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## COMPARISON OF RECIPROCITY AND DISCUSSION-TYPE COUNSELING FOR MARITAL PROBLEMS

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*Reciprocity counseling had previously been found to increase reported marital happiness in a study using a within-subject design. Fifty-five couples served in the present study using a between-subjects design, additional response measures, and additional positive communication training. The reciprocity counseling provided behavioral contracting, communication training and instruction in mutual reinforcement, whereas the control procedure encouraged discussion of the problems. The reciprocity counseling produced significantly more improvement than the discussion-type counseling for the three marital adjustment measures after four sessions. The improvement was maintained during the 24 months of follow-up.*

Marital disorders were initially conceptualized and treated from an operant behavioral perspective by Goldiamond (1965), who used contingency management and stimulus control as the principal techniques. Stuart (1969) treated couples according to a strict behavioral contracting model. Each partner agreed to provide a specific set of reinforcers to the partner in exchange for a set of reinforcers to be given by the partner mediated by a token exchange as in the token economy program (Ayllon and Azrin, 1965; 1968). Azrin, Naster and Jones (1973) also used a type of behavioral contracting, and in addition, some communication training to increase the reinforcement properties of communication *per se*; training was also given in emphasizing the existing reinforcer exchanges. Patterson, Hops and Weiss (1975) used the quid pro quo contingency contracting and added "problem solving" and communication training. Liberman, Levine, Wheeler, Sanders, and Wallace (1976), and Jacobson (1977, 1978) used the Patterson et al. (1975) strategy in their studies.

All of the above behavioral treatment studies obtained substantial improvement as a result of the treatment as measured either by self-reports of behavior (Goldia-

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mond, 1965; Stuart, 1969), direct happiness ratings (Azrin et al., 1973), or observation of interactions in the office and the Locke-Wallace (1959) questionnaire of marital adjustment (Patterson et al., 1975; Jacobson, 1977, 1978; Liberman et al., 1976). The improvement endured in all studies for almost all measures and for as long as the follow-up tests were given, which was up to one year for Stuart (1969), Azrin et al. (1973), and Jacobson (1977), and two years for Patterson et al. (1975). In a rare evaluation of component procedures, Jacobson (1978) found that the "quid pro quo" and "good faith" type of behavioral contract were equally effective. The superiority of the marital therapies was found whether the control condition was a within-subject baseline period (Stuart, 1969), or a case study (Goldiamond, 1965), or a discussion-type procedure in a within-groups (Azrin, et al., 1973) or between-groups design (Jacobson, 1977, 1978), or in a pretest-posttest design (Patterson et al., 1975). The number of couples included in the studies has increased progressively from the two couples reported in the pioneering study of Goldiamond (1965) to four couples by Stuart (1969), 10 or 12 couples each by Azrin et al. (1973), Patterson et al. (1975), Liberman et al. (1976), and Jacobson (1977), to 32 couples by Jacobson (1978) evidencing the change from exploratory studies of feasibility to more extensive controlled evaluations. Also, recent studies have begun an experimental analysis of the behavioral programs (Jacobson, 1978, 1979; Jacobson and Anderson, 1980).

The present study was an attempt to evaluate more comprehensively the Azrin et al. (1973) reciprocity format. A control group was used here rather than the earlier control period and clients were selected primarily from a non-university setting, whereas 83% of the previous husbands were students. A much larger sample size of 55 was used than the earlier 12 couples, and nonmarried couples living together were included vs. the previous inclusion only of those legally married. Finally, more response measures were used than, as earlier, the happiness rating scale alone.

In addition to providing a more comprehensive and controlled evaluation, the present study made several modifications in the general procedure of the Azrin et al. (1973) study. These changes were suggested by the results obtained with that program since the original study and developed for use with problem children (Besalei et al., 1977). The major change was the addition of more extensive communications training designed to increase the reinforcement value of the communication itself as well as to improve the effectiveness of communication as a means of obtaining reinforcement and avoiding aversive reactions.

## METHOD

### *Participants*

Fifty-five couples served as subjects: 42% were referred from a rural community mental health center, 25% from a newspaper ad, 11% from a telephone book listing of the agency and program, 6% by friends, and 17% from other sources. The mean age was 30 years (range, 20-50); the mean duration of the legal or functional marriage was 7 years (range, 1-29); the mean number of children was 1.4 (range, 0-6); and the mean duration reported for the serious marital problem was 4 years (range, 0-29). Eighty-seven percent of the couples were legally married; the other 13% were cohabitating. The Hollingshead and Redlich (1958) code represented 3% of the persons' occupations as executives, 9% as business management, 10% administrative, 12% clerk technician, 11% skilled, 4% semi-

skilled, and 9% unskilled. Twenty percent were students, 17% were housewives, and 5% were unemployed.

