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Sociotherapy with Marital Couples: Incorporating Dramaturgical and Social Constructionist Elements of Marital Interaction

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ABSTRACT

This article represents an exercise in the translation of accepted sociological concepts into specific principles to be included in a larger framework referred to as sociotherapy. Sociotherapy is presented as a specific branch or subfield of clinical sociology. Although the concepts presented may be generalized to other areas of sociotherapy, the specific focus of the paper is sociotherapy with marital couples. Two dynamics involved in marital conflict and dissolution are described by employing the social constructionist position of Berger and Luckmann and the dramaturgical perspective of Goffman. The process by which couples jointly construct their marital world of reality is discussed, as is the process by which each spouse gains access to the "back-stage" area of the other. The implications of both processes for the existence of marital conflict are outlined and suggestions made for effectively employing the resulting insights in undertaking sociotherapy with couples

Even a terse perusal of the literature within the nascent area of clinical sociology reveals an interventionist approach committed to the application of generally accepted aspects of sociological knowledge. This interventionism is directed

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toward the amelioration of problems from micro-level social contexts to those at the meso- and macro-levels. The rubric under which micro-level applications have been discussed is quite varied, though frequently the terminology tends to follow that employed by established areas of mental health practice. The hazard of this strategy, of course, is that such established areas as psychotherapy, family therapy, marital therapy, and individual therapy will tend to subsume the unique contributions that clinical sociology at the micro-level has to offer. This possibility is even more likely given the generally eclectic tendencies of these areas of practice. This paper will attempt to suggest some areas of traditional sociological theory or knowledge that can contribute toward the compilation of a body of techniques, concepts, and theories that will be unified in their reliance upon specifically sociological insights. Furthermore, this approach will be directed toward the illumination of behavioral phenomena that have otherwise been assumed, erroneously, to exist *solely* at the intrapsychic level. The term used here to describe this area of clinical sociology is "sociotherapy." Though one could interchangeably employ terms such as "sociological counseling" or "micro-level clinical sociology," "sociotherapy" has been chosen as juxtapositional to "psychotherapy." This is not meant to deny the validity of the latter approach to behavioral problems, but rather to insist that in addition to the relevant intrapsychic processes involved, there are equally relevant interpersonal and intrapersonal dynamics as well as possible meso- and macro-level influences.¹

The specific area of intervention that will be addressed here is sociotherapy undertaken with marital couples. Although the concepts that will be discussed may be applied in the practice of sociotherapy with families, individuals, and groups, the marital dyad is, perhaps, the easiest context within which to identify the specific concepts introduced here, as well as getting a feel for how they might be applied effectively.

Two sociological dynamics confronting the marital dyad are illuminated in what follows by employing the phenomenologically oriented social constructionist position of Berger and Luckmann (1966) and the dramaturgical position of Goffman (1959). Based both upon the inherent applicability of features of these two sociological perspectives and the clinical observations of the author, an attempt will be made to demonstrate the way in which the sociotherapist may approach some of the problems of marital conflict and dissolution.

The Social Construction of Marital Reality

With the appearance of *The Social Construction of Reality* in 1966, Berger and Luckmann succeeded in altering the general understanding of the sociology of knowledge. They accomplished this by analyzing the way in which everything that passes for knowledge within a society, even (and, perhaps, especially)

