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Marital Therapy and Social Psychology:  
Will We Choose Explicit Partnership or Cryptomnesia?

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How can social psychological research contribute to the development of increasingly powerful marital therapies? This question is of interest to both social psychologists and clinical researchers. The natural partnership between social and clinical psychology has a long past (cf. Morton Prince and Floyd Allport's establishment of Journal of Abnormal and Social Psychology in 1921) and has been reiterated on many occasions (e.g., Brehm, 1976; Kanfer & Scheft, 1988; Snyder & Forsyth, 1991 among many others). However, in the marital area it is a partnership that has been strained for several years by the view of many marital therapy researchers that theory may be irrelevant to the advancement of treatment efficacy. Because the partnership between social psychology and marital therapy research is one that neither side can afford to abandon, it is prudent to examine this view carefully in terms of its origins, various forms, and accuracy.

### Agenda and Rationale

The chapter begins by situating our discussion in a broader literature on the interface between social and clinical psychology. We then consider the role of social psychology in the origins and development of Behavioral Marital Therapy (BMT). In doing so, we identify developments that led to some of its more prominent offspring (e.g., Integrative Couple Therapy, Jacobson & Christensen, 1996; Cognitive-Behavioral Marital Therapy, Baucom & Epstein, 1990; Premarital Relationship Enhancement Program, Markman, Stanley, & Blumberg, 1994). However, because Integrative Couple Therapy (ICT) is the most recent development, and because it may be of particular interest to social psychologists, we emphasize ICT in our historical discussion. Next, we turn to the phenomenon of cryptomnesia or unconscious plagiarism (Marsh, Landau, & Hicks, 1996) to explain the phenomenology of clinical innovation and the perplexingly common view that basic research and theory don't help applied researchers and clinicians. Finally, in looking towards the future, we examine how two different perspectives might facilitate interplay between social psychology and marital therapy.

We utilize the literature on marital therapy to inform our discussion of the interplay between clinical practice and social psychology because marital relationships provide a prototype of close relationships for which therapies are available and relatively well-developed. Accordingly, a focus on marital therapy allows for full exploration of the social-clinical interface in an arena well studied by both sub-disciplines.

Before turning to our task, we need to address the question of whether focusing on BMT and its offspring is overly restrictive given the basic equivalence in outcome of several approaches to marital therapy (see Baucom, et al., 1998). However, limiting our focus to BMT and recent developments has several advantages. First, its relatively clear boundaries allow more precise discussion of historical events. Second, because BMT has grown up in an academic environment, the citation trail within the field, while far from perfect, provides a foundation for speculation about the origin of ideas and the timeline for advances. Finally, a careful case study of BMT is ideal for our purposes because the debate over the role of theory has been raised explicitly by several BMT leaders (e.g., Jacobson, 1996, p. viii; Markman et al., 1981).

Accordingly, we can use the special case of BMT and its offspring to provide for social psychologists a window on the historical and psychological processes that lead clinical psychologists to engage in rhetorical practices that have baffled social psychologists over the years. To the extent that this "anthropological" examination is successful, it should accomplish two important goals. First, it should demonstrate to social psychologists that they have an important role to play in the continuing development of marital therapy and alert them to particular areas of potential interest. Second, it should demonstrate the need to be skeptical in evaluating the self-report of marital therapy researchers when they claim independence from

social psychology. Parenthetically, we believe there is considerable opportunity for positive bi-directional influence between social psychological research and research on marital therapy. We focus on one direction of influence, that from social psychology to marital therapy, because this aspect of the relationship has not been well documented in the past. As a result, the literature on marital therapy is awash with mythological accounts that may be destructive of future progress in the marital area.

### The Broader Social-Clinical Interface

Even among clinical researchers who view basic research as a source of creative inspiration, there may be limited enthusiasm for a continuing interface between basic and applied research once a set of techniques has been generated. As a consequence, there are many possible positions regarding the appropriate relationship between basic research on personal relationships and the development of increasingly powerful marital therapies. For example, one common position in the broader clinical literature is that good theory may lead to innovation, but that the subsequent process of refining and developing the intervention for purposes of dissemination is better viewed as a-theoretical (see the Agras & Berkowitz, 1980 model).

The shedding of theoretical underpinnings can be viewed as necessary and important in that a transition from “theory-laden” to “theory-independent” intervention allows for the emergence of a technically “eclectic” approach to psychotherapy (see Beutler & Consoli, 1992). This position therefore implies a split between basic and applied research as a therapeutic intervention matures. It further suggests that this split should not be alarming. Indeed, recent writings on the relationship between outcome research and clinical practice (e.g., Nathan & Gorman, 1998; see also Barlow & Hoffman, 1997), show that variants of this view have become normative within the field of behavior therapy and are closely tied to the movement to disseminate empirically supported treatment (see Chambless & Hollon, 1998).

Some variants of the Agras and Berkowitz (1980) model even suggest a destructive role for theory should it be retained too long. For example, it has been argued that theory may sometimes be problematic in that it blocks openness to the results of outcome research and so may interfere with the dissemination of effective therapies (Goldfried, 1980). In particular, rigid adherence to theory has been viewed as being responsible for the resistance of therapists to new and better forms of therapy. This view suggests that after an intervention is well-specified, one should rapidly eschew theory.

Perry London (1972), the first to propose technical eclecticism, argued that the first issue for applied researchers was not theoretical but rather factual, “do they {the interventions} work? On whom? When? The how and why come later.” From this perspective, theory development is always secondary to the identification of effective therapies, and the identification of effective therapy can be done a-theoretically. Indeed, the recently adopted standards for “Empirically Supported Therapy” (Chambless & Hollon, 1998) make no mention of the viability of the theoretical underpinnings of an approach. Accordingly, the current standard for empirically supported intervention appears to assume a clean break between the context of discovery and the context of application. There is no emphasis on the need to examine or support the theoretical underpinnings of a particular intervention approach as part of the empirical validation process.

The Agras and Berkowitz (1980) model also posits that careful “clinical observation” may represent an alternative to basic research and theory development. This has typically been viewed as an innocuous recognition of the important role of active clinicians in generating new

techniques (e.g. Beck, Ellis in the development of cognitive therapy or Stuart, Weiss, Greenberg, Wile in the marital area). However, an emphasis on the role of clinical observation in generating clinical advances becomes anti-theoretical if it is taken to imply that such clinical observations are “a-theoretical.” That is, if most, or even many of the innovations we now view as clinical advances resulted when persons, isolated from developments in basic research, reacted to the clinical processes they saw in front of them, this could suggest that basic research in social psychology is irrelevant to clinical advancement.

### Comment

No doubt many social psychologists view with some bemusement the assertion that a technique can be divorced from its theoretical underpinnings, or the claim that clinicians can open themselves to “reality” uninfluenced by theoretical preconceptions. However, such assertions, at least in their milder forms, are not at all uncommon among clinical researchers and are entertained as well by many in the marital area. For example, there have been claims that recent developments in marital therapy are a-theoretical and based on clinical observation or derived entirely from vintage operant psychology rather than any recent developments in basic research (see Jacobson’s preface to Jacobson & Christensen, 1996). Accordingly, it is important to examine closely such claims and correct them to the extent that correction is warranted.

