

DENIAL OF RESPONSIBILITY, VIDEOTAPE FEEDBACK AND ATTRIBUTION THEORY: RELEVANCE FOR BEHAVIORAL MARITAL THERAPY

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ABSTRACT

Methods currently used in marital therapy appear to be moderately effective; it is now time to identify (a) which therapeutic components are responsible for change, and (b) what psychological and social processes underlie changes. As difficulties in communication, faulty social perception, mutual attribution of blame and denial of responsibility tend to characterize many couples seeking marital therapy, this review concerns itself only with therapy for spouses with these particular problems. Studies bearing on the therapeutic effectiveness of one component of therapy, videotape playback, will be examined from an attribution-theory framework. Relevant studies on self confrontation, social skills training and attribution theory are reviewed. The implications of the findings of these studies are used to generate proposals for future research.

RESUME

Les méthodes en usage dans la thérapie conjugale semblent n'avoir qu'une efficacité moyenne. Le moment est venu d'identifier a) les composantes thérapeutiques responsables des changements et b) les processus psychologiques et sociaux sous-jacents à ces changements. Étant donné que des difficultés de communication, une perception sociale inadéquate, une attribution réciproque de blâme et un rejet de responsabilité tendent à caractériser plusieurs des couples qui désirent une thérapie conjugale, la revue présentée ici se limite à la thérapie des époux présentant ces problèmes spécifiques. Les études portant sur l'efficacité thérapeutique d'une composante de la thérapie — les reprises magnétoscopiques — sont examinées dans la perspective de la théorie des attributions. Sont aussi examinées les études pertinentes sur la confrontation de soi, l'acquisition d'habiletés sociales et la théorie des attributions. La conclusion utilise les données recueillies dans ces diverses études pour faire des suggestions utiles aux recherches à venir.

Recent reviews of marital therapy (MT) outcome studies indicate that MT in general (Gurman, 1975a; Beck, 1975) and behavioral marital therapy (BMT) in particular (Wright & Skinner, 1975) have demonstrated moderate effectiveness. However, it is not at all clear how or why such interventions produce change. Questions such as: which therapeutic components are

responsible for change, what selection criteria should be used, and what are the psychological and social processes that underlie changes, have received little attention from researchers. Component analysis studies, by isolating the ingredients responsible for improvement, can lead to the increased utilization of positive and the elimination of ineffective or destructive components (McFall & Marston, 1970). Careful analysis of which types of couples benefit from MT could lead to scientifically validated selection criteria, and research on underlying processes could generate innovations in the field.

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Marital Problems and Approaches to Marital Therapy

Perhaps the most widely-adopted position among clinicians is that marital problems are primarily the result of disturbed and ineffective patterns of communication (Gurman, 1975b; Knox, 1972). This view is consistent with the self report of disturbed spouses, as data indicate that lack of communication is the most common presenting complaint (Greene, 1970). However, the rubric "disturbed communication" has been used to describe a multitude of different phenomena: problem-solving behavior (Vincent, Weiss & Birchler, 1975); expression of empathy and support (Satir, 1964; Ely, Guernsey & Stover, 1973); sending double messages (Watzlawick, Beavin & Jackson, 1967) and faulty behavior change operations (Patterson, Hops & Weiss, 1975). Precise definitions of disturbed interaction and communication, documented by comparative studies were, until recently, totally lacking.

One of the most interesting recent approaches to the problem of conceptualizing, defining, observing and treating disturbed marital interaction has been that of Patterson, Hops, & Weiss (1975) and their colleagues. They have conducted a number of studies in two areas: exchange of reinforcement and problem-solving behavior. They start with the assumption that conflict in any marital relationship is inevitable, as couples have to continually resolve problems in the areas of finances, children, sex, etc. They hypothesize that it is not the presence of conflict in a couple, but their method of resolving conflict that leads them to seek therapy. The result of their research on patterns of exchange of reinforcement in normal and disturbed couples indicates that not only do the latter tend to use aversive control (e.g. complain, criticize, put down, interrupt) more frequently than do undisturbed couples in structured lab situations, but that aversive control is also more frequent in their home interaction (Birchler, Weiss & Vincent, 1975). In addition, they conducted research on the tactics used by spouses to solve problems. Using a coding system which breaks problem-solving behavior into positive (e.g. accept responsibility, compromise, describe alternatives)

and negative components (e.g. deny responsibility, excuses, negative solution), they found that distressed relative to non-distressed couples emitted a significantly greater proportion of negative and a significantly smaller proportion of positive-problem solving behaviors (Vincent, Weiss, & Birchler, 1975).

