CHAPTER 16

CLINICAL AND SOCIAL PERSPECTIVES ON CLOSE RELATIONSHIPS

Thomas N. Bradbury
Frank D. Fincham

In recent years much has been written about the emergence of a new field of study devoted to understanding close relationships. The flurry of activity that has accompanied this development is evidenced by the formation of new professional organizations for the study of close relationships, the establishment of a journal devoted to this topic, and the publication of numerous edited volumes. Although the potential contribution of research on close relationships to psychology is well established, the recent growth in this domain must be placed in proper perspective in order to see more clearly the steps needed for research on close relationships to be maximally informative. We therefore turn to this task before addressing the major goal of this chapter, which is to facilitate research on close relationships that integrates the perspectives of clinical and social psychology.

An essential first observation is that the field of close relationships is not new despite many claims to the contrary. Indeed, the study of close relationships began long ago and incorporated the ideas of such figures as Sullivan, Lewin, Freud, Heider, Sears, Burgess, and Terman. The more recent contributions of Cantril, Newcomb, Raush, Bell, Jackson, Patterson, Thibaut, and Kelley set the stage for the upsurge in interest witnessed in the last decade. Dispelling the belief that the study of close relationships is relatively new is important because doing so is likely to result in greater attention being devoted to earlier work, thus providing scholars in the area with a richer body of research and theory to draw on and extend.

A second observation about the field of close relationships is that it may be less cohesive than is immediately apparent. Despite numerous texts on

Preparation of this chapter was supported by a National Research Service Award from the National Institute of Mental Health and Grant 1-5-30055 from the National Science Foundation awarded to Thomas N. Bradbury, and by a Faculty Scholar Fellowship from the W. T. Grant Foundation and Grant R01 MH 44078-01 from the National Institute of Mental Health awarded to Frank D. Fincham.
close relationships, relatively few conceptual links have been forged among even seemingly related topics, and much of the work that is conducted is likely to be of immediate interest to only a small segment of the field. In this regard Hinde (1981) notes that "the literature on interpersonal relationships is scattered amongst many different disciplines. And within each discipline, it would seem that each group of investigators has been more disposed to try to tackle the complexities of interindividual relationships with their own conceptual tools than to try to specify the relations between their endeavors and those of others. This is not to say that such attempts have been lacking . . . , but it is still the case that the various paradigms and theories in the field have little coherence" (p. 19). Although this heterogeneity is an obvious, strenuous problem, an unfortunate consequence of overestimating the cohesion and homogeneity of the close relationships field is that it may lead to high expectations and disenchantment with the amount of integrative research and theory that is produced. This could lead in turn to premature loss of interest in studying relationships.

A third observation is that the growth of interest in studying close relationships within psychology is in part a result of contributions from clinical psychology and social psychology, and, to a lesser degree, of work that combines these two perspectives. In fact, the study of close relationships was expected to be at the forefront of the interface between clinical and social psychology. For example, Harvey and Weary (1979) described close relationships as an "important research topic that by its very nature seems to exist at the heart of an integrated clinical-social psychology . . . It seems evident that in the future, better progress in investigating this phenomenon and developing therapeutic procedures for this area will occur via a concerted, collaborative venture both by clinical and social psychologists" (p. 512).

However, much work remains to be done before the clinical-social interface is realized fully in the domain of close relationships. For example, a recent issue of the Journal of Social and Clinical Psychology (1988, 7 [1]) devoted to integrative contributions relating to close relationships included seven papers, of which none included actual clinical populations, one included a community sample of maritally distressed and nondistressed community spouses, one included actual ongoing relationships in a college community, and five included undergraduates filling out questionnaires on their perceptions of and attitudes about relationships. Although these and similar reports typically draw from the social psychology literature and often have implications for prevention or clinical intervention, we believe that this distribution of articles may be indicative of a large gap between programmatic research on close relationships in social psychology and the systematic application of that knowledge in clinical settings. This is unfortunate insofar as narrowing the gap holds great potential not only for understanding the complexities of close relationships but also for treating individuals, couples, and families experiencing relationship problems.

The purpose of this chapter is to foster research on close relationships that combines more fully the emphases, perspectives, and methods of clinical psychology and social psychology. We believe that such an integration is most likely to come about by encouraging clinical and social researchers to combine the advantages of their respective disciplines in order to conduct research that ultimately may have application in the prevention and treatment of disturbed relationships. This strategy, which makes explicit the often overlooked fact that clinical psychology involves both research and practice, is put forth with the assumption that the interface of research (whether it be social, clinical, or otherwise) and clinical practice with regard to close relationships will be realized fully when the caliber, relevance, and consistency of research in this domain reaches a level that cannot be ignored by those who provide clinical services.

We shall attempt to accomplish our purpose by identifying a number of topics that require attention if the investigations conducted by social and clinical researchers are to influence clinical intervention. For each of these topics, the different approaches that have been taken will be discussed, representative research will be reviewed and, where appropriate, suggestions for future research will be offered. The topics discussed are intended to be heuristic rather than exhaustive. They are addressed in regard to close heterosexual relationships between adults because (a) a great deal of research in clinical and social psychology pertains to relationships of this sort, (b) it is often viewed as the prototypic close relationship, and (c) close relationships between adults are a common source of problems and hence are very likely to come to the attention of practitioners.
INTEGRATING CLINICAL AND SOCIAL RESEARCH ON CLOSE RELATIONSHIPS

If social-clinical research on close relationships is to generate a product that will have clinical utility, what should be the basic targets of inquiry? Although there are many potential targets of inquiry, at least five interrelated topics seem essential: interaction between relationship partners, affective and cognitive phenomena that occur in interactions as well as in other, noninterational contexts, relationship quality and dysfunction, the temporal course of relationship events, and psychopathology and social support. The first of these four topics is suggested by the emphases in theoretical accounts of close relationships (e.g., Bradbury & Fincham, 1988; Gottman, 1979; Kel-ley et al., 1983), whereas the fifth topic is indicated by its clinical relevance and the clear association between psychopathology and relationship functioning (see Gotlib & McCabe, in press). Below we provide a selective review and critique of research on each of these topics.

