to identify separate reinforcers and arrange for reinforcement of each behavior change). Knox (1974), when dealing with severely disturbed couples, uses both contract formats, beginning with the good faith contract, until appropriate changes have been made and
then switching to the quid pro quo contract.

The ultimate goal of behavioral marital therapy is to help spouses learn more productive and positive means of effecting desired behavior changes in one another. Contingency contracting is one of the major techniques used to increase reciprocal reinforcement and decrease aversive control strategies. The second major technique employed in behavioral marital therapy is developing effective communication skills. Liberman (1975) argues that contingency contracting is worthless without the marital members having adequate interpersonal communication skills. Enhancing communication skills involves four therapeutic processes: (a) teaching the couple problem-solving skills, (b) helping the couple reduce and clarify conversational misunderstandings, (c) increasing positive verbal interactions, and (d) increasing the appropriate behavioral expression of feelings. These skills are taught through modeling, role playing, structured exercises, didactic instructions, and feedback (Jacobson, 1977; Patterson, Weiss & Hops, 1976; Stuart, 1975; and Weiss et al., 1973).

Much of the process of negotiating and constructing a contract involves problem-solving skills that include specifying desired behavioral changes, generating
alternative ways of effecting these changes, negotiating appropriate reinforcing contingencies, and predicting and evaluating contract outcomes. Couples are taught to communicate in ways that enhance effective problem-solving. Non-productive communication patterns such as overgeneralizations, content shifts and references to past offenses interfere with effective problem-solving and must be confronted and shaped by the therapist into appropriate problem-solving skills. This is done through role-playing and modeling. In role-playing, the couples rehearse communication skills during the therapeutic session with feedback from the therapist. In modeling, the therapist demonstrates effective problem-solving methods for the couple to practice during and after the session.

Another method of shaping problem-solving skills is to clearly state the rules of problem solving discussions. Such rules include: be specific in your request of desired behaviors; phrase requests in terms of positive changes rather than attacks on negative behaviors; respond directly to a complaint or criticism; keep discussion confined to present or future; confine comments to observable behaviors; and wait for spouse to complete a thought before interjecting your reactions or comments. The therapist reinforces the use of these
skills through positive and negative feedback, pointing out non-productive behaviors and the negative consequences which resulted.

A third tactic employed by behavioral marital therapists to teach problem-solving skills is the use of stimulus control strategies. The couple is instructed to make their problem-solving attempts at particular times and settings. This strategy limits problem-solving encounters spatially and temporally and brings the process under the active control of the couple rather than the confrontation being unpredictable and out of control.

Gottman, et al. (1976) discovered that distressed couples have more difficulty interpreting each other's statements thus leading to the complaint of a lack of understanding in the marital relationship. Conflicts result from discrepancies between the message sent and the message received. Thus the second strategy of improving communication skills is helping couples reduce and clarify conversational misinterpretations. The key technique employed here by the therapist is the training in empathetic skills. Spouses are taught to reflect what they hear their partner saying. Initially, this skill is modeled by the therapist and practiced by the couple beginning with non-problematic issues. One
spouse is designated the speaker, the other as the listener. After the speaker talks, the listener summarizes what the speaker said, as accurately as possible, reflecting content and feelings of the message. The speaker is allowed to comment on the accuracy of this reflection. Then spouses alternate roles and proceed with a repetition of this procedure. Once the spouses have demonstrated increased empathetic listening skills with non-threatening topics, more active empathetic listening is encouraged with some of the problematic relationship issues. Feedback from the therapist and from each spouse provides the reinforcement to continue to practice clear communicational interaction.

It is clear that distressed couples have fewer positive verbal interchanges than nondistressed couples (Bienvenu, 1970; Birchler, Weiss & Vincent, 1975). Therefore it becomes essential for couples verbally to reinforce one another for desired changes in order to ensure the continuation of behavior changes. Positive verbal exchanges serve as reinforcers so that the desired behavior will have greater probability of recurrence. The deficiency of positive comments in distressed marital relationships is not due to a lack of positive thoughts or feelings since many spouses have positive reactions but choose not to express them to
their partners. Thus, a therapeutic technique of behavioral marital therapy would be to make explicit positive verbal communications and insure that the comments are positive and unambiguous, clearly understood by both parties.

Bienvenu (1970) reported that distressed spouses were more fearful of expressing feelings than nondistressed spouses. Weiss (1978) argued that: (a) emotional reactions must be expressed so that mutual behavior change agreements can be made (assuming there are behaviors to which the marital partners have emotional responses), (b) the expression of feelings is often a target change the wife desires from her husband, and (c) emotions are often expressed non-verbally or indirectly so that the partner gets a negative message that enhances the conflict. The appropriate expression of feelings (both positive and negative) becomes a powerful reinforcer for reciprocal behavior change attempts.

The strategy for helping couples express feelings is to begin by encouraging talk about feelings relative to non-threatening topics. The therapist may model expression of feeling and empathy to the expression of feelings by either spouse. It is important in this approach to insure an empathetic response as a positive reinforcer to attempts to feeling expression. Using
this shaping process, the therapist makes it easier for the couple to express relationship-related feelings. Following the expression of feeling relative to non-threatening topics, and then relationship-related feelings, the communication of positive and negative feelings may be necessary to facilitate problem solving and to allow conflicts to be addressed directly. However, ground rules for the expression of negative feelings should be established, asserts Weiss (1978). The expression of negative feelings regarding a behavior the spouse cannot change should be avoided as it is not productive. A clear distinction should be made between appropriate expressions of negative feelings and hostile, hurtful comments. Negative labels or insults cloaked in feeling words must be discouraged. The whole emphasis in this strategy is the communication of helpful and honest feelings in the interest of openness and problem solving.

Though many strategies exist for the process of operant-based behavioral marital therapy, one such strategy is formulated by Weiss (1978). Weiss recommends a four-step process: (a) assessment, (b) engagement, (c) treatment and (d) disengagement. The behavioral assessment of marital discord is the key to successful behavioral marital therapy. The therapist uses a
mixture of standard marital assessment devices (such as self-report questionnaires), ratings of particular behaviors deemed important to change offered by each spouse, and the clinical interview. The goals of the assessment phase are to (a) specify and elaborate the target behaviors for change, (b) develop an understanding of the etiology of the conflict, (c) to establish rapport with the marital partners and (d) to build positive expectations (the anticipation of a positively reciprocal reinforcing relationship).

The goals of the engagement phase are to solidify a therapeutic relationship with the clients, explain the treatment process and secure a commitment of the couple to this process, and begin to address faulty communication patterns. The therapist presents a rationale for marital distress and treatment, including the effect of faulty communications and aversive controls and the relevance of the goals of positively changing behaviors and developing communication skills.

The third stage is the treatment stage. Typically, stage one (assessment) and two (engagement) occupy the first two or three sessions of therapy. The treatment stage is the major part of the treatment program and involves communication skills training and contract negotiations, construction and implementation.
Communication enhancement involves helping the couple solve problems more effectively and promoting a more open, clear and positive pattern of verbal interaction. Written contractual agreements to change behaviors in desired ways are used to reinforce spouses to satisfy each other's needs.

Disengagement, the fourth stage, is the process of preparation for termination. The treatment program involves the teaching of strategies for conflict resolution with the expectation that these strategies will be implemented during the therapy process and after termination. In effect, the couple is being prepared for termination throughout therapy but during the last stage the therapist is actively withdrawing his/her direction and control so that the couple become responsible for the maintenance of treatment effects. By this time, each spouse should be able to assume equal responsibility for producing interactions, consider ways in which they can change, analyze and interrupt negative exchange chains of behavior, and take the necessary steps (as learned throughout the therapeutic process) to increase reciprocal reinforcement, decrease aversive controls, increase positive communication and contract for desired changes.
Cognitive Therapy

Cognitive learning approaches have been successfully employed within a behavioral framework by such well-known therapists as Ellis (1962), Meichenbaum (1974), Eisenberg and Zingle (1975) and D'Zurilla and Goldfried (1971). With this conceptual model, an increased importance is placed on the role of personal perceptions and thoughts in determining one's emotional reaction to external stimuli. The emphasis is on cognitive meanings, labels and structures which act as stimulus controls and affect an individual's response to external events. In other words, in the linear equation of stimulus-response-outcome, the cognitive therapist emphasizes the covert as well as overt responses to the stimulus and considers how the covert response affects the outcome.

One of the earliest treatment approaches based on cognitive methods was proposed by Ellis. Ellis based his theory and intervention known as Rational Emotive Therapy on the premise that most, if not all, psychological disorders arose from irrational thoughts, that people have faulty assumptions about themselves and the world around them and that these assumptions or perceptions influenced how they behaved. He related his theory in an A-B-C-D paradigm in which A is an activating event (stimulus) which appears to cause C, an emotional consequence, which
is, in fact, caused by B, the individual's belief system (which may be rational or irrational). When undesirable emotional consequences occur, these consequences can usually be traced to the person's irrational beliefs which, if effectively disputed (D) by a rational challenge, will eventually cease to occur (Ellis, 1962). Marital disturbances, as well, result from neurotic, irrational disturbances of either or both spouses. Ellis contends that couples enter marriage with two expectations: the hope for regular sexual satisfaction and the enjoyment of intimate companionship and love. If either of these expectations are prejudiced or exaggerated, the marriage will be disturbed (Ellis and Harper, 1961). Eisenburg and Zingle (1975), building on the work of Ellis, saw disturbed marriages as extensions of disturbed individuals and developed a treatment approach accordingly.

The goal and treatment approach for the cognitive therapist is to confront a client's irrational belief system in order to help the client alter such beliefs (Ellis, 1962). The main technique of the therapist is explicatory and didactic information-giving in the context of role playing, modeling, unconditional acceptance, humor, confrontation and exhortation. The RET therapist often employs operant conditioning procedures to reinforce the individual's changing
irrational thinking and changing behavior. The RET therapist serves as a philosopher/teacher to help the client or clients in a marital relationship to analyze and challenge beliefs, reduce irrational beliefs to absurdity, annihilate irrational ideas that lead to self-defeating feelings and behaviors, and replace with more rational theses (Ellis, 1962).

Other cognitive therapeutic procedures used in behavioral marital therapy are the use of self instructions to guide client behavior (Meichenbaum, 1974), and problem solving (D'Zurrilla and Goldfried, 1971). D'Zurrilla and Goldfried propose a problem solving procedure that involves: (a) problem definition and formulation, (b) the generation of alternatives, (c) decision-making, and (d) the verification of results. Each of these procedures is based upon a cognitive approach to behavioral therapy.