Another frequently cited cause of marital disturbance is distorted perception of the behaviors of self and spouse: indeed, a number of studies have shown that distressed spouses' perception of their mates appears to be markedly distorted (Laing, Phillipson & Lee, 1967; Murstein & Beck, 1972; Tharp, 1963). This is also reflected in the lack of reliability of patients' reports about their own and spouse's behavior (Olson & Rabunsky, 1972). Not only may self and spouse perception be inaccurate in such couples, but the nature of casual attributions made by spouses as to why the conflict exists and who is responsible may also be faulty and nonsymmetrical (Thomas, Walter & O'Flaherty, 1972). For example, one of the typical claims of spouses seeking marital therapy is that the problems are largely attributable to the spouse; this is especially true of wives (Gurin, Veroff & Feld, 1960).

As with other types of disturbances, clinicians can be dichotomized into those whose primary goal is to change overt behavior and those whose main objective is to effect changes in cognitive dimensions (Glick & Gross, 1975). Although procedures aimed at changing overt marital behavior (Patterson et al., 1975; Stuart, 1975; Azrin, Naster & Jones, 1973) have, to date, received the most attention from behaviorally-oriented therapists, such an approach appears to be only partially adequate. Indeed, Glick & Gross (1975) and Olson (1972) convincingly argue that the integration of self-report data with information obtained through observational methods are vital for a better theoretical understanding of marital discord as well as for advances in therapy for disturbed couples. Furthermore, Olson (1972) indicates that couples in therapy have such very discrepant perception of the same behavior that behavioral training should be directed toward making spouses better observers of their own and their partner's

behavior. In the same vein, the present authors suggest that distorted perception and denial of responsibility for discord is best assessed, explained theoretically, and treated by a combination of cognitive and overt behavioral procedures.

The behavioral marital therapist hypothesizes that the excessive reliance on aversive control tactics is maintained by the reinforcement schedules in the relationship (Vincent et al., 1975), i.e. punitive behaviors are utilized to influence the other because they lead to the desired change, at least on a short-term basis. From this assumption, the objective in BMT is often to teach the couple to reduce the frequency of aversive and increase the frequency of positive control tactics. It is expected that marital happiness will improve as the system of reinforcers change (Stuart, 1975). Patterson, Hops & Weiss (1975), using a combination of negotiation training and reciprocity counselling with distressed couples found that in 8 of 10 couples there was a pre to post therapy shift in problem-solving behavior. Each spouse used fewer negative and more positive problem-solving tactics post therapy and ratings of marital satisfaction in the 8 couples improved as well.

This is a fairly impressive statistic since the average success rate reported in controlled outcome studies on MT is 67% (Cookerly, 1976). Data from the work of Vincent et al. (1975) support the prediction that this type of therapy can be effective. When the problem-solving behavior of a member of a distressed couple with his spouse was compared to his own behavior with a different sex stranger, it was found that the individual from the distressed relationship used more negative and fewer positive problem-solving behaviors with his own spouse than with the stranger. Vincent et al. concluded that problem solving skills are not a trait-like attribute of the individual, but are "... situationally governed by the stimulus and reinforcing properties of a given relationship" (Vincent et al., 1975, p. 484). "Distressed couples are capable of more facilitative problem solving, which suggests that aversive control tactics arise from a breakdown in stimulus control rather than from a

behavioral deficit" (Vincent et al., 1975, p. 485).

The selection criteria for the sample of "distressed" couples must be included in an evaluation of these findings. From the reported cut-off points on the two self-report instruments utilized, it would appear that relatively mildly-distressed couples were used as the "distressed" sample. Interestingly, this is also true of most published reports on BMT (Wright & Skinner, 1975) and is consistent with Patterson et al.'s (1975) recommendation that the preliminary studies in this area should focus upon clientele with relatively simple problems (Patterson et al., 1975, p. 297). It is possible that if more severely distressed couples had been sampled in the Vincent et al. paradigm, the interaction of a spouse from a distressed relationship with a non-distressed stranger would reveal problem-solving skills which are superior to those used with his own spouse, but not as effective as those of spouses from non-distressed marriages.