### *Experimental Design*

After an intake session in which the clients were administered three pretests, a coin flip determined assignment to either reciprocity (28 couples) or the discussion-type counseling (27 couples). The three tests were administered again at the fourth session (posttreatment) and at one month and two months after the last treatment session (follow-up). After the second month of follow-up, only the measure of general marital happiness was obtained and at intervals several months apart. At the end of the fourth session, the clients receiving the discussion-type counseling were invited to continue counseling under the reciprocity format in a crossover design. Fourteen of the discussion-type couples continued on with the reciprocity procedure. Because of this crossover design, the noncontinuing clients assigned to the discussion-type program were not given the follow-up tests.

### *Tests*

Three written assessment measures were used. The first measure was reported general marital happiness expressed as a percentage, as described in the initial study of reciprocity counseling (Azrin et al., 1973). The second measure was a slightly revised version (Kimmel and Van Der Veen, 1974) of the Locke-Wallace Marital Adjustment Scale (Locke-Wallace, 1959). The third measure was a Problem Checklist constructed for this study, consisting of a series of 100 complaints that were commonly made by previous clients (available from the authors).

### *Discussion-type Counseling*

In the discussion-type counseling, the counselor encouraged the clients to describe their marital problems, including their problem history, previous attempts at solutions, their beliefs as to the cause, and their suggestions for solutions. The counselor encouraged the clients to "talk it out" and to explore solutions, but did not make recommendations for action. This type of counseling is the same as the "catharsis" type of counseling described in the previous (Azrin et al., 1973) study and similar to the comparison method of Jacobson (1978).

### *Reciprocity Counseling*

Three types of procedures were included in the reciprocity program to increase the reinforcement exchange and control. The first type of procedure was designed to change the stimulus control exerted by the existing reinforcement exchange. The second type of procedure was designed to increase the current exchange of reinforcement. The third type of procedure was to alter the communication process so as to increase the amount of positive reinforcement.

**Stimulus Control.** Stimulus control was designed to overcome the problem of couples being preoccupied with the aversive aspects of their interactions rather than with the reinforcing aspects. Stimulus control exerted by the existing reinforcers was changed by two procedures, the first of which was the "reciprocity awareness" procedure. Each partner listed the reinforcers that were being received from, and given to, the other partner. To prompt the recall and verbalization of these oft-forgotten reinforcers, each partner was also directed to comment on the

parallel list provided by the partner. The second procedure for increasing stimulus control was to direct the clients at the very start of each session to enumerate and describe the positive interactions that had occurred since the last session. This procedure was in contrast with the more customary inquiry such as, "How did everything go?" or even more negatively provocative, "Have you had any problems?" These procedures were designed to increase the comments about the positive features of the relation in the expectation that the subjective state would be favorably influenced in the same direction.

**Increased Reinforcement Exchange.** Behavioral contracting was used as the principal method to attempt to increase the reinforcement exchange. The partners alternated in making requests for reinforcement from the partner; each request resulted in a written agreement as to the manner of fulfilling that request. Procedures for increasing verbal reinforcement are considered below under the communications training.

**Communication Training.** Communication training was provided to increase the rate of verbal reinforcement as well as to increase the reinforcement-facilitating effect of the verbal exchanges. The partner was trained to provide verbal reinforcement for any positive attribute of the partner, such as "You look pretty (handsome) in that dress (jacket)," in order to establish each partner as a source of verbal reinforcers. Such reinforcers are usually designated as a "compliment." In addition, the partners were trained to provide verbal reinforcement in specific response to reinforcers received from the other partner, such as "Thank you for taking care of the children while I was on the phone." Such reinforcers are usually designated as an expression of "appreciation." This latter type of reinforcement was intended to strengthen the reinforcer exchange, i.e., reinforce the partner for reinforcing you; the former type was intended to maintain a high overall frequency of reinforcement as long as the partners were in each other's presence.

Training was also given in using verbal communication to facilitate reinforcement rather than as a reinforcer *per se*. The first procedure, designated as the Positive Request Rule, attempted to alter the manner in which a partner communicated the desire for a reinforcer. The rule was to phrase the communication (a) as a request and not a command, to allow for flexibility of the manner of satisfying the need, (b) to state what specific positive action was desired, rather than what was not desired, since positive actions are more capable of specific reinforcement and do not require the discontinuation of an action that is presumably being reinforced, and (c) to refer to the future rather than the past, since past actions cannot be reversed.