everyday, taken-for-granted reality, is constructed and maintained through the interactions of human actors over time. In an essay entitled "Marriage and the Construction of Reality," Berger and Kellner (1977:11) give an example of the microsociology of knowledge by describing the way in which marriage partners are "embarked on the often difficult task of constructing for themselves the little world in which they will live." They note that the process is an inherently tenuous or precarious one for a number of reasons: 1) it involves the cooperation of not just one set of personal idiosyncracies but two, and as yet unknown ones, which may develop in the process of ongoing marital interaction;² 2) the identity of both parties is transformed as perceived by people at large who see them as inextricably bound up in the identity of the relationship and of each other;³ 3) the relationship is a dyad, which Simmel (1950) identified as the most unstable or volatile of all social relationships;⁴ 4) all other significant relationships have to be reinterpreted and/or altered drastically (Glassner and Freedman, 1979:232, also note the disruptive impact that marriage has on former relationships and upon the formulation of new ones); and 5) the process does not occur in a macrosociological vacuum. Rather the impersonal nature of contemporary mass society places considerable pressure on a marriage and creates unrealistically high expectations that this crucial feature of the private sphere will produce a reality that is fully capable of offsetting the inroads of the public sphere. Berger and Kellner (1977:21-2) note that divorce statistics are evidence of the increased demands placed upon marriages to produce a high level of meaningful and gratifying insulation from mass society. They note that the vast majority of divorced plan to remarry. Divorce, then, can hardly be identified as a rejection of marriage per se. Rather marriage "has become so important that they have no tolerance for the less than completely successful marital arrangement."

A number of additional implications not directly addressed by Berger and Kellner could undoubtedly be identified as important features of reality construction in marriage. Only one will be mentioned here. The process implies the development of intimacy, mutual self-revelation, and trust in an ambivalent social relationship. Put differently, the spouses come to know and be known at deeper and deeper levels of intimacy within a relationship that could falter at any time. Further, the knowledge that they possess about the other can be used constructively in the process of creating a "marital world" or "marital reality" that is mutually gratifying, or that knowledge can be used destructively to sabotage the other's base of power in the relationship.⁵ This assumes as well that the self-revelation is wholly voluntary; that is, that one spouse has granted to the other access to information that may be used against them. Dramaturgical processes within the marriage, however, indicate that this self-revelation is not always voluntary, thus compounding the fragility of marital interaction.

The Dramaturgical Dynamics of Marital Interaction

Since its introduction, Goffman's notion of impression management (Goffman, 1959) has received general acceptance by sociologists, especially those interested in micro-level phenomena. Largely, however, the concept has been employed anecdotally, often incorporated in a general cynical view of human nature, and sometimes as a sensitizing concept in institutional analyses. While it is true that some forms of individual, family, and marriage therapy have employed dramaturgically based techniques such as role-playing, sociodrama, and psychodrama, they are typically sociologically naive. Hence they serve to illustrate the point made earlier regarding the tendency of existing eclectic approaches to therapy to assimilate techniques or disengaged concepts of the sociological perspective while failing to incorporate the overall alternative conceptualization that it offers. A rare and refreshing exception with regard to sociodrama is evidenced by Glassner and Freedman (1979:324–342) in their effort to contribute to a coherent body of concepts and techniques distinctly sociological in nature.

This paper is not suggesting the adoption of dramaturgically based techniques nor does it propose an overall dramaturgical approach to sociotherapy generally or with reference to working specifically with marital couples. Rather the objective here is to illuminate a phenomenon which is best understood dramaturgically, which occurs within the context of marital reality construction, and which is believed to be instrumental in marital conflict and marital dissolution. Once understood there are a wide variety of possible techniques for incorporating this insight sociotherapeutically, not the least of which would be a straightforward didactic approach. Later in this paper some of these techniques will be discussed.

Goffman's notion of impression management suggests that for every actual behavioral instance which occurs in the "front-stage," or public areas of social life, there are numerous acts of anticipation, preparation and rehearsal in the "back-stage," or more private areas of intrapersonal and interpersonal interaction. Goffman's own treatment of impression management was decidedly *interpersonal* in orientation, focusing largely upon the institutional contexts within which much impression management occurs. Incorporating the insights of Mead (1934) with regard to the *intrapersonal* dimensions of social behavior provides a sociological aperture through which it is possible to analyze what are otherwise ostensibly intrapsychic processes. Mead's notion of reflexive consciousness informs us that human actors manipulate various features of their interactional worlds symbolically within their minds *before* they act behaviorally. Thus, a good deal of impression management goes on *intrapersonally* as well as *interpersonally*. An example of the latter would involve a couple discussing what