One may be able to distinguish between those spouses who have the requisite problem-solving skills but are simply not using them when interacting with their own spouse from those who do not have these skills available in their repertoire. In short, in many couples both inadequacy of problem-solving skills and the use of faulty reinforcement procedures may be responsible for marital distress. The implications of this differentiation will be discussed later.

The behavioral theory of marital distress outlined by Vincent et al. (1975) might be modified on another ground. A frequent starting point in BMT is to have couples specify areas of desired change in both own and spouse's behavior. Subsequently, whether the focus is to be on changing problem-solving behavior or on establishing new exchange contracts, the therapist suggests that both members simultaneously initiate specific new positive behaviors that either the spouse (exchange contracting) or the therapist (problem-solving training) has identified. Generally, only those couples who agree with the therapist's position that their disharmony will be resolved only when both spouses initiate new positive overt behaviors will be considered appro-

appropriate for BMT. It is a couple's cooperation with this basic format that determines the success of therapy. A behaviorally-oriented therapist will rarely attempt therapy when one or both spouses take a position such as: "We need to talk more about why we originally got married in the first place before dealing with the present", (dwelling on the past), or "I will not change until he changes because he is responsible for problem X", (you go first), or "I will not change my behavior because it is her problem not mine", (blaming and total denial of responsibility). Couples exhibiting the first type of pattern might be referred to more psychodynamically-oriented therapy, while those fitting the other patterns will often lead the behavioral clinician to conclude that "the couple is not motivated enough" or is "too disturbed to benefit from BMT".

To summarize, faulty perception, ineffective problem solving and patterns of denial of responsibility and blaming not only contribute heavily to marital disturbance, but may also make successful BMT unlikely; a technique of modifying these inappropriate modes of perception, attribution and behavior should prove to be very useful for behaviorally-oriented therapy. Although an evaluation of the independent effects of videotape playback in therapy for distressed couples awaits future research, several lines of work suggest that this technique could be effective in achieving these goals.

Videotape Playback: Clinical Studies

There is some evidence that videotape playback does have an effect on changing an individual patient's distorted self image (Boyd & Sisney, 1967) and that self perception may change in a positive or negative direction (Danet, 1968). Videotape has been used in a variety of settings to increase patients' knowledge of their own behavior and this apparently leads to therapeutic gain (Bailey & Sowder, 1970; Holzmann, 1969; Kagan, 1973; Parades, Gotthell, Tansig & Cornellson, 1969; Moore, Chennell & West, 1965). For example, Reivich & Geertsma (1968) found that after videotape self observation, the self rating of a patient came to agree more with that of observer nurses.

In the burgeoning field of social skill training numerous well-controlled studies indicate that video or audio feedback, when coupled with modelling instructions and rehearsal, result in marked improvement in social behavior in several different populations (Hersen & Bellack, in press; Wright, 1976). The independent effects of components such as modelling, rehearsal and placebo have been documented (McFall & Twentyman, 1973; Eisler, Hersen & Miller, 1973; and Goldstein, 1973). Videotape feedback has been cited as a powerful ingredient in these therapy programs because of its utility in allowing the therapist to point out concrete instances of dysfunctional behavior and because of its potential for self monitoring (Serber, 1972). However, videotape feedback to date has not been evaluated independently of instructions and therapist's verbal feedback. Self monitoring, where the patient is trained to systematically observe selected aspects of his own behavior, has also proven curative with several types of target problems (Kazdin, 1975; Thoresen & Mahoney, 1974). One hypothesized mode of action of self monitoring is that the patient, by gathering data on his own behavior, is presented with types of information that were not previously available. It could be anticipated that exposing disturbed couples to videotape playback of their own interaction might be facilitative for similar reasons.