### The Role of Social Psychology in the Origins and Development of BMT

Behavioral Marital Therapy, like other forms of behavior therapy, has its roots in the psychology laboratory. However, in the case of BMT, it was not simply the rat lab of Skinner or the dog kennel of Pavlov that were cited as the inspiration.

### Social Psychological Roots

Among other influences, BMT therapists also credited a small volume published in 1959 by Thibaut and Kelley, “The Social Psychology of Groups.” Awareness of Thibaut and Kelley’s theoretical framework was ubiquitous, and all early behavioral marital texts cite Thibaut and Kelley’s (1959) and/or Kelly’s (1979) work (e.g., Gottman, et al., 1976; Jacobson & Margolin, 1979; Stuart, 1980). Clearly, most early BMT researchers were familiar with some variant of interdependence and social exchange theory and viewed it, along with social learning principles more generally, as providing a framework within which to understand marital satisfaction and commitment.

Reading Thibaut and Kelley (1959) today remains both interesting and instructive. Most concepts used by BMT researchers and therapists can be found in this volume. In particular, enhancing satisfaction by increasing rewards minus costs relative to some comparison level is discussed (pp.21-24). The concept of the behavioral repertoire as skills to be taught is explicated (p. 20, pp. 38-39). The potential importance of communication and communication training (p. 73) and the value of brainstorming in problem solving discussions (pp. 263-270) are discussed. Even developments commonly attributed to later sources are presaged by Thibaut and Kelley (1959). For example, the potential importance of idiographic analysis of dyadic interaction and the need to examine sequences of observed interaction is discussed (p. 10, 18-19). The likely impact of inferences about partner behavior and factors that could influence perception of partner behavior (later called filters by Gottman et al., 1976, and then elaborated by attribution researchers and incorporated into cognitive marital therapy) were discussed (p.73-77). Anticipating the structure of the PREP program, it was suggested that a general discussion, emphasizing participation by all parties, might be an important preliminary step to effective

problem solving discussion (pp. 261-263). And anticipating a recent goal-theoretic analysis of marital conflict (Fincham & Beach, 1999), a goal framework was alluded to as a way of understanding the organization of individual and dyadic behavior.

Notwithstanding the above observations, over a decade passed between the publication of Thibaut and Kelley (1959) and the emergence of BMT in its mature form. By the mid-1970's BMT emphasized the instigation of positive behavior between spouses (e.g. Gottman et al.'s, 1976, "up deck"; Weiss et al.'s, 1973, Love days). Communication training had been formalized (e.g. Gottman et al, 1976), and it was commonly held that the behavioral repertoire of distressed couples might be lacking important "skills" that could be taught as a way of interrupting coercive cycles (e.g., Weiss, Hops, Patterson, 1973). Thus, it appears that on the basis of theory (including social psychological theory), and in interaction with clinical creativity but well before randomized clinical outcome trials of BMT began in earnest (e.g., Crowe, 1978; Turkewitz & O'Leary, 1976; Jacobson, 1977, etc.), BMT had reached a mature form. Outcome research served, primarily, as a check on the generalizability of various techniques (e.g. Turkewitz & O'Leary, 1978), and not as a stimulus to innovation. Indeed, positive outcome results were typically characterized as supporting the broad strategies of change proposed as important by behavioral marital therapists rather than the specific procedures used in a given investigation. In sum, BMT owes much of its current form to the theory and basic science of the 1950's and 1960's, and particularly to the social psychology of that time period.

#### The Importance of a Unifying Framework

A key factor in the remarkable progress made during the early 1970's was the presence of a shared framework or paradigm. A unifying theoretical framework was important both in allowing couple interactions to be described and in allowing possible points of therapeutic intervention to be identified. Indeed, because there was a strong shared theoretical framework, early research on the use of token exchange or quid pro quo contracts between spouses could be interpreted as having conceptual continuity with later outcome research that used neither technique. It was the existence of this conceptual framework that stimulated a group of creative, applied researchers to think along similar lines, see similar processes, discuss the implications of these processes, and view as reasonable a certain set of possible interventions. Accordingly, social psychological theory appears to have been important in enabling the emergence of BMT as a recognizable form of therapy.

Comment. It should not be surprising that traditional BMT and much of what developed from it, owes its existence to a basic science foundation. BMT arose in the context of the behavioral movement in clinical psychology. At its best, this movement represented a pragmatically motivated attempt to tie applied clinical intervention to basic experimental psychology. To insure the ongoing transfer of basic research into clinical applications, those establishing early behavioral training programs decided to house them within psychology departments. They believed that a close connection was necessary in order to facilitate the incorporation of the evolving scientific base into ongoing clinical applications (see Davison, 1998). We explore this theme in more detail as we discuss the importance of cryptomnesia for clinical advances. In the present context, it suffices to note that the founders of behavior therapy self-consciously encouraged the ongoing transfer of ideas, values, and developments from the experimental lab to clinical application. In brief, BMT grew up looking to experimental psychology for inspiration at many levels and so it was quite natural, within that context, to extrapolate from the social psychology lab to the marital therapy hour.

#### The Development of an Intellectual Crisis

Given its initial development, BMT seemed destined to become the poster child for the social-clinical interface. Yet, by the mid-1970's there was a growing sentiment that innovation in the marital area would be largely driven by the efforts of marital researchers and that it was unlikely that further clinical advancement would result from attention to basic research. How then did BMT lose its theoretical grounding? We turn to consider several factors that might provide an answer to this question.

Outcome Studies? Early BMT outcome studies were often portrayed as rather striking in their demonstration of effectiveness (e.g., Hahlweg & Markman, 1983; 1988). In addition, early outcome studies using techniques that were more closely tied to the interdependence framework produced slightly better outcomes than did later outcome studies that utilized more "sophisticated" versions of BMT (Jacobson, et al., 1984; Christensen & Heavey, 1999). If anything, the outcome research available in the early 1980's seemed to argue against innovation. Indeed, the strong showing of outcome studies maintained considerable stability in the field, and was often used as a persuasive tool in favor of adopting BMT as an approach for dealing with marital problems (Jacobson & Margolin, 1979; Stuart, 1980). Accordingly, it is hard to see evidence that outcome results brought into question the theoretical underpinnings of the field.

Intellectual Rigidity? Was it then, their strong adherence to interdependence and social learning theory that led behavioral marital therapists to turn from social psychology as the field of social psychology further emphasized cognitive accounts of behavior with the emergence of social cognition? Stated differently, did clinicians cling to the past and allow new developments to pass them by? This is also not supported by the data. The BMT field was clearly open to the idea of cognitive interventions and cognitive processes relatively early in its development (cf. Gottman et al., 1976; Turkewitz & O'Leary, 1978). While early cognitive theorizing in the marital area was simplistic, in this it reflected the social psychology of the 1950's and 1960's. In addition, these early frameworks made no claim to have all the answers, often suggested the potential for continuing advances in the enhancement of outcome, and explicitly called for more data.

