

## Long-Term Effectiveness of Behavioral Versus Insight-Oriented Marital Therapy A 4-Year Follow-Up Study

**Douglas K. Snyder**

Texas A&M University

**Robert M. Wills**

Lafayette Clinic

**Arveta Grady-Fletcher**

Lafayette Clinic

### ABSTRACT

Four-year follow-up data regarding marital status and marital accord were obtained for 59 couples receiving either behavioral (BMT) or insight-oriented (IOMT) marital therapy in a controlled outcome study. Although no significant group differences had been observed between the 2 treatment conditions at either termination or 6-month follow-up, by 4-year follow-up a significantly higher percentage of BMT couples had experienced divorce (38% for BMT couples compared with 3% for IOMT couples). Results are compared with previous outcome research in this area, and recommendations are made for further research.

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Correspondence may be addressed to Douglas K. Snyder, Department of Psychology, Texas A&M University, College Station, Texas, 77843-4235.

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This study was a 4-year follow-up of 59 couples in a controlled treatment outcome study comparing behavioral versus insight-oriented marital therapies. Findings regarding couples' response to treatment at termination and at 6-month follow-up were reported previously ( [Snyder & Wills, 1989](#) ).

Despite marital therapy's prevalence and its increasing acceptance as an important clinical intervention across a broad spectrum of emotional and behavioral disorders, very little is known regarding the long-term effectiveness of treatment for distressed couples ( [Cookerly, 1980](#) ; [Whisman, Jacobson, Fruzzetti, & Waltz, 1989](#) ). At least three factors contribute to the dearth of credible data regarding marital therapy's extended efficacy: First, there are few well-controlled studies of couples therapy that include (a) appropriate comparison or control groups, (b) random assignment of couples to conditions, and (c) monitoring of therapists' adherence to prescribed treatment regimens. Failure to meet these minimal criteria renders outcome data from treatment studies largely uninterpretable ( [Baucom & Hoffman, 1986](#) ).

Second, as noted in previous reviews of the marital therapy literature ( [Baucom & Hoffman, 1986](#) ; [Gurman, Kniskern, & Pinsof, 1986](#) ), controlled outcome studies have emphasized predominantly either

behavioral or cognitive—behavioral approaches. Only recently have exceptions to this trend emerged—including a comparison of time-limited cognitive—behavioral interventions with an emotionally focused experiential approach ( [Johnson & Greenberg, 1985](#) ) and our own comparison of behavioral versus insight-oriented marital therapies ( [Snyder & Wills, 1989](#) ).

Third, even among the better controlled studies of marital therapy, follow-up data have been confined primarily to 6 months or shorter ( [Jacobson et al., 1984](#) ; [Johnson & Greenberg, 1985](#) ; [Snyder & Wills, 1989](#) ). Of 17 behavioral marital therapy outcome studies reviewed by [Hahlweg and Markman \(1988\)](#) , only 2 included follow-up periods exceeding 1 year; none exceeded 2 years. As [Lebow \(1981\)](#) noted in his methodological review, short follow-up periods may (a) suggest treatment effects that subsequently erode or (b) fail to detect positive effects that emerge sometime after treatment ends. In a rare 2-year follow-up of couples treated in a component analysis study of behavioral marital therapy (BMT), [Jacobson, Schmaling, and Holtzworth-Munroe \(1987\)](#) identified significant deterioration in 27—42% of couples across three treatment conditions between the 1st- and 2nd-year follow-up. The authors concluded that, "Questions regarding the long-term benefits of BMT and marital therapy, in general, are just beginning to be investigated, let alone understood" (p. 194).

An important feature of our study was that it built on an investigation in which manual-guided treatment conditions were carefully controlled, and therapists' adherence to prescribed regimens was rigorously monitored ( [Wills, Faitler, & Snyder, 1987](#) ). To our knowledge, the current findings comprise the only 4-year follow-up data from a controlled outcome study in the area of marital and family therapy.

## Method

### Subjects

The initial subject pool included 59 couples randomly assigned to either behavioral (  $n = 29$  couples) or insight-oriented (  $n = 30$  couples) treatment conditions. Couples were from a midwestern metropolitan area and were treated on an outpatient basis at a state psychiatric training and research facility. Criteria for inclusion in the original study required that the couple be married and living together, describe relationship difficulties as the primary complaint, and be prepared to commit themselves to working on the marriage in conjoint therapy; couples were excluded if they were separated or if either spouse had filed for divorce.

