

**Pair Bonding & Repair:
Essays on Intimacy & Couple Therapy**

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Preface

Over the last decade, I wrote the essays contained in this reader for largely the edification of myself, my clients, and my students. A number of these essays have been previously published, but most only appear in this compendium and on my website.

All of these essays are concerned in one way or another with issues related to an enduring passion in my career—intimate relationships and their therapeutic enhancement. Because I am both an academic and a clinician, I have consistently approached these interests with the intent of trying to synthesize the findings from the research and practice literature that made particular sense to me.

The particular issues related to intimacy and couple therapy that captured my interest vary greatly. Accordingly, there is no central theme here, other than trying to pull together what I found in the literature at the time.

There are, nevertheless, some broad topic areas in which these essays can be classified. These areas are attachment, conflict, infidelity, and therapeutic models. My hope is that the reader will find these essays useful in better understanding the nature of intimacy and how it can be therapeutically enhanced.

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A Ritual To Read To Each Other

William Stafford

If you don't know the kind of person I am,
and I don't know the kind of person you are,
a pattern that others made may prevail in the world,
and following the wrong god home, we may miss our star.

For there is many a small betrayal in the mind,
a shrug that lets the fragile sequence break,
sending with shouts the horrible errors of childhood,
storming out to play through the broken dyke.

And as elephants parade holding each elephant's tail,
but if one wanders, the circus won't find the park;
I call it cruel and maybe the root of all cruelty
to know what occurs but not recognize the fact.

And so I appeal to a voice, to something shadowy,
a remote important region in all who talk:
though we could fool each other, we should consider—
lest the parade of our mutual life get lost in the dark.

For it is important that awake people be awake,
or a breaking line may discourage them back to sleep;
the signals we give--yes or no, or maybe--should be clear:
the darkness around us is deep.

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Pair Bonding: An Evolutionary Perspective on Intimacy

Paul David, Ph.D.

One of the most basic needs we have as humans is to bond to one another. Both as children and as adults, we seek out and need to attach to other humans as an integral part of our development, functioning, and survival (Mikulincer & Shaver, 2007). While our need for bonding is ubiquitous, the manner in which it takes place varies greatly—particularly among adults.

In the animal kingdom, there are two primary types of pair bonding: life-long and serial monogamy (Sefcek, Brumbach, Vasquez, & Miller, 2008). I first discuss these different types of pair bonds and the influence of biological evolution in shaping them in both animal and human behavior. I then discuss the social evolution of monogamy among humans and the implications that its evolution has for intimate relationships.

Types of Pair Bonding

Mating behavior is one of the major dimensions of the bonding process among adults. When this association becomes dyadic and enduring, it is referred in evolutionary psychology as pair bonding (Buss, 1995). At one time or another, the vast majority of men and women across all cultures form pair bonds with each other. In fact, pair bonding is one of the hallmarks of the human species (Tsapelas, Fisher, & Aron, 2010).

In life-long monogamy, two partners form a pair bond that continues throughout their lifespan. In contrast, serial monogamy involves partners forming a series of shorter term pair bonds lasting long enough to raise the resulting offspring. As Fisher contends (2004), serial monogamy is probably an evolutionary adaptation to keep males close to home so they can offer needed protection and resources to their female partner and vulnerable offspring.

Contrary to popular precepts, non-monagmous forms of marriage are permitted in 84% of human societies; but in the vast majority of these cultures, only 5-10% of the population (mostly men) have multiple partners at one time (Frayser, 1985). Furthermore, monogamy is clearly the exception for non-human mammals; it only takes place in about 3% of all species (Kleiman, 1997). However, monogamy—particularly serial monogamy—among birds is quite typical occurring in 90% of their species.

Regardless of species, monogamy tends to arise most often when food is scarce and predators are common. In such environments, care by both parents is necessary to provide enough food and protection for the developing offspring. The need for bi-parental care in birds is accentuated by the typically helpless and vulnerable state of their newborn. In contrast, many mammals are born able to walk, whereas most birds must mature in the nest before they can feed themselves and escape from predators (Sefcek, Brumbach, Vasquez, & Miller, 2008).

Other factors influence the higher rate of monogamy among birds compared to mammals. Female mammals must lactate to feed their young and during this time they are usually infertile and unable to produce new offspring. Under these conditions, in order to increase their chances of reproductive success, male mammals are more likely to seek out other fertile females. However, since birds do not lactate, both parents are more likely to remain together to care for their young (Sefcek, Brumbach, Vasquez, & Miller, 2008).