Inability to Tolerate Ambiguity? So, what was responsible for the emergence of an increasingly a-theoretical stance in the marital area? One influence must be the broader clinical psychology context we discussed earlier. This broader context readily supported a shift toward a-theoretical, technical eclecticism. At the same time, the desire among clinical psychologists to find some a-theoretical foundation for claims of therapeutic efficacy may be fuelled, in part, by the needs of clinicians and marital therapy researchers to feel confident about the applied aspects of their work. Because therapists are attempting to influence the lives of others, it may be more comfortable to base their prescriptions and suggestions on something perceived as more "solid" and "factual" than the shifting sands of theory. That particular outcome results can not really be considered "more solid" or "factual" than well-tested theoretical propositions need not diminish the allure of this position. Certainly, marital therapists are as vulnerable to the allure of "facts" as clinical psychologists (and psychiatrists) in general.

In our view, however, the more important source of the intellectual shift was a series of studies that were conducted by marital researchers to test the theoretical underpinnings of their treatment approach. In particular, in research designed to test key aspects of interdependence theory it was found that "skill level" or "the behavioral repertoire" as measured with strangers did not differentiate satisfied and dissatisfied couples (Vincent, Weiss, & Birchler, 1975). Similarly, performance on prisoner dilemma games failed to discriminate distressed and non-distressed couples (e.g., Speer, 1972), but observed interaction did (e.g., Birchler, Weiss, & Vincent, 1975).

These studies falsified claims that BMT was useful to the extent that it expanded the “behavioral repertoire” of couples thereby opening them to the “natural contingencies” that would then maintain their more positive behavior with each other. Because the skills were typically already in the behavioral repertoire of distressed couples, something else was keeping the natural contingencies from working with distressed couples. In addition, these investigations seemed to call into question the utility of methods drawn from social psychology and to highlight the need for new methods to study patterns of interaction.

Around the same time, it was also shown that greater reciprocity of positive behavior did not predict greater satisfaction as was predicted by interdependence theory (Gottman, et al, 1976). That is, direct, immediate application of reinforcing contingencies in response to the spouse’s positive behavior did not reliably predict a better marriage. In their 1976 book, “A Couple’s Guide to Communication,” Gottman, et al., noted that “Although non-distressed couples may seem to be reciprocating positive codes more often than distressed couples, that may only be an artifact of the higher probability of positive codes in non-distressed couples.” As numerous replications have shown, these early findings were correctly interpreted as disconfirming key elements of the Thibaut and Kelley framework. Indeed, they fed back into the social psychology literature and led to significant conceptual advances (e.g. Kelley, et al., 1983; Clark & Mills, 1979). But these developments were yet to come. In the mid 1970’s what seemed clear to behavioral marital researchers was that key theoretical assumptions and predictions of the Thibaut and Kelley (1959) model were not true. Further, some of the basic research methods appeared inadequate for investigating “real world” marital behavior.

Thus, by the mid to late 1970’s the theoretical underpinnings of BMT were under siege by prominent behavioral marital researchers (for a similar account of the details but a different interpretation see Baucom, Epstein, Rankin, & Burnett, 1996). Studies had been conducted with the expectation that they would support the theoretical underpinnings of BMT, but the results were opposite to expectations and were stunningly conclusive. In effect, BMT researchers found themselves without a unifying theoretical framework. Rather than repair or extend the framework that inspired BMT, leaders in the area called for careful description and an inductive approach to science. Dust bowl empiricism therefore triumphed over a theory driven approach to scientific advancement. However, it was not a rejection of theory per se, theory was simply put on long term hold (see Gottman, 1998 for a recent call for integrative theory in the marital area). As we shall see below, inevitably theory will be reintroduced. The only question is whether it will be reintroduced knowingly and explicitly or implicitly in the form of cryptomnesia.

### Comment

It is worth digressing at this point to note the potential for mutual enrichment between marital therapy research on the one hand and social psychological research on the other. It took clinical marital researchers, interested in applied issues, to frame pivotal tests of interdependence theory. Without the applied focus of behavioral marital researchers, it is hard to know how long we might have waited before game theoretic tests with undergraduate subjects would have led to similar conclusions. This example demonstrates well the need for social psychologists to move beyond the examination of convenient undergraduate samples in the laboratory to test adequately social psychological theories, a need that received extensive discussion by social psychologists in the 1980’s (e.g. Sommer, 1982).

Absent such research it was all too easy for marital researchers to attribute the problems encountered with interdependence theory (Thibaut & Kelley, 1959) to social psychologists’ pre-occupation with theories of convenience samples and with prisoner dilemma games (see

Gottman, et al., 1976). Because this preoccupation was viewed as stable and precluding further fruitful exchange, BMT researchers determined that they would need to create their own basic, observational literature pertaining to marital interaction (again, see Gottman, et al. 1976). They therefore began documenting observed differences between distressed and non-distressed couples. Because they believed that starting with theory had misled the field, they determined to engage the work a-theoretically. This time theory would be formed only after careful observation. The strength of this new agenda is exemplified by Markman's comment several years later that "a solid data base is a prerequisite to theory development [and] can best be accomplished by descriptive studies which focus on observable behavior" (Markman et al 1981, p. 236). Indeed, this a-theoretical, descriptive agenda remains strong today. On the positive side, the commitment to careful observation has led to many of the methodological advances in the marital area over the past 20 years, and much of data linking marital behavior to longitudinal outcomes (see Bradbury, 1998; but see Glenn, 1998 for a cautionary note).

### The emergence of a-theoretical BMT

At the same time that a literature on marital interaction was being created through inductive procedures, BMT researchers found themselves saddled with an unanticipated paradox. They had a technology that worked, and that has continued to work over many replications for the past 20 years (Baucom et al., 1998; Christensen & Heavey, 1999), but whose theoretical underpinnings had been called into question. A broadly shared enthusiasm in the field for the great inductive enterprise was sufficient to maintain some intellectual momentum. However, by its very nature such a process could not be expected to yield dramatic results overnight and it led to a shift in the focus of BMT research away from theory development and toward methodological and measurement issues.

The limitations of an a-theoretical approach became apparent quickly as marital researchers noticed the difficulty they had in describing goals for therapy and conveying overall strategies of therapy without making reference to theoretical constructs. At the same time, there were no new theoretical constructs being offered to account for the efficacy of BMT techniques. Accordingly, the theoretical vacuum left by the demise of the Thibaut and Kelley (1959) framework led to BMT being described in terms that had already been discredited on theoretical grounds (see for example the descriptions of BMT provided in Jacobson & Margolin, 1979; Stuart, 1980, or more recently in Christensen & Heavey, 1999). Widespread discomfort with framing interventions in terms of a discredited theory rather than discomfort with the outcome results obtained, is the more plausible explanation for the round of innovation in BMT that began in the late 1970's and early 1980's. For some sense of this discomfort one may examine Jacobson & Margolin (1979, p. 14-17) or more recently, Gottman (1998, p. 190).