clothes they might wear to a dinner party to which they are to go in the evening. They could modify and refine each other's selections of attire, hair style, cologne and so forth to match the impression that they wish to achieve in the anticipated setting. An example of the former might be either spouse attending to his or her own individual, seemingly private, desires or plans for impression management separate from the impression to be managed by the couple. While the interpersonal dimensions of impression management are important features of marital interaction (i.e., the couple vis-à-vis others) the focus here is on the more subtle dimensions of *intrapersonal* impression management activities.

Goffman's treatment also includes the rather obvious notion that people want to appear in a favorable light in their interactions with others and therefore tend to be particular about the impression they wish to manage. Cooley's notion of the "looking-glass self" gives even more emphasis to the evaluation that humans make of their intended impressions. Cooley (1964:184) notes that the individual has an idea of what his or her appearance to others is and has some idea as to what others' judgement of that appearance is, and finally, that based upon these intrapersonal insights the individual has a self-feeling of pride at one extreme end of an evaluational continuum and mortification at the other.

It is in this intrapersonal context that the most private drama of the "back-stage" of social life is played out. Here the most grandiose aspirations are envisioned in terms of successful performances of crucial roles that one values highly and the most exuberant feelings about the self are experienced. It is here, too, that anxiety about failure in the "front-stage" areas is experienced, as is the self-feeling of mortification that will accompany the worst possible performance one might imagine.

The predominantly private nature of prior "back-stage" behavior is suddenly challenged by the dynamics of marital interaction. What was experienced either alone or in the context of one's family of origin is now abruptly experienced in the presence of a practical "stranger."⁶ As Berger and Kellner (1977:12) put it, the new marital partner is now "present in nearly all horizons of everyday conduct . . . [and] becomes the other *par excellence*, the nearest and most decisive coinhabitant of the world." The sharing of bed and bathroom literally puts another person into the private physical space where one typically does much of the physical preparation, and thus intrapersonal rehearsal, for upcoming "front-stage" performances. Typically this rather disconcerting development is experienced without having been anticipated, and it is not uncommon for newlyweds to remark or complain about "never being alone" or "never having privacy."

This cognitive insight for newlyweds can tend to be lost for some couples in the development within one spouse (or both) of a chronic feeling or sense of being overwhelmed by the other. This can result, early in the relationship, in the erection of barriers to the further growth of intimacy or depth in the rela-

tionship. In the author's experience this frequently occurs in the arena of marital sexuality, though in the last analysis it has little to do with sexuality per se. Nor do the origins or specific resulting sexual problems necessarily develop or unfold in the same fashion in response to similar origins. Two brief case examples may suffice in illustrating the point.

In one case, a couple married for 13 years presented with the problem of anorgasmia for the wife. The wife, through contact with conscious-raising groups, had been exposed to literature and supportive ideologies that allowed her to achieve orgasm through masturbation. She was still unable to achieve an orgasm in her sexual relationship with her husband. In questioning the couple about the initial period of their relationship, it was discovered that in the wife's perception her husband, who came from a fairly financially powerful family, very aggressively subsumed virtually all aspects of her public and personal life. Panic-stricken by her loss of privacy and identity, she had a quite lucid recollection of feeling that her body (and her ability to reach sexual climax) was her only area of privacy remaining. By coming to grips with this pattern of 13 years, and its origins, and by establishing a set of ground rules for how intimacy and power were going to be managed in the relationship, the couple was able to rectify the problem of anorgasmia after only a few therapeutic sessions.