Interaction

Examination of the behaviors exchanged by partners in close relationships is often viewed as important because it has the potential to ground the study of close relationships in observable and verifiable events, to allow the combination of observational data with self-report data, and to provide a descriptive background against which subsequent findings can be viewed. Two fairly distinct literatures have emerged pertaining to interaction in close relationships, involving either global retrospective judgments of behavior made by the interactants themselves or relatively specific judgments about discrete interactions made by interactants or trained coders. Each is examined in turn.

Because of their unique value for assessing individuals' subjective reactions, and in part because of the ease with which they are obtained, global self-reports of behavior in close relationships are used in a wide variety of studies in social and clinical psychology. In the past several years, for example, social psychological research has been conducted on such topics as the problem-solving responses that characterize distressed and nondistressed dating couples (e.g., “When I am unhappy with my partner, I tell her what's bothering me” [Rusbult, Johnson, & Morrow, 1986]); the strategies that people in dating relationships use to get what they want from their partners (e.g., “I drop hints” [Falbo & Peplau, 1980]); the relation between self-disclosure and satisfaction in dating relationships (e.g., “We discuss things that I like and dislike about myself” [Franzoi, Davis, & Young, 1985]); and the contributions of relationship behaviors and the partner's perceptions of those behaviors to the partner's satisfaction with the relationship (e.g., “I never act in a selfish or egocentric way” [Davis & Oathout, 1987]). This body of research addresses an exciting array of questions and thus holds promise for uncovering important information about perceptions of behavior in relationships. However, because it is difficult to capture the subtleties of this research in the present context (see Clark & Reis, 1988), our comments will be confined largely to the procedures used in these and related studies.

In contrast to this diversity of topics, a methodologically similar literature has evolved that is devoted to examining self-reports of communication behaviors and satisfaction in distressed and nondistressed married couples. In this research, spouses' reports of satisfaction are correlated with such variables as ratings of sensitivity to nonverbal cues in interaction (e.g., “Do you know the feelings of your spouse from his facial and bodily gestures?” [Navran, 1967]); the extent to which various conflict resolution behaviors reflect the spouse's interaction style (e.g., “She gets really mad and starts yelling” [Rands, Levinger, & Melling, 1981]); the frequency with which various statements are made in the marriage (e.g., “How often does your husband complain that you don't understand him?” [Bienvenu, 1970]); and the frequency with which spouses engage in specific verbal behaviors (e.g., “I express my appreciation verbally for things my spouse does for me” [Boyd & Roach, 1977]). In general, correlations on the order of .7 to .9 have been found between reports of behavior and relationship quality (for a review see Baucom & Adams, 1987).

As these and other studies attest, global reports of behavior can provide information that is useful both for testing hypotheses about close relationships and for informing clinical judgments in marital therapy. Although the strengths of this method should not be overlooked, it is important to emphasize that such global reports reflect perceptions of behaviors and interactions rather than
veridical reports of relationship events. Because estimates of behavioral frequencies are subject to memory distortions and global evaluations of the relationship in which the behaviors occur (i.e., spouses may base their judgments of how often they argue with their partner on the perceived quality of the relationship rather than on the actual frequency of arguments), it is likely that estimated and actual rates of behaviors differ. Indeed, in a study of Robinson and Price (1980), distressed spouses reported 50% fewer positive behaviors than did trained coders watching the same interaction, and in several studies spouses have been found to agree only about half of the time on the occurrence of events in their relationship (for a review see Christensen, 1987).

Although the discrepancy between global self-reports of behavior and observational assessments is not surprising, the marked tendency to overlook the distinction between these two forms of measurement is a serious problem. For example, research involving perceptions of behavior is often discussed as though behavior was actually measured, and unwarranted inferences about overt behavior in relationships are frequently drawn. This problem is compounded when perceived frequencies of behaviors are correlated with measures of relationship quality, because the high degree of empirical dependence obtained between any such measures is inflated not only by common method variance but also by the considerable overlap in item content across measures. For example, the Marital Adjustment Test (Locke & Wallace, 1959) includes an item assessing how often the spouse confides in his or her mate, while the Primary Communication Inventory (Navran, 1967) asks, “How often do you and your spouse talk with each other about personal problems?” In such cases, significant associations at the empirical level are at least in part an artifact of the failure to make appropriate distinctions (i.e., between communication and satisfaction) at conceptual and operational levels (for a detailed discussion see Fincham & Bradbury, 1987). Because these difficulties stem more from the use of behavioral self-report measures than from the properties of the measures themselves, their resolution is straightforward: in the absence of corroborative evidence, data collected with global self-report measures of behavior should not be equated with the behavior itself, and caution should be exercised when relating such data to measures of potentially overlapping constructs.

Whereas inappropriate use of global self-reports of behavior has contributed to confusion in the literature, of far greater consequence is the failure to recognize the inherent limitations of self-report for understanding interaction. Simply stated, such measures tell us very little about the dynamic and sequential exchange of behaviors that is basic to interaction. In an attempt to achieve a closer approximation of interaction as it actually occurs, several researchers either have asked married couples to report daily on relationship events or have observed their interactions in laboratory settings. The results of this research, conducted in large part by clinical psychologists, are described below.

Efforts to study marital interaction follow directly from the rationale that an understanding of the behaviors that covary with marital satisfaction could be used “to design an intervention program that teaches couples who believe their marriages are functioning badly to interact . . . as do couples who believe their marriages are functioning well” (Gottman, 1979, p. 263). One strategy for identifying the discriminative behaviors is to ask distressed and nondistressed spouses to fill out independently a daily checklist of behaviors that occur in the marriage over the course of a few weeks (for a review see Bradbury & Fincham, 1987). Research adopting this approach reveals that, compared with nondistressed couples, distressed couples report higher rates of negative behaviors and lower rates of positive behaviors (e.g., Jacobson & Moore, 1981). By also asking spouses to make ratings of their daily satisfaction with the marriage, it has been possible to determine that negative behaviors account for more variance in daily satisfaction than do positive behaviors and that the covariation between positive and negative behaviors and daily satisfaction is greater among distressed than nondistressed couples.