As a result of death or extreme medical circumstances, 2 couples from the original sample (one from each treatment condition) were no longer eligible for inclusion in the 4-year follow-up. Of the remaining 57 couples, 2 couples (both from the behavioral condition) had moved out of state and could not be located. Information regarding current marital status and marital accord was obtained for each of the remaining 55 couples (96% of those eligible for long-term follow-up).

### Treatment Conditions

The behavioral therapy (BMT) used in this study was based on a behavior exchange and skills-training model emphasizing communication skills, problem-solving skills, relationship enhancement, and contingency contracting. Therapist interventions aimed at helping the couple to acquire specific relationship skills included shaping procedures and homework assignments, behavioral instruction, modeling, rehearsal, and feedback.

By contrast, the insight-oriented condition (IOMT) emphasized the interpretation of underlying intrapersonal and interpersonal dynamics contributing to overt difficulties and addressed developmental

issues, collusive interactions, incongruent expectations, and maladaptive relationship rules. Therapists used probes, clarification, and interpretation in uncovering and explicating those unconscious feelings, beliefs, and expectations contributing to the current observable marital difficulties.

The therapists included five experienced master's-level clinicians, trained specifically in the prescribed treatment regimens and supervised and closely monitored throughout the course of this study. Each therapist treated 6 couples using each of the two therapeutic approaches, in order not to confound therapist effects with treatment effects.

Throughout the investigation, all treatment sessions were audiotaped. To determine therapists' adherence to prescribed treatment regimens, three 5-min segments were selected from the beginning, middle, and final third of each audiotaped session for transcription and coding of therapists' behaviors using the Therapist Intervention Coding System (TICS; [Wills, Faitler, & Snyder, 1987](#)). Therapists' behaviors were classified as either (a) consistent with and specific to the prescribed treatment modality, (b) consistent with but not specific to that treatment, or (c) inconsistent with that treatment and falling within the nonprescribed theoretical framework. The proportion of therapist interventions falling into each of these three categories, respectively, was .82, .17, and .01 for BMT, and .49, .51, and .00 for IOMT.

Both BMT and IOMT were designed to be conducted within a 25-session framework; couples in BMT averaged 18.9 sessions, and couples in IOMT averaged 19.0 sessions. The overall attrition rate for couples entering the study was less than 5%, with no differences across treatment and control conditions.

## Measures

The primary follow-up criterion for this study was couples' current marital status (divorced vs. still married). All subjects were also requested to respond to a 7-item questionnaire regarding the presence and nature of marital problems or other emotional difficulties for either the respondent or other family members since the conclusion of marital therapy in the original study, engagement in additional marital therapy or other individual psychotherapy since the original study, subjective likelihood of remaining in the marriage (if nondivorced), and subjective evaluation of the original treatment's degree of helpfulness. Spousal agreement rates on these items ranged from 76% to 98% ( $M = 88.3$ ); wives were somewhat more likely to perceive marital difficulties than were their husbands, although there was strong spousal consensus on likelihood of remaining in the marriage.

In addition, all subjects still married to their original partner at the time of this follow-up were asked to complete the Global Distress Scale (GDS) of the Marital Satisfaction Inventory (MSI) ([Snyder, 1981](#)); of 44 couples still married at the 4-year follow-up, the GDS was completed by 43 (98%). The GDS comprises 43 true/false items reflecting overall marital discord and has internal consistency and test-retest coefficients of .97 and .92, respectively. The GDS has been shown to discriminate successfully between distressed and nondistressed couples and to correlate significantly with clinicians' ratings of couples' overall dissatisfaction with their marriage, chronicity of marital difficulties, deficits in problem resolution, perceived emotional distance from the spouse, pessimism regarding the future of the marriage, and likelihood of separation or divorce ([Snyder, Lachar, Freiman, & Hoover, in press](#)).

## Procedures

Each couple eligible for inclusion in the study was contacted by telephone. Spouses were interviewed separately from their partner, and all follow-up measures were administered by phone. Respondents no

longer married to their original partner were still requested to complete questionnaire items except those referring to current interactions, and 55% agreed to do so. The mean length of time between a couple's termination in therapy and the present follow-up was 52.4 months ( $SD = 7.5$ ); there was no difference in length of follow-up across conditions:  $M = 51.7$  and  $53.0$  for BMT and IOMT, respectively;  $F(1, 51) = 0.38, p > .50$ .