With respect to case studies in marital therapy, Alger & Hogan (1966) and Kagan, Krathwohl & Miller (1963) have both indicated that marriage partners are more willing to assume the blame for a poor relationship after seeing themselves on videotape, and Alger & Hogan credit videotape playback with the interruption of blame patterns in couples. However, in these case studies videotape playback was confounded with several other treatment variables. In a controlled study, Higgins, Ivey & Uhlemann (1970), attempting to change "mutual communication" in couples, compared a group that received filmed and live models, a programmed text on effective communication, guided discussion, rehearsal and videotape playback to a group which received only the text, filmed models and rehearsal. A test-retest control group read

a general text on interpersonal communication. All couples participated in a 5-minute videotaped discussion pre and post intervention on "their relationship". Dependent measures consisted of ratings made by trained observers of videotapes and of couples' ratings on semantic differential items on the "effectiveness of their relationship". Although the videotape conditions yielded more improvement on observers' ratings of "openness of communication" no conclusion can be reached on the independent effects of videotape playback on disturbed married couples since videotape was utilized in conjunction with verbal feedback and guided discussion, and subjects consisted of pairs of "married couples, roommates, engaged and pinned couples and friends".

Eisler, Hersen & Agras (1973), in an analogue study on couples which did not confound videotape effects with other variables compared (a) videotape playback alone, (b) irrelevant television, (c) videotape plus focused instructions and (d) focused instructions alone. The sole dependent measures were changes in frequency of looking and smiling from the baseline phases of the ABAB design. Each male member of the 12 couples was a psychiatric patient. Subjects in the "instructions" conditions were told to "pay attention to how much you are looking at each other". Although videotape playback had a slight effect, instructions were more effective in increasing "looking". A combination of videotape playback and instructions was not superior to instructions alone, but resulted in an increase in smiling. As the authors cautioned, it should be noted that the length of "treatment" was 24 minutes and couples were not actively seeking to change their marriage. It is quite possible that videotape playback is more valuable for target problems which involve complicated chains of responses (e.g. compromise, accept responsibility or blame) and not one simple molecular unit (e.g. eye contact), but this issue has yet to receive empirical verification.

Studies such as those mentioned above provide the bulk of the evidence on the efficacy of videotape in therapy. The generalizability of findings from these studies to a consideration of the therapeutic

utility of videotape for disturbed couples is questionable because most of these studies do not deal with married couples seeking therapy. In addition, a number of methodological criticisms may be levied against studies using videotape playback alone (Bailey & Sowder, 1970); this is especially true of studies using couples as a sample (Eisler, Hersen & Agras, 1973). Well-controlled videotape studies with couples as a sample are scarce, and those which do exist tend to evaluate molecular dimensions (Eisler, Hersen & Agras, 1973) and do not examine more complex issues such as problem-solving skills or use designs which confound videotape effects, as they tend to use several therapeutic techniques simultaneously (Crowley & Ivey, 1975; Higgins, Ivey, Uhlemann, 1970). Discussions about the therapeutic effects of videotape playback tend to be speculative, relying more on logic than on evidence (Eisler & Hersen, 1973). Furthermore, as Bailey & Sowder (1970) indicate in a comprehensive review, the underlying rationale for exactly what is being changed by videotape playback or why such changes should occur is usually nebulous or non-existent.

Although videotape playback to distressed couples could conceivably lead to a variety of changes for a number of reasons, the present authors will focus on two basic target problems, blaming patterns and faulty perception in terms of one body of literature, attribution theory.

Attribution Theory

Storms (1973), working with hypotheses derived from recent modifications of attribution theory by Jones & Nisbett (1972), found that reversing the visual perspectives of actors and observers through the use of videotape caused marked changes in the attribution of causality to the self and to the situation. Storms argues that the claimed beneficial therapeutic effects of videotape playback may be due to changes in the attribution of causality resulting from a change in the visual perspective of actors and observers. With respect to marital therapy, he believes that a spouse who sees himself or herself on videotape may realize for the first time his or her own behavioral contribution to the marital conflict, and may be more willing to place

dispositional blame on him or herself. However, the role of causal attributions in marital disturbance and therapy has never been examined.