In a second case involving a couple married for 10 years, the husband developed a pattern of obsessive masturbation, to the point of inhibiting the frequency of intercourse in the marriage to a level assessed to be intolerable by the wife. Again, upon questioning, the husband could clearly recount an initial period of three to six months in the relationship in which he felt as though he were losing in a power struggle. He perceived himself acquiescing to a domineering wife who was making further and further inroads into what he felt were his personal areas of decision making and self-confidence. Consequently, he formulated a barrier to deepening intimacy and even developed a private fantasy component of domination and power in his masturbation activities. The case was further complicated by limited molestation as a child. Unfortunately, his ability to establish the linkages between his behavior and the marital dynamics came after his spouse's unilateral dissolution of the relationship. Her decision, it should be added, followed her denial of, and refusal to alter, the dynamics of the relationship that were partially instrumental in the etiology of the sexual problem.

For couples not plagued by the early formation of chronic barriers to intimacy, the novel sensation of never being alone or having privacy is overcome before long by an even more significant development. One begins to discover ever deeper layers of information about the other by virtue of having access to at least bits and pieces of the other's "back-stage" behavior. Still, most of what is perceived is the result of an interplay between speculation and direct interrogatories about what personal impressions the other is trying to manage and the aspirations, hopes, anxieties, and fears that undergird them.

Having argued earlier that an individual loses the ability to regulate the process of self-revelation in marital interaction, perhaps this is the point at which the author should capitulate somewhat. It is true that a spouse must offer some sort of confirmation to the speculations or answers to the direct questions posed by the other regarding impressions to be managed and their underlying rationale. At the same time, however, as the intimacy or depth of the relationship progresses, even a rather dense spouse can become quite adept at reading subtle facets of the other's nonverbal cues. Spouses at some point in the relationship seem to develop an uncanny ability to know when they have "hit a nerve" in raising queries about the other partner's impression management activities. In fact, such situations often yield verbal and/or nonverbal responses or reactions which serve as confirmation that the observations are at least partially accurate. Still, they may not be entirely voluntary nor intended to confirm the suspicions of the other. As has been implied, the "accused" spouse may actually be challenging the observations due to their partial truth but in the process only serves to clue the other in to the "true" elements rather than those which are not.

For example, a couple who had been married for 25 years and had three grown children had mutual observations/accusations for each other that were both "true" and "false." The husband claimed that the wife was illogical and overly emotional. In fact, however, the wife was quite logical, though overly passive, and was very concerned about appearing to be less than logical. The wife claimed that the husband was insensitive and uncaring. In fact, the husband was overly sensitive to peoples' needs and, therefore, constantly overextended himself and was, thus, often unable to respond fully to his wife's needs. Part of the reason that he was constantly overextended was his concern about being characterized as being insensitive. Needless to say, both spouses rejected the claims of the other but reacted in such a manner as to confirm the other's suspicion in that they were guarded or defensive about the issue raised. The sociotherapeutic intervention involved pointing out these dynamics as well as working on specific skills development (i.e., assertiveness for the wife and limiting commitments and obligations for the husband). This was quite effective in diffusing a long pattern of conflict that had peaked during an exceptional period of stress resulting from a series of various life changes and sundry minor life crises.

At this point in a relationship a paradox is apparent: The deeper the level of intimacy the greater the risk that intimate knowledge of the other may be used constructively or destructively. That is, one realizes that he or she has accumulated intimate knowledge sufficient to become the other's "best friend" or "worst enemy." Long before one becomes too impressed with this seductive feeling of omniscience there also emerges the realization that this knowledge or power is double-edged; that is, he or she knows as he or she is known.

If it hasn't occurred already (as noted previously), a defensive rigidity may

emerge at this point as one or both spouses come to a "recognition" of this dilemma. The individual who may have adopted a mild defensive predisposition from the outset of the marriage comes to realize, as noted before, that ultimate control over self-revelation is a phantom possibility within the intimacy of marriage. It takes but a few instances in which arguments are punctuated by undermining remarks that come too close to the mark to convince one of the mythical nature of ultimate privacy in marriage.