Although monogamy is rare among animals in general and rare among mammals in particular, polygamy is quite common. Polygamy—when an individual of one sex mates with other individuals of

the opposite sex—comes in two forms: polygyny and polyandry. Polygyny occurs when one male mates or forms a sexual relationship with more than one female concurrently. Typically, these males offer little parental investment beyond defending offspring from predators and sexual rivals. In the animal kingdom, polygyny is the norm in that it occurs in about 90% of species and in 97% of mammals (Kleiman, 1977).

Polyandry is the female version of polygamy; that is, when one female mates or forms a sexual relationship with more than one male concurrently. This mating pattern is relatively rare; it occurs in only a few known species of birds, sea horses, and human cultures in Nepal, Tibet, Sri Lanka, and India. Polyandry typically takes place when food is scarce, predators are dangerous, and there are fewer viable females in the environment relative to males (Dixson, 1998). In these environments, raising offspring requires collaborative investment by several males—often brothers or other close kin.

Another mating pattern is polygynandry. This system involves an alpha male occupying a territory that overlaps with the foraging territories of several females, as is the case with chimpanzees. Often referred to as a tournament system (Sapolsky, 2002), there is a status hierarchy where the dominant male monopolizes most of the mating opportunities. In tournament species, less dominant males are sometimes able to find opportunities to copulate and produce offspring. As a result, paternity is confused and maternal care of the young is the predominate pattern in this system (Gagneux, Gonder, Goldberg, & Morin, 2001).

Evolution of Monogamy

Over the course of evolution each type of mating pattern has been linked to different degrees of sexual dimorphism—particularly in regard to morphology and display characteristics (Baker & Bellis, 1995). For example, monogamy is characterized by relatively minimal differences between the sexes in body size and ornamentation, whereas the other types are associated with distinct differences between the sexes in body size and ornamentation. The paleontological record of these different morphologies and display characteristics suggests that monogamy evolved around 10-20 thousand years ago with the advent of agriculture. The shift from hunter-gather to agricultural forms of subsistence likely allowed for more enduring bonds to take place to ensure enhanced offspring survival and preservation of kinship networks (Dunpanloup, Pereira, Bertorelle, Calafell, Prata, Amorim, & Barbujani, 2003).

The paleontological record of these different morphologies and display characteristics suggests polygamy evolved from polygynandry several million years ago as homo erectus formed into hunting and gathering groups in which both sexes had increased regular access to one another (Ryan & Jetha, 2010). In addition, monogamy likely evolved from polygamy around 10-15 thousand years ago with the advent of agriculture. The shift from hunter-gather to agricultural forms of subsistence likely allowed for more enduring bonds to take place to ensure enhanced offspring survival and preservation of kinship networks (Dunpanloup, Pereira, Bertorelle, Calafell, Prata, Amorim, & Barbujani, 2003).

After the advent of agriculture, societal forces gradually supplanted biological ones in shaping the practice of monogamy in human populations. More specifically, as human populations grew, and as social and economic organization among humans became more complex, cultural forces gradually institutionalized monogamous marriage. Because this form of pair bonding was more orderly and stable, it became more of the norm and was increasingly enforced by various religious and political institutions across the globe. The initial function of these norms, most often codified in laws, was to define lineage and to specify how authority and wealth should be transferred among heirs (Coontz, 2005).

With the emergence of the Enlightenment in the 18th century, further shifts took place in how humans viewed monogamous marriage. Ideas from the Enlightenment advanced cultural norms about individualism and romanticism that gave credence to an emerging belief in Western societies that life was

about the pursuit of happiness. These norms eventually became pervasive and marrying for love, rather than for wealth or status, became more commonplace (Coontz, 2005). This transformation was far reaching because it introduced the element of mutuality as a central component of human pair bonding. Since love cannot be forced, and to some extent depends on mutual choice, it set the stage for a new sense of equality between the sexes (Rifkin, 2009).

This trend toward parity was augmented by the Industrial Revolution and the growth of the middle class in the 19th century—enabling young people to select their own mates and pay for their own weddings, regardless of parental approval. In addition, as the women’s rights movement gained strength in the 20th century, legal systems in Western societies began recognizing wives as equals rather than as property. By the beginning of the 21st century, monogamous marriage had evolved to become primarily a personal contract between two presumed equals seeking love and happiness (Giddens, 1992).

The cultural evolution toward monogamy was also driven by the greater equilibrium it tended to produce in social organization. As researchers Henrich, Boyd, and Richardson (2012) found in their study of marriage, other forms of mating tended to lead to more intra-sexual competition that resulted in greater levels of crime, violence, poverty and gender inequality than in societies