## VIDEOTAPE AND VERBAL FEEDBACK IN BEHAVIORAL COUPLE THERAPY: A REVIEW<sup>1</sup>

CATHERINE FICHTEN<sup>2</sup>

JOHN WRIGHT

Dawson College Montréal, Quebec Université de Montréal Montréal, Quebec

Reviewed the experimental evidence for the efficacy of videotape and verbal feedback in behavioral couple therapy; it is concluded that research to date does not permit definitive conclusions concerning the efficacy of either procedure. Studies on behavioral differences between happy and distressed couples also were summarized. The evidence indicates that it is, as yet, difficult to ascertain just how the communication behaviors of happy and distressed couples differ.

A number of recent reviews indicate that behavioral marital therapy is effective (Greer & d'Zurilla, 1975; Gurman & Kniskern, 1978; Jacobson, 1978a). However, it is not at all clear why and how behavioral interventions produce change (Jacobson & Martin, 1976; Margolin & Weiss, 1978; Wright & Fichten, 1976). Nor is there consensus on either what distinguishes happy from distressed couples or what the goals of therapy should be.

The behavioral approach to marital distress starts with the assumption that conflict in any marital relationship is inevitable because couples continually have to resolve problems in such areas as finances, children, and sex. Consequently, it is hypothesized that it is not the mere presence of conflict, but a couple's method of resolving it, that leads them to seek therapy.

Most behaviorally oriented couple therapists assume that in the attempt to resolve problems, distressed spouses place excessive reliance on aversive rather than positive control tactics. It usually is assumed that coercive behavior is maintained by the reinforcement schedules in the relationship (Vincent, Weiss, & Birchler, 1975); that is, punitive behaviors are used to influence the other because these lead to desired changes, at least on a short-term basis. A major objective in therapy is to teach both spouses skills that will enable them to change their relationship through positive rather than aversive means. Consequently, behavioral intervention programs typically include training in communication, problem solving, expression of affect, and negotiation in social exchange. Many methods are used to teach these skills, including: Verbal instructions, videotape playback, therapist feedback, self- and spouse monitoring, modelling, role play, rehearsal, homework, and contingency contracting (Wright & Mathieu, 1977).

Up until this time, virtually all therapy outcome studies used training packages that contained a variety of treatment components; Weiss (1978) has called this approach the "multivitamin blitz." Once it has been shown that a treatment is effective, the therapeutic components responsible for positive outcome should be identified (Jacobson, 1978a; Jacobson & Martin, 1976). Questions such as what do couples need to learn and what are the techniques best suited to teach the necessary skills have received relatively little attention. It has been suggested that studies be carried out on "analogue" populations in order to isolate the skills and techniques that contribute to successful therapy (Bandura, 1978; Wright & Fichten, 1976). Jacobson (1978a) suggests that communication skills training may be the most effective component in behavioral treatment packages. He and others (e.g., Birchler, 1979) recommend that further attention be

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<sup>&</sup>lt;sup>2</sup>Reprint requests should be sent to Catherine Fichten, Department of Psychology, Dawson College, 535 Viger Street, Montreal, Quebec, Canada H2L 2P3.

focused on the systematic evaluation of the importance of communication skills and on the best means of teaching these.

In the quest for the appropriate communication skills to include in training packages, two fundamental questions must be answered: How do happy and distressed spouses differ in communication behaviors and are these differences due to the distressed couples' unwillingness to use appropriate communication skills, or to their not possessing the requisite skills?

Studies that compared the communication behaviors of happy and distressed couples have yielded extremely inconsistent findings. This is partly due to discrepancies in the units of behavior investigated and to the nature of the topics used to generate conflictual discussion.

A variety of relatively new behavioral coding systems have been used in this type of research. Comparisons are made especially difficult because investigators often have lumped individual behavior codes into large summary categories without specifying the codes included in each. A second source of ambiguity is the means by which spouses are induced to engage in conflictual discussion. Popular techniques are to ask couples to discuss problems in their own relationship or to have couples discuss analogue conflict situations generated by either Olson and Ryder's (1970) Inventory of Marital Conflicts (IMC) or by the "Improvisational Scenes" devised by Raush, Barry, Hertel, and Swain (1974). Because some investigators have obtained different results when using couples' own conflicts and when using the IMC (e.g., Cohen & Christensen, 1980; Birchler, Note 1; Birchler & Webb, Note 2), it is difficult to determine the extent to which generalization to real situations is possible from studies that used analogue conflict situations.