One may note a decided turn in the qualitative nature of ensuing disputes. They tend to escalate rapidly to levels of extreme emotional intensity. One may note a genuine sense of panic on the part of both spouses very early on in a disagreement or conflict. This results from recognition of the "higher stakes" now involved. In an almost commonsense fashion, spouses tend to adopt the strategy that the "best defense is a good offense." In other words, one must disable the opposition early in order to avoid receiving a lethal blow. Thus, four unfortunate and related outcomes typically occur. First, as was mentioned earlier, disputes tend to escalate quickly. Second, as a result of the rapid escalation of conflict to an intense emotional level, there is less time available for cognitive problem solving. A pattern of bitter squabbles, involving accusations and name calling, then ensues with little chance of effective resolution. Third, after the pattern is fairly discernible, the marital partners may become depressed and disparage the relationship and its lost ability to solve problems effectively. Finally, this disparagement may add yet another emotional level to subsequent quarrels, which promotes intensified accusations and name calling, which in turn leads to an accumulation of negative feelings, "battle scars," and "open wounds," that often reach a critical mass for one or both partners. For some couples one or both spouses may "give up" on the relationship by the third step. From that point the process is played out to a grim conclusion that was actually determined earlier. Other couples will demonstrate amazing resilience in the face of ongoing marital conflict. A sociotherapist would do well to pay attention to this difference in couples and its prognostic implication. This will save both considerable time and frustration on the part of the therapist and the spouses dealing with insoluble conflict. There is typically enough guilt on the part of the spouses and/or the therapist, as a result of the perceptions of failure on their part, to prolong struggles beyond a realistic point.

One way in which spouses characteristically indicate entanglement in this vicious cycle is voicing genuine fear of "losing their minds." In fact, as a spouse begins to withdraw from the embattled marriage he or she is also withdrawing from the world they have constructed with another (which may now include offspring) and they may be experiencing a consequential sense of vertigo. There may be few other signs (unless physical violence is involved) of the quality of the marital discord, as the couple is unlikely to clash as openly in the presence of the therapist as they do by themselves. What often *is* present, and suggestive

of enmeshment in the vicious progression outlined above, is a rather constant background of bickering focused upon contesting the details of each other's accounts as offered to the therapist. The bickering is often accompanied by considerable nonverbal cues of bitterness, rejection, and frustration. Even within this pattern of controlled bickering one may detect defensive measures exhibited in attacks or criticism of the other. Hurvitz (1979:571) points to this phenomenon by recounting an experience common to therapy with couples: "When people come here they tend to justify their own position by telling me whatever they can that is bad about the other."

The dilemma presented by the accumulation of intimate information from the "back-stage" behavior of the other adds an entirely new and distinct dimension of fragility to what Berger and Kellner have already referred to as a precarious undertaking in and of itself; that is, the social construction of the marital world shared by the marriage partners. Furthermore, they repeatedly note that while this process is easily discernible to the social analyst, it is typically unanticipated at the beginning of the marriage and remains largely unapprehended thereafter. The same can be said for the dramaturgical aspects of marital interaction. Thus, couples regularly experience the arduous process of constructing their own marital worlds, the paradox of growing intimacy and the heightened risk of having this intimate information used against them, the vicious cycle of defensive marital discord, and the eventual dissolution of their marriage. Moreover, all of this can occur without understanding the complexity of what has transpired over a period ranging from but a couple of years to several decades. One commonly hears accounts of this situation which suggest that after years of marriage the spouses "finally recognized their mutual incompatibility" extending retrospectively to the beginning of the relationship.

Sociotherapeutic Implications

The foregoing discussion highlighted two different features of the marriage process, both of which point to dynamics which promote the existence of the marital dyad as well as to countervailing factors which tend to thwart marital survival. The rather obvious task of the sociotherapist is to enhance the constructive elements of the marital process, while at the same time to anticipate the destructive or countervailing factors, and to provide effective alternatives to them.