Leaving aside the interesting theoretical implications of this work (e.g., that distressed spouses appear to be particularly reactive to partner behavior) and the important contributions of this technique to clinical assessment, it can be noted that the delimited 24-hour time frame used with this approach is a great improvement on the global self-report procedures reviewed above. Nevertheless, low reliability between husbands’ and wives’ daily ratings of relationship events, even after spouses undergo training, has been documented (see Elwood & Jacobson, 1988) and, despite numerous efforts to extract infor-
mation regarding behavioral reciprocity from the daily checklists, the spouse observation paradigm affords little opportunity to examine directly the sequential character of interaction.

In contrast to this research, observational reliability and access to sequential information is maximized (albeit at the expense of ecological validity) in observational studies of interaction where each speaking turn in laboratory-based problem-solving discussions is coded by trained observers. This tradition of research, prompted by Rausch, Barry, Hertel, and Swain's (1974) discontent with the many "empty facts" (p. 4) about marriage that accumulated from the use of self-report measures, has revealed that the interactions of distressed couples, compared with those of their nondistressed counterparts, are characterized by higher rates of negative behaviors (and, less consistently, by lower rates of positive behaviors), a greater likelihood of reciprocation of negative behaviors, and a greater degree of predictability between spouse behaviors. Subsequent research has shown that distressed and nondistressed couples are discriminated more powerfully on the basis of their nonverbal behaviors than on the content of their speech (for a review see Schaap, 1984).

Although there is merit to the view that social psychology is "a discipline centrally concerned with and expert in the study of human interaction" (Hendrick, 1983, p. 67), close examination of the literature reveals that within social psychology our knowledge of interaction in close relationships is often based on subjects' perceptions of behavior as assessed via global self-reports. Observational research on marital interaction has provided a much richer and more rigorous portrayal of the behaviors and patterns of behaviors that discriminate distressed and nondistressed couples; these data therefore have had far greater impact on marital therapy. It does not follow, however, that research on perceptions of behavior should be discontinued or that it is somehow inferior to the study of overt behavior. In fact, as we will discuss in the next section, several factors point clearly to the importance of examining numerous intrapersonal phenomena in close relationships, particularly in the context of interpersonal interaction. Given the significant contribution of social psychology to understanding emotional and cognitive processes in individuals, the combined study of overt and covert events may be especially propitious for the integration of social and clinical psychology in the domain of close relationships.

### Affective and Cognitive Phenomena

Considerable effort has been devoted in recent years to enriching our understanding of the relation between behavior and marital satisfaction by investigating emotional and cognitive variables that may contribute to this association. This transition has occurred for a number of reasons, including (a) data indicating that husbands and wives do not agree on the day-to-day events in their relationship and that spouses and trained coders do not agree on the events that occur in laboratory interactions, suggesting that spouses attach meaning to events in idiosyncratic ways; (b) data indicating that the nonverbal behaviors accompanying a spoken message in interaction are more effective in discriminating distressed from nondistressed couples than is the spoken message itself, suggesting that emotion in interaction may be at least as important as overt behavior; (c) low correlations between overt behavior and marital satisfaction (see Snyder, Trull, & Wills, 1987), suggesting that important aspects of interaction were being overlooked; and (d) the realization that, while behaviorally oriented marital therapy helps many couples, a significant number remain distressed after counseling (Jacobson, Follette, & Elwood, 1984), suggesting that the simple model of teaching distressed couples to behave like nondistressed couples is unduly narrow.

As a consequence of these findings, together with psychologists' increased interest in cognition, it seems quite likely that many significant advances in the study of close relationships will emerge from the examination of covert processes that elaborate on or qualify our understanding of overt behavior. This should not be taken to mean, however, that a complete understanding of overt behavior in interaction has been attained (e.g., little is known about the cross-situational consistency of marital behavior or whether behavior is predictive of changes in satisfaction) or that the study of covert processes is entirely new. Indeed, one of the earliest observational studies of marital interaction, by Rausch et al. (1974), was formulated in terms of object relations schemas that serve to organize experience, a concept that some subsequent investigators sought to operationalize (e.g., Gottman, 1979). In the remainder of this section, examples of such research will be re-
viewed and directions for future research that take advantage of social and clinical perspectives will be identified.

Reasoning that "a complete description of communication processes must ultimately consider the perceptions and intentions that mediate partners' overt responses," Gaelick, Bodenhausen, and Wyer (1985, p. 1246) asked couples to discuss a problem in their relationship, identify six important statements that were made from a videotape of the interaction, and then rate those statements in terms of the feelings that the communicator intended to express and the recipient's reaction to those feelings. It was determined that recipients tended to reciprocate the affective tone of the messages that they perceived but that recipients were accurate only in their perception of negative messages. Further, while men viewed the absence of positive messages as an indicator of negativity, women viewed the absence of negative messages as an indicator of positivity. This pattern of results was interpreted to mean that reciprocation of negative messages is more likely than reciprocation of positive messages, that females' behavior is more critical in instigating bursts of negative affect (insofar as men may be predisposed to interpret all but positive behavior as negative), and that males' behavior is more critical in stopping such bursts (insofar as women may be predisposed to interpret all but negative behavior as positive).

These promising findings suggest that examination of perceptions of specific behaviors can add substantially to an understanding of the dynamics of interaction in close relationships. And, although overt behavior was not actually assessed, this in turn supports the need for therapeutic interventions that change not only behaviors (e.g., teaching spouses to behave more positively), but also interpretations of behaviors (e.g., teaching spouses what partner behaviors do and do not imply). This recommendation is tempered by the surprisingly few correlations that arose between ratings of messages and relationship satisfaction, however, and further speculation must await the collection of additional data.