### Behavioral Differences Between Happy and Distressed Couples

Gottman, Markman, and Notarius (1977), who used their own Couples Interaction Scoring System, found that happy and distressed couples differed, when discussing their own problems, in the sequence in which they emitted particular types of communication behavior as well as in their rates of emitting particular behaviors. They found that happy spouses engaged in significantly more positive verbal and significantly fewer negative nonverbal behaviors than distressed spouses. Koren, Carlton and Shaw (1980), who used their own behavioral coding system, found that when discussing their own problems, happy couples criticized less often and acknowledged or accepted the spouse's influence attempts more often than distressed couples, although there were no differences in the frequency of solution proposals or inquiries. In Billings' (1979) study, couples engaged in Rausch et al.'s (1974) improvisations. Using Rausch et al.'s Coding Scheme for Interpersonal Conflict, Billings found that distressed couples emitted more rejecting and coercive-attacking acts and fewer cognitive acts than happy couples. No significant differences were found in resolving, reconciling, and appealing.

The most frequently used coding system is the Oregon group's Marital Interaction Coding System (MICS) (Hops, Wills, Patterson, & Weiss, Note 3). Originally, the MICS consisted of 29 coded behaviors. Most researchers, however, have reported only on subsets of MICS codes and frequently have grouped codes into summary categories. Unfortunately, the specific codes in the summary categories of various investigators differ, which makes comparisons difficult. For example, the communication behaviors of 24 couples who were discussing the IMC analogue conflict situations were reported on by both Vincent et al. (1975) and by Birchler, Weiss, and Vincent (1975). Using different summary categories, both authors reported that happy couples emitted more positive and fewer negative behaviors. However, verbal and nonverbal behaviors were lumped in both reports, and Vincent et al. used only 10 codes out of the 29 in the MICS while Birchler et al. used 17, many of them the same as those used by Vincent. In a later study, however, Birchler and Webb (Note 2) failed to replicate these findings; they found no significant differences between happy and distressed couples. In another study that used

spouses' own problems, Birchler (Note 1) found significant differences in positive and negative verbal and in positive nonverbal categories, but not in his negative nonverbal category. These findings and those of Gottman et al. (1977) are highly dissimilar. Vincent, Friedman, Nugent, and Messerly (1979) used the IMC to generate conflict and found that happy and distressed couples differed in the frequencies of positive solutions as well as in verbal and nonverbal negative and positive behaviors. In contrast to the findings noted above, Margolin and Wampold (1981), who used couples' own problems to generate discussion, found significant differences between happy and distressed couples in only four of their six summary categories: Positive verbal, positive nonverbal, neutral. and problem solving. Interestingly, they found no significant differences in their verbal negative and in their nonverbal negative groupings. Furthermore, these investigators found that only 9 of the 26 MICS behaviors coded discriminated happy from distressed couples. Happy couples emitted fewer not tracking responses and more of the following behaviors: Problem solution, agreeing, assenting, physical positive, smiling/laughing, interrupting, commanding, and problem description. Haynes, Follingstad, and Sullivan (1979) asked spouses to discuss their own problems in their own homes and found that out of the 10 MICS codes used, happy and distressed couples differed on 6. Happy couples engaged in more positive physical contact and criticized, interrupted, and disagreed less often. Surprisingly, they also agreed less often and engaged in less eye contact than did distressed couples.

As the above review of the literature indicates, it is difficult to ascertain just how the communication behaviors of happy and distressed couples differ.

## Videotape and Verbal Feedback in Couple Therapy

One of the techniques frequently used to teach distressed couples communication skills is videotape feedback, probably because videotape can serve multiple functions in a therapeutic or experimental setting (Hung & Rosenthal, 1978). Although videotape playback in couple therapy rarely has been studied independently of other treatment components, several lines of research suggest that this technique could be effective in altering maladaptive behaviors. Videotape playback has been shown to enhance the effectiveness of other treatment components used in marital therapy (e.g., Mayadas & Duehn, 1977). However, as videotape playback also may have deleterious consequences (Alkire & Brunse, 1974; Fuller & Manning, 1973), its independent contribution to therapeutic change needs further evaluation.

Early case study reports (e.g., Alger & Hogan, 1969; Kagan, Krathwohl, & Miller, 1963) were extremely optimistic about the benefits of videotape. The findings of controlled studies, however, have been ambigous, especially as most investigators have confounded videotape with several other treatment variables.

Higgins, Ivey, and Uhlemann (1970) tried to change "mutual communication" in couples. They compared a group that was shown filmed and live models, given a programmed text, guided discussion, rehearsal, and videotape playback to a group that was subjected to only the text, filmed models, and rehearsal. Dependent measures consisted of ratings made by couples and by trained observers of the "effectiveness of the relationship." Although the group that received videotape playback was superior on observers' ratings of "openness of communication," no conclusion can be reached about the independent effect of videotape playback because this technique was utilized in conjunction with verbal feedback and guided discussion. Furthermore, these results cannot be generalized automatically to a consideration of distressed married couples because Higgins et al.'s sample consisted of pairs of "married couples, roommates, engaged and pinned couples and friends." Alkire and Brunse (1974) conducted a study of confrontative group therapy wherein video playback was administered to couples in which the husbands were psychiatric patients. They found that the deterioration rate of Ss shown all the videotapes of the interactions between Ss and spouses was greater than that of Ss

who participated in a similar group, but who were not shown any videotapes. This study may be criticized on a variety of methodological grounds (e.g., confounding video playback with "feedback" given by other group members while the therapist was silent). Because of the design of this study, the reasons for the negative outcomes cannot be established clearly. Nonetheless, the results suggest that caution should be exercised when videotape playback is used.