Perhaps the most direct approach toward accomplishing this end is also the least likely to be identified by the sociotherapist. Due to the typically reactive structure of therapeutic interventions, the possibility of working proactively or preventively often fails to occur to the practitioner. Yet working reactively with marital couples should provide an impetus for adopting a preventive approach. It isn't long before the sociotherapist working in this area comes to the realization that couples often seek professional assistance only after destructive elements

within the relationship are too entrenched to be changed easily. It is also all too common for one spouse to drag the other to the office of a sociotherapist only to assuage their conscience by "pursuing" every source of help albeit *after* their decision to ultimately leave the relationship.

At first glance it may seem difficult to devise effective preventive modes of sociotherapy for couples. Glassner and Freedman (1979:295–316) suggest employing the self-help group model of Alcoholics Anonymous, Synanon, and similar groups as a viable form of general sociotherapy. The organization of similar groups for newlyweds or for couples at similar points in their relationships, which are based upon a comprehensive model of the relevant dynamics of marital interaction, including examples such as those discussed here, would represent a positive form of self-help. Self-help groups which focus upon specific problem areas such as spouse or child abuse could be organized in a fashion even more closely resembling the traditional AA model.

Another important preventive approach for sociotherapists with ties to academia is to develop course materials in such areas as marriage and family, sex roles, and human sexuality, which anticipate the challenges that such arenas of experience hold for students. For sociotherapists without direct academic ties, simply offering to serve as a guest lecturer in these kinds of courses would be a useful preventive strategy. Also the development of entire courses, taught as an adjunct instructor, would offer students a very practical and therapeutically oriented learning experience.

Sociotherapists working in this area should also take advantage of opportunities to offer preventive services in the form of workshops, seminars, and clinics focusing upon specific issues of marital stability. Often this can be done in conjunction with civic or religious groups. Through such services, a sociotherapist can establish rapport with couples who will not seek out "therapeutic" services but who would participate in relationship enrichment or skills-building programs. This rapport can lead to successful referrals for couples in need of further individualized assistance to resolve their marital discord.

The foregoing suggestions regarding preventive approaches reflect a fundamental feature of sociotherapeutic approaches to behavioral problems generally; that is, they are inherently didactic in nature. Didactic strategies can be immensely therapeutic in that teaching people about the sociological factors influencing their behavior can liberate them from the common perception or belief that their personal and relationship difficulties are rooted within deep and necessarily inaccessible intrapsychic structures on the one hand (i.e., immutable personality disorders of one or both spouses) or that they are merely the result of fate on the other (i.e., the couple was mismatched from the beginning). That the sources of such distress are more or less intelligible suggests that the individuals may act on their social surroundings rather than unwittingly reacting to them. Needless to say, the social constructionist position touched on in this paper

would indicate a great deal of flexibility in the potential for reconstructing features of those social surroundings that may represent poor or inadequate avenues to accomplish the tasks that individuals may have in mind for them.

Didactic approaches within sociotherapy must be responsive to the social class, ethnic background, and intellectual abilities of the couples involved. Whenever possible, theoretical or analytical insights must be translated into practical features of behavior and awareness that couples are capable of achieving. For example, in employing the dramaturgical and social constructionist insights outlined earlier, the sociotherapist should specify the skills, ground rules, desired outcomes, and alternatives to destructive processes that are possible within the dramaturgical dynamics of the marital dyad. Specific efforts to assist the couple in acquiring these skills, setting of ground rules and so forth is another feature of sociotherapy that may be accomplished through a variety of methods such as sociodrama, role-playing, video feedback, assignments to be completed outside of the sessions, the keeping of a journal, and more cognitive or intellectual approaches. It is probably still too early to be able to evaluate the relative success of various techniques in marital therapy and it is often difficult to differentiate techniques from the substantive elements of a therapeutic approach. Nevertheless, approaches which are predominantly didactic or skills building have much to recommend them. For example, in his comprehensive review of the research on the effectiveness of marital therapy, Jacobson (1978:440) concluded that communication training approaches which are brief, time limited, and relatively structured are to be recommended on the basis of current research.