Whereas affective elements of close relationships have been the focus of research by Gaelick et al. (1985) and several others (e.g., Berscheid, Snyder, & Omoto, 1989; Levenson & Gottman, 1985; Margolin, John, & Gleberman, 1988), attention has been devoted also to cognitive aspects of relationships, such as unrealistic relationship beliefs (e.g., Emmelkamp, Krol, Sanderman, & Ruphan, 1987), locus of control for marital outcomes (e.g., Miller, Lefcourt, Holmes, Ware, & Saleh, 1986), and judgments of equity in relationships (e.g., Hatfield, Traupmann, Sprecher, Utne, & Hay, 1985). It is interesting that examination of the most widely studied cognitive element, the attributions that partners make for relationship events, was stimulated by attribution research in social psychology (e.g., Orvis, Kelley, & Butler, 1976). The clinical implications of these studies were soon recognized and a large literature has since accumulated that documents the concurrent and predictive associations between maladaptive causal attributions (e.g., viewing the cause of negative partner behavior as internal to the partner, stable, and global) and marital distress (for reviews see Bradbury & Fincham, 1990; Harvey, 1987).

These results are important in the present context because they show that research on close relationships in clinical psychology can be extended with principles from social psychology. Recent research on marital attributions demonstrates further that examination of social principles in the clinical domain can contribute in turn to a more refined appreciation of them. For example, contrary to the current emphasis placed on causal attributions in social and clinical psychology, studies now suggest that attributions of responsibility (which involve judgments concerning the partner's intent, foresight, and harmful motivation) and attributions of blame are salient in interpersonal settings (Finchman, Beach, & Nelson, 1987). In a similar manner, whereas the failure to study the behavioral consequences of attributions in social psychology is "perhaps the single most telling criticism" of the attribution domain (Eiser, 1983, p. 162), data linking attributions to behavior in marriage aid in alleviating this shortcoming. For example, Fincham and Bradbury (1988a) have shown that a spouse's attribution for a marital difficulty correlates with the behaviors he or she exhibited while discussing that difficulty with the partner, and Fincham and Bradbury (1988b) found that manipulation of a spouse's attribution for a negative partner behavior influenced his or her subsequent behavior toward the partner in interaction.

The symbiosis between social and clinical psychology in regard to the study of attributions in close relationships has proven fruitful to date, yet we are confident that this represents only one instance of how social and clinical interests can be
joined to mutual advantage. Another such promising direction would involve extrapolating Weiner's (1985) attributional model of motivation and emotion to the domain of close relationships. Adaptation of this model, which posits links between negative outcomes (e.g., failure on a test), causal attributions for those outcomes (e.g., "I am dumb"), and the consequences of those attributions for specific affective responses (e.g., decreased self-esteem, hopelessness), would be valuable because it would (a) counter the affective/cognitive dualism that is evident in research on close relationships; (b) extend research on emotion in close relationships so that it considers a variety of affects (e.g., caring, happiness, anger, sadness) rather than simply positive and negative emotions; and (c) permit generalization of the model to dyadic and clinically relevant phenomena.

Many additional topics provide fertile ground for studying affective and cognitive processes in close relationships, and growth in these areas is most likely to involve application of knowledge from social psychology to interaction between intimates. For example, little is yet known about how partners organize the stream of interaction into meaningful units (cf. Newstson, 1973), the various goals that partners seek to attain via interaction and their influence on the perception of partner behavior (cf. Swann, Pelham, & Roberts, 1987), the relation between transient and chronic affective reactions and perceptions of interaction (cf. Forgas & Bower, 1988), or the contribution of expectancies and individual differences to interaction outcomes (cf. Ickes & Tooke, 1988). An equally diverse set of issues could be identified that does not pertain directly to interaction, including memory for relationship events (cf. Messe, Buldain, & Watts, 1981) and the accounts that people offer for their continuing and terminated relationships (cf. Burnett, McGhee, & Clarke, 1988).

With the inevitable shift toward examining the diverse affective and cognitive processes that underly the association between behavior and marital satisfaction has come a significant increase in the complexity of the phenomena of interest, and in the foregoing section we have attempted to convey a few of the forms that this complexity may take. This transition from overt behavior to covert variables (especially as they are considered in the context of overt behavior) highlights the clear need for theoretical developments that will organ-
ize existing findings and guide empirical operations. One construct that is likely to be centrally important to such progress is perceptions of relationship quality and dysfunction, a topic to which we now turn.

**Relationship Quality and Dysfunction**

Although theoretical and empirical clarification of the links between overt behavior and covert processes would be valuable, progress of this sort will be of little clinical utility without explicit attention to the affective evaluations and judgments of relationship quality that partners make. It is evident from the two previous sections that consideration of relationship quality pervades research on close relationships. However, a clear divergence exists in how clinical and social psychologists approach this issue: relationship satisfaction among married couples is the construct of central concern in clinical research, while constructs such as trust, commitment, and especially love are of greatest interest in social psychology. We will outline below the assets and liabilities of both of these perspectives and will argue that greater integration of clinical and social research on close relationships is likely to emerge as this divergence becomes less pronounced.

The emphasis on satisfaction in clinical research on close relationships probably owes to the fact that clinical researchers became interested in marriage following the work of sociologists, who attempted to explain variance in relationship quality and stability in terms of self-reported demographic, personality, and familial variables. The many studies within the sociological tradition were criticized for being "shotgun in their approach" (Barry, 1970, p. 42) and for lacking in conceptual and methodological integrity. Clinical researchers thus reacted strongly against this approach, studying instead the contribution of overt behavior to marital discord and, in contrast, ignoring and perhaps actively avoiding articulation of the phenomenology of relationship quality and the varieties of marital satisfaction. An additional reason for this emphasis probably stems from the clinically distressed samples that were studied. That is, it is often difficult to characterize a couple in terms of, for example, their style of love when there is little love to be found and when a basic therapeutic goal is often to help spouses talk with each other without becoming hostile or disengaged.
Within the clinical tradition, marital satisfaction has come to be equated most commonly with a single dimension that is derived from responses on the Marital Adjustment Test (Locke & Wallace, 1959) or an instrument that was designed to supersede it, the dyadic Adjustment Scale (Spanier, 1976). Both instruments were developed by sociologists and include questions assessing global evaluations of how happy the respondent is with the marriage as well as questions asking the respondent about the frequency of disagreements across various topics and the outcome of those disagreements. The unidimensional view has much to offer in the way of simplicity and parsimony, and many investigators see these instruments as adequate for research and clinical screening (e.g., Gottman, 1979). Conceptualization and measurement of satisfaction have generated considerable controversy in recent years, however, with some arguing that measures must be revised by omitting any items that do not pertain directly to a global affective evaluation of the marriage (e.g., Norton, 1983) and others arguing that the multidimensional nature of marital quality must be recognized and measured accordingly (e.g., Johnson, White, Edwards, & Booth, 1986). It is not possible to do justice to the complexity of these and related arguments here, yet it is important to call attention to the diverse opinions surrounding this issue insofar as further discussion is likely as more disciplines become involved in the study of close relationships and as clinical researchers pay greater attention to covert variables.