A well-controlled marital therapy outcome study of behavioral training in communication skills was conducted by Mayadas and Duehn (1977). Couples were seen for eight sessions. Dependent variables included changes in spouses' observed behaviors. A combination of videotape playback and modelling was found to be more effective than modelling alone. In this study, as in others that have used behaviorally oriented treatment packages, video playback was confounded with another treatment technique, in this case modelling. Therefore, again, no conclusions can be drawn about the independent effects of video playback. However, because their program did not confound training in communication with training in other skills, the results of Mayadas and Duehn do show that video playback enhanced the effects of modelling. Eisler, Hersen, and Agras (1973) carried out an analogue study that did not confound videotape with other variables. In a sample of 12 couples, these investigators compared (a) videotape playback alone; (b) irrelevant television; (c) videotape plus focused instructions; and (d) focused instructions alone. The dependent measures were changes from the baseline in the frequency of eve contact and smiling. Although videotape playback had a slight effect, instructions were more useful in increasing eye contact. A combination of videotape playback and instructions was not superior to instructions alone in increasing eye contact, but resulted in an increase in smiling. As the authors cautioned, the dependent variables were simple nonverbal behaviors, the intervention lasted only 24 minutes, and couples were not actively seeking to change their marriage.

The effect of videotape playback on more complex target behaviors such as compromising and accepting responsibility or blame has not yet received empirical evaluation. There is some evidence, however, that instructional verbal feedback can alter complex communication skills. Carter and Thomas (1973) studied communication in nine couples and reported on two "single couple experiments." They found that instructional written feedback had a favorable effect on couples' communication behaviors.

It would be questionable to make generalizations about the utility of videotape and verbal feedback in marital therapy because the bulk of the evidence on the efficacy of these techniques comes from studies such as those reviewed above. Distressed spouses, in particular, have been studied rarely. A number of methodological criticisms have been levied against the few studies which have used videotape playback alone (Fuller & Manning, 1973; Hung & Rosenthal, 1978). Furthermore, in the well-controlled studies of the independent effects of videotape and instructional verbal feedback on communication, only molecular dimensions have been studied (Eisler et al., 1973), while more complex targets, such as interpersonal problem-solving behaviors, have not been examined. Some investigators have used designs that confound videotape effects by pursuing several therapeutic goals simultaneously (Higgins et al., 1970; Jacobson, 1978b), while others have confounded the independent effects of video playback and of instructional verbal feedback when teaching a specific set of skills (Mayadas & Duehn, 1977). Discussions about the therapeutic effects of videotape playback and instructional feedback have been speculative, in that they relied more on logic than on evidence. Nevertheless, both these techniques are used frequently in therapy. Because their effects are variable, possibly even detrimental, and because their use is costly, the independent and additive effects of video playback and of instructional verbal feedback in teaching communication skills to troubled couples need to be evaluated systematically.

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# EFFECT OF THERAPIST EXPECTATIONS AND NEED FOR APPROVAL ON SELF-DISCLOSURE<sup>1</sup>

GERRY D. RILEY, PAUL C. COZBY, GEOFFRY D. WHITE,
AND GLENN L. KJOS

California State University, Fullerton

Previous therapy analogue studies of self-disclosure have treated Ss as a homogeneous group without examining possibly relevant S variables. In the present study, 68 female students identified as high or low in need for approval listened to a tape-recorded interview between a high self-disclosing therapist and a female client under one of two therapist expectation conditions: Clear expectation of high self-disclosure vs. ambiguous expectation. Ss then indicated on the Jourard Self-Disclosure Questionnaire the degrees to which they would be willing to disclose to the therapist. It was predicted that high need for approval Ss would disclose most under the clear expectation condition, while low need for approval Ss would not be affected by the therapist expectation. A significant Need Approval × Therapist expectation interaction supported this prediction. Further analysis indicated that items for the Work, Money, and Personality subsections of the disclosure questionnaire contributed most to the interaction. Implications for differential treatment of high need for approval Ss who were entering therapy were discussed.

The process of psychotherapy primarily involves verbal exchanges between a therapist and a client. Much of the therapist's behavior is directed toward establishing a relationship that facilitates the client's disclosure of verbal information about himself.

<sup>&</sup>lt;sup>1</sup>This research is based on the senior author's master's thesis (California State University, Fullerton). Gerry D. Riley is now Community Services Coordinator, Orange County Probation Department. Reprints may be requested from Paul C. Cozby, Department of Psychology, California State University, Fullerton, California 92634.

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