

BONDS OR BARGAINS: RELATIONSHIP PARADIGMS AND THEIR SIGNIFICANCE FOR MARITAL THERAPY

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Contrasting conceptual paradigms describing the nature of intimate relationships are discussed. In particular, relationships may be viewed in terms of a rational bargain or as an emotional bond. The implications of each paradigm for the process of marital therapy are delineated, and the role of bonding and attachment in adult intimacy is considered. Some general conclusions are then drawn as to future directions for the marital therapy field.

Marital therapy has become a major mode of therapeutic intervention in the last decade for the alleviation of marital distress and the facilitation of adult intimacy and family cohesion. Many disorders previously treated as intrapsychic issues, such as depression and agoraphobia, are now treated in an interpersonal context (Rounsaville & Chevron, 1982). Lewis, Beavers, Gossett and Phillips (1976) have suggested that of the three levels at which intervention may be focused—the family, the couple or the individual—it is the couple level which appears to have the most potential to create change across all three levels of functioning.

All approaches to marital therapy share certain common goals and concerns, such as the modification of communication patterns. However, two main orientations, the behavioral and the psychodynamic, have remained clearly distinguishable in terms of theory and the techniques employed to help distressed couples redesign their relationships.

Of these two orientations, the behavioral approach has been the more vigorous both in stipulating interventions and in testing the effectiveness of these interventions. The behavioral approach to relationships is based upon social exchange theory (Thibaut & Kelley, 1959). This theory views relationships in terms of a bargain, a negotiated ratio of costs and rewards. Treatment then consists of teaching couples the skill of rational bargaining so that they may contract for more satisfying exchanges (Stuart, 1976).

The psychodynamic approach, on the other hand, has traditionally focused on relationships as an arena for the playing out of personal neurosis and unconscious wishes, and has focused upon insight as the key to relationship change. Marital conflict may then be seen as a sign of developmental failure or the projection of past intrapsychic conflict onto the present relationship (Skynner, 1976).

Some of the recent experiential approaches which have developed out of the psychodynamic tradition still, as is consistent with this tradition, emphasize the role of emotion in intimate relationships, but view distressed relationships in terms of the deprivation of healthy adult needs rather than as an arena for neurosis (Greenberg & Johnson, 1986b; Wile, 1981). Such approaches would appear to lend themselves to a

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conceptualization of the marital relationship in terms of an emotional bond or attachment. One such approach, Emotionally Focused Therapy (EFT), has been found to be effective in terms of outcome when compared to a control and a cognitive behavioral intervention (Johnson & Greenberg, 1985). This approach assumes that affect is primary in relationships between intimate adults and that a new synthesis of affective experience is the most efficient way to restructure intimate bonds.

These two approaches to marital therapy, the behavioral and the more recent dynamic experiential approaches are, then, based on two radically different conceptualizations of the nature of adult intimacy. This article is concerned with an exploration of these conceptualizations and their implications for treatment. Special attention is paid to the bonding paradigm since this has received little emphasis in the marital therapy literature.

RELATIONSHIPS AS BARGAINS

The behavioral model which has been elaborated elsewhere in the marital therapy literature (Jacobson, 1981; Weiss, 1978) is based on Thibaut and Kelley's (1959) exchange theory of social psychological interaction. According to this theory, individuals in relationships try to realize rewards while minimizing costs. The continuation of the relationship is based on the maintenance of a ratio favoring reward, and a judgement that this reward/cost ratio is superior to the ratio that could be found in other available relationships. This has been referred to as the give-get equilibrium (Weiss, 1978). Goffman (1961) distinguishes between two kinds of relationships—economic exchanges in which any benefit may be bargained for in exchange for an equitable return, and social relationships in which value is symbolic and defined in relation to the other's needs. In the first case, the prototypical transaction is a negotiation followed by a contract; in the second case the prototypical transaction is a response to another's need. The exchange theory of Thibaut and Kelley (1959) focuses upon the former economic kind of exchange. The basis of a good relationship is, then, a successful quid pro quo arrangement where couples reinforce each other at an equitable rate over time (Stuart, 1976). The behavior of each spouse is viewed as a function of the consequences provided for that behavior by the partner.