Social psychological research on love grew out of the large literature on interpersonal attraction and, at a time when there was widespread interest in social exchange formulations of interpersonal behavior, was stimulated in part by the publication of an instrument to assess liking and loving (Rubin, 1970). Conceptual distinctions among the constituent elements of love (e.g., attachment, caring, needing, intimacy) and among types of love (e.g., companionate, passionate) were soon drawn and studied, and, although interest in the topic waned for some time, investigation of love has grown rapidly in the past several years (for reviews see Clark & Reis, 1988; Sternberg & Barnes, 1988). Whereas the clinical research literature is characterized by relatively little theory and numerous attempts to identify external correlates of relationship satisfaction, the literature pertaining to love is distinguished by relatively extensive theoretical development and efforts to differentiate among varieties of love. For example, Lee (1977) identifies passionate, game-playing, and companionate as three primary types of love, with three secondary forms deriving from combinations thereof; Sternberg (1986) identifies intimacy, passion, and decision/commitment as three components of love, the presence and absence of which serve to define eight kinds of love; Hazan and Shaver (1987) view the development of romantic love as similar to parent-child attachment and identify secure, avoidant, and anxious/ambivalent as three forms of love.

This work reflects a willingness to speculate about the range of approaches to and experiences of love in romantic relationships. Such an orientation is not limited to love, however, because attention in social psychology also has been directed to the study of trust (e.g., Rempel, Holmes, & Zanna, 1985), commitment (e.g., Kelley, 1983), envy and jealousy (e.g., Buunk & Bringle, 1987), and closeness (e.g., Berscheid, Snyder, & Omoto, 1989). In the same way that satisfaction is emphasized in clinical research because of its salience in marriage and clinical settings, the emphasis on love and related concepts may owe to their relevance to the dating couples that are typically studied in social psychological research on close relationships. Moreover, even though satisfaction is sometimes studied among dating couples, mean satisfaction scores are often very high. Assuming the validity of these self-reports, this indicates that there may be little serious dissatisfaction among dating couples who serve as subjects, which in turn means that there is very little variance in satisfaction for which to account. Thus, the relative emphasis in social psychology on such concepts as love, rather than satisfaction, is readily understood.

The thrust of our observations to this point can be examined along two dimensions, and both pertain to the relative viability of social and clinical research in applied clinical settings. First, in terms of the applied relevance of the samples that have been investigated, it is apparent that studies of married couples hold greater potential for application than do studies of dating couples. Only rarely do dating couples present for counseling, and the emphasis on varieties of love and similar concepts among such couples, while of irrefutable importance (see below), is likely to be of less interest to the clinician who is confronted routinely with the problems of married couples.

Thus, a more complete integration of social
psychology and clinical intervention in regard to close relationships is likely to occur when social psychologists collect data from married couples representing the full range of relationship quality. Apart from far-reaching conceptual advantages that such a shift would bring to the study of marriage, expansion of the social perspective in this way may help to maintain interest in the area; systematic study of interpersonal attraction, in contrast, has suffered because of "the most glaring omission, that of enduring relationships and all the vital questions . . . they encompass" (Berscheid, 1985, p. 415). In this regard we agree with McCarthy's (1981, p. 25) observation that "a diversion of some quantitative research effort away from the well-trodden paths of the white/middle-class/young/student milieu . . . might greatly extend and enliven our understanding of the diverse facets and functions of human affectional relationships." Our recommendation should not be taken to imply that research in social psychology has ignored married couples completely. It bears noting, however, that many of the studies using married couples as subjects also use dating couples, and the data from the two groups are then combined. This strategy is difficult to defend in view of the social, demographic, and interpersonal differences between these groups.

A second dimension underlying our discussion of the social and clinical approaches to relationship quality concerns the complexity and breadth of perspective taken toward the primary qualitative constructs. On the one hand, social psychologists have been successful in developing rich and interesting conceptual frameworks that lead to competing hypotheses and that encourage investigation of the full spectrum of affective, qualitative variables. On the other hand, even though these variables have not been overlooked completely by clinical researchers, the primary emphasis on accounting for variance in satisfaction stands in contrast as sterile and theoretically undeveloped. The importance of this dimension cannot be denied, yet the tacit assumption of homogeneity within distressed and nondistressed groups and the continuing reluctance to examine other pertinent qualitative dimensions of relationships seems unnecessarily restrictive (cf. Fitzpatrick, 1988; Snyder, 1979).

In this case, clinical research can gain from the strides taken within social psychology to understand such phenomena as love and trust. Although this should not be viewed as a wholesale endorsement of the prevailing research on these topics (e.g., causal questions are rarely addressed, behavioral manifestations are seldom examined, the utility of particular distinctions is unclear), greater attention to the theoretical causes and consequences of satisfaction and exploration of additional qualitative experiences in marriage is likely to prove valuable. Recent recognition of the importance of how intimacy is negotiated between spouses (e.g., Jacobson, 1989) bodes well for such a development.

We have argued that social and clinical psychologists undertake research on relationship quality in different ways, with the former emphasizing breadth in qualitative judgments among dating couples and the latter emphasizing satisfaction and dysfunction among married couples. A rapprochement between these perspectives will emerge as social researchers collect data on long-term relationships such as marriage and as clinical researchers develop theory and appreciate the diversity that underlies relationship quality. The fact that social and clinical researchers address different populations in the relationship spectrum highlights the temporal dimension of relationships, considered next.