Conclusions

This paper has attempted to translate readily available features of mainstream sociology into specific components of a unified framework of what has been termed "sociotherapy," as a particular form or branch of clinical sociology. The introduction of social constructionist and dramaturgical concepts into the area of sociotherapy is nothing more than a beginning. The conceptually rich areas of symbolic interactionism, role theory, and exchange theory, to name a few, would necessarily be involved in the completion of the broader task. The foregoing is merely suggestive of how such a task can be approached with respect to incorporating relevant sociological conceptual tools into sociological practice.

The focus here has been exclusively upon the marital dyad. There are rather obvious applications to sociotherapy with families, individuals, and groups. It has been suggested that these, and additional applications, be incorporated within the corpus of sociotherapeutic knowledge rather than being subsumed by various established fields of the mental health profession. Techniques and concepts stripped of their sociological origins will offer little, in the long run, to the further understanding of behavioral and emotional problems. Only a coherent

sociological orientation will provide the necessary adjunct to the traditional intrapsychic approaches which predominate in the mental health field today.

Finally, specific sociological dynamics of the marital dyad have been articulated. Ways to use this knowledge in sociotherapy with couples have been suggested. These together with some necessarily brief case examples should provide some assistance to sociotherapists grappling with the dynamics involved in marital conflict and dissolution.

NOTES

1. While there have been significant conceptual rumblings from within traditional psychiatry, as in the antipsychiatry movement exemplified in works from Szasz (1961) and Laing (1969), and from within traditional psychology, in the form of the family therapy movement exemplified in the works of Ackerman (1970), Haley (1973), and Minuchin (1974), there has yet to emerge a comprehensive alternative approach which goes beyond the traditional intrapsychic approach of psychiatry and psychology. For a brief overview of the literature disparaging an exclusively psychiatric approach, see Glassner and Freedman (1979:Ch. 2). See Voelkl and Colburn (1984) for a brief sketch of the family therapy movement's rejection of the traditional psychological approach.
2. This involves the necessity of negotiating a uniform or joint manner of doing things within the marriage that inevitably would be done differently by either party operating alone. The range of such activities stretches from a host of mundane tasks, such as where the toothpaste tube is squeezed or how the furniture is to be arranged, to many more value-laden issues, such as what church, if any, they will attend and what the frequency, and variety of their sex lives will include.
3. This point suggests the various identity issues that result from the establishment of a marital relationship. For example, women who adopt their husband's family name undergo a definitive alteration of identity. Many more subtle transformations occur also as the marital partners themselves, as well as those around them, begin to associate each, inextricably, with the other.
4. Simmel's well-known argument characterizes the dyad as volatile due to the fact that it is dissolved merely by the refusal on the part of either member to participate further for whatever reason. In the marital situation this is additionally burdened by the fact that an almost infinite number of decisions, tasks, and values have to be made, undertaken, and resolved to the mutual satisfaction of the marriage partners. In other words, there are numerous potential situations for the parties to disagree and thereby to jeopardize the solvency of the dyad.
5. Obviously there are many constructive possibilities that result from this process. The argument presented here necessarily highlights the destructive possibilities but is not meant to deny or ignore the many constructive possibilities such as self-actualization, refinement of one's skills and abilities, sexual fulfillment, and companionship, to name but a few.
6. This is not meant to imply that this dimension of "back-stage" behavior necessarily operates smoothly within the context of the family of origin. In fact, elsewhere (Church, 1979) the author has posited that particular kinds of intrusions by parents into the intrapersonal sphere of their offspring play a crucial role in the etiology of some psychotic syndromes.

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