Jones & Nisbett's (1972) recent modification of the theoretical work of Heider (1958) consists of the hypothesis that while trying to make sense of events, because of differences in how information is processed and differences in the nature of the information available, actors and observers will tend to attribute causality for behavior differently. Specifically, they hypothesized that there will be a general tendency for actors to attribute their own actions to situational requirements, but for observers of the same actions to explain them by reference to the actor's stable personal dispositions. This is expected to occur for two reasons: (a) due to difference in visual perspectives, actors and observers process information differently and (b) actors and observers have different information available. Information about the situation and the behavior of others is especially salient for the actor, as during interaction he is expected to respond appropriately to the changing environmental contingencies. In addition, his visual perspective is especially unsuited to visual self monitoring. Thus, an actor's attention is focused outward to the environmental cues. These include the behavior of others with which his behavior is coordinated. Therefore, an actor is more likely than an observer to view his own behavior as a response to environmental cues, and therefore caused by them. For the observer, however, it is not the situational cues but the behavior of the actor which is salient. This makes the observer more likely than the actor to infer dispositional causation.

In addition, differences in the attributional biases of actors and observers are expected because of self/other differences, as actors and observers have information differing in nature and extent. Thus, although an observer may assume that the behavior he observes is typical of the actor, the actor knows more about the variability in his own past behavior and is therefore less likely to see his own behavior in dispositional terms.

The implications for behavioral marital therapy of the Jones & Nisbett

hypothesis, if true, are interesting. If one assumes that spouses, during interaction, are both actors and observers of own and spouse's behaviors, because of the hypothesized difference between attributions made by actors and observers, it is to be expected that not only would spouses' perceptions of the same behavior be different, but that attributions about who or what is to blame for conflict would also tend to be not only different but reversed. In this case, videotape playback of conflictual interaction, especially from the spouse's perspective, should prove to be beneficial in altering both perceptual and attribution of blame biases of disturbed couples. However, as with the videotape studies, the evidence, although suggestive, is not yet conclusive.

Jones & Nisbett assume that the biases of actors and observers in the attribution of causality are due to both the self/other (intimate/stranger) component described by Bem (1972) and the visual perspective component. Investigations, however, have until very recently concentrated only on the self/other aspect. The available data strongly support the Jones and Nisbett proposition. Lay, Ziegler, Hershfield & Miller (1974) found that subjects made more situational attributions about their own behavior while friends and acquaintances made more dispositional attributions about the subject's behavior. Similarly, Nisbett, Caputo, Legant & Marecek's (1973) data indicate that subjects are more likely to describe their own behavior in situational terms while describing that of friends in dispositional ones, and that subjects tend to attribute more personality traits to others than to themselves.

The visual perspective explanation, although much more difficult to test, has also been partially substantiated by the recent findings of Regan & Totten (1975), Storms (1973), and Taylor & Fiske (1975). Most other studies on actor/observer differences in attribution have not used actual interaction settings, and have not tested the perspective explanation per se, as this requires manipulation of visual perspective. However, Storms (1973) demonstrated that visual reorientation by videotape resulted in self viewing actors making relatively more dispositional attributions about their

own behavior than did observers. Additional support for the perspective explanation is offered by Regan & Totten (1975). These investigators, using an observer only design, manipulated videotape condition (only one actor versus both actors viewed during interaction) and empathy versus observer set. The data, which they interpret as strongly supportive of the visual perspective hypothesis, indicate that observers with empathic set make relatively more situational and less dispositional attributions about an actor's behavior. Taylor & Fiske (1975), using a design in which observers were allowed to view only one of 2 participants in interaction, did not find any differences in the dispositional and situational attributions made by observers. They did, however, find large differences in the attribution of control as a function of the person viewed. Their data indicate that attending to a particular individual engaged in social interaction increases his salience as the controlling agent in the situation. Thus, the Taylor & Fiske results, although not providing specific evidence for the Jones & Nisbett hypothesis about dispositional attribution of causality, are still in agreement with the latter's prediction that it is the perceived individual and not the situation which is seen as responsible for the tone of the interaction. Further support for the perspective hypothesis, although not for the situational-dispositional aspect, is offered by Miller & Norman's (1975) study which showed that attributional differences in control are even greater when the observer is a participant in, rather than a passive observer of interaction. Thus, although at this time it is difficult to specify what aspects of attribution are altered by visual reorientation, it is abundantly clear that visual perspective does affect the attributions made about the person viewed. That this is important for a consideration of blame patterns in disturbed spouses is self evident.