### The Collapse of A-theoretical BMT

Oddly, and perhaps perversely from the perspective of doctrinaire behaviorists, in the late 1970's and early 1980's behavioral marital therapists began borrowing widely from non-behavioral approaches. Often they borrowed from approaches with no outcome data supporting the efficacy of the approach. Rather than seeming to look for efficacious new techniques to graft onto BMT, marital researchers behaved as if what they really wanted was a more integrative framework with a rich conceptual system. Indeed, during this time period one can discern considerable openness to theory, albeit not theory drawn from the empirical, social psychological literature. Instead BMT researchers turned to other therapeutic traditions for possible inspiration. Systems theory concepts were an early favorite of those looking for a more inclusive theoretical framework (e.g. Weiss, 1979). Cognitive Therapy also emerged as providing a possible inclusive

framework (e.g. Baucom & Epstein, 1990) and a position of “technical eclecticism” proved attractive to those looking for immediate clinical payoff (e.g., Baucom, Sayers, & Sher, 1990). However, none of these potential organizing frameworks proved sufficiently unifying or powerful to galvanize the field as a whole. In this new climate of therapy-driven innovation, outcome research began to play an increasingly important, albeit negative, intellectual role. Precisely because there was no theoretical standard by which to evaluate innovations, BMT researchers increasingly turned to outcome research for vindication of their new composite therapies. Accordingly, when none of the new approaches were able to demonstrate significantly enhanced impact on marital satisfaction (Baucom, et al., 1998), this was interpreted as failure. As it became clear that the various clinical innovations were not translating into more powerful treatments, researchers in the field became increasingly dissatisfied both with traditional BMT and with its alternatives (Gottman, 1998).

At the same time, BMT increasingly came to be viewed by practitioners and researchers alike as a collection of techniques applied in a modular format (see Jacobson & Christensen, 1996 for a similar characterization). Of course, in the absence of theory, the pull of a modular, technique driven approach to marital therapy is nearly irresistible. This perspective contributed to a series of outcome investigations in which topography rather than function guided the differentiation of component interventions (See Baucom et al., 1998).

Notwithstanding the increasing dissatisfaction with the BMT framework, there were significant achievements during the 1980’s and early 1990’s in the application of traditional BMT to various problems. For example, this period saw the successful application of BMT to the treatment of alcoholism (O’Farrell, et al, 1993), depression (Beach, et al., 1998), divorce prevention (Sayers, et al., 1998), and violence (O’Leary, Heyman, & Neidig, in press). However, there were modest achievements, at best, in the generation of a more powerful theoretical framework to guide marital intervention. In addition, because no theoretical structure guided BMT outcome research, there was little opportunity for theory driven outcome research of the sort that could potentially guide clinical innovation (see Beach, 1991; Borkovek & Castonguay, 1998). In brief, in the absence of a robust theoretical framework, openness to innovation proved insufficient to avoid stagnation.

Comment. While the field of behavioral marital therapy was “Waiting for Godot” in the form of an ultimate, inductively derived answer about the nature of marital interaction, the once thriving applied tradition of BMT was approaching intellectual collapse. In retrospect, more rapid applied progress might have been prompted by theory focused efforts to amend or replace the social psychological theory that had initially informed BMT.

### The Ascendance of the Field of Personal Relationships.

A development with the potential to enhance the rocky relationship between (social psychological) theory and marital application began in the early 1980’s. Concurrent with resurgent interest in the general social-clinical psychology interface (e.g., Harvey, 1983), a new dialogue began, broad enough to include BMT researchers, social psychologists, developmental psychologists, and persons in the closely related fields of communication, cognitive science, and sociology. An important intellectual product of this emerging dialogue was the volume, “Close Relationships” (Kelley, Berscheid, Christensen, Harvey, et al., 1983). In the 1980’s and early 1990’s the dialogue expanded exponentially and the area of personal relationship research was underway. The dialogue spawned a number of important developments and new developments continue to emerge. Among these continuing developments are the integration of the attachment and social cognition literatures (Shaver, et al., 1996; Baldwin et al., 1996), and the introduction of

goal theory into characterization of marital conflict (Fincham & Beach, 1999), two areas to which we return later in the chapter.

### Movement Toward A New Integrative Framework

A further important development was the emergence of social cognition as an area of interest within social psychology. Although a burgeoning social cognition literature failed to transform clinical technique in marital therapy during the 1980's (but see Baucom & Epstein, 1990 and Fincham, Fernades, & Humphrey, 1993 for evidence of some impact), it was incorporated whole-heartedly into the new "personal relationships" movement. As a result, this movement occasioned the emergence of a broader and more flexible framework for understanding and describing interaction. To be attractive to the field of marital therapy, social psychological theory needed to be wedded to a wide-ranging framework that could describe a variety of dyadic behaviors and could allow for the possibility of multiple influences. Even if it was not really a theory, and even if it did not directly incorporate all the available and potentially useful mid-level theories, such a framework might provide a springboard for a new round of creative clinical innovation.

In their 1983 book, Kelley et al. provided such a preliminary framework, but by the early 1980's relatively few applied marital researchers were looking at developments in social psychology. At the time most of the attention devoted to basic processes focused rather narrowly either on understanding the role of attributional processes in marriage (see Bradbury & Fincham, 1990; Fletcher & Fincham, 1991), or on the description of marital interaction (see Gottman, 1998; Fincham & Beach, 1999). Kelley et al. (1983), however, presented a new framework for understanding and examining personal relationships. This new framework dealt with many of the problems left unanswered in the earlier Thibaut and Kelley (1959) volume. In addition, the framework highlighted the importance of "patterning" in dyadic relationships (p. 47), causal connectedness between partners leading to positive (and negative) feedback loops (p. 58), and the resulting emergence of stable interaction patterns. As was the case for Thibaut and Kelley (1959), the framework provided is not so much a particular theory as it is an organizing scheme capable of accommodating many different mid-level theories and perhaps allowing for their integration.

One behavioral marital therapy researcher who was listening to the discussion of the new framework (and indeed participating in the dialogue) was Andy Christensen. Interestingly, around this same time, his clinical work began to shift profoundly. These shifts led eventually to Christensen's co-creation of Integrative Couple Therapy (ICT) with Jacobson. From the standpoint of the current discussion, it is particularly interesting to examine ICT and the Kelley et al (1983) framework to see if there are any points of connection. Indeed, there are several. For example, Kelley et al.'s discussion of positive feedback loops appears to be a direct conceptual precursor of the "polarization process" discussed in ICT. Their discussion of the way in which stable interaction patterns develop and are maintained appears to be the direct intellectual precursor of the ICT discussion of the "mutual trap." And, Kelley et al.'s analysis of patterning in relationships appears to be a precursor of the identification of the couple "theme" in ICT. Thus, although the techniques of ICT are not directly given by theory they appear to be built upon and constrained by the framework provided in the Kelley et al. (1983) book.