Treatment Implications

In this exchange model, conflict arises when partners begin to use coercive tactics to modify the other's behavior in order to obtain more favorable exchanges rather than using positive reinforcement. The skills of positive behavior modification and negotiation are then seen as the key to the maintenance of an intimate relationship. Weiss (1978) states that the basis of relationship skills is the use of rules in interactions rather than each spouse reacting spontaneously to their partner. This conceptualization of relationships, then, emphasizes negotiating skill and the use of conscious, rational control to change problematic behaviors. It is presumed that such change will then be accompanied by changes in affect, for example, increased affection levels, and in cognition, for example, more positive attributions concerning the partners' responses.

The therapist, viewing healthy relationships as skillfully negotiated equitable bargains, trains the couple in effective communication; for example, "Do not make inferences, talk only about what you can observe" (Jacobson & Margolin, 1979, p. 238), and in negotiation skills. This process leads to the creation of new contingency contracts between spouses. The skills taught are conceived in rational technical terms. This is the same kind of process as learning to "operate an automobile" (Jacobson & Margolin, 1979, p. 192). The cognitive reframing of attributions concerning the shared responsibility for the lack of relationship skills is also part of this approach.

The behavioral approach is based upon a well articulated paradigm of relationships and specific treatment strategies arising from this paradigm. These strategies have been criticized (Gurman & Knudson, 1978) from a clinical viewpoint in terms of the focus upon rational control and the lack of attention to the idiosyncratic meaning of behavior. Behavioral theorists, themselves, have also begun to reassess the effectiveness of behavioral strategies and have pointed out that, as with other methods of marital therapy, many couples do not seem to respond to this approach (Jacobson, Follette & Elwood, 1984). On a theoretical level the exchange paradigm has also been criticized. Gurman and Knudson (1978) have suggested that the bargain made in intimate relationships concerns the definition of self which is an area less open to rational negotiation than, for example, the allotment of material resources.

However, the strength of the behavioral approach would seem to be precisely that it is based on, and guided by, a clear concept of the nature of intimate relationships. If alternative approaches are to be considered, such approaches are obliged to specify alternative paradigms for such relationships. One such alternative is the view of close relationships as intimate bonds.

RELATIONSHIPS AS BONDS

The concept of bond has been most clearly defined in the work of Bowlby (1969, 1973a). A bond may be construed loosely as an emotional tie between individuals; more specifically, it can be seen as an organizational construct encompassing a set of attachment behaviors such as proximity-seeking, and an affectional aspect such as a sense of security in the presence of the other and distress upon separation. How such a tie evolves, and the quality of the tie, is continually defined by the process of interaction between the two participants.

Bowlby (1969) has placed bonding in the framework of evolutionary adaptation; in a dangerous world a close and responsive attachment figure ensures survival. Attachment behaviors, such as clinging to the other in the face of threat, are then viewed as adaptive mechanisms rather than a sign of developmental failure. There is substantial empirical evidence to support the concept that close positive attachments tend to protect individuals from mental and physical breakdown (Myers, Lindenthal, Pepper & Ostrander, 1972). It is interesting to note that primary emotional responses which are so intertwined with attachment behavior (Harlow & Mears, 1983) have also been viewed from this perspective of evolutionary adaptation (Plutchick, 1980).

Attachment behavior, although most prominent in infancy, continues throughout life and has been found to persist in the absence of the reinforcement of biogenic or emotional needs. Indeed, bonds are found to persist even in the face of repeated punishment (Bowlby, 1973b). In attachment theory, bonding is viewed as an innate disposition rather than as a secondary learned phenomena arising from primary reinforcers such as food and sexual contact. Harlow and Harlow (1969) found that contact comfort was overwhelmingly important in development and was independent from, and more crucial than, the satisfaction of a need such as hunger. Once the human infant is attached, the attachment figure is unique, and separation from this figure is extremely stressful and anxiety producing. The description of the child's protest and despair after the loss of an attachment figure is paralleled by the rise in depression, psychosomatic illness and psychological breakdown in adults after marital disruption (Bloom, Asher & White, 1978). In attachment theory, the nature and success of the early bonding process with parental figures also has an affect on the individual's capacity to create and maintain emotional bonds later in life, in that representational models are formed of the self in relation to others (Bowlby, 1973a). Adult attachments, of course, differ from those

between infant and parent in that they are peer sexual attachments, and closeness is not necessarily a physical phenomenon as much as an internal representation.