**Temporal Course**

The interplay of thoughts, feelings, and behaviors in close relationships, itself highly complex, becomes even more intricate when considered along a temporal dimension. Examination of how relationships change and develop is often viewed as fundamental to their understanding, yet "the domain of relationship development is awesome and incompletely charted" (Morton & Douglas, 1981, p. 3). Beyond exploring the sequential dependencies between behaviors in interaction (see "Interaction" above), relatively little attention in clinical psychology, and most of it coming only in recent years, has been devoted to how relationships evolve over time. Although a similar observation characterized social psychology a decade ago (e.g., Huston & Levinger, 1978), an increasing number of investigators are recognizing the importance of studying how relationships unfold and change. Representative research, involving longitudinal, cross-sectional, and retrospective designs, will be reviewed in this section. By way of providing a general outline for this work, studies will be discussed in terms of two research strategies that have been taken: (a) identi-
fying the factors that distinguish continuing relationships from those that terminate (i.e., relationship stability) and (b) examining the temporal course of continuing relationships. In view of space limitations, research on transitions between relationships and on reactions to relationship dissolution will not be addressed (for a review see Harvey, Weber, Galvin, Huszti, & Granick, 1986).

In addition to testing models of relationship dissolution, identification of the factors that predict relationship stability is important because those same factors may exert effects on relationships that continue. Simpson (1987), for example, assessed in a 3-month longitudinal study a variety of factors pertaining to the functioning of dating relationships. He found that relationship instability was more characteristic of shorter, nonexclusive relationships in which there were lower levels of satisfaction and no sexual activity. Berg and McQuinn (1986), in a 4-month longitudinal study of dating couples, found that responses to measures tapping partners’ global evaluations of the relationship in its early stages (e.g., lower levels of love, communication, self-disclosure) were predictive of dissolution. Studies of this sort are intuitively attractive and represent an important step forward, and continued work in this vein will help elucidate further the interpersonal processes that distinguish dissolving and continuing relationships.

Investigations also have been conducted that span longer intervals, involve long-term relationships, and assess variables that extend beyond partners’ perceptions of the relationship. Kelly and Conley (1987), for example, reported on the factors that predict stability in marriage over a 50-year interval: they found that personality ratings of spouses made by their acquaintances in the 1930s were predictive of divorce likelihood through 1981. Specifically, the chance of divorce was greater among those husbands and wives who were rated by acquaintances as neurotic and among those husbands viewed as having low impulse control. As these authors noted, their findings were “strongly at variance” (p. 36) with the trend toward behavioral conceptions of marriage and highlight the significance of individual differences in close relationships. A further example, more modest in scope and using a cross-sectional design, is provided by Buunk (1987). He compared ongoing and terminated long-term relationships in which sexual affairs had occurred and found that partners in continuing relationships were less likely to view the affair as an intentional act of revenge or anger. Although causal inferences from cross-sectional data must be offered with great caution, this study supports the association between attributions and relationship quality that was described earlier and also suggests an important area for clarification in clinical cases involving extramarital affairs.

A second class of studies addressing the temporal course of relationships involves examination of changes that occur within continuing relationships. In addition to research on development in dating relationships (e.g., Fletcher, Fincham, Cramer, & Heron, 1987), investigators have turned to study factors pertinent to the transition from dating to marriage. For example, Surra, Arizzi, and Asmussen (1988) interviewed newlyweds to determine changes in commitment to their premarital relationship and the reasons for those changes. They found that reasons concerning factors external to the relationship (e.g., social networks, alternative dating partners) predicted lower satisfaction 4 years later, whereas reasons concerning internal factors (e.g., disclosure with partner, behavioral interdependence) were predictive of higher satisfaction.

Changes within the course of marriage, particularly involving variability in marital satisfaction, also have been examined. For example, in the aforementioned study by Kelly and Conley (1987), marital quality was greater over the 50-year interval to the extent that the spouses were viewed as low in neuroticism and high in impulse control; greater emotional closeness and lower levels of tension in families of origin, and fewer stressful life events, also foretold higher levels of marital satisfaction. These findings are extended by research that indicates that changes in marital satisfaction are predicted by aspects of marital interaction. Filsinger and Thoma (1988) reported that declines in satisfaction over 5 years are related to higher rates of females’ interruptions and lower rates of males’ positive reciprocity. A 3-year longitudinal investigation by Gottman and Krokoff (1989) revealed that the concurrent correlates of marital distress (e.g., higher rates of negative behavior and conflict engagement, lower rates of wives’ positive behavior) were different from those predicting decreases in satisfaction (lower rates of husbands’ negative behavior and conflict engagement, higher rates of wives’ positive behavior). Additional studies are needed to integrate and clarify these findings, yet the available data indi-
cate nonetheless that variability in satisfaction can be predicted, even over long intervals, from both intra- and interpersonal variables.

Although promising, these studies reveal little of how couples cope with particularly difficult or stressful incidents that, as the data from Kelly and Conley (1987) suggest, can accumulate to influence marital functioning over time. One particular event that has been examined to fill this lacuna, and one that appears to result in small but reliable decrements in marital quality (e.g., Belsky, spanier, & rovine, 1983), is the transition to parenthood. Following publication of several early studies that documented this decrement, and later research showing that the transition to parenthood was accompanied by decreases in positive marital events and increases in negative marital events, more recent investigations have been undertaken to determine why some marriages are more susceptible than others with arrival of the first child. For example, Belsky, Lang, and Hulin (1986) determined that wives' evaluations of marriage were less favorable to the extent that division of labor changed more toward traditional roles after pregnancy, particularly for those who did not view themselves in sex-stereotyped ways. Research of this sort can be used to inform clinical intervention (e.g., by normalizing the transition and allowing couples to attribute their feelings to external stressors, by alerting clinicians to the sort of couples for whom the transition might be especially difficult), and it seems likely that other transitions (e.g., to the "empty nest," to retirement) will receive greater attention in the future.