Couples were assigned to one of three levels regarding current marital status: happily married (HM); married but distressed (DM); or divorced (DIV). The distinction between happy versus distressed marriages was based on a couple's score on the GDS, averaged across spouses, using a score at or above 59  $T$  to place couples in the distressed group. This cutoff score was empirically derived, on the basis of the respective means and standard deviations of distressed and nondistressed populations on this measure using procedures outlined by [Jacobson and Revenstorf \(1988\)](#). Ratings of couples' change across various time intervals were based on the following: (a) improvement, change from a maritally distressed to a happily married status and (b) deterioration, change from a maritally distressed to a divorced status, or from happily married to either of the other two levels. <sup>1</sup>

## Results

Percentage rates of happily married, distressed married, and divorced couples treated by behavioral versus insight-oriented marital therapies at termination, 6-month follow-up, and 4-year follow-up are presented in [Table 1](#). Although no significant group differences had previously been observed between the two treatment conditions either at termination or 6-month follow-up, by 4-year follow-up a significantly higher percentage of BMT couples had experienced divorce: 38% for BMT couples compared with 3% for IOMT couples;  $\chi^2(2, N = 55) = 10.51, p < .01$ . Collapsing couples across distressed-married and divorced status also resulted in significantly poorer long-term outcome for BMT couples:  $\chi^2(1, N = 55) = 3.99, p < .05$ .

Similar findings emerged in analyses of change (improvement or deterioration) across treatment condition at long-term follow-up relative to intake, termination, or 6-month follow-up (see [Table 2](#)). Couples treated with BMT showed significantly higher rates of deterioration at 4-year follow-up compared with status at intake ( $p < .05$ ) or termination ( $p < .01$ ).

Random assignment of couples to treatment condition resulted in no significant pretreatment group differences. However, because BMT couples initially had a nonsignificantly higher mean score on GDS, status at 4-year follow-up (happily married vs. distressed/divorced) was analyzed using an analysis of covariance (ANCOVA), partialling out pretreatment scores on GDS. Using this ANCOVA, group differences in status at 4-year follow-up remained significant,  $F(1, 46) = 5.76, p < .05$ , with poorer long-term outcome for couples in the BMT condition.

Despite these group differences in long-term outcome, there were no differences across treatment condition in responses to other questionnaire items regarding marital or other problems since termination. Approximately 50% of respondents in both BMT and IOMT indicated that they had experienced marital difficulties since termination and, of these, roughly half attributed difficulties to earlier unresolved differences that had been examined during therapy in the original study. Slightly less than one third of respondents in both conditions reported other emotional difficulties since termination, and 17% of those in BMT and IOMT sought additional individual therapy. Among couples *still married* in each condition, individuals receiving BMT in the original study rated their likelihood of staying in their marriage somewhat more negatively than those receiving IOMT,  $\chi^2(3, N = 86) = 10.63, p < .05$  (controlling for the number of comparisons on this measure), although the overwhelming majority of still-married individuals in both conditions were optimistic regarding the stability of their marriage.

There were no differences across treatment condition in respondents' ratings of their original marital therapy's helpfulness, although this finding must be viewed cautiously inasmuch as 5 of the 10 divorced BMT couples refused to complete this item.

## Discussion

The significant differences in marital status and rates of deterioration between couples receiving behavioral versus insight-oriented marital therapies at 4-year follow-up were quite unexpected. First, the differences at 4-year follow-up stand in bold contrast to the absence of significant group differences at termination and follow-up at 6 months. Second, differential treatment effects in well-controlled comparative outcome studies are relatively infrequent ( [Gurman et al., 1986](#) ). Third, differences between BMT and IOMT couples at 4-year follow-up replicated across criteria of marital status (still married vs. divorced) *and* marital accord (happily married vs. either divorced or maritally distressed).

Deterioration rates for BMT couples in our study (from 35% to 46% comparing 4-year follow-up to intake, termination, or 6-month follow-up status) are consistent with the meager literature regarding long-term efficacy of marital therapy in general. In an uncontrolled study, [Cookerly \(1980\)](#) reported 4-year cumulative divorce rates of 38.5% for individuals treated in conjoint marital therapy and 61.8% for individuals receiving nonconjoint forms of marital therapy. In their component analysis study of behavioral marital therapy, [Jacobson et al. \(1987\)](#) reported deterioration rates of 27—42% comparing 2-year follow-up with 1-year follow-up, and deterioration rates of 25—66% comparing 2-year follow-up with termination, although at 2 years only 9% of couples receiving the complete behavioral treatment had experienced separation or divorce.