Adult intimate relationships do display characteristics which are similar in nature to those found in parent-infant attachment (Weiss, 1982). Rausch, Barry, Hertel and Swain (1974) suggest that the issue of separateness and connectedness is, in fact, the core issue in marital conflict. Adults, like children, show a desire for easy access to attachment figures, particularly marital partners; a desire for closeness to such figures especially in times of stress; a sense of comfort and diminished anxiety when accompanied by their partners; and an increase in distress and anxiety when the attachment figure is perceived to be inaccessible. If the affectional bond is perceived as being threatened, then attachment behaviors such as clinging, crying and/or angry coercion generally become more frequent and extreme. Indeed, in distressed marriages, where disagreement or distance are perceived as threatening the relationship, such behavior is commonplace. When the intensifications of attachment behavior are successful and the bond is secured, then stress is alleviated; if not, withdrawal and despair will eventually ensue (Bowlby, 1973b). Attachment behaviors are accounted for not in terms of drive concepts but in terms of information processing, in that, if a set goal of proximity to an attachment figure is not maintained, then attachment behaviors will be initiated to create that proximity. If the interactions of distressed couples are seen from this point of view, the blaming coercive wife who continues to blame, even though she understands that this behavior has the effect of driving her spouse away from her, is involved in a desperate intensification of attachment behaviors. These behaviors are, by their very nature, difficult to bring under cognitive control and end only in the event of reassuring contact with the spouse or in emotional divorce and withdrawal. The coercive behavior of the blaming partner, in this case, may be considered to be not so much a reflection of lack of skill in communication as much as a lack of confidence in the availability and responsiveness of the spouse, and the fact that threat causes attachment needs to become more salient and powerful.

What are the factors which seem to foster attachment? The institution of marriage, in itself, tends to foster attachment in that it creates the context for familiarity and interdependence (Weiss, 1982). In general, Ainsworth (1973) suggests that sensitive responsiveness is the one quality that is likely to create and maintain secure bonds between people. The key factors would appear to be accessibility and responsiveness. Accessibility refers to the availability of the attachment figure, the ease with which this figure may be contacted when needed. The reserve, defensiveness and escalating conflict cycles, typically found in distressed marital relationships, render such contact difficult. Responsiveness refers to the willingness to be affected or influenced by the other and to recognize the other's needs or desires. Responsiveness is difficult to maintain if the relationship is in conflict—if, for example, partners fear that any offered response will be rejected, or if they do not see the partner's needs clearly. In the context of adult bonding, sexual contact may be a primary source of attachment simply because it has the capacity to incorporate both of these factors.

Treatment Implications

From the perspective of bonding theory, marital conflict arises as a result of an insecure bond, involving perceived inaccessibility and emotional unresponsiveness on the part of at least one of the partners. Attachment behaviors then tend to become distorted, with the entreaties for contact which are an established part of attachment behavior (Bowlby, 1973a) becoming angry and coercive.

The first implication for treatment would appear to be that treatment should directly address each partner's sense of security or, conversely, sense of deprivation and isolation in the relationship. The focus of therapy, then, becomes not the solving of instrumental

problems or ensuring the equality of exchange, but the addressing of these expressive issues. Weiss (1973) delineates these issues in his work on the provisions supplied by social relationships such as attachment, the reassurance of worth and a sense of a reliable secure alliance which provides a basis for the organization of everyday life.

A second treatment implication is that the needs for contact and security which most couples express are to be considered as a natural part of being human. Relationship problems are, then, not created by such impulses and desires but by how individuals react to, cope with and disown their own desires and those of their spouse. The owning and validation of such needs should then become a key aspect of the therapy process. Partners also exhibit particular sensitivities or insecurities (Wile, 1981) in relation to their spouse, which were perhaps learned in previous attachment experiences. Such sensitivities can be explored in therapy and incorporated into the relationship in such a way that the relationship becomes a place of safety, and each partner is able to affirm the other as a worthwhile acceptable human being.

A bonding view of intimate relationships also implies that one partner nurtures another as an expression of caring for the other and in response to the other's need. The giving of affection and reassurance is assumed to be the manifestation of an internal state. If such giving is perceived in any other way, such as a means to gain compliance rather than as an end in itself, it is often not accepted by the spouse, since it tends to define the relationship in economic terms. The partner may make statements such as, "You are only saying that to appease me, or to get what you want." Such emotional responses, if they are to be experienced and perceived as congruent and genuine, may then be evoked but not contracted for. Thus, one of the aims of therapy becomes to help the needy partner evoke the desired response from their spouse. This may be achieved by an increased understanding of the partner's needs (Wile, 1981), or by the experiencing and presenting of new aspects of self which then evoke new responses from the other (Greenberg & Johnson, 1986b). The disclosure of vulnerability, in particular, seems to be a powerful tool to evoke contact and responsiveness from a significant other.