The second major facilitative communication procedure was the Annoyance Procedure which taught the partners how to communicate when annoyed with a partner's behavior without using a critical (aversive) manner. Such aversive stimuli seem to strengthen avoidance behavior, by definition, as well as prompting aggression (Ulrich and Azrin, 1962; Azrin et al., 1967). The rationale was to direct the annoyed person's statements away from the annoying partner and toward the situation by (a) impersonally describing the situation, (b) suggesting a possible impersonal cause, and (c) suggesting a possible role of oneself in contributing to the problem. The annoyed person then used the Positive Request Rule noted above to request positive action from the partner that would eliminate the source of annoyance.

A corollary to this Annoyance Procedure was the rule for reacting to an emotional outburst by an annoyed partner. Since the content of the communication of an angry partner was largely determined by the emotional state and not by

remediable events, the rule was to avoid all reactions to the content of the communication until the state subsided, by discontinuing the interaction for a brief specified period.

*Other Features.* The other major features of the reciprocity program were unchanged. The couples described what they considered an ideal relationship so as to identify the behavioral objectives that would serve as reinforcers in their relation. Behavioral contracting was used, not by pairing agreements between partners in a quid pro quo manner, but by strict alternation between partners as to which person initiated a request. Training in reaching agreements was accomplished by teaching partners to respond to a request by first stating agreement to those aspects of the request which were feasible and then suggesting alternatives, if necessary, based on variations of the time, place, duration or nature of the specific features that did not seem reasonable. A request should never be refused outright. Agreements were attempted in each of the following nine areas previously used in order to assure that all aspects of the marital interaction would be benefitted: sex, communication, household responsibilities, money, children, social activities, personal independence, partner's independence, academic (or occupational) progress, plus the additional area of annoying habits. Happiness rating scales were filled in for each of these areas by each partner, and used in the session to identify areas in which agreements and communication training were needed. Agreements were prompted when necessary by use of separate lists of sample activities within each area. For the area of sex, a list of desired changes in sexual activities was used instead of the sexual behavior manual used previously. Generalization in making agreements was prompted by having the counselor leave the office for a fixed period while the couple tried to arrive at an agreement in his/her absence, but only after the couple had made several agreements in the counselor's presence.

Reciprocity counseling was scheduled for four sessions, about a week apart, for about 1½ hours per session. At the end of the fourth session, the three tests were readministered. All counseling was done with both partners present. The counselor followed an outline during the session listing the various training procedures and problem areas. Rather than teaching the procedures consecutively as was done in the earlier study, the counselor sampled each procedure during the initial session and covered each more extensively during the succeeding sessions to provide a sampling of the total program at the outset. These procedures were, as noted above, identification of objectives, listing and discussion of the existing reinforcers, the positive request rule, the annoyance rule, giving the verbal reinforcers of praise and compliments, making agreements by behavioral contracting, rules of compromise, discussion of the sexual reinforcer prompt list, discussion of the happiness ratings given in each of the nine marital interaction areas and making agreements in each of these nine areas.

## RESULTS

The clients in the two counseling programs were found to be comparable prior to treatment. The mean age for the reciprocity clients was 30.1 years vs. 29.1 years for the discussion clients; 7.5 years vs. 7.1 years for marriage duration, 4.5 vs. 4.2 years of reported problem duration, 1.5 vs. 1.3 children, and 90% vs. 85% legally married for the reciprocity and discussion groups, respectively. Statistical analysis by a *t* test or Chi Square, as appropriate, showed no significant difference in these demographic characteristics between the two groups, nor for occupational status or referral source.

TABLE ONE

## Pre, Post, and Follow-Up Scores on Three Measures of Marital Adjustment

The upper table is for the clients assigned to reciprocity counseling ( $N = 28$  couples); the lower table is for the clients initially assigned to receive discussion-type counseling ( $N = 27$  couples) after which reciprocity counseling was given. The post-discussion scores were obtained at the fourth session after discussion counseling; the postreciprocity scores were obtained at the fourth session after reciprocity counseling. The three measures were the Locke-Wallace Test, the self-rating of percentage of marital happiness, and a problem checklist of complaints. The higher the score on the Locke-Wallace Test, the better the presumed marital adjustment.