Perhaps even more striking than the deterioration among couples receiving BMT in our own investigation is the infrequency of significant deterioration among IOMT couples. What protected IOMT couples from deterioration at long-term follow-up in our study? One possible explanation is a methodological one. Although BMT couples were not significantly more distressed than IOMT couples at intake, and an ANCOVA partialling out nonsignificant pretreatment differences on a global distress measure still resulted in significant group differences at 4-year follow-up, subtle group differences at intake not addressed by statistical analysis may have contributed to long-term differential outcome despite the absence of such treatment differences at termination or 6-months following.

An alternative explanation regards critical components of insight-oriented marital therapy lacking in the BMT used in this study. Although [Gurman et al. \(1986\)](#) have argued that insight alone is unlikely to produce lasting positive effects in marital therapy, problem-solving efforts resulting in premature or cursory resolution may promote short-term relationship satisfaction but longer term deterioration ( [Gottman & Krokoff, 1989](#) ). [Hahlweg, Schindler, Revenstorf, and Brengelmann \(1984\)](#) presented data suggesting that traditional behavioral approaches may be "less well suited to deal with internal events affecting the emotional qualities of a relationship" (p. 21). [Greenberg and Johnson \(1986\)](#) have argued that spouses' self-disclosure in more emotionally focused therapies facilitates marital intimacy, which in turn may promote cognitive or attributional modifications accompanied by positive interpersonal exchange.

Since the design of treatment manuals in our original study, behavioral approaches to marital therapy have more recently been expanded to address important cognitive components in relationship distress including faulty attributions, irrational relationship beliefs, efficacy expectations, values, and so on ( [Baucom, Epstein, Sayers, & Sher, 1989](#) ). Extended follow-up data from outcome studies incorporating more cognitive—behavioral interventions would constitute a critical contribution to the field. Indeed, the apparent long-term resilience to subsequent relationship stressors among couples receiving insight-

oriented or more affectively focused interventions would be important to replicate in independent investigations, particularly given the dearth of controlled marital therapy outcome studies from this perspective. Finally, findings from our follow-up study confirm the importance of repeated assessments across an extended period of several years following termination in evaluation of different treatment approaches' relative efficacy.

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## 1

Ratings of improvement or deterioration in [Snyder and Wills \(1989\)](#) were derived from a reliable change index based on the Global Distress Scale's standard error of measurement. Inclusion of a discrete criterion in the present study (divorce) compelled an alternative approach to evaluating change that would be consistent across all levels of follow-up status.

Table 1.

**Table 1**  
Percentages of Maritally Married, Divorced Married, or Divorced Couples in Behavioral and Insight-Oriented Marital Therapy Conditions at Termination and at 6-Month and 4-Year Follow-Up

Treatment condition	Termination			6-month follow-up			4-year follow-up		
	IM	DM	OPV	IM	DM	OPV	IM	DM	OPV
Behavioral	46	25	8	44	26	4	36	17	16
Insight-oriented	33	21	8	36	20	4	26	17	16

Note. IM = insight married, DM = divorced married, OPV = divorced for the behavioral condition. For insight-oriented condition, 1 = 10 couples (10%) were divorced at 4-year follow-up.

Table 2.

**Table 2**  
Percentages of Couples Experiencing Improvement, No Change, or Deterioration in Behavioral and Insight-Oriented Marital Therapy Conditions at Long-Term Follow-Up

Treatment condition	Time 1 vs. Time 4 $\chi^2(2) = 6.49$ , $p < .05$			Time 2 vs. Time 4 $\chi^2(2) = 9.30$ , $p < .01$			Time 3 vs. Time 4 $\chi^2(2) = 5.14$ , $p < .10$		
	I	NC	D	I	NC	D	I	NC	D
Behavioral (n = 26)	42	19	39	4	30	46	8	58	35
Insight-oriented (n = 29)	52	38	10	14	56	30	17	72	10

Note. Time 1 = intake, Time 2 = termination, Time 3 = 6-month follow-up, Time 4 = 4-year follow-up. I = improved, NC = no change, D = deteriorated.