Apart from highlighting basic questions that could benefit from continued study within any of several disciplines, the foregoing discussion might appear to have few immediate implications for integrating social and clinical research. We believe, however, that investigation of development in close relationships (and especially prediction of relationship stability and quality) holds considerable promise for such an integration, insofar as an understanding of predictors of relationship change afford social and clinical psychologists the ability to prevent relationship dysfunction. Although the value of traditional clinical services cannot be denied, the need for preventive interventions is supported by rising divorce rates and the impact of divorce on children, the fact that marital counseling does not always yield clinically significant change, and the fact that not all couples in need of clinical services receive them.

Gurin, Veroff, and Feld (1960), for example, estimated that less than 20% of those people identifying themselves as experiencing psychological distress sought contact with mental health professionals.

In view of this need, and given that relationship difficulties are the most common problem that people confront (Veroff, Kulka, & Douvan, 1981), it is surprising that very few steps have been taken within psychology to minimize relationship dysfunction before it comes to the attention of clinicians. Although enrichment programs have been developed in other fields, they are limited insofar as nearly all have failed to examine the impact of interventions beyond a 1-year interval (cf. Hahlweg & Markman, 1988; for a review see Bradbury & Fincham, in press). Thus, given the interest in, access to, and knowledge about young couples within social psychology, and the experience with dysfunction, intervention, and outcome research within clinical psychology, it would appear that the domain of prevention in close relationships would be a natural arena for an integration of social and clinical perspectives. Many important questions remain concerning the most appropriate approaches to prevention in this context (e.g., how to intervene, by whom, for whom, when), yet the potential benefits of addressing these questions with the combined resources of social and clinical psychologists is considerable.

Investigation of how relationships evolve over time is a complex yet essential task. We have presented a sample of research, organized around questions concerning the factors that predict whether or not relationships continue and, of those that do, the variables that predict their temporal course. The increasing prominence of research on these topics will enable researchers to achieve a more differentiated understanding of the causes of relationship change and growth that could be used by social and clinical researchers to design programs to prevent relationship dysfunction and enhance relationship quality.

Psychopathology and Social Support

Because "an unequivocal association between marital disruption and physical and emotional disorder has been demonstrated" (Bloom, Asher, & White, 1978, p. 886), psychopathology is encountered often by marital therapists and hence must be incorporated into any comprehensive framework of close relationships. However, be-
cause it necessarily implies abnormal functioning and the possibility of genetic precursors and biological remediation, psychopathology has remained largely outside the scope of social psychology in general and the study of relationships in particular. The significance of psychopathology in close relationships, on one hand, and the understandable reluctance of most close relationships researchers to broach this subject, on the other hand, would appear to hinder an integrated social and clinical exploration of psychopathology in relationships. However, recent emphasis on the interpersonal context of psychopathology suggests a convenient way out of this dilemma.

This trend and its implications for social and clinical integration with regard to close relationships is perhaps best appreciated from a historical perspective. As Goldstein (1988) observed, "in the period from the early 1950s to the late 1960s research on the family proliferated, particularly in regard to one disorder, schizophrenia. . . . However, the late 1960s to the late 1970s represents a kind of Dark Ages in research on psychopathological family conditions" (p. 283). The shift away from the family, which Goldstein attributes to conceptual and methodological limitations in family research as well as to evidence supporting the role of genetic factors and the efficacy of pharmacotherapy in psychopathology, has been challenged more recently with the realization that life events, particularly those occurring in families, are an important factor in determining how and when genetic vulnerabilities become manifested as diagnosable disorders.

As a consequence of this evolution, a large body of research is accumulating on psychopathology in marriages and families (for reviews see Jacob, 1987). With regard to schizophrenia, for example, Goldstein (1987) sought to determine whether variables characterizing family interaction involving parents and their disturbed (but not psychotic) adolescent would be predictive of the adolescent's functioning 15 years later. Measures of parental communication deviance (a traitlike variable derived from projective tests that reflects unfocused attention and vague meaning) and affective style (involving negative and guilt-inducing statements directed toward the adolescent in interaction) were indeed found to be predictive, such that lower levels on either of these variables yielded few schizophrenia-spectrum disorders whereas intermediate and higher levels on both variables yielded several such diagnoses. From these findings, "we can assume that patterns of disordered family relationships precede the onset of schizophrenia and related disorders by a considerable period of time" (Goldstein, 1987, p. 30).

In contrast to the long history of research on the family and schizophrenia, investigators have begun only recently to examine the interplay between close relationships and affective disorders, especially depression. Moreover, because it has a later age of onset than schizophrenia, depression is studied more commonly in the context of marriages than parent-child relationships. This fact, together with the fact that affective disorders are more prevalent than schizophrenic disorders (Regier et al., 1988), suggests that any integration involving social and clinical perspectives on psychopathology in close relationships is most likely to involve depression.

Early research on depression in marriage documented consistent covariation between depression and marital dysfunction (e.g., Coleman & Miller, 1975; for a review see Gotlib & McCabe, in press); indeed, Becker (1988) has commented on the great difficulties involved in recruiting either spouses who are maritally satisfied and depressed or maritally distressed couples in which both spouses are nondepressed. Several subsequent studies have examined the interactional processes that may contribute to this association. Kowalik and Gotlib (1987), for example, determined that depressed spouses were more likely to perceive partner behaviors in interaction as less positive and more negative relative to nondepressed controls, thus implicating negative interpretive biases as an important link between depression and marital dysfunction. Attention has turned also to the causal relation between depression and marital quality. For example, Monroe, Bromet, Connell, and Steiner (1986; see also Beach & Nelson, in press) reported that higher levels of support derived from marriage and, to a lesser extent, lower rates of stressful life events were predictive of lower levels of depressive symptoms over a 1-year period in a sample of women who were initially low in depression and marital conflict.