Lastly, bonding theory implies that emotional experience is of primary importance in close relationships. As Bowlby (1973a) points out, the primary source of intense human emotion is the formation, maintenance, disruption and renewal of affectional bonds. Affect is the organizing force for attachment behaviors (Sroufe, 1979). Marital therapy should then concern itself, to a large extent, with affective experience and, if possible, use such experiences as a powerful motivator for restructuring the marital bond. Primary emotional experience is also a powerful source of information as to what it is partners need/desire from each other. The exploration of emotional experience tends to lead naturally to the formulation of needs—for example, "As I am aware of my fear, I realize that what I want from you is reassurance." Strong affective responses incorporate desires and an inherent direction for action (Greenberg & Safran, 1984).

How emotional experience may be reprocessed and used to create relationship change is discussed more fully in Greenberg & Johnson (1986a). In summary, emotional experience in intimate relationships tends to create a framework for the perception of one's spouse, facilitates access to key appraisals of the self in relation to the other, and motivates affectional responses. The sharing of heightened emotional experience also facilitates bonding and the growth of intimacy.

There are, at present, two approaches to marital therapy which seem to be consistent with the bonding paradigm. The first is the insight-oriented therapy of Wile (1981) and the second is Emotionally Focused Marital Therapy (Greenberg & Johnson, 1986b). Both approaches view marital distress in terms of alienation and emotional deprivation; both consider the disowning and distortion of normal desires to be crucial in distressed relationships and attempt to validate such desires. Emotionally Focussed Therapy (EFT) seems to be particularly consonant with bonding theory in that it stresses, not insight

into emotion, as much as a new synthesis of emotional experience which enables partners to modify their interactional positions and become accessible and responsive to each other's emotional needs. Here, affect is thus both a target and an agent of change. Bonding theorists and the originators of EFT also share a common information processing conceptualization of emotion. Emotion is seen here, and in the literature on attachment, as a primary signalling and communication system and a source of adaptive behaviors.

Accessibility and responsiveness have been identified as being crucial to the development and maintenance of bonds. All approaches to marital therapy attempt to increase the openness and emotional responsiveness of the marital partners to some extent. However, in a therapeutic process based on rational skill building and contractual exchange, such phenomena would appear to be a by-product. In a therapeutic process such as EFT, the exploration and expression of new aspects of the self, particularly of emotional vulnerability, directly promotes contact and trust, which then gives rise to new perceptions of the spouse and a new willingness to respond in a caring fashion.

MODEL APPROPRIATENESS

Which of these conceptualizations, bond or bargain, best describes the nature of adult intimate relationships? If the logical basis for any model of therapy is the conception of a desired end state, that is, in this case a "happy marriage," then a bonding conceptualization might seem to be more appropriate, since for most adults the sine qua non of marriage is the experience of positive affect such as love (Broderick, 1981) and a secure emotional bond (Tolstedt & Stokes, 1983).

It is probably true that most close relationships share elements of both bonds and bargains. However, Clarke and Mills (1979) suggest that social relationships are most appropriately viewed as communal in nature, that is, where giving is in response to need rather than to obtain a commensurate reward. Giving, in the context of exchange, has been found to decrease attraction in the context of communal relationships (Murstein, Cerreto & MacDonald, 1977). In fact, teaching a quid pro quo approach to intimate responsiveness may further impair distressed couples' relationships since it is reinforcing an already dysfunctional pattern (Jacobson, 1984). It is clear that happy couples do not depend on immediate contingencies for the giving of positive responses (Gottman, 1979); only distressed couples who are highly reactive to each other's behavior and who lack a sense of trust in their spouse tend to conduct their relationships in terms of immediate rewards and costs (Jacobson, Follette & Macdonald, 1982). It is not surprising, then, that Murstein et al. (1977) found that an exchange orientation correlated negatively with marital adjustment. One of the main characteristics of happy relationships is that partners are, in fact, able to "unlatch" sequences of negative interactions by responding in a positive or non-defensive fashion to negative stimuli from their spouse (Gottman, 1979).