### Implications for the interrelationship of BMT, ICT and Social Psychological Research

There is a clear relationship between the techniques ultimately generated by applied researchers and the framework that guided their thinking. In addition, we would argue that techniques are typically more useful when wedded to a theoretical context and that innovation is likely to be more sustained when the links between theory and technique are explicitly recognized. Thus, we do not mean to detract from the creativity displayed in the clinical innovation process by highlighting links to underlying theory. Rather we hope that this exercise will help sustain clinical innovation and prevent a return to the doldrums of BMT in the 1980's.

As may be apparent already, while applauding much about ICT, the assertion that ICT owes little to basic psychological science (see Jacobson's preface, in Jacobson & Christensen, 1996, p. viii), and to social psychology in particular, seems to us jarringly incorrect. In addition, the idea that one might be better off by eschewing theory and opening up instead to the "natural contingencies" operating in the therapy session, seems like the type of assertion that should come with a warning label "try this only if you have strong implicit theories at work." In particular, we would argue that BMT is healthier with theory than without theory and that modern social psychology and the emerging field of personal relationships is an excellent place to look for relevant theoretical advances.

What are the consequences of failing to acknowledge the theoretical foundation of BMT and its various offshoots, including ICT? First, failure to acknowledge the theoretical ground upon which a set of techniques rests undermines the important activity of process research. If we have not acknowledged the basic processes that inform the techniques being proposed, we are in a poorer position to capture these processes in process research. Hence, in line with arguments advanced elsewhere (e.g. Beach, 1991; Borkovec & Castonguay, 1998) we are likely to conduct sub-optimal variants of outcome research, condemning outcome research to be used as a mere persuasive device rather than as a truly informative experiment.

Second, recent developments in BMT and in the field of close relationships gives rise to the hope that BMT may once again be able to claim a coherent and explicit theoretical foundation. This was the situation during the early 1970's, arguably the time of fastest growth and development for BMT. After the apparent collapse of that theoretical foundation in the early 1980s BMT moved increasingly toward the modular and technique oriented approach rightly criticized by Jacobson and Christensen (1996). Technique oriented approaches are vulnerable to decreasing fidelity as they are copied and variants proliferate. Without a coherent nomological network to steer the intervention and to serve as a source of ongoing correction of errors, a technique oriented system is doomed to accumulate fatal errors during the replication process. Much like an organism with no auto-immune system to identify defective cells, an approach without a theoretical foundation has no way to catch and correct problematic variants in technique. Indeed, as Snyder and Forsyth (1991) point out, without theoretical grounding it is impossible even to gauge the range of applicability of one's techniques.

Finally, in addition to the problem of limiting the clinical potential of BMT and ICT, failure to acknowledge the theoretical grounding of ICT has the additional unfortunate side-effect of inappropriately devaluing the heuristic and generative power of new work coming from social, developmental, and personal relationship perspectives. There is considerable new basic research that suggests the potential for further development of the power of BMT or ICT (cf. Fincham & Beach, in press a; Fincham & Beach, in press b). It would be unfortunate, and quite probably wrong, to think that BMT or ICT is now as powerful or as rapid or as accessible to distressed couples as it can be (see Gottman, 1998 for a similar view). To the extent that we recognize basic

research and theory as the engine of innovation, we will be more likely to tap this resource appropriately.

In view of such observations, one is left to wonder why. When the facts do not support the importance of “outcome research” in stimulating clinical innovation and appear to point to a critical role for “theory,” why do so many bright and creative individuals appear to under attribute credit to basic research that appears to have influenced or guided their thinking? Why are the contributions of social psychologists underestimated in the BMT literature?

### Understanding the Problem of Cryptomnesia

In this section we discuss several factors that bear upon the underestimation of social psychology’s contribution to the development of marital therapy.

#### Figure versus Ground

The simple distinction between figure and ground is useful for understanding cryptomnesia in several contexts.

Marital Therapists in Practice. One important reason that academic psychologists working in the marital area may overlook their debt to basic theory results from the goal of their research and the focus it leads them to adopt. The reasons marital therapists overlook the influence of group outcome research on their practice, may be the same reason marital researchers overlook the influence of basic research on clinical innovation. In each case the problem is one of figure versus ground. For the marital therapist, the goal that structures their attention and activity is what to do with a particular couple that presents for therapy. What to do “on average” is not the pivotal issue or even one that seems very compelling. Rather, the compelling issue for clinicians in practice remains “what treatment, by whom, is most effective for this individual with that specific problem, under which set of circumstances (Paul, 1969). Accordingly, many marital therapists who borrow techniques extensively from empirically supported treatment packages and call themselves “eclectic,” nonetheless may be disinclined to view such borrowing as indicating “adherence” to a particular treatment approach. Rather, the borrowing of various empirically supported techniques is viewed as incidental to the primary task of “crafting an intervention that fits this couple.” That is, clinicians are likely to think of themselves as having creatively combined techniques from across sources even if their overall strategy is consistent with a treatment manual. In this view, clinicians are led to underestimate the extent to which the existence of treatment manuals has influenced their work because the techniques from treatment manuals provide only the “background” for their choices. The manuals do not directly guide their in-session decision making.

Marital Researchers Designing New Treatment Packages. Academic marital researchers may have as their goal the development of new treatment packages that influence positive couple outcomes on average. Accordingly, they may be very interested in what works, on average, and for whom, but be less focused on how distressed couples change, or how therapy produces its benefits. For example, there has been some attention to “dismantling studies” in BMT in which components of the approach are tested against the whole, but there has been little attention to better understanding the hypothesized processes responsible for improvement in marital therapy (Beach, 1991). This focus on “what works” leads to attention to potential positive changes in key outcome measures that occur in response to therapy. It also leads to attempts to standardize treatments, increase fidelity to manuals, and provide comparisons to alternative treatments. However, it may draw attention away from other possible measures that would provide clearer

continuity with the basic literature. A focus on “what works” to the exclusion of “how things work” may therefore further obscure the relationship between basic research and therapeutic innovation.

Marital Therapy Process Researchers. Would it help if clinical researchers were more focused on process research (cf. Goldfried & Wolfe, 1996)? Certainly, measures designed to capture the process of change in marital therapy might be more likely to be theoretically driven and reflect the content of the basic literature on personal relationships. At the same time, because the focus of clinical researchers is applied, there would remain considerable pressure to under cite the basic literature.

Consider the hypothetical example of a group of clinical researchers examining the effect of BMT on the occurrence of benign attributions. BMT is found to render attributions for partner behavior more benign, and it is found that the occurrence of benign attributions at the end of therapy is associated with greater positive change in satisfaction. This would be of great interest to marital therapists, and is a prediction that comes directly from the literature on responsibility attributions in close relationships. (see Beach, 1991; Whisman & Snyder, 1997 for an explication of the issues involved in an examination of change models in marital therapy; see Beach & O’Leary, 1992 for an application). However, the goal of the investigation would not be to test an attributional model but to find out whether greater attention to decreasing dysfunctional attributions in marital therapy could increase the average effectiveness of a particular treatment package. Logically such findings could help tie applied results to a more basic sets of results. In practice, however such “mediational” issues are unlikely to be addressed (as has been the case for the example relating to attributions, see Fincham, Beach & Bradbury, 1990). Especially germane to our current discussion, however, marital therapy researchers might not feel compelled to acknowledge the social psychological literature that makes a focus on attributions sensible. Even when the researcher is aware of the connection between the clinical innovation and the basic literature, the “figure” is the applied implications and the connection to the basic literature may be left to recede into the background.