The Goldstein (1987) and Monroe et al. (1986) studies are important to investigators of close relationships because they suggest that the quality of relationships may exert a causal influence on later psychopathology—lack of such a causal effect or one in the opposite direction could lead to diminished interest in the study of close relationships. Thus, the evolution toward studying the interper-
sonal context of psychopathology and the data that support this evolution serve to bring psychopathology conveniently into the relationships domain. One factor that is likely to determine the extent to which social psychologists become involved in these developments is the breadth of perspective that is taken. That is, a perspective on psychopathology that emphasizes stressful life events and/or social support is likely to gain more interest in social psychology (and other disciplines) than is a narrow focus on psychopathology per se.

Activity on a number of fronts suggests that such a movement is already occurring. For example, Rook (1987) reported a series of studies examining the relative contributions of companionship (i.e., social interaction undertaken for mutual enjoyment) and social support (i.e., social interaction undertaken for problem resolution) to loneliness, satisfaction with social relationships, and reduction of the effects of stressful events, and determined that, overall, companionship correlated more highly with psychological well-being than did social support. Other studies demonstrate that it is the quality of the marital relationship more than any other that relates to higher psychological functioning (for a review see Cobb & Jones, 1984), a finding that led Coyne and DeLongis (1986) to observe that "any strategy for increasing support might best be aimed primarily at the resolution of marital difficulties, rather than the addition of support from outside the marriage" (p. 456).

Although research of the sort conducted by Rook (1987) does not address psychopathology directly, it does demonstrate how a social psychological perspective can contribute to an understanding of the interpersonal dynamics that either promote or discourage the onset of psychopathology. Additional research from this perspective might be conducted to test models of the impact of perceptions of psychopathology on relationship quality. For example, Hooley, Richters, Weintraub, and Neale (1987) presented data to show that marriages in which one of the spouses exhibited "positive" or expressive symptoms of a psychiatric disorder (e.g., hallucinations, delusions) were higher in marital satisfaction than those marriages in which one of the spouses exhibited "negative" symptoms (e.g., social isolation, depressed affect). A social psychological perspective could be introduced in research of this sort to determine the social cognitive factors that contribute to judgments that spouses make about their disturbed partner's symptoms. In this particular study, attributional data could be collected to test Hooley et al.'s inference that positive symptoms were attributed by spouses to factors outside the partner's control (thus leading to less blame and greater satisfaction) whereas negative symptoms were attributed to factors that the partner could control (thus leading to more blame and less satisfaction). Further instances in which social and clinical researchers can collaborate to provide a richer appreciation of psychopathology, support, and stressful events in close relationships include the process by which spouses decide to leave an abusive relationship (see Strube, 1988) and the impact that a chronic, subsyndromal tendency to experience negative affect has on relationship function (see Watson & Clark, 1984).

The growing interest in the marriages and families of psychiatric patients augurs well for an integration of social and clinical research on psychopathology and close relationships. Recent research was reviewed to demonstrate the value of studying marriages and families in this manner, and examples were given of how social psychologists could, by adopting a much broader conception of psychopathology, contribute to developments in this area. The widely held view of psychopathology as individually based and the lack of access to psychiatric populations will probably limit such contributions, yet a complete understanding of the strong and complex ties between psychopathology and close relationships is likely to emerge only with input from both perspectives.

SUMMARY AND CONCLUSION

The guiding premise of this chapter is that a complete integration of social and clinical psychology in the domain of close relationships will require, as an intermediate step, more research on close relationships that is undertaken from social and clinical perspectives. In an effort to achieve this latter goal, we identified five targets of inquiry that are likely to be essential in any comprehensive treatment of close relationships; these targets are interaction, affective and cognitive phenomena, relationship quality and dysfunction, the temporal course of relationship events, and psychopathology and social support. The rough framework provided by these constructs served not only to organize our review of existing re-
search but also to point the way forward by clarifying important issues and by highlighting additional topics worthy of empirical attention from social and clinical investigators.

For example, we observed that (a) there is a need to recognize the limitations of global self-reports of behavior as indices of actual interaction; (b) the longstanding interest in intrapersonal phenomena among social psychologists complements and expands the current emphasis on covert processes in interaction among clinical researchers; (c) in the study of relationship quality greater attention should be paid to the varieties of qualitative experiences that people can have and that the study of dating relationships, where significant dysfunction is relatively uncommon, is likely to be of less interest clinically than the study of married couples; (d) as more is learned about the temporal course of relationships, the possibility of preventing relationship dysfunction increases, thus providing a new and important arena for both social and clinical psychologists; and (e) with the recent evolution toward examining psychopathology in the context of marriages and families, an obvious point of entry emerges for social psychologists interested in social support and stressful life events.

Our analysis, however, needs to be qualified by several observations. First, not all pertinent topics within social and clinical psychology were addressed and space limitations precluded review of contributions from other disciplines. The latter omission is in no way intended to minimize the importance of taking a multidisciplinary perspective in this domain. Second, breadth across many topics was emphasized at the expense of depth within a few of them. The present chapter is thus more like a whirlwind tour of several countries than a focused exploration of a few cities and, while both sorts of journeys have their benefits, the former holds the allure of longer, subsequent visits to places that are particularly appealing. In view of the insularity among close relationship investigators that was noted at the outset of the chapter, a whirlwind tour seemed more appropriate at this time. Finally, although we have presented some of the basic components for theoretical development, we were unable in the present context to review existing theory or to show how these components might be combined to form more encompassing frameworks. This is not meant to detract from the central role that theory should play in the investigation of close relationship or the importance of theory to continued progress in this domain.

These limitations notwithstanding, we have sought to identify a number of topics that are fundamental to understanding close relationships and to offer suggestions for how they might be approached from social and clinical vantage points. Ironically, such an analysis will be successful when the distinction between social and clinical contributions becomes blurred and attention is focused not on who does what but on the quality of theory and data that are generated and on the efficacy of interventions that are undertaken. Questions remain as to whether the integration of social and clinical psychology will produce "a genuine subspeciality in psychology or just a flash in the pan" (Leary & Miller, 1986, p. 201). We believe that the study of close relationships can be at the forefront of a viable integration and that the relevance of close relationships to psychological well-being demands such attention.

REFERENCES