From the viewpoint of bonding theory, ineffective or unskilled communication is as much a result as it is the cause of marital distress. There is some empirical evidence for this point of view. For example, Birchler, Weiss and Vincent (1975) found that distressed couples exhibited normal levels of negotiation skill when not involved in an encounter with their spouse. Also, when instructed to communicate effectively, distressed couples were able to improve their communication so as to be indistinguishable from their non-distressed counterparts (Vincent, Friedman, Nugent & Messerly, 1979). In a comparative study of EFT, changing the emotional climate in a relationship seemed to be as effective in helping couples change specific behaviors and reach consensus in problem areas as a treatment in which these specific skills were systematically taught (Johnson & Greenberg, 1985).

Intense arousal tends to interfere with the process of deriving meaning from verbal and other cues (Kahneman, 1973). The performance of any skill may be undermined by competing behavior and/or anxiety. The desire to protect oneself, or the necessity of dealing with high levels of negative emotional arousal, make it likely that even though couples possess communication skills, they will not be able to use these skills in the context of a chronically distressed relationship where vicious cycles of attack and defense negative responses tend to become automatic and self-reinforcing.

In terms of therapeutic efficiency, the use of rules to control such negative responses may also be undermined by the experience of emotional vulnerability which tends to interfere with the partners' ability to recognize and learn from new experience (Gurman & Knudson, 1978). It may be more relevant and efficient to address underlying emotional experience and, thus, evoke a new set of interaction patterns without the teaching of rules and skills.

Some behavioral theorists (e.g., Berely & Jacobson, 1984) have recently suggested that the skill deficit model of marital distress may have its limitations, and that the teaching of skills may not be sufficient to increase marital satisfaction. More skilled negotiations, it seems, do not necessarily lead to more positive affect or a greater sense of intimacy (Harrell & Guerney, 1976). The teaching of skills is, however, a logical implication of the exchange paradigm of intimate relationships. It is perhaps the paradigm which requires revision, rather than simply the interventions based on the paradigm. Conceivably, for some couples, the rehearsal of skilled behaviors or a contracted exchange of behaviors may succeed in creating a warmer emotional climate and a more secure bond. However, if it is assumed that communication behaviors reflect relationship attitudes, relationship rules or intrapsychic realities, then the teaching of rules may not be sufficient to the therapeutic task.

If there are certain problems in viewing intimate relationships as bargains, is it necessary or/and sufficient to focus upon the synthesis of new emotional experience to facilitate positive attachment behavior and the bonding process? This is a matter for empirical research both in terms of the process involved in modifying or establishing adult attachments and in terms of the outcome of specific interventions. The positive treatment outcomes associated with EFT suggest that interventions which are consistent with the bonding paradigm may be effective in helping distressed couples redefine their relationships. A study of the actual processes which partners engage in in this approach, and how such processes relate to outcome, should shed more light on this issue.

Recently, there seems to be a consensus in the literature that the emotional bonding aspects of the marital relationship have to be given more attention. These aspects of a relationship cannot simply be expected to change as the result of behavioral changes. The question of bargaining or bonding may most appropriately be viewed not as an either/or question but as one of emphasis. There may be times in therapy when it is appropriate to teach a specific skill or to use the opportunity to facilitate attachment. There may also be specific marital problems which are particularly suited to one approach. For example, separating couples or couples where physical abuse is an issue may be better served by being taught communication rules and problem solving skills, whereas couples who desire more intimacy, or are involved in repetitive power struggles, may perhaps benefit from an approach which focuses upon emotional experience and the dysfunctional positions which undermine the process of bonding and attachment.

As the field of marital therapy becomes more mature, we may reach a point at which it is possible to stipulate what type of interventions are most suitable for what type of marital problem or which interventions are most likely to be effective at certain points in therapy. Indeed, this would seem to be crucial if marital therapy is to continue to expand in application and significance. As part of this process, it seems important to

relate interventions in marital therapy to paradigms of relationship, as interventions in individual therapy may be linked to theories of personality. In marital therapy, both of the paradigms considered here have clear implications for the focus and process of therapy. The exchange paradigm has been part of the literature for many years. It is perhaps time to renew our understanding of changing intimate relationships within the framework of restructuring bonds.

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