Behavioral marital therapy, whether respondent, operant or cognitive, is identified by a common core of concepts present in all behavioral approaches, concepts and procedures derived from experimental psychology. The primary emphasis is on the analysis and change of behavior through techniques that employ reinforcement and/or stimulus control and result in positive, reinforcing behavioral changes that increase marital
The Systems Approach

The systems approach to marital therapy is based upon the pioneering work of von Bertalanffy who, in 1928, first introduced a series of concepts to explain biological dilemmas which the natural sciences could not explain. Existing scientific theoretical approaches relied upon a reductionistic-mechanistic explanation of events in a linear series of cause-and-effect equations. Bertalanffy's concepts sought to explain biological phenomena in holistic, organizational, relational and circular causality principles. His concepts were first given the title, "General Systems Theory" in 1945 (von Bertalanffy, 1968). In the 1960's, General Systems Theory was applied in the field of human behavior. Bertalanffy's concepts were directed to explain the complex interactions in relationships among individuals or groups of individuals.

The key concepts in general systems theory are: organization, control, energy and time and space. These concepts have been applied to models of marital therapy most notably by three groups. These are: (a) the communication theorists of the Mental Research Institute of Palo Alto, California, (b) the structural family theorists, and (c) the family systems theorists.
The major tenets of general systems theory will be addressed followed by a description of the application of these principles by the three representative proponents.

The core concept of general systems theory is organization, the fundamental concept upon which the theory is based. A system is a set of elements or units organized in a consistent relationship or interactional position with each other. Consistent elements of a system are organized in a consistently describable and predictable fashion. Once the individual elements are combined and organized by a consistent relationship, an entity is created which is greater than the additive sum of its individual parts. The entity can no longer be explained by a reductionist approach of describing individual elements. Instead, in the system's theory principle of wholeness, an organized entity is described by the condition in which "the state of each unit is constrained by, conditioned by or dependent on the state of the other units" (Miller, 1965, p. 68).

In order to understand an observable phenomenon, descriptive statements identifying the elements of the system and the relationship between the systems is made. Marriages are defined as systems since they are composed of the consistent elements of husband and wife and these elements
are organized into a consistent relationship with each other.

An organized entity can be described not only by the notion of wholeness but also by the principle of boundaries. Since systems are consistent elements related in a consistent fashion, systems are elements bounded by the nature and pattern of the relationship between them. Boundaries may be physical, mental, emotional and interactional but are intended to differentiate between the consistent elements of the system and between the system and the outside environment. Boundaries involve spatial and time contexts. Boundaries vary in clarity and permeability between the system's elements (Skynner, 1976). Boundaries exist in marital systems as well as in biological systems—patterned boundaries between husband and wife, between the dyadic relationship and the family and between the family and the outside world.

Another principle related to organization (to accompany wholeness and boundaries) is that of hierarchical organization. Systems themselves are organized internally and with other systems to form hierarchical levels. Each system is seen as composed of subsystems and as being an integral part of a larger suprasystem, from the nuclear to the global. Applied
to marriage, the marital dyad is often seen as a subsystem of the family system yet composed of the subsystems of husband and wife (Minuchin, 1974; Bowen, 1976).

Control is another major concept of general systems theory. The emphasis here is on the balance and stabilization within systems, characterized in the principle of a dynamic steady state. This principle does not imply rigidity or a fixed, inflexible patterning of interactions but rather controlled adaptation, that is, elements in constant dynamic interaction, relating in a complex set of checks and balances that set acceptable limits of activity yet permit acceptable changes to occur. Control allows growth and development within the system of related elements.

The concept of control is divided into the two related principles: (a) homeostasis and (b) feedback. Homeostasis is the notion of balance or equilibrium in living systems. That a system is a set of consistent elements organized into a relationship implies the maintenance of a constancy of the internal environment. The emergence of a state of imbalance or disequilibrium activates a set of built-in mechanisms that ultimately act to restore the state of homeostatic balance within the system (Jackson, 1965).
Central to the concepts of control and homeostasis in living systems (including marital systems) is that of feedback or, more precisely, the notion of the feedback loop. Instead of conceptualizing two events in a strictly linear cause-and-effect manner, the general systems theorists conceive of two events in certain circumstances related in a circular fashion. That is, Event A leads to the occurrence of Event B, which in turn leads to a repetition of Event A. A positive feedback loop exists if an increase in any one component event of the loop increases the next event in the circular sequence. The negative feedback loop, in contrast, involves the establishment of a balance between the deviations of different events within the loop. Through controlled adaptation and the feedback loop, control is maintained within the system, producing the dynamic steady state. Applied to marriage, the concept of control describes the set of identifiable mechanisms within the marital system whose primary purpose is to maintain an acceptable behavioral balance and resist any change from that predetermined level of stability. The marital system, in this manner, continues in a dynamic steady state, a constancy of the interactional environment. Information is directly related to the probability of occurrence of
a particular event--the more probable the occurrence, the less information connected with the event. A system such as marriage is viewed as an information-processing system so that terminology such as information bits, decoding and programs of behavior convey the idea of marriage as a complex computer. This principle of negentropy through information is critical to the Systems concept of marriage and explains the emphasis of the Systems theorists upon communication within the marital system.

Thus far three conceptual areas have been presented: organization, control and energy. Each of these Systems constructs operates within the context of two very important dimensions, namely, time and space. Each dimension co-exists simultaneously. Each core concept takes on different qualities when viewed from the vantage point of spatial and/or temporal dimensions. For example, marital behavior implies structure (organization developed within a defined space) and process (organization along the temporal dimension) (Miller, 1965).

In summary, marriage is conceptualized as a system of consistent elements (husband and wife) who are organized in a consistent relationship. This relationship is characterized by a dynamic interaction between husband and wife, a patterning of interactions

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and an exchange of information which provide energy for the system to function, and a tendency to maintain a stability and balance which regulates the interactions within the system. Marital behavior is understood not only in the quantitative terms of cause-effect equations but also in terms of circular causality, that certain behaviors are related in a circular loop which determines subsequent behaviors.

Although the General Systems Theory has existed for decades, its application to the treatment of marital relationships has been relatively recent, since the middle 1960's. The conceptual framework of the General Systems Theory has been applied to the understanding of marital interaction and treatment of marital disorders in several distinctly different manifestations, notably the communications oriented therapy of the Mental Research Institute group (Jackson, Watzlawick, Bateson, Sluzki, Weakland, and Haley), the Structural Family Therapy of Minuchin and the Family Systems Therapy of Bowen. These three models of marital therapy are representative of the adoption of General Systems Theory concepts and will be discussed individually.

A third core concept of the General Systems Theory is that of energy. A system requires energy to be functional, to carry on its tasks, to continue to grow.
and develop. Energy drives the system's processes. The concept of energy is subsequently divided into two corollary principles: entropy and negentropy. Entropy refers to the tendency in a system toward disorder, disorganization, lack of patterning or randomness of organization that results in a gradual degradational loss of energy in the system (Miller, 1965). This loss of energy eventually causes greater disorder and disorganization until the system fails to function. The principle of negentropy refers to a tendency in living systems towards increased patterning and organization which becomes a potential source of energy to maintain the functionality of the system. Negentropy is the heart of the whole notion of the living system, what keeps the whole thing going.

In Systems Theory, marriage is an open, living system which requires energy to maintain itself. This energy in marriage (negentropy) is essentially equivalent to the notion of information. Information is a type of energy that leads to a reduction in the level of uncertainty and an increase in the patterning or organization within the system.

Communication Theory - MRI

The Mental Research Institute of Palo Alto, California, has been developing and refining theoretical
concepts of marital interaction based on communication theory for 20 years. This group, comprised of the late Don Jackson, Paul Watzlawick, Gregory Bateson, Carlos Sluzki, James Weakland and Jay Haley, are considered "systems purists" in their adherence to Systems Theory concepts. Their basic assumption is based on the "black-box model" (Watzlawick, Beavin and Jackson, 1967). The workings of a black box (system) can be described by analyzing the rules that govern its function. By paying strict attention to inputs and outputs and equations that describe the consistent relationships between inputs and outputs, the systems expert can discover all that he needs to know about how the black box works (Watzlawick et al., 1967). When considering the marital system and marital disorders, of chief concern is the communicational inputs and outputs in order to understand the functioning of that system.

The communicational model of marriage is based on three concepts. The first is that all behavior in an interactional situation is communicational behavior (Watzlawick et al., 1967). It is not possible for a marital partner to not behave or not communicate since all behaviors have a message value.

Secondly, all communications may be described in
terms of (a) syntax, (b) semantics, (c) pragmatics, and (d) report and command. Syntax is the way information is communicated: encoding of information, channels, capacity, variability, noise and redundancy. The quality and quantity of information transmission over time is studied to understand marital communicational interaction. Semantics refers to the meaning of the communicational act. Of particular interest is the clarity of information transmittal and the ability of the receiver to understand the message as transmitted. Pragmatics refers to the behavioral effects of the communication. Since behavior and communication are used synonymously by the communicationists, the pragmatic aspect of marital communication can be used exclusively to describe and define the rules of behavior existing in a particular marriage (Phillips and Metzger, 1976). Report and command are distinct aspects of the communicational act. "Report" is the conveying of information while statements that address the relationship between communicators is the "command" aspect (Jackson, 1965). Marriage is an interactional communicational system that involves not only the sending of information back and forth between marital partners but also the defining of the nature of their relationship through communication. Report and command aspects of marital communication

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describe a pattern of communication and, as such, reflect a rule about the nature of the marital relationship (Jackson, 1965).

In terms of the General Systems Theory, communicationists assert that marriage is a system of patterned, organized communicational interactions, a steady, homeostatic state based strictly on communication (Guerney, 1977). It follows in this model that if marital behavior is communication, then pathological behavior is pathological communication. Marital conflict does not follow from existing psychopathology in individuals who marry each other, but such conflict is the result of their pathological communicational interactions. Pathological interactions as the cause of marital conflict is central to the communicational model.

The understanding of pathological communications is determined by an analysis of three dimensions of marital communications: sequencing or patterning of communication, paradoxical communication and symptom formation. Since it is not possible, in the communicationist's view, to judge a single communicational act as pathological or nonpathological, it is instead important to examine a series of communications and the nature of their qualities (Watzlawick et al., 1967). By concentrating on and assessing the syntactical, semantic and pragmatic
qualities of the pattern of communication, the degree of clarity and confusion and the rules of relational behavior can be determined. Discriminating variables for defining pathological communication centers around the content of speech (syntax and semantics) and the command aspect of communication.