In sum, for both the practicing clinician and the clinical researcher, the processes leading to under-crediting others doing more basic work is the same; it is common to view as figure those things that are the focus of one’s own creative efforts. Those aspects that are shared or logically prior recede into the background, while those aspects that are different or are novel are emphasized and become figure. This may easily lead to under citing the basic research, even when it is known to influence clinical work.

### Cryptomnesia Proper

A second, less conscious reason, for under citation of basic research may be the common tendency to overlook ways in which one’s work has borrowed from a template or used the work of others as an outline (Marsh, Landau, & Hicks, 1996). As highlighted in a series of interesting studies, there is a pervasive tendency to steal the ideas of others and not realize the theft. This practice of cryptomnesia or unconscious plagiarism is extremely common. In one study, when people were asked to draw “novel” alien creatures and were given examples that others had drawn “just to get the creative process going,” there was an overwhelming tendency to incorporate those aspects of the examples that were consistent. So, for example, if all the sample aliens had four legs, the newly generated aliens were far more likely to have four legs. The plagiarism occurred despite warnings and admonitions. In addition, the plagiarism did not appear to result from laziness. Even though the examples constrained the shape of the creatures, they did not decrease the volume of new alien creatures that were generated (Marsh, et al., 1996).

Apparently, there is a strong tendency to pick up ideas that are “in the air” and run with them. The new creations that result are viewed as purely novel and not in need of attribution to anyone else. Thus, it may be relatively easy for psychologists in the marital area to come in contact with many ideas about interpersonal process, cognition, and development, and abstract from this intellectual milieu a template about processes that may be important in guiding and structuring couple interactions. However, as is highlighted by the Marsh et al. (1996) data, they may never conclude that they have an intellectual debt to those who informed their work in important ways.

### Contextual Embeddedness

Another reason for the under citation of influences from the social psychology literature relative to influences from other marital therapy literature may result from differences in the way information from these two sources is represented in memory. Given a focus on differentiating one’s work from that of other applied researchers, as well as the direct relevance of the comments of such individuals for one’s own work, one might expect that suggestions made by other marital therapy researchers would be embedded in a rich network of relevant information. In contrast, information from social or developmental psychology might be encoded in a less rich semantic network. If so, there could be considerably greater difficulty in generating cues for accurate source monitoring for the latter case than in the former case, leading to the expectation of more errors of source monitoring in relation to social and developmental literatures (cf. Johnson, et al., 1981).

### From Partnership to Cryptomnesia and Back Again

As a result of these three factors — figure-ground, cryptomnesia and contextual embeddedness -- there is the potential to profoundly underestimate the impact of social and developmental psychology in the marital therapy literature. Even if the basic literature had a considerable number of direct and indirect effects on the generation of new techniques, there might still be few direct citations.

Ironically, for both clinicians and researchers, an emphasis on one’s own unique contribution may tend to degrade the quality of the creative process over time. In particular, as the theoretical “ground” for the creative process recedes and so is less chronically accessible, it will tend to exert less influence on creative decision making. Instead, other less reliable influences will come to exert greater influence. Thus, over time, the failure to remember and consider the foundation of one’s creative activity should lead to poorer quality innovations. It therefore seems important for the long term health of marital therapy that the tendency to under recognize the impact of theory be reversed. Accordingly, although we suspect that the three processes outlined above can never be eradicated, it is important to mitigate their worst effects. One way to do this is to return to the initial, explicit partnership that existed between social psychology and BMT. Such a partnership would explicitly acknowledge the contributions and the need for communication between social psychologists, marital therapy researchers, and marital therapists.

In the 1960’s such a three-way connection was forged by the presence of common framework that facilitated communication and interchange. Indeed, we suspect a common intellectual framework is essential for the partnership in that it makes sensible the exchanges between social psychologists and those working at different levels of abstraction and application. The identification of a robust framework that can support such a three-way interchange is

therefore key to stimulating a new period of creativity and development in marital therapy. Towards this end, we identify two areas that have the potential to re-ignite the synergy between social psychology and marital therapy in the future.

### A Look Toward the Future

If a comprehensive framework can be advanced that builds on the Kelley et al (1983) framework and incorporates recent developments in the study of personal relationships, it may generate the level of sustained enthusiasm within the marital therapy area necessary to re-ignite a period of rapid applied progress. Past success suggests that such a framework need not be a full fledged theory in order to stimulate applied creativity and progress. As happened in the late 1960's and early 1970's, a shared paradigm can allow strong collaboration and implicit coordination of effort across labs and geographic regions.

### Towards a Broader Framework for Understanding "Close Relationships"

Below we provide a very brief sketch of attachment and goal theory as potential components of a broader and more articulated theory of dyadic conflict and marital distress, and articulate some of their current and potential connections to marital therapy. Before doing so, we need to make a brief observation about the central construct of marital/relationship quality. In our view, it is important to conceptualize this construct in terms that are consistent with recent developments in research on the structure of attitudes and emotions (Cacioppo, Gardner & Bernston, 1997; Russell & Carroll, in press). Specifically, conceptualizing marital/relationship quality in terms of evaluative judgments (see Fincham & Bradbury, 1987) that vary along positive and negative dimensions (Fincham & Linfield, 1997) helps ensure conceptual clarity as well as reclaim the close connection with social psychology sought in this section (see also Fincham, Beach & Kemp-Fincham, 1997).

### Attachment

Because attachment theory appears to have been particularly influential in the development of ICT, and because it provides an important link to social psychology, we elaborate several aspects of its utility for marital therapy. It should be noted, however, that extensive and well crafted discussions of the relevance of attachment theory for marital therapy, albeit with a different focus, can be found elsewhere (e.g., Kobak, Ruckdeschel, & Hazan, 1994; Whiffen & Johnson, 1998). In addition, excellent discussions of the integration of attachment theory with the broader social cognition and adaptation literatures are also available (e.g., Shaver, Collins, & Clark, 1996).

Attachment theory has made its way into behavioral marital therapy both through the influence of attachment inspired approaches to marital therapy (e.g., Kobak et al., 1994; Greenberg & Johnson, 1988) and indirectly through the influence of ego analytic writers (e.g., Wile, 1981; 1995). Its contribution to behavioral marital therapy has been directly acknowledged by some Behavioral Marital Therapy researchers (e.g., Notarius, Lashley, & Sullivan, 1997) and indirectly acknowledged through the citation of those who themselves cite attachment theory (e.g., Jacobson & Christensen, 1996). Nonetheless, its contribution tends to be underestimated.

In our view, the contribution of the attachment literature to the evolution of BMT has been both dramatic and profound. The attachment literature suggests that behavioral marital therapists should look for a universal mechanism, activated by the perception that the partner is psychologically or physically unavailable or unresponsive, that has as its goal the reinstatement of

a sense of “felt security” (Sroufe & Waters, 1977). At the same time, it suggests that this universal mechanism could take different forms for different individuals (Rholes, Simpson, & Stevens, 1998). It also introduces into behavioral marital therapy the notion that attachment related emotions may be masked, or entirely deactivated, or hyper-activated, leading to interesting marital dilemmas and sources of confusion and misunderstanding within marital dyads. For example, the attachment perspective suggests that anger may sometimes be prompted by feelings of hurt and vulnerability. But rather than clearly signaling a need for nurturance, the angry response may be misunderstood by the partner and lead to further unavailability and defensiveness. Thus, attachment models have introduced the idea that couple problems are not the result of “skill deficits,” but rather may be understood as resulting from a positive feedback loop triggered by unacknowledged and perhaps hidden feelings of neediness.

In addition, by emphasizing working models, the attachment literature also focuses attention on the human capacity for future oriented simulation and so the potential for strong affective reactions to events that “might” happen, or implications for the future or possible future selves. Thus, attachment accounts lend themselves to elaboration in social-cognitive terms. Attachment-like accounts have been incorporated into marital therapy as a vehicle for “formulating the couples problem” (Jacobson & Christensen, 1996, p. 46), and for helping couples understand their problems in a non-blaming manner (Notarius, et al., 1997). Attachment explanations are particularly good in this regard in that they suggest a way of construing marital difficulties that renders them understandable to partners while indicating that symptoms of marital distress may be adaptive and constructive at base (See also Emotion Focused Therapy, Greenberg & Johnson, 1988).

Likewise, the implications for therapists are clear. If concerns about partner availability result in masked signals that are interpreted by the partner as signs of unavailability, this may be the source of a vicious cycle maintaining marital discord. Later forms of BMT such as ICT (Jacobson & Christensen, 1996) and PREP (Markman, et al., 1994), incorporate the idea of the central importance of perceiving the partner to be available and interested. Indeed, Markman et al. (1994) label lack of acceptance “the mother of all hidden agendas.” Thus, the notion that perceived lack of availability or acceptance may result in misunderstanding and extreme forms of dysfunctional interaction is explicitly included in both these newer versions of BMT. Further, this attachment-like idea entirely supplants the previous notion that miscommunication is the result of not knowing how to implement certain communication skills. Accordingly, in recent BMT writings, one might conclude that attachment theory has become the de facto theoretical foundation for communication training as well as for the instigation of positive behavior. It has become a favorite vehicle for reattribution training with distressed couples as well, supplanting to some degree the cognitive-behavioral movement in BMT.

The mere presence of attachment ideas and the discussion of those ideas appears to have led to changes in the way BMT researchers think about the process of therapy. In turn, this changed conceptualization seems to have led to changes in the types of techniques proposed in innovative treatment packages. Thus, exposure to ideas from attachment theory has led to changes in the way BMT researchers apply the interventions retained from previous variants of BMT. In particular, rather than focusing on problem solving communication per se, behavioral marital therapists now focus on the “theme” of the conflict, hidden agendas are likely to be viewed in attachment terms, the critical importance of expressed commitment to the relationship receives greater attention, and the power of the simple act of attentive listening (Markman, et al., 1994) has received a new emphasis. We believe that greater recognition of the impact of attachment research on marital therapy and its incorporation into a broader framework for close relationships will have further salutary effects. In particular, making explicit the ongoing incorporation of

attachment theory into BMT should allow assumptions to be better tested, should highlight additional possible innovations, and should allow BMT (or BCT) researchers to take advantage of ongoing developments in research on adult attachment (e.g. Simpson & Rholes, 1998).

### Goals

As important as attachment theory has been for recent changes in BMT, it may be viewed as only a specific instance of goal theory. In attachment theory, much behavior is made sensible by reference to the goal of maintaining felt security and a comfortable level of proximity/distance. However, even a cursory examination of the social psychological literature suggests that a variety of goals impinge directly or indirectly on couple interaction and have the potential to affect satisfaction or distress. For example, self-evaluation maintenance goals (e.g., Beach, et al., 1996; 1998), belongingness goals (Baumeister & Leary, 1995), self-verification and self-enhancement goals (e.g. Katz & Beach, 1997; Murray & Holmes, 1996; Murray, Holmes, & Griffin, 199X; Snyder & Stukas, 1999), communal relationship goals (Clark & Mills, 1979) and identity and personal growth goals (Aron & Aron, 1996; Ryan, et al., 1996), among others, may influence behavior in relationships. Adopting a framework that allows for the interaction of multiple goal systems could therefore be particularly useful for guiding the study of marital interaction and stimulating innovative marital interventions. However, developing a framework that can readily incorporate a range of goals will need to go beyond a reliance on attachment theory.

Recent work on goal-directed behavior provides insights into the nature and organization of goals, important characteristics of goals, and the impact of goal orientation on behavior (see Austin & Vancouver 1996, Gollwitzer & Bargh 1996). We have argued elsewhere (Fincham & Beach, 1999) that a goal theoretic perspective has the potential to provide an overarching framework for understanding marriage. Dunning (1999) similarly points to the importance of studying goals to “break open the black box implicit in social cognitive work” and “in exploring how people manage their relations with loved ones” (p. 8). We begin by considering whether such a perspective adds anything new to the marital literature.

A potentially serious obstacle to adopting a broad, goal framework in the marital area is that use of the goal construct remains largely unacknowledged both in work on marriage and in work on personal relationships (see Berscheid, 1994 for a similar lament). Thus, despite frequent, indirect references to goals, there is relatively little in the way of direct guidance on the effect of goals on marital interaction. As well, there is little guidance on how to understand the interplay of multiple goals. This is unfortunate, as a number of heuristic and conceptual advantages follow from making explicit our implicit reliance on the goal construct.

Five premises capture much of the promise of a goal framework for marital therapy. First, all behavior is goal directed (discrepancies between current and desired states drive behavior to reduce the difference through such processes as test-operate-test-exit cycles, Miller et al 1960). In marital therapy, this premise highlights the importance of identifying the goal problem behavior serves. This allows alternative, non-problematic ways of meeting the goal to be generated.

Second, spouses don't always know what the goal is even for their own behavior (goals can be latent or implicit as well as consciously experienced). For marital therapy, this premise highlights the potentially limited value of self-report. In the same vein, it should be noted that some goals may emerge in a situation rather than being well formed in advance. In such

circumstances, it may not be possible for spouses to self-report all relevant goals because some of the goals have not been elicited.

Third, goals vary widely (from internal set points, to complex, cognitively represented outcomes) and cannot be understood in isolation from each other or the dynamics of the larger goal system in which they are embedded (establishing, planning, striving towards and revising goals, see Austin & Vancouver, 1996). In the marital context, this underscores the importance of allowing for multiple goal influences on behavior. In addition, goal theory provides a theoretically informed way of understanding the potential interaction of contextual effects and enduring vulnerabilities on coping and adaptation in marriage, as well as the way such effects could result in shifts in marital satisfaction and stability (cf. Karney & Bradbury, 1995).

Fourth, affect results from moving toward or away from goals, with avoidance goals generating negative affect as discrepancies are reduced, and approach goals generating positive affect as discrepancies are reduced (Carver and Scheier, 1998). In the marital context, this premise suggests different emotional experiences for defensive versus collaborative goals and suggests that affect will be directed toward the partner primarily when the partner is perceived as facilitative or obstructive with regard to active goals. Accordingly, this premise suggests the hypothesis that satisfaction with the partner may vary somewhat as function of the dimension primed prior to asking for satisfaction ratings and the role of the partner vis-a-vis that dimension (see Fincham and Beach, in press).

As noted above, goal theory lends itself to marital formulations in a variety of ways. Carver and Scheier (1990), for example, point out that it is not merely the degree to which individuals meet their goals that influences affective reactions. Instead, the direction, velocity, and acceleration of movement toward goals is related to magnitude of positive feelings. As a result, goal theory suggests that structuring therapy so that it provides frequent, and concrete feedback about improvement on various goals may help increase positive feelings about therapy and about the partner, even if initial goals have not been met. In a similar vein, it is likely that a focus on concrete goals may be associated with more positive affect in marital therapy (Emmons & Kaiser, 1996).

Importantly, if the partner is viewed as thwarting valued goals, this could lead to ruminative thought regarding the blocked goal (Martin & Tesser, 1996). This should lead to more thinking about the partner and about the thwarted goal. Internal rehearsal of one's own arguments and one's own view of the problem will commonly prove polarizing (Tesser, 1976), and lead to feelings of powerlessness to change anything (Vanzetti, et al., 1992). Such a pattern may be among the most undesirable consequences of traditional behavioral marital therapy with its strong focus on change and its implicit tendency to encourage partners to locate needed changes in the spouse rather than in the self.

A novel marital therapy approach that is tied to a self-regulatory, goal-setting framework has been suggested by Halford (1998). Reasoning that couples are likely to experience the greatest sense of control over changes in their own behavior, Halford et al. (1994) proposed an emphasis on individual, self-directed change by partners entering marital therapy. This approach emphasized helping each partner identify ways they could begin to address relationship problems without any requirement or expectation that the partner would change. They highlighted five different types of goals that may follow from adopting this approach. First, partners may be encouraged to think of new ways to communicate their concerns. Second, the partners may be encouraged to consider ways of making their spouse's behavior less stressful to them even if their partner continues engaging in the behavior. Third, the partners may be encouraged to generate

ways of meeting needs that do not require the spouse. Fourth the partners may consider ways to dissolve their current relationship. And fifth, the partners may decide to uphold the status quo in their relationship. In all cases, the goal of Self-Regulation Couples Therapy (SRCT) is to assist both partners to identify their problems in a way that leads to the formulation of individual goals to address the problem area (Weiss & Halford, 1996).

The self-regulatory approach to marital therapy has the advantages of potentially shortening the course of marital therapy (e.g., Halford, Osgarby, & Kelly, 1996) and of being considerably more flexible in format than traditional BMT. This approach also illustrates the potential for social psychological theory regarding goals to guide the elaboration and development of marital therapy.

In sum, the assumptions of goal theory outlined earlier provide a vehicle for integrating attachment and self-regulation perspectives within a single framework. In addition, goal theory would appear to provide a broad conceptual framework for understanding key developmental issues in marriage such as the effect of stressors and enduring vulnerabilities (Karney & Bradbury, 1995). Wedded to other considerations highlighted in the Kelley et al. (1983) framework, the result might be a framework sufficiently flexible to accommodate ongoing developments in broad areas of social psychology such as the psychology of self and the rapidly developing area of social cognition. At the same time, such a framework has the potential to be sufficiently specific to speak to practical issues that are central in such applications as ICT and SRCT. Because work on the goal framework is already quite advanced (e.g. Austin & Vancouver, 1996), and because the Kelley et al. (1983) framework has already inspired clinical innovation, it seems possible that a new clinically informative framework may be close to becoming a reality. In combination with a new willingness by marital therapy researchers to be explicit about their theoretical commitments, such a framework seems promising indeed.

### Conclusion

BMT has changed dramatically over the past two decades. It changed from a vibrant, theory driven enterprise to a stagnant, outcome study driven enterprise characterized by a focus on technique. Happily, it now appears to be moving back toward recognition of the importance of a unifying framework. At the same time, the most recent innovations (ICT and SRCT) appear to have clear links to thriving areas of investigation of interest to social psychologists. We propose that with appropriate input from social psychologists, ICT could be a vehicle for a return to explicit partnership between social psychological theory and marital therapy. ICT appears to take a number of technical developments and use the Kelley, et al. (1983) framework to integrate them into a cohesive pattern. At the same time, changes introduced in both PREP and ICT are understandable as responses to developments in the basic attachment literature, even if these influences are somewhat under cited. Conversely, SRCT is explicitly tied to the self-regulatory framework of Karoly (1993), but this provides a direct route to the consideration of the broader literature on goals.

These conclusions point to the importance of theory for the development of therapeutic technique in marital therapy. At the same time, the case of ICT highlights the tendency for marital therapy researchers to mischaracterize important influences on their creative efforts. The case of SRCT, on the other hand, highlights the tendency of marital therapy researchers to miss connections to broader literatures that may be helpful as the approach continues to mature. In both cases, the dialogue between marital therapy researchers and social psychologists seems full of promise.

The absence of theoretical development during the 1980's, and the concomitant stagnation of BMT, appears to have resulted from a considered decision to avoid theory rather than being the result of some inevitable split between marital therapy and its social psychological roots. Because marital researchers believed that the documentation of couple behavior was necessary before theory building could occur, they largely quit looking to developments in social psychology as a source of creative inspiration. However, there is now an opportunity for a renewed dialogue between marital therapy researchers and social psychologists.

A new integrative framework appears within reach and may incorporate a range of potentially useful mid-level theories. To realize this potential it is important for marital therapy researchers to acknowledge more fully the role of basic research in inspiring creative leaps in technique, and for social psychologists to look past the shroud of cryptomnesia and see for themselves the opportunity to comment on interesting applied processes. Such commentary, if it is to be credible, may require social psychologists to do research with samples other than undergraduate students, to learn more about clinical phenomena, and to be receptive to input from sources other than the social psychological literature. Likewise, such a dialogue requires greater willingness on the part of marital therapy researchers and marital therapists to examine the social psychological literature and not require that every theoretical proposition be tested on married couples before it is considered relevant to understanding marital dynamics. If social psychologists and clinical psychologists interested in marital therapy each carry out even a small part of this prescription, the next ten years are likely to be an exceptionally exciting for marital research.

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