## Reciprocity-Type Counseling Group

Measure	Pre Counseling	Post Reciprocity Counseling	Follow-up					
			1 mo.	2 mo.	6 mo.	12 mo.	18 mo.	24 mo.
% Happiness	49	68	75	74	74	76	78	67
Locke-Wallace	83	96	102	100				
Problem Checklist	23	12	9	9				

## Discussion-Type Counseling Group

Measure	Pre Counseling	Post Discussion Counseling	Reciprocity Counseling	Follow-up					
				1 mo.	2 mo.	6 mo.	12 mo.	18 mo.	24 mo.
% Happiness	48	50	73	73	77	85	75	80	65
Locke-Wallace	83	85	103	107	101				
Problem Checklist	22	17	9	5	6				

Table 1 shows that the pretest scores were almost identical for the two groups of clients. For the clients assigned initially to the reciprocity counseling, all three measures showed improvement after reciprocity counseling, whereas the clients in the discussion-type group showed little change at the end of the discussion counseling in the Locke-Wallace and happiness scores and a slight, nonsignificant change in the problem checklist score. Analysis of variance showed that the posttest improvement of the reciprocity group was significantly greater than that of the counseling group on the Locke-Wallace scores  $F(1, 104) = 24.96, P < .0001$ ; on the happiness score  $F(1, 104) = 27.48, P < .0001$ ; and for the problem checklist  $F(1, 103) = 6.92, P < .01$ . For the 14 discussion group couples who then underwent reciprocity counseling, similar improvement occurred for all three measures after reciprocity counseling. The follow-up data were unobtainable for some clients. For the reciprocity group, the follow-up data in Table 1 included 54% of the clients at two months, 46% at one year and 36% at two years following the termination of counseling. For the discussion group, the follow-up data were for the 14 couples who completed the reciprocity counseling in the change-over design and included 79% of these clients at two months, 57% at one year, and 29% at two years. The follow-up scores for both groups showed that the improvement after reciprocity counseling was maintained for two years.

In absolute terms, the mean improvement after reciprocity counseling was about 17 points on the Locke-Wallace scale, a reduction of about 60% in the number of problems reported and an increase in the self-rated happiness from 49% initially to about 75%. Since the revised form of the Locke-Wallace Test was used, these scores are not exactly comparable to the Locke-Wallace (1959) scores.

About 11 couples in each group had terminated counseling after attending one session. To determine whether these clients differed from those who completed the four scheduled sessions, their pretest scores were compared. It was found that the two samples did not differ significantly on any of the three pretest measures for either of the two counseling methods.

The program had been intended to be given in four sessions, but several couples required or requested additional sessions. A mean of 6.9 (median of 6) sessions were given. The "posttest" measure was taken after four sessions even when additional sessions were scheduled for a couple.

### DISCUSSION

The reciprocity counseling method improved all three measures of marital adjustment, whereas the discussion-type counseling produced little or no change, confirming the result obtained in the previous within-subject comparison for the single measure of marital happiness (Azrin et al., 1973). In that earlier study, the happiness score also increased from an initial level of about 50% to 70-80% and also increased somewhat during follow-up. The present study extended the earlier findings by using a between-subject comparison rather than only a within-subject design; using a larger number of couples, 55 vs. 12; using two additional response measures; including many cohabitating couples vs. only married couples; and including many nonstudents, 80%, from a rural area vs. the primarily college town residents in the earlier study in which 83% of the husbands were college students. These results and variants in the subject population extend and strengthen the conclusion that reciprocity counseling is effective in improving marital adjustment and to a greater degree than simple discussion-type counseling.

A serious concern in evaluating treatment outcome is whether clients who completed treatment represent a select sample of favorable responders whereas those who discontinued treatment were failures who had more serious problems which did not respond to treatment. This question was addressed by comparing the pretest scores of those who completed the scheduled four sessions with those couples who terminated before that number. The lack of any difference in pretest scores between the two samples indicates that the couples who terminated early had comparable marriage difficulties. The general impression was that premature termination seemed more likely when one of the partners had only reluctantly agreed to counseling.

The follow-up data showed that the treatment improvement was maintained for as long as the follow-up measures were obtained. This maintenance of improvement is in agreement with all of the previous behavioral treatments of marital problems. Marital treatment benefits may be maintained because of the support provided by the partners in the intrinsically social marital relation whereas alcoholism, obesity and other such problems for which improvement is not maintained affect primarily the individual.

The attempt to reduce the 8 sessions of counseling in the earlier Azrin et al. (1973) program was only partly successful in that the present study averaged 6.9 sessions per couple. However, the significant improvement noted in the posttest

scores, which were always administered at the fourth session, indicated that the counseling was effective within 4 sessions. The additional sessions may have contributed to the long-term maintenance of the improvement.

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