The proposition of differential perception and attribution by actors and observers has recently been extended to include motivational variables. There is evidence that actors believe themselves to be more personally responsible for the behavior of another when that behavior is positive, whereas observers tend to attribute greater

responsibility to them when the consequences of the actor's behavior are negative (Beckman, 1970). There are also data which indicate that the consequences of behavior may influence the attributional biases of actors and observers. Increased bias occurs in ego defensive situations in which the consequences of the actor's behavior are negative (Harvey, Harris & Barnes, 1975) and bias diminishes when the consequences are positive (Harris & Harvey, 1975). Thus, actors and observers do not simply make attributions without consideration of the nature and consequence of the behavior in question. Indeed, Nisbett et al. (1973) write that although the Jones & Nisbett hypothesis and related findings cannot be wholly explained by factors such as the desire to maintain self esteem, to present oneself in a favorable light or to denigrate or exonerate others, such factors may sharply effect causal attributions. That motivational considerations are important in disturbed marriages has been suggested by many therapists and theoreticians in the area of marital therapy (Stierlin, 1974).

An explanation of attributional biases as a function of the nature of the behaviors is offered by Jones & Davis (1965). They suggest that behavior of low social desirability is attributed more often to the person than is behavior of high social desirability, as the former implies an action contrary to social norms, i.e. a behavior enacted in spite of inhibitory external causes. In keeping with this formulation, Mann & Taylor (1974) found that observers tend to make internal attributions for non-normative behaviors. In addition, as blame and praise accrue to an individual as a function of lack of information about the variables which control behavior (Skinner, 1971), it would make sense for individuals to attribute causation dispositionally for negative acts of others and situationally for those of self. This should be especially true of disturbed spouses.

Although suggestive, the findings of studies which show that actors tend to make relatively more situational attributions while observers tend to make relatively more dispositional or personal ones about the same behavior cannot be generalized automatically to a consideration of

the nature of causal attributions made by distressed spouses engaging in conflictual interaction. The generalizability of these findings is limited for the following reasons: (a) only two studies (Miller & Norman, 1975; Storms, 1973) used situations in which the observer was interacting with the actor and (b) in both of these studies the interaction was with a stranger. In addition, (c) Storms did not analyze his data separately for active and passive observers, (d) Miller & Norman used a highly artificial interaction situation (the prisoners' dilemma game), and (e) the actors and observers in their study never directly viewed or even heard each other. Furthermore, (f) Storms' study did not use a conflict situation, even though there is evidence that conflict can result in actors underestimating the influence of external causation and overestimating the causal role of the opponent (Kelley, 1972).

The case of interaction in conflict situations between distressed spouses may then be construed as involving a special case of communication, social perception and attribution because (a) such spouses are likely to be high on negative problem solving behavior and low on positive problem solving when interacting with each other (Vincent, Weiss & Birchler, 1975), (b) each spouse is an active observer of both the positive and negative behaviors of self and spouse, (c) each has extensive information about own and spouse's behavior in similar situations, (d) the situation is one of conflict, and (e) motivational variables should be highly salient (Stierlin, 1974). The variables associated with accuracy in social perception, such as liking, similarity, familiarity, etc. are relevant to the perception of spouse during interaction, and should thus make interpersonal perception more accurate. However, if two persons are involved in an intimate relationship, the observer's judgment can become highly distorted (Argyle, 1969). This, in all likelihood, is especially true of disturbed spouses (Olson, 1972).

Conclusions

Thus, the present authors believe that videotape playback of conflictual interaction between spouses, especially from the visual perspective of the spouse might

prove valuable in marital therapy. This should be true not only because of the opportunity it provides for the therapist to point out instances of faulty communication and for clients to monitor their progress, but also because the change in visual perspective may allow a spouse to view himself or herself, both literally and figuratively, as does the partner. This may result in a possible reduction of perceptual biases, allowing spouses to perceive their own behavioral contributions to the conflict which they are experiencing. Furthermore, the Jones & Nisbett hypothesis predicts that observers are more likely to attribute dispositional causation to an actor's behavior than are actors themselves. Therefore, not only may videotape self observation result in a reduction of perceptual biases, but it may also result in spouses attributing causation for their own behavior dispositionally, thus making them more likely to accept their share of the blame for conflict. This would probably make spouses more amenable to therapy which requires changes in their own behavior. Furthermore, a possible consequence of shouldering more of the blame for conflict may result in spouses perceiving each other in a more favorable light.