Pathological communication that results in a pathological relationship also involves paradoxical communication. A paradoxical communication is one which moves in two opposite and internally inconsistent directions simultaneously. The "double bind" is one type of paradoxical communication and refers to a communicational situation in which two logically inconsistent messages are simultaneously communicated along with another message, an injunction against commenting about the inconsistency (Sluzki and Ransom, 1976).

Symptomatic behavior is conceptualized in communicational terms. Symptoms or pathological behaviors are treated as non-verbal communicational messages. Although the symptomatic behavior may be confined to only one person in the interactional system, the symptom may be expressing a message to or for the whole system, reflecting a rule or pattern of the whole system and a way of attempting to define and control a relational system in order to maintain
a homeostatic balance (Bateson and Jackson, 1968; Madanes, 1981).

Therapeutic intervention for the communications therapist involves two strategies: redefining the marital conflict through the use of paradox and facilitating symptom change in order to change the system (Weakland, 1974). While marital interaction may be accounted for in terms of circular communicational causality, the therapist must avoid the employment of linear solutions. Instead, through the use of paradoxical directives by the therapist, the circular, perpetual, patterned communicational interaction based on paradoxical communications may be broken. Paradoxical tasks such as relabeling and reframing interactions alters the relational contexts of communication. The use of therapeutic "double binds" alters the relational rules. When the therapist allows and encourages usual symptomatic behaviors, the marital partners tend to discontinue using that behavior. Communicational paradox as a therapeutic intervention presents an alternative cognitive definition and places control of the marital problem in the therapist's hands (Haley, 1963a). Having been confronted by the therapist's "illogical" and "unreasonable" command and forced to step outside
their first-order belief (perpetuated by their own paradoxical communications) the couple discontinues the use of their symptomatic behaviors, at least eventually (Haley, 1963a).

The redefining of the marital conflict through paradoxical communications elicits change in the symptomatic behaviors which in turn alters the functioning of the system. Simply stated, "the main goal of therapy is to get people to behave differently" (Haley, 1976). A basic assumption of communicationist's theory is that when a change occurs in one domain of experience, it radiates to all other domains of the system. A change in the interactional behaviors of a marital system leads to a subjective change; a change in one unit of the marital system (the husband or wife) will inevitably produce changes in the relational interactions which leads to changes in the marital system. Because of the interrelationship of persons in a marriage, a change in any part of the system will produce a change in the other dimensions of the system. A further assumption of communicationists is that once the problematic interactional pattern has been changed, natural reinforcement will take over and self-maintain the altered behaviors.

Within the context of these concepts and strategies,
the therapist working from a communications-oriented model is more concerned about the process of communication than the content. The communications therapist will analyze the syntactical and semantic qualities of the pattern of communications, determine the degree of clarity or confusion, understand the circular, pragmatic aspects of the pathological communicational patterns and then, through the use of paradox and symptom change, work toward an alteration in the interactional patterns.

Structural Family Theory - Minuchin

Since Minuchin's theoretical emphases are distinctively different from the communications theory, his approach to marital therapeutic intervention is also quite dissimilar. Minuchin's theory of marriage is based on three major assumptions. The first is that man is not the master of his fate (Minuchin, 1974). The individual, as Minuchin asserts, operates within a social context and it is this social context that defines the constraints within which individual behavior exists.

The second assumption is that the social context takes on a specific, defineable structure. The structure of marriage is evident in its (a) organizational characteristics (membership and boundaries), (b) patterns of transactions over time, and (c) response to stress.
Along the organizational dimension, Minuchin places heavy emphasis on the marital dyad conceptualized as a subsystem within the family. This marital subsystem is defined in terms of the membership and function of the subsystem and the familial suprasystem. The organizational boundaries of the marital subsystem are the rules defining who participates and how in the system (Minuchin, 1974). The function of the boundaries is to "protect the differentiation of the system" (Minuchin, 1974, p. 53). Marriages, to function and grow, must have clear boundaries to ensure that the husband and wife are clearly differentiated as individuals and as a separate system to be protected from interference from competing subsystems such as children or in-laws. At the same time, the marital boundaries must not be so rigid as to prevent interaction between the marital subsystem and other subsystems or the world-at-large or between husband and wife as individuals within their separate subsystems (Speigel, 1971). Clarity or definition of boundaries becomes a major parameter for evaluating the marriage's level of functioning in Minuchin's model.

Minuchin proposes a continuum describing three types of boundaries: disengaged, enmeshed and clear
(Minuchin, 1974). These types refer to a transactional style in the marital subsystem, ranging from the functional boundaries (those that are clear and allow a marriage to survive and thrive) to those that are dysfunctional and lead to the breakdown of the functioning of the system (disengaged and enmeshed). Dysfunctional boundaries are described as disengaged where there is little or no interaction between subsystems or enmeshed where there is confusion or lack of clarity between subsystems.

Another structural dimension of marriage in Minuchin's model is the patterning of transactions. Relational transactions are not only the specific, patterned communicational acts between transmitters and receivers (the marital partners), but also include the interrelationships between the environmental context and individual behavior (Minuchin, 1974). Patterned transactions are conceptualized more in spatial terms than temporal so that the emphasis is on the relationship of behavioral variables in a particular contextual space rather than sequence. This emphasis on patterning of transactions within contextual constraints removes any attention from internal motivations for behavioral transactions and allows the therapist to make descriptive, non-judgmental statements about the
transational structure within the marriage (Otto, 1976). Patterns occur because a particular fit has been established within the marital system, not because of individual motivation.

The third structural dimension of marriage is the system's response to stress (Minuchin, 1974). Marital structure can be identified in patterns of adaptation to four potential sources of stress: interaction between individuals and extra-familial forces, interaction between the family and extra-familial forces, developmental transition of any member of the system and idiosyncratic sources. The marital system's particular organizational pattern will reflect one of two possible adaptive stances to stress producers, one which leads to adjustment and growth, the other one leading to increased rigidity.

The third assumption of Minuchin's model of Structural Family Theory is that some organizational structures are good and some are bad. This assumption is the basis for the existence of marital structural pathology. Pathological transactional patterns are the result of dysfunctional boundaries in the organizational structure of the system, patterns which fail to meet the generic or inherent needs of the system or the shared expectations of the marital partners, and
a rigid, non-adaptational stance to stress (Minuchin, 1974).

Therapeutic intervention for Minuchin deals primarily with an assessment of the marital interactions in the here and now. Instead of attention to communicational interactions, however, Minuchin's emphasis is on the organizational patterns and patterns of transactions. The focus is on maps, descriptive, graphic displays in which structural variables are represented in the spatial dimension only. Therapy involves mapping the organizational and transactional dimensions for the whole family of which the marital dyad is a subsystem. The intervention involves prescriptions "changing the relationship between a person and the familiar context in which he functions" (Minuchin, 1974, p. 13). In other words, changing the relational "fit" will result in a change in the pattern of individual and transactional behavior. In similarity to the communicationists, relational change produces changes in one's subjective experience. A therapeutic change in the environmental contexts, individual behaviors and/or relational transactions results in changes in the whole system.

**Family Systems Theory - Bowen**

The third version of systems theory of marriage and marital disorder is that developed by Murray Bowen.
At the core of Bowen's model is his contention of the existence of two parallel processes as the fundamental components of human behavior: an emotional process and an intellectual process (Bowen, 1976). Bowen postulates that man's emotional process is the behavioral manifestation of an emotional system common to all lower forms of life and governed by the same laws that govern all living organisms. But the intellectual process comes from the intellectual system that is peculiar to man, rooted in the cerebral cortex, involving the ability to think, reason and reflect and enables man to govern his own life by the laws of logic, intellect and reason (Bowen, 1976). The emotional processes are primitive, impulsive man; the intellectual processes represent man at the pinnacle of his power and development. This emotional versus intellectual core concept leads to three concepts that are applied directly to the marital and family systems.

The first of these corollary concepts is the differentiation of the self. Bowen conceives of each individual on a continuum of functioning along an axis defined as the degree of fusion versus the degree of differentiation, between emotional and intellectual functioning (Bowen, 1976). Whereas fusion implies behavior dominated by the emotional system
(impulsive, instinctual, primitive), differentiation implies behavior dominated by the intellectual system (rational, logical, reasonable). The more fused an individual is on this continuum, the more difficult it will be for him to establish relationships that preserve his individuality and separateness.

The second concept is entitled, the nuclear family emotional system and "describes the patterns of emotional functioning in a family in a single generation" (Bowen, 1976, p. 78). Here the same continuum that describes individual functioning (fusion-differentiation) is used to describe family functioning. Marriage, contends Bowen, is a union of two people operating at similar levels of differentiation (Bowen, 1976). The more fused the marital system, the more likely the existence of marital pathology in the relationship. This concept is critical to Bowen's notion of marital disorders.

In fact, he asserts that the amount of undifferentiation in a particular marital system will be evident in three specific directions: the area of marital conflict, the development of sickness or dysfunction in one of the marital partners, and the projection of marital problems onto a child which leads to the impairment of the child.

A related concept to this nuclear family emotional system is the application of the fusion-differentiation
continuum to the relationship of the individuals in a marriage and their families of origin. Bowen asserts that current behavior is the result of a process over many generations of patterned relationships that are self-perpetuating (Bowen, 1976). He contends that individuals marry like persons and families rarely change dramatically over succeeding generations. This leads Bowen to place importance on the historical context of a marital relationship in order to help individuals within a particular marriage to delineate the heritage they are benefiting from or struggling against.

The third core concept in Bowen's conceptualization of marriage is the emotional configuration of the triangle (Bowen, 1976). Bowen contends this is the basic building block of any emotional system including marriage. Even in a marital dyad that includes no children or parents the tendency is to involve or incorporate a third person in the emotional system. The purpose of the emotional triangle is to reduce emotional tensions between the dyad. If tension persists or increases even with the addition of the third person, then still additional people will be incorporated in a series of interlocking triangles until relative stability is established.

The basis for marital disorders lies in the
nuclear and generational emotional systems. Bowen postulates that individuals seek out partners who repeat early familial experiences and experiences of self. They tend to repeat in all future relationships the style of relating learned in the parental family. Thus, poorly differentiated individuals "seek other equally dependent relationships in which they can borrow enough strength to function" (Bowen, 1970). Individuals are attracted by potential mates who function at the same level of psychological development but manifest complementary overt behavior styles and expect their mates to make up for their own developmental failures. Conflict in marriage occurs when both individuals are poorly internally differentiated and the attendant fusion results in anxiety for one or both spouses. This anxiety or tension results in symptoms or dysfunction in one of the marital partners or in the marital dyadic relationship.

For Bowen the goal of therapy is to work toward increasing each marital partner's differentiation of self, both internally and from one's family of origin (Bowen, 1976). This process involves a detriangling of the basic "molecule of any emotional system". In order to accomplish this goal, Bowen employs four intervention strategies (Bowen, 1976). The first is defining and clarifying the relationship between the
spouses by defining "the more prominent stimulus-response mechanisms and to teach the spouses to be observers of their interactions" (Bowen, 1976, p. 262). The definition process of the emotionally fusing mechanism defuses it. The second strategy refers to a function of the therapist in preventing himself (the therapist) from becoming triangulated in the marital emotional system. The therapist deflects any attempt by one or both spouses to triangulate him into their dysfunctional processes by manipulating the therapist to take sides with either partner.

A third strategy involves a didactic approach, teaching about the functioning of emotional systems. Bowen supports a direct explication of the strategic parameters of interpersonal relating and change. The final strategy of Bowen's marital intervention is for the therapist to assume "I position" stands, involving the therapist's clearly defining himself in relation to the marital partners. This tactic insures the differentiation of the therapist from the marital dyad and individuals and exemplifies to the marital partners how to relate to each other in similarly differentiated fashion (Beavers, 1977). This process of modeling as well as identification with the therapist constitutes an important part of Bowen's therapeutic technique.
Summary

All three systems theories view marriage as a system of interrelated, interactional persons, the marital system itself a part of a larger system, the family. This system of marriage is organized along specific dimensions of boundaries and structure. It is governed in its function and process by identifiable rules and patterned interactional behaviors. It is characterized by control, energy and dynamic interactions of both a communicational and an emotional nature.

Marital conflict is viewed generally as a dysfunction of the transactional system, though the specific etiology of the dysfunction is described in different ways by each approach. For communicationists, marital discord is the result of pathological-communication and communicational patterns; for Bowen and Minuchin, it is the result of the confusion of system boundaries and the lack of differentiation.

Marital therapy, from these models, focuses on the present processional situation in the marital relationship, on the current interactions between the systemic parts of the marital dyad. Each approach emphasizes redefining and clarifying certain aspects of the interaction: communication or relational dimensions. And each proposes a methodology, a
strategy of intervention which focuses on the alteration of those pathological interactions in order to change the relational behaviors and, in effect, alter the system and its components.
CHAPTER III

THE INTEGRATIVE MODEL

This chapter will be divided into two major parts. The first is an evaluation of the three selected approaches based on criteria suggested by Gurman and Knishern (1978). The second part is an exposition of the Integrative Model, including basic assumptions and propositions regarding marriage, marital conflict and marital therapy.

Evaluation

The evaluative criteria to be applied to the three selected approaches to marital therapy were suggested in part by Gurman. These criteria represent nine different dimensions of assessing the theoretical approaches of marital therapy. Those nine dimensions are: (a) past versus present, (b) internal versus external conflict, (c) unconscious versus overt behavior, (d) process versus content, (e) depth versus breadth, (f) insight versus behavior change, (g) interpretive versus instructional, (h) empirical versus non-empirical, and (i) individual versus interactional focus.

Past vs. Present

When consideration is given to the emphasis of each
of the selected theories to the continuum of past to present, it becomes apparent that each theory is very different. The psychoanalytic approach almost exclusively focuses on past developmental events to assess and understand present relationship dynamics. The behavioral approach, on the other hand, gives major attention to present situational events to the point of ignoring historical antecedents. The Systems theories are a mixture of emphases: Minuchin (1974) and Bowen (1976) giving credence to the implications of the past (especially to one's family of origin) while the communicationists favor attending to the communicational dynamics of the present.

The extreme positions of the psychoanalytic and behavioral approaches raise the possibility of ignoring important factors in the understanding of the marital relationship and in the therapeutic intervention. Both the past with all the developmental vicissitudes and early learnings and the present interactional dynamics are essential to a full understanding of the dyadic relationship. The marital therapist should give considerable attention to the developmental movement of each of the marital partners, especially their social histories including the individual's relationship to parents, siblings, other adults and peers. Attention should be focused on the developmental aspects of the relationship.
and the marital conflict. In addition to this understanding of the past, the therapist also examines closely the present relationship dynamics, including communication, roles, organization and situational events. An integrative approach considers the importance of both past and present determiners of behavior.

**Internal vs. External Conflict**

Similarly there is a vast difference among the approaches regarding the focus of conflict. Many psychoanalytic oriented therapists view the etiology of marital conflict as the internal conflicts of either or both marital partners. The internal conflicts and subsequent anxieties and defenses lead to behaviors which, in turn, lead to marital conflicts. The behavioral marital therapist eschews the internal dynamics for what can be observed and measured; hence, the emphasis is on the external element of conflict, that which can be described and observed outside the individual and between two persons. The systems theorists tend to focus on the external determinants of conflict and pay little attention to internal dynamics. The exception is Bowen, who emphasizes the dual processes of intellectual and emotional as determining how one functions relationally.

An integrative consideration of both the intrapersonal and interpersonal dynamics becomes the basis for understanding
behaviors and conflict. To view just one or the other is to place limitations on the therapist's understanding of the total marital situation and, hence, may limit his effectiveness.

**Unconscious vs. Overt Behavior**

The psychoanalytic approach emphasizes attention to individual unconscious dynamics as required for effective treatment. In fact, psychoanalytic psychotherapy focuses on the process of understanding those unconscious dynamics. However, with both the behavioral and systems approaches, individual unconscious dynamics are considered to be totally irrelevant to treatment. Some may even go so far as to deny the existence of the unconscious. Instead all attention is given to overt behavior, that which can be observed, measured and manipulated.

Unconscious (covert) factors do exist in each individual and individual unconscious dynamics are important and useful in treatment. It appears to be equally important to understand observable, measureable behavior, as well as conscious and unconscious aspects of behavior. Though individuals respond to stimuli with actions that are visible to others and reasons cognizant to the individual, a person also responds to stimuli in ways and means unknown or outside of the awareness of the individual.
Process vs. Content

Process has to do with dynamics, the why and how people behave and relate to each other. Process is concerned with a continuing development with many changes over time. This is the perspective of the psychoanalytic and systems approaches. Content has to do with quantity, the amount and kind of interactional/behavioral activities involving the marital dyad. What one does to please or displease one's spouse, what can be done differently, what can be done to improve the immediate quality of the marital relationship are the content concerns of the behavioral approach. The behavioral marital therapist is less concerned with process (why and how) than with what the marital partners do or don't do in their interactions (content).

Though content is of some importance in understanding what a couple is doing, process is of key significance. To understand how a couple related in the past, how in the present, why each individual behaves in the manner he/she does, and the developmental process of their interactions is essential to dealing with the content of their present and future interactions. The present context becomes the beginning point for understanding the process by which the present content came to be so that the interactions of the future may come under the control of the therapist and the marital partners.
**Depth vs. Breadth**

Relative to the goals of therapy is the consideration of depth versus breadth. The psychoanalytic-oriented therapist is primarily concerned with the reconstruction of the individual personalities through resolution of individual conflicts and anxieties. This is the depth approach. The behavioral and systems therapists focus on the breadth or how wide-ranging the changes that are sought. This, correspondingly, is the breadth approach. Psychoanalytic therapy with its consideration of personality change as its ultimate goal differs significantly from the perspective of the other approaches which focus on the interactive behaviors between marital partners that need changing.

Research and experience has shown that many psycho-therapeutic contacts, whether or not initially planned to be, turn out to be relatively brief. An approach that deals with the breadth of interactive changes yet enables the individual's significant insight into the interpersonal dynamics relevant to the interpersonal relationship is preferable to a unidirectional approach.

**Insight vs. Behavior Change**

The psychoanalytic, behavioral and systems approaches assume divergent positions regarding the curative factor...
in marital therapy. The psychoanalytic approach emphasizes insight as the curative force while behavioral and systems approaches promote behavior change. Insight, according to psychoanalytically-oriented therapists, will lead to adaptive changes in interpersonal relationships. But to the behavioral and systems-oriented therapists, behavioral changes themselves, engineered by the therapist and applied by the marital partners, will in itself foster the desired changes in the interaction.

Behavior changes are essential for the therapeutic process. Positive behavior changes help to resolve marital conflicts but are insufficient in themselves. Insight is also needed to increase understanding into why a person acts the way they do and make lasting changes in the antecedents for behavior. It appears significant for the therapeutic process to include and emphasize both behavior changes and increased insight for the process to be efficacious.

**Interpretive vs. Instructional**

The process or method of therapy differs greatly from one approach to another among the three selected. The psychoanalytically-oriented therapist uses the interpretive strategy, using clarification and interpretation, to help the individual gain insight into the dynamics of their behavior. The psychoanalytically-oriented
therapist avoids giving advice or instructing the client how to behave. Instead, through interpretation and insight, the client works through emotional experiences of the past and makes appropriate changes in present relationships. The behavioral and systems approaches promote a more educational and instructional approach in therapy. Teaching the marital partners how to communicate, how to solve problems, how to negotiate, how to reinforce desired behaviors are all instructional, directive methods employed by those two approaches to marital therapy.

The role of the therapist and the methods at his disposal are to be varied and inclusive. At appropriate times the therapist needs to be directive and instructional, at times interpretive. By taking a varied approach (by having a variety of methods ready to employ) the therapist is able to intervene to promote both positive behavioral changes and increases in insight in the most efficient manner.

Empirical vs. Non-Empirical

Though research studies have been performed on each of the three selected theoretical approaches, one approach lends itself more easily to empirical study. With the emphasis on observable, measurable data and the use of data language, the behavioral approach has
emphasized its subjectivity to empiricism. At the same time, the behaviorists have criticized the other schools for their shortcomings, that they use language, goals and treatment methods that are difficult to surrender to empirical scrutiny. By far, the majority of outcome experiments investigating treatment effectiveness has been performed on the behavioral strategies. Though empirical interest among communicationists of the systems approach has increased in the 1970's and 1980's, the psychoanalytically-oriented therapists have consistently eschewed controlled investigation of therapy outcomes.

The promise of a scientifically based, empirically validated technology of marital therapy is desirable, important and feasible, the necessity of study, investigation, evaluation, and validation of marital therapy is apparent. Raising the question of whether psychotherapy (whether individual, marital or group) is an art or a science, it appears the movement has been in the direction of therapy as science. In this age of technological advancement, it seems appropriate to apply scientific principles to the discipline of understanding human marital behavior and treatment intervention in marital discord.

**Individual vs. Interactional Focus**

As a way of summarizing elements of the previous
eight criteria, we look at the focus of the three selected approaches to marital therapy. The psychoanalytic approach focuses on the individual rather than the dyad. Concern is for the individual's psychosocial developmental history, internal conflicts and defenses, and unconscious motivations. The focus of psychoanalytic marital therapy is on the intrapersonal processes, the gaining of insight through interpretation in order to bring about adaptive change.

The behavioral approach to marital therapy emphasizes the interactional events which transpire between a couple, behavioral events which produce conflict. The focus is on individual behaviors in an interactional context. The strategy is to instruct couples to make reciprocal behavior changes which reduces conflict and makes the marital partners satisfied.

The systems approaches almost exclusively emphasize the interactional elements of the dyadic relationship, to the point of losing sight of the individual factor. Systems therapists, especially the communicationists, emphasize intervention in the system via redefinition or reorganization and give little significance to the individual person. An integrative approach considers the significance of the individual (the individual's
history, internal dynamics, and behaviors) and the interactional elements, including commitment, cultivation, communication and situational context. Every marriage relationship (whether satisfactory or unsatisfying) is the involvement or two individuals in a unique design of interaction within a specific situational context. Therefore, an integration that considers the individual and the interactions needs to be established in marriage theory and marital therapy.

**Integrative Model**

The Integrative Model is constructed from three assumptions and six propositions. The assumptions are the basic groundwork from which the propositions build a specific theoretical model.

**Assumptions**

While orthodox psychoanalytic therapists tend to stress internal organismic determinants of behavior, behaviorists tend to characterize man's behavior as totally under environmental control. Psychoanalytic theory deemphasizes external forces that influence behavior and behaviorists deemphasize man's influence on his own environment.
It is a basic assumption of the Integrative Model that man's relationship with his social environment is a reciprocal process, each influencing the other. This process has been concisely described by Bandura: "Personal and environmental factors do not function as independent determinants, rather they influence each other. It is largely through their actions that people produce the environmental conditions that affect their behavior in a reciprocal fashion" (Bandura, 1977, p. 9). This concept makes use of a behavioral formula suggested by Lewin (1951): $B = f(P,E)$, which may be stated as behavior is the function of the interaction of a person and his environment.

Interpersonally, man both acts upon and responds to his/her social environment. He/She partially creates his/her own interpersonal universe by his/her impact on significant others while correspondingly those significant others are acting to shape his/her behavior. Given the complexity and quantity of interpersonal stimuli in enduring relationships such as marriage, it is assumed that each spouse partially determines the other spouse's behavior toward himself/herself and in ways that he/she may be unaware. The process of person-environment interactions are highly complex in marriage as each partner influences the other's behavior and is in turn

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Whereas the first assumption had to do with the person-environment interaction, the second assumption asserts a cognitive-behavioral interaction. Man is not a Pavlovian dog, responding automatically to manipulated stimuli in a blindly conditioned manner. There are some stimuli that man may react unthinkingly to, but man also possesses the capability to cognize, to reflect, to evaluate options and consequences and to determine behavior. This thinking capacity means that not all behavior is that which is observable (overt) but that there is another dimension of behavior (mediational behavior) which transpires within the human intellect (covert) which interacts with and influences the overt act. Some behaviors are autonomic and habitual, meaning the degree of cognition involved is greatly diminished. But in many situations, complex cognitions are interacting with behavioral events. Cognitively, man forms abstractions of his reality and these abstractions serve to organize future perceptions and to guide behavior (Segraves, 1982).

Furthermore, it is assumed that man forms perceptions and misperceptions of reality based on previous learning experiences. These perceptions (and misperceptions) act as a determining factor of behavior.
disturbances are often the result of reacting to misperceived reality. Perceived reality is partially a function of external reality and partially the individual's way of construing that reality. Within the interpersonal contexts of human relationships, man forms perceptions of others and self based on past learning experiences. This perception of interpersonal reality may be accurate or may be inaccurate misperceptions. Further, these interpersonal perceptions or representations serve to influence one's behavior while at the same time being shaped by behavioral events. In this manner, cognitions and behavior are linked in an unending interactional chain of increasing complexity.

The third assumption focuses on intrapersonal-interpersonal consistency. It is assumed that individuals have predispositions to act in given ways and that a consistency of behavior can be observed in seemingly different situations. This assumption is applicable in interpersonal contexts. Sullivan referred to personality as "relatively enduring patterns of recurrent interpersonal situations which characterize a human life" (1953, p. 11). Carson advocated a similar viewpoint when he concluded, "The facts seem to require that we attribute a portion of the regularities in individual behavior to some form of relatively persistent
dispositional tendencies existing 'within' persons" (1969, p. 9). In the cognitive therapy of Beck (1976), the assumption is made that enduring, habitual patterns of thinking are linked to an individual's failure of adaptation.

Although this assumption emphasizes the predisposition to act in certain ways in given certain interpersonal stimuli, it is further assumed that individuals do change as the self-regulatory structures within the individual are modified by environmental events, either changes in interpersonal stimuli or overriding environmental pressures. The individual maintains a personal consistency of thought and behavior, intrapersonally and interpersonally, unless environmental conditions are altered in such a way as to bring about inconsistencies.

Propositions

The Integrative Model focuses essentially on cognitive processes; this is not to be construed by the reader that other aspects of individual psychology, the affective dimension for example, are unimportant or to be ignored. The Model is formulated in six propositions: (a) conceptualization of the marital relationship, (b) cognitive schemata, (c) interpersonal interactions, (d) marital satisfaction and conflict, (e) mechanisms of change and (f) therapeutic
Proposition 1

The basis of the Integrative Model is a conceptualization of the marriage relationship in an adaptation of Lewin's formula stated previously. That conceptualization is characterized in the formula \( R = f(P_1, P_2) E \), which may be stated in the following way: a marriage relationship (R) is the function of the interaction of two separate individuals (\( P_1 \) and \( P_2 \)) within a situational or environmental context (E). Thus, in this concept, there are three primary variables involved in the relationship: (a) the two individuals or persons, (b) the interaction of these two persons, and (c) the situational context of the persons and their interactions. This conceptualization of the marriage relationship is graphically illustrated in Figure 1.

![Figure 1. Interpersonal interaction in an environmental context.](image-url)
Marriage is a relationship between two adults, unique in the intensity and complexity of interactions between the marital partners. The purpose of the marital relationship is primarily the satisfaction of individual psychosocial needs. Those needs which were met originally by the families of origin are continued into the marriage, the needs of security, affection, and companionship. To this purpose, the relationship emphasizes movement toward an increasing bond between the marital partners, a development of communication and problem solving skills and an organization around specific roles and functions in the home and society.

The first of the tripartheid of variables focuses on the individual persons in the marriage relationship. Each individual contributes to the relationship his/her own personality characteristics, needs and expectations. Each person is an evolving entity, having followed a predictable process of development from birth through childhood and adolescence into adulthood. That maturational process involved biological, intellectual, emotional, and social development first within the context of the family of origin and then in an ever-expanding social context. Each stage of development was built on the learnings of previous experience.
At some point in the evolutionary process, the individual makes a choice for marriage as a means of fulfilling their own emotional needs. Both the choice of partner and the evolving relationship are determined by early relationship experiences. That evolutionary process also involves increased differentiation of the individual self from a symbiotic relationship with the maternal figure toward a clearer self-identity, an independent, distinctive, and integrated sense of self apart from others. The level of maturation, the degree of differentiation, the success/failure of completing early developmental stages with all the psychobiosocial elements determines to some extent the quality of intimate interpersonal relationships, including the marital relationship.

The second variable is the interaction of the marital partners. This interaction takes place at different levels of contact between the two persons: the cognitive, affective, physical, social and spiritual levels. It involves behavioral exchanges in an attempt to meet personal needs and the needs of one's partner. Interactional behaviors commence at the moment of first contact, through the process of mate selection and throughout the development of the relationship. Interactions occur on both the overt and covert levels,
meaning behavioral exchanges may be observable and measurable, but also occur within the individuals, within the meanings each has learned to ascribe to external and internal events within the relationship context. Interactional behaviors include communicational activities, both verbal and non-verbal, both in content of the words used and in the meanings implied in the words used, in the tone of voice and in the timing of the communications, in the speaking and in the listening skills employed by each marital partner. Interactional behaviors include problem-solving and decision-making skills. Further, it involves the exercise and delegation of power through the organization and assignment of roles within the relationship. Interactional behaviors are the points of contact between two distinct and separate individuals and the ways by which the relationship develops and functions.

Interactional behaviors occur in a marriage relationship at five levels. The first is the cognitive level which involves the intellectual processes of the dyadic partners: memory of past and recent events, learnings and educational experiences, likes/dislikes, opinions, thoughts, meanings of events and verbal communications. The second level is the affective behaviors which includes the emotional needs one brings into the
relationship, the expectation of satisfaction of those needs by the marital partner and the emotional reaction or response to the behaviors of one's mate. It involves the experience and expression of a myriad of emotions, including intense emotions of love, anger, fear and grief.

The third level is the physical dimension of the marital relationship. This includes body image of each person and images of their partner, all tactile activity, sexual identity and involvement, and physical condition of each person (including any handicaps). This level involves both verbal and non-verbal communications.

The fourth level is the social dimension which involves all dyadic and personal contacts with the world external to the marital relationship. This includes work environment, families of origin or extended families, neighbors, personal and dyadic friends, community activities, the religious community, political activities, and recreational activities. The fifth level is the spiritual and involves whatever religious training or experiences each person and the dyad has had. Further, it includes personal beliefs and values. Within the dyadic relationship it involves the trust, commitment, forgiveness, hope, and grace shared between persons.

The third variable in this conceptualization of marriage is the situational or environmental context.
This context includes: the living arrangements of the marital partners (where the couple lives, whether they live together or apart, the kind and quality of living conditions); the proximity to and influence of the families of origin; vocational involvements of each partner; children in the home (timing of each child in the relationship history, number of children, sex of children, whether children came from previous marriage, child-care responsibilities, discipline activities, experiences of children in the community); finances (sources, quantity and adequacy, expectations, use); social involvements and influences (friends, co-workers, prejudices, the media, the government and international conditions); and social mores and norms.

The Integrative Model of marriage proposes all three variables in the tripartheid are significant in determining the relationship between marital partners and the qualities of that relationship. While the psychoanalytic model emphasizes intrapsychic dynamics, the behavioral approach emphasizes the situational context and the systems approaches emphasize the interactional dynamics. The emphasis of the Integrative Model is on the presence, importance and interaction of all three variables. The marriage relationship is a relationship of two people interacting in a unique way within an environmental context.
Proposition 2

The second proposition focuses on the intrapersonal dynamics that are involved in relationship formation and development. The emphasis is on the formation of cognitive schema within the individual which determine how that person behaves in his/her interpersonal environment and, more specifically, intimate relationships.

Cognitions refers to the ways in which environmental information is processed. "Cognitions are beliefs, thoughts or items of information which an individual processes concerning his own internal condition and the nature of the social and physical environment in which he exists. They are held to shape and influence in important ways the relationship between an observable stimulus and a measurable response . . . determining the meaning which the stimulus has for the individual and it is in terms of this meaning that a response is initiated" (Stotland & Canon, 1972, pp. 65-66). Cognitions are a covert response to stimuli from the environment which influences and mediates the individual's overt response to the stimulus.

Cognitive schemas refers to a process of encoding environmental information in order to organize and give meaning to this informational input. "Man's perception
of current reality is codetermined by current reality and by past experiences in similar situations" (Segraves, 1982, p. 163). This concept of cognitive schemas is graphically illustrated in Figure 2.

Cognitive schemas serve the function of organizing perceptions of environmental events to form an internal representational scheme or model of portions of reality generated by the individual's experience of the environment.

Man forms cognitive schema with the interpersonal information he processes as well. "Because of the complexity and quantity of interpersonal stimuli and the limited information processing capacity of the human nervous system, man develops cognitive schemas or templates to organize his interpersonal perceptions.

Figure 2. The interaction of cognitive schemas and the interpersonal environment.
These schemas influence the manner in which new information about people is perceived and assimilated" (Segraves, 1978, p. 452). Man forms internal representational perceptual models of other persons, beginning with the significant mothering figure, then expanding to include the self and others. These cognitive schemas develop as a result of early learning experiences in intimate relationships: stimulus from the interpersonal world is processed to form schemas over time which determine how a person perceives of others and self and how a person responds to future interpersonal stimuli.

Further cognitive schemas develop to a varying degree of complexity, depending on each individual's ability to process interpersonal information and on their interpersonal learning experiences. Each individual develops his/her own differentiation of object perceptions and discriminations among interpersonal relationships. The individual learns to behave differently between emotionally significant people in his/her life, based on discriminate perceptions.

Cognitive schemas of interpersonal information tend to be self-regulatory and self-perpetuating. In other words, an individual will react and respond to his interpersonal environment based on his internal representational model or schema. He will interact with
significant others based on his perceptions (accurate or distorted as they may be), perceptions which formed from previous learning experiences in intimate relationships. Further, the individual will tend to anticipate or look for information and interpersonal stimuli from his environment which affirms and thus perpetuates his perceptions. This is an attempt to restate the concept of transference in social learning theory concepts.

In the marital relationship each partner develops cognitive schemas of each other based on earlier heterosexual relationships and perceptions of self. Each mate anticipates behavior from the other which affirms existing schematic models, while responding with behaviors influenced by those pre-existing schemas. The conceptual model of the marital relationship is illustrated in Figure 3. This graphic is further explained in Proposition 3.

Figure 3. Interactions between persons based on cognitive schemas.
Proposition 3

Whereas Proposition 2 focused on the internal cognitive/perceptual schema involved in the marital relationship, Proposition 3 emphasizes the interactional behaviors between the marital partners. Simply stated, it is that spouses both elicit and reinforce in their mate behavior that is congruent with their respective inner representational object models. In fact, people tend to choose mates who they perceive as "fitting" their schemas for intimate heterosexual relationships, people who respond to and affirm the behavior anticipated from such relationships based upon earlier learning.

The two components of the interactional exchange between marital partners are the eliciting behaviors (EB) and confirmatory behaviors (CB) illustrated in Figure 3. Eliciting behaviors are stimuli from one spouse toward the other intended to elicit/provoke a specific response, a confirmatory behavior. The purpose of this stimulus/response interaction is to confirm one's inner representational world, one's perceptual schema of one's mate and one's self. In other words, one spouse's actions are based upon beliefs about the other spouse and are intended to control the interpersonal interactions in ways that cause the other spouse's behavior to confirm these beliefs. Spouses train each other how to behave
throughout the development of the marital relationship based upon previous relationship learning experiences. Goldiamond (1965), Jackson (1965), and Sager (1967), though coming from the three selected theoretical approaches respectively, have all observed spouses restricting the range of each other's behavior by the contingencies they provide for that behavior.

Eliciting and confirmatory behaviors become linked to form an integral part of a couple's interactions. Further, similar EB's and CB's become linked or chained into a behavioral exchange interactional system between the marital partners. This stimulus (EB) and response (CB) chaining form behavioral patterns that serve to maintain an equilibrium and stability in the marriage relationship. This interactional system further serves to sustain and perpetuate the marital relationship and the cognitive schemas of each of the marital partners. This concept of the process of stimulus-response chaining in interpersonal systems is similar to the general systems concept of circular causality or Don Jackson's idea of family rules (Jackson, 1965).

The interactional system involves communicational interactions, non-verbal behaviors, problem-solving skills, decision-making skills and ability to be constructive in conflict and confrontation. The
behavior exchanges that comprise the interactional system occur on both the overt and covert level, at both the conscious and unconscious level of awareness.

**Proposition 4**

Propositions 1 through 3 have focused on a conceptualization of the marital relationship. Proposition 4 focuses on the quality of that relationship, whether it be satisfactory to the marital partners or characterized by conflict, discord and dissatisfaction. Marital satisfaction or conflict depend on the internal dynamics of the persons involved and on the interactional system developed between the marital partners.

Marital satisfaction depends in part on the cognitive schema by which the marital partners operate. If the individual has assimilated interpersonal information in early intimate relationships to form accurate perceptions of inner representational models, if the individual has been able to discriminate between reality and one's cognitive schema to accurately perceive of interpersonal reality, then that person will be able to form an accurate perception of one's mate. Both in the selection of a mate and in the development of the marriage relationship, that person's perceptions of their mate's character will be consistently and
cognitively accurate. These accurate perceptions will determine the kind and quality of the behavioral interactions with the mate.

In cases of marital discord one or both spouses have schemas for the perception of the mate that are markedly discrepant with the mate's personality. Erroneous and maladaptive cognitions about the forms of possible relationships with the mate and about the mate's personality will result in behavioral abnormalities that lead to marital conflict. Information about the mate and the marital relationship will be consistently and cognitively distorted and assimilated into a pre-existing schema based on earlier heterosexual relationship experiences. Thus one or both spouses will have a fixated way of misperceiving the other's character and motivations and a rigid and limited response repertoire to the spouse. Studies by Murstein and Beck (1972) and Christensen and Wallace (1976) have shown that happily married couples demonstrate less discrepancy between perceptions of self and mate's perception of that self than do maladjusted or conflictual couples.

Interactions between marital partners with accurate cognitive schemas are markedly different than those with misperceptions of their mates. Interactional behaviors are based on the internal representational
model the individual has developed. If that cognitive schema is an accurate representation of interpersonal relationships from earlier experience and in the marital relationship it will lead to positive eliciting behaviors that are constructive and enhancing of that relationship. Further, each spouse will respond with affirmative behaviors in response to their spouse. Thus the marital interactions become a reciprocal exchange based on mutually accurate perceptions of each spouse.

Where cognitive schemas are misperceptions or misrepresentations of the spouse based on inaccurate perceptions of interpersonal information of the past, interactional behaviors will be maladjusted and maladaptive, based not on the true character of the spouse, nor the accurate understanding of that personality but, instead, on the distorted misperceptions. The spouse will act out of the information stored in the inaccurate cognitive schema rather than responding to or interacting with the true person of the marital partner.

Earlier relationships which were based on misperceptions are likely to be deficient in the training of relationship skills essential to a healthy and satisfying marital relationship. These skills are communication (both verbal and non-verbal), problem-solving, and decision-making (or delegation of power). The interactional
qualities between marital partners with distorted perceptions of each other will be further characterized by deficiencies of these relationship skills. Persons who have learned accurately to perceive others (differentiated from self), who have assimilated interpersonal information and who have learned adaptability in the interpersonal environment will be better able to resolve problematic issues, communicate one's perceptions and respond flexibly to the delegation of power through the decision-making process within the marital relationship. Failures of accurate perception of spouse allows the cycle of maladaptive interactions to become self-perpetuating in what Patterson and Reid (1970) and Stuart (1969) called coercive cycles and aversive reciprocity, respectively.

Proposition 5

Proposition 5 deals with the mechanism of change, which involves three concepts: motivation, resistance and intervention. Motivation refers to the desire of the individual or a marital couple to see changes occur. Further, motivation refers to the determination to implement those desired changes. A motivation for change is essential for change to occur. A person or a couple is usually motivated to seek change because of pain, unpleasantness, conflict or anxiety.
In the marital relationship, when one or both partners experience discord, dissatisfaction, conflict, they can be motivated toward some action, some change in their relationship. The motivation can be in the direction of separation and dissolution of the relationship, or it can be in the direction of maintaining, enhancing the marital relationship, altering the interactional system towards mutual satisfaction.

Usually the desired changes sought are in the behaviors of one of the spouses. When behavioral interactions are unsatisfactory, one or both spouses may employ coercive and aversive strategies to get their spouse to change their behaviors to be more satisfying. One spouse perceives their marital partner in a distorted way, anticipates or elicits specific behaviors, but the other spouse may not respond as desired with conformatory behaviors. The spouse then employs strategies of attack or withdrawal to instigate a change or interactions with the mate. These strategies usually prove counterproductive and result in increased stress, conflict and dissatisfaction. Even though the strategies are maladaptive, the motivation for change would be present in at least one of the marital partners. Usually one of the marital partners is perceived as the villain or person most responsible for the marital
disruption though a couple may jointly be motivated to change and assume mutual responsibility for conflict.

Resistance is another aspect of the marital relationship related to change. The interactional system of patterned behaviors develops and maintains a consistency, predictability, and stability based on cognitive schemas of each spouse. Each spouse resists efforts by the other spouse to act inconsistently or in a manner discrepant with the schema for members of the opposite sex. Each spouse resists the anxiety of recognizing events that do not fit his or her cognitive schema of the marital partner and expected behaviors. Each spouse resists efforts of the spouse to use coercive and aversive strategies. This resistance is a natural response to the motivation of change and contributes to the degree of marital discord. Resistance is the response to forces of change in either cognitive schemas, previous mechanisms of adaptation based on earlier relationships, and behavioral interactions. Resistance may be responses of either spouse or the couple as an interactive system to forces which would disrupt behavioral interactional patterns and ways of perceiving each other.

Motivation and resistance are two forces present in each marital relationship, each to a varying degree.
in each individual and the marital dyad. Motivation and resistance are dynamic forces operative in the marital interactional system and within each person (refer to Figure 3). Intervention is another dynamic force which proceeds from either spouse or the environment (E) and interacts with the marital system in order to bring about change. Figure 4 illustrates this concept graphically.

Figure 4: Intervention from environmental forces into the marital system.

Interventions may focus on either of the marital partners or on the interactional behaviors. Interventions may include actions or advice of friends or family, specific societal forces such as law enforcement and judicial agents, specific situational events such as job loss or displacement, and therapeutic interventions of a
psychotherapist. These environmental forces may exert pressure on the marital partners to change cognitive schemas and behavioral interactions, may enhance the motivation to change and seek to overcome resistances to change.

In a marital relationship where each spouse is happily satisfied, where cognitive schemas are positive and accurate, where behavioral interactions are positive and reciprocal, where relationship skills have been developed and adaptive mechanisms employed, interventions by external environmental forces are minimized and the effect of these forces managed by the marital dyad. The marital relationship is sustained, maintained and stabilized by dynamic forces within the individuals and the relationship. Where marital discord and dissatisfaction occurs, where maladaptive behavior patterns are sustained by negative and inaccurate cognitive schemas, environmental forces become more influential and may contribute to the dissolution of the marital relationship (as in a love affair) or to the reconstruction of a mutually satisfying relationship as may occur through the therapeutic intervention of a marriage therapist. Without constructive intervention and the overcoming of resistances, the cycle of maladaptive behavioral patterns and subsequent marital strife will continue toward the disintegration of the marital relationship.
Proposition 6

Therapeutic intervention through marital therapy is the focus of Proposition 6. The therapeutic approach of the Integrative Model is based on the concepts of marriage, marital conflict, and mechanisms of change outlined in Propositions 1 through 5. The ultimate goal of marital therapy from the Integrative approach is to modify maladaptive behavioral patterns and related internal cognitive schemas. The mediating goals of marital therapy are: (a) to disrupt interactional sequences in order to provoke behavior that is discrepant with the inner representational system (cognitive schemas) of each of the spouses, (b) to modify eliciting and confirmatory behaviors, (c) to modify internal cognitive schemas so as to be more accurate perceptions of each other, and (d) to retrain spouses how to relate to each other perceptually and behaviorally. The process of therapy progresses from disrupting the interactional system producing disequilibrium, learning to differentiate and discriminate behaviors and perceptions, and integration of new behaviors and more accurate interpersonal perceptions.

The process of marital therapy evolves through three stages: the Initial stage, the Middle stage and
the Termination stage. Each stage involves specific levels of intervention and focuses on specific intervention strategies. The following is a general exposition of the stages and levels of therapy. In several instances a variety of specific technical therapeutic activities are available to the marital therapist. The emphasis is to provide a broad conceptual basis with latitude for individual preferences of the marital therapist for specific techniques.

The first stage is the Initial Stage which involves the initial contact and presenting problem, the process of assessment, and the developing of a working alliance with each marital partner. The goal of this stage is to assess marital interactions and perceptions and to establish a relationship of trusting alliance with the marital partners. The initial contact with the marital dyad is the essential first step in developing that trusting alliance. This first contact involves: (a) recording pertinent information about the couple including names, ages, years of marriage, any previous marriages, children, ages and sex of children, educational level of each marital partner, religious affiliations, employment activities, income, and other current pertinent statistics; (b) the presentation of each spouse's views of present marital problem, specifying pertinent issues and
clarification by the therapist so that each spouse is satisfied that the therapist has an accurate understanding of their presenting problems; (c) the observation of the therapist of the couple's interactional dynamics through their verbal and non-verbal communications and relating to the therapist in the presence of the spouse along with observations of each person; (d) the opportunity for the therapist to describe his approach to therapy and the procedures that will be followed in therapy including ground rules such as confidentiality, client rights, and therapist expectations; and (e) recording the historical background of each person, the premarital and marital relationship and the marital conflict. This is the first level of the Initial Stage of therapy and involves the important first step of developing a relationship between the therapist and the marital dyad.

The second level of the Initial Stage is assessment and includes assessing for individual psychopathology, the possibility of organic or physiological dysfunctions, intellectual cognitive capacities, and an in-depth psychosocial history of each marital partner. If individual psychopathology is indicated through the use of clinical psychodiagnostic instruments, then individual treatment is indicated concomitantly with marital therapy. Both individual and marital therapy
are initiated because individual psychopathology becomes an integral part of the marital dynamics - both cognitive schemas and the interactional system. If physiological dysfunctions are indicated from an appropriate medical examination, again marital therapy would accompany medical treatment as the physiological problems may be integrated into the maladaptive behavioral patterns of the couple. The psychosocial history of each person involves a thorough record of the family of origin, including especially the relationship to each parent. The relationship history of each spouse through adolescence and any previous marital relationship history is essential in understanding the development of cognitive schema and interpersonal behavior patterns.

In addition to the clinical psychological instruments such as the Minnesota Multiphasic Personality Inventory or the Millon Clinical Multiaxial Inventory, a host of assessment instruments may be used to assess personality temperament (16 Personality Factor Test, Taylor-Johnson Temperament Analysis Test, California Personality Inventory), the marital relationship and interactions (Marital Activities Inventory, Marital Adjustment Scale, Marital Happiness Scale, Marital Status Inventory, Marital Interaction Coding System, Conjugal Life Questionnaire) and communications (Marriage Communication...
Inventory). Many of these instruments provide helpful data input to assist the psychotherapist to understand intrapersonal and interpersonal dynamics.

The third level of the Initial Stage is to develop a working alliance with each marital partner. Through individual sessions, the Therapist can build an unconditional positive regard for each individual, further characterized by trust, understanding and open communication. Then, too, the therapist may deal with personal issues, resistance, motivation and individual behaviors of each spouse that interfere with the therapeutic reconstruction process. This working alliance is important for the disruption of the interactional system but the therapist must be careful not to become "trianglized" or recruited by one spouse to take sides against the other. Further, the therapist may deal with rules of confidentiality with each spouse with the understanding that whatever is discussed in individual session will at some agreeable point be discussed in joint sessions.

The second stage is the Middle Stage and overlaps with the first and third stages. This is the stage where therapy begins, actually with the individual sessions and the building of the working alliance. There are three levels in this Middle Stage: (a) disrupting
the interactional system, (b) modifying eliciting, and confirmatory behaviors, and (c) challenging the inner representational systems or cognitive schema.

The first level emphasizes the modification of the interactional system by the therapist using non-specific procedures, similar interventions that could be employed with different couples. These procedures might resemble those of behavioral marital therapists and general system therapists. On the assumption that current interaction is confirmatory to both representational worlds or cognitive schemas, the therapist employs strategies that deliberately disrupt and disprove bilaterally the transference distortions. These procedures would include: (a) reciprocity or behavior exchange negotiation training, (b) communication training, (c) cognitive relabeling, and (d) the prevention of escalation.

Reciprocity training would be employed to interrupt behavioral sequencing and chaining, instigate positive interactions and reduce behavior marked by anger and disappointment. Each spouse negotiates goods and services desired from each other and thus begins the process of contradicting or challenging the image of the other. Communication training would focus on modifying faulty communication patterns with emphasis on identifying misunderstandings/misinterpretations,
clarifying verbal and non-verbal communications, and teaching more effective and adaptive communication skills.

Cognitive relabeling involves the therapist redefining events in ways discrepant from the accepted concepts of the marital partners. This relabeling of events or reinterpretation is intended to make clearer the process of misperceptions of one or both spouses, indicating that one or both has not been seeing events as the other experienced that event. With the use of reciprocity and communication training and cognitive relabeling, the couple work to de-escalate hostilities and begin to more rationally relate to each other and understand their own misperceptions and distortions of relating.

The second level of the Middle stage is labeling and modifying eliciting and confirmatory behaviors. Rather than the non-specific approach of the first level, the therapist now engages in specific identification of those behaviors which are part of the maladaptive interactional system. The therapist intervenes to disrupt and modify interactions specific to the couple. This is accomplished through labeling the behavior, identifying the probable influence of eliciting and confirmatory behaviors on the spouse, and teaching
alternative ways of achieving the desired goal and responding to the spouse. The couple is taught more appropriate ways of interacting, not the customary or anticipated behaviors; instead, the system of interactions has changed, leading to discrepancies between the inner image of the spouse and current reality. Here the interpretive work of the therapist is similar to that of a psychoanalytically-oriented therapist, emphasizing the misperceptions, transference distortions, and challenging the validity of those inner cognitive schema. Further, the therapist facilitates discrimination between current and past reality, emphasizing contradictory information about the spouse, unseen portions of the spouse's character, and those perceptions of the spouse dissimilar to past objects of earlier intimate relationships. This last procedure just described is the third level of the Middle Stage.

The final stage is Termination, which involves reinforcing the modifications assimilated by the couple throughout therapy. This includes reinforcing negotiating skills for desired behaviors, communication skills including problem-solving, clarifying perceptions for accuracy, adaptive and positive eliciting and confirmatory behaviors (including affection, power and understanding),
and accurate cognitive schemas of the marital mates. Further, termination involves handling issues of regression, anxiety over continuance of positive changes, and separation anxieties relative to the separation from the relationship with the therapist. The goal during the process of termination is to decrease each partner's ambivalence about separation, to reinforce gains made, to foster procedures for continued personal and relationship control, and to relegate responsibility for new interpersonal interactions to the couple.

The propositions thus presented form the conceptual basis for the Integrative Model of marital therapy. The marriage relationship is determined by a tripartheid of independent variables: the two evolving individuals, the interactional system involving the marital partners and the environmental or situational context. Crucial to the quality of a marital relationship are early intimate relationships, the assimilation of selected interpersonal information from the interpersonal environment into cognitive schemas or inner representational models which become the basis for mate selection and interactional behaviors. The environmental context may influence a marital relationship positively or negatively. Personal motivation and resistance are the primary forces influencing the process of change in a marriage.
characterized by discord. Therapeutic intervention can be a positive and effective means to modify a marital relationship by reducing conflict, instituting positive behaviors, identifying misperceptions and teaching relationship skills to enhance the quality of interactions.
CHAPTER IV

EVALUATION AND SUMMARY

According to Patterson, "A theory is an attempt to organize and integrate knowledge and to answer the question, 'Why?' A theory organizes, interprets, and states in the form of laws or principles the facts and knowledge in an area or field." He further stated that ideally theories make it possible to present "a systematic description from which explanations and predictions can be derived that then can be systematically tested" (Patterson, 1980, p. 4). This study has been an attempt to investigate the theoretical constructs of three selected approaches to marriage, marital conflict and marital therapy and integrate, organize, and interpret these concepts into Integrative Model, which is presented as a meaningful framework from which to engage in the practice of marital therapy.

Patterson further contended that in many theories of counseling and psychotherapy "theoretical concepts are implicit rather than explicit" (Patterson, 1980, p. 7). Implicit assumptions and propositions unclearly or unsystematically stated have been the bases for many counselors and psychotherapists "so engrossed in practice that little attention has been given to the development of formal theories" (p. 8). This study has endeavored to state explicitly, precisely, and systematically the
assumptions and propositions of the Integrative Model.

In addition to his definition of a theory, Patterson suggested certain proposed criteria for evaluating a theory (Patterson, 1980). He proposed eight specific criteria: (a) importance, (b) preciseness and clarity, (c) parsimony or simplicity, (d) comprehensiveness, (e) operationality, (f) empirical validity or verifiability, (g) fruitfulness and (h) practicality. He asserted that it would be impossible to find a theory of counseling, psychotherapy, personality or learning, that could satisfy all of these criteria. "Existing theories are at a primitive stage, and the criteria constitute goals toward which theorists strive" (Patterson, 1980, p. 7).

This study is to be considered an attempt, in an evolutionary sense, to formulate a theory which approaches these criteria; however, it is acknowledged that the goal criteria have not been entirely satisfied. The formulation of specific hypotheses and the testing of these hypotheses, for example, has not been part of this research.

The concepts of the proposed Integrative Model will now be assessed against those criteria suggested by Patterson. In addition, the theoretical concepts will be scrutinized according to the evaluative categories suggested by Gurman and Knishern (1978) to which selected theoretical
approaches were submitted in Chapter III. Following the evaluating of the Integrative Model, future research directions will be proposed by the author for testing the constructs and propositions of the Model.

Patterson's Criteria

The first formal criterion for evaluating a theory is importance. This refers to the relative significance of a theoretical construct to a particular area of psychological interest and human behavior. As was stated in the first chapter, marital therapy is gaining increased professional interest and exploration as a result of the social ramifications consequent to a high incidence of marital conflict and to divorce rates. The emergence of marriage enrichment programs, the popularity of the literature regarding marriage and the development of the marriage and family counseling and psychotherapy field suggest this increasing focus on marital therapy. The Integrative Model hopefully contributes to this growing importance of marital therapy in that it attempts to integrate existing knowledge, formulate new conceptual relationships and predict results that may be eventually supported by observation and experimentation.

Preciseness or clarity is Patterson's second formal criterion, referring to understandability and
internal consistency of theoretical constructs. The Integrative Model appears to demonstrate preciseness and consistency in its constructs. In the use of illustrative graphics, formulations, definitions, the tripartheid of variables and postulates, this Model offers a relatively direct application of its constructs to clinical data and to lend themselves to the development of hypotheses and testing of predictions.

The third criterion emphasizes parsimony or simplicity. A theory should contain few assumptions and a minimum of complexity. The Integrative Model is based on only three assumptions and three variables. Throughout the Model, these assumptions and variables are extrapolated which, with the use of visual models, reduces the complexity and simplifies the Model's understandability and applicability.

Comprehensiveness or completeness is the fourth criterion. The criterion refers to the inclusion of all known data in the area of interest. Though a thorough investigative search was made in the three selected approaches it was not possible to include all known data in the field of marital therapy and related subjects. Extensive, but not exhaustive, coverage of the psychoanalytic, behavioral and systems theory literature was included in this study which at least
partly satisfies this criterion, given the parameters of this research.

The fifth criterion refers to the capability of the theoretical concepts to be reduced to hypotheses and procedures for testing the Model's propositions and predictions. This criterion is known as operationality. Definitions of the theoretical concepts of the Integrative Model were presented in a data language capable of being tested. Though the concept of "cognitive schema" may be as difficult to formally test as "transference reaction", indirect inferences may be tested through the measurement of eliciting/evoking behavior interactions (observable, measurable behaviors) and correlating these behaviors with social/historical data relative to early relationship interactions provided by the client.

Empirical validity or verifiability is the sixth criterion and includes the experimental evidence that supports and confirms the propositions and predictions and will generate new knowledge. This study has not included an experimental test of hypotheses with subsequent measurement of empirical data. There has been no attempt to empirically validate the propositions of the Integrative Model. The primary intent was to present the propositions as an interpretation of existing
knowledge, organize those concepts and synthesize a new conceptual framework with the further intent to apply empirical study through practical observation and testing at a later time.

Fruitfulness is the seventh criterion for evaluating a theory. It was the intent of the propositions of the Integrative Model to provoke thinking and develop new ideas in the specific area of interest. This study has intended to be fruitful in that it will provoke further analysis and that it will lead to testing of the Model's hypothesis.

The final criterion suggested by Patterson is practicality or its usefulness. Does the theory provide a conceptual framework for the psychotherapist in organizing his/her thinking and practice. In the author's practice, the Integrative Model has proved very useful in relevantly and rationally providing a theoretical application of specific principles. This framework acts as a guide for therapy and it is flexible enough to accommodate analysis of a wide variety of marital conflicts. The Model seems specific enough to provide direction, purpose and goals for therapeutic intervention.

Gurman's Criteria

As stated in Chapter III, Gurman suggested criteria
to be used in analyzing marital therapies (Gurman, 1978). His nine criteria were used in Chapter III to assess the three selected approaches. It is appropriate, therefore, to apply these same criteria to the Integrative Model.

The first Gurman criterion deals with the focus of the theoretical approach either on the past or on present events as determiners for behavior, specifically, marital interaction and conflict. Unlike the psychoanalytic approach which emphasizes the past and the behavioral approach which emphasizes present or contemporary behaviors, the Integrative Model attempts to balance the emphasis so that both the social interactions of intimate relationships of the past and current behavioral interactions are considered significant variables in determining marital conflict. In addition, a third variable, that of the environmental context, is proposed to complete a tripartheid of variables which determine behavior.

The second Gurman criterion concerns the source of conflict, either intrapsychic or interpersonal, as conceived as evolving from both internal and external factors. The Integrative Model proposes that each individual in a marital relationship acts from internal motivators (cognitive schema) and from external (mate's...
eliciting and conformatory behavior). Conflicts arise from inaccurate cognitive schema and from the mate's coercive behaviors in marital interaction.

The third criterion proposed by Gurman involves an emphasis on unconscious factors or observable behaviors in therapy. The therapeutic approach of the Integrative Model emphasizes the importance of both unconscious activity (referring to cognitive schemas) and to observable behaviors (the interactional system). The Integrative Model emphasizes the importance of both overt and covert behavior in the marital relationship and in therapeutic intervention.

Gurman's fourth criterion relates to the emphasis a theory puts on psychological processes or on the specific content of behaviors. Whereas the psychoanalytic approach is concerned with the process or dynamics of conflict resolution, the behavioral approach emphasizes the content or problem-specific approach. The Integrative Model demonstrates a content approach, from general to specific, in the early stages of therapy, but is primarily concerned about the dynamic processes of the marital interaction and therapeutic intervention.

The Integrative Model begins with a concern for breadth of issues in early therapeutic work but, as
therapy progresses, focuses on depth changes. These depth changes refer to changes of perception, cognition and integral ways these affect behavior. So, rather than effecting immediate though superficial changes in behaviors in desired areas of a relationship, the Integrative Model emphasizes immediate and long term changes in the way people perceive, relate to and interact with each other.

Related to this depth or breadth of goals is the issue of insight versus behavior changes, the sixth criterion suggested by Gurman. Again, the Integrative Model is interested in both insight and behavior change, that both occur simultaneously in therapy, though initial efforts focus on behavior change. The psychoanalytic-oriented therapists emphasize insight as a prerequisite for change; the behaviorists instruct or negotiate behavior change without consideration for gaining insight. But the Integrative Model emphasizes the significance of both.

The Integrative Model employs an educational/instructive procedure in therapy and an interpretive procedure. This is unlike either the psychoanalytic, behavioral or systems approaches. Beginning with an active, advising, teaching approach, the therapist assumes as therapy evolves a more passive, interpretive,
clarifying methodology which enables the marital partners to assume more responsibility for behavioral interactions and to gain insight into the psychodynamic factors in the marital conflict and perceptions of each other.

The eighth Gurman criterion relates to the empirical versus non-empirical capabilities of the theoretical concepts. The behavioral approach strongly emphasizes empiricism while the psychoanalytic approach often uses a language or terminology that is difficult to test with experimentation. The Integrative Model suggests concepts which are both easily observed and measured (eliciting and evoking behaviors) and which are covert and thus more difficult to measure (cognitive schema). Yet, it is conceivable that an instrument could be devised to measure the qualities of early relationships as perceived by the individual for the purpose of correlating that data with descriptive data of the current marital relationship.

Gurman's ninth criterion relates to the emphasis of therapy on the individual or the interactions of the marital dyad. The Integrative Model focuses on the interactions of the marital partners and on the individual determinants in those interactions. This is different than the individualistic emphases of the
psychoanalytic approach or the strictly interactive approach of the systems theorists where the individual factor is nearly ignored. Instead, the Integrative Model focuses on the person-interaction relationship as important for understanding the marriage relationship, marital conflict and marital therapy.

The Integrative Model proposed in this study is a synthesis of the concepts of the psychoanalytic, behavioral and systems approaches. It attempts to interpret the intrapsychic dynamics of intimate relationships in a data language suitable for empirical study. It attempts to define the relationship between internal and external determinants of behavior. It attempts to explain the development of marital conflict in cognitive and behavioral terms which can account for both covert and overt behaviors. It further attempts to propose a method of intervention consistent with the conceptual models of the marital relationship and conflicts a model that suggests procedures for behavioral and perceptual changes. The next step is to formalize hypotheses that would experimentally test the interrelationship between intimate relationships of the early developmental years with the marital relationship, the relationship between an individual's relationship with
parents and mate selection, the correlation between the individual's current behavioral interactions and perceptions of his/her mate, the effect of the behavioral/cognitive therapeutic intervention on discordant marital relationships, and the efficiency of this method of treatment in comparison to and in conjunction with current treatment methodologies.
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