We would anticipate that the effects of videotape playback of conflictual interaction will vary as a function of the availability of positive problem solving behaviors in each spouse's repertoire. Videotape playback might lead to changes in both blaming patterns and problem solving behaviors in high skill couples experiencing distress and therapy may then be directed at altering the reinforcement procedures used by these spouses. However, in the couples who do not possess positive problem solving skills, we would anticipate that although videotape playback might briefly change patterns of attribution of responsibility, there would be little or no positive change in their problem solving behavior. In fact, the utilization of videotape playback alone with these couples could lead to deterioration, since the greater acceptance of responsibility for conflict could generate high arousal and guilt. With the highly distressed low skill couples videotape would have to be carefully combined

with a conjoint problem solving skills training program before one could expect any significant change in either patterns of attribution of responsibility or in problem solving behaviors, and before initiation of changes in the reinforcement procedures employed by spouses. Such therapeutic components as instructions, modeling, role playing and therapist reinforcement, which have proven valuable in social skill training with individual patients (Wright, 1976), will likely be required in this type of program for couple problem solving. In line with Patterson's position the authors anticipate that if the new patterns of increased positive and decreased negative problem solving behaviors and the acceptance of responsibility by each spouse are not reinforced, the beneficial effects of VFB or of the skills training program would be short lived. This should be true of both high and low skill couples.

In order to evaluate the effects of videotape playback of conflictual interaction on the perceptions, attributions and problem-solving behaviors of distressed spouses, it is necessary to use techniques which facilitate the occurrence of conflict in the lab. In spite of the variety of techniques which have evolved for the creation of conflictual interaction (Carter & Thomas, 1973; Olson & Ryder, 1970; Raush, Barry, Hertel & Swain, 1974; Strodtbeck, 1951), the use of systematic observation of actual interaction between spouses in simulated or real decision and conflict situations has been used primarily for diagnostic, rather than therapeutic ends (Olson, 1975). As Vincent, Weiss & Birchler (1975) have shown, behavior in such laboratory situations not only distinguishes between normal and disturbed couples, but is also closely related to spouse behaviors in non-laboratory situations; it may now be timely to introduce some of these techniques into behavioral marital therapy.

Another relevant theoretical issue relates to the sequencing of changes in problem solving behavior and causal attribution. That attributions about the causes of both one's own acts and those of others are related to behavioral and affective consequences has been well documented (Brehm & Cole, 1966; Hastorf, Schneider & Polefka, 1970; Kelley, 1973; Riemer, 1975; Shaver,

1975; Simard, Taylor & Giles, in press; Weiner & Sierad, 1975). However, the issue of whether attributions mediate behaviors or whether behaviors mediate attributions is one which has not yet been resolved. Bem (1972), who has written extensively on this subject, reviewed a number of studies which showed that manipulations designed to alter attributions tend to exert a much stronger effect on behaviors than on the attributions which supposedly mediate these behaviors. He concluded that behavioral changes result in altered attributions, and not vice versa. Although the evidence Bem cites indicates that in some situations this may indeed be the case, there is also ample evidence to show that the opposite may also be true, i.e., that changes in attributions occur before behavioral changes or, indeed, even in the absence of such changes (e.g. Riemer, 1975). Thus, studies of marital therapy using videotape self observation of conflictual interaction may help to clarify the conceptual issue of whether such self-viewing results in behavior change which in turn causes changes in attributions and in self and spouse perception, or whether the latter change first and thus mediate behavioral changes, or whether behavioral and cognitive changes occur independently of one another.

As is evident from the above summary of the literature, many questions remain unanswered. The utilization of videotape feedback as a treatment technique for distressed couples merits investigation. This line of research would require that videotape feedback be presented with and without other commonly-used ingredients, such as guided discussion, therapist instructions and modeling. The type of experimental rigour required to isolate the independent effects of videotape feedback would, at this point, only be achieved in an analogue study. Dependent measures covering change in specific problem-solving behaviors (Vincent et al. 1975) global ratings of happiness (Azrin et al., 1973), self monitoring of particular events (Stuart, 1975) as well as changes in spouses' perceptions of and attributions about the behaviors of self and spouse should be utilized concurrently. Finally, objective data on selection criteria used in marital

therapy in general and behavioral marital therapy in particular are needed. Designs here would require that couples with varying levels of severity of distress on the above dependent measures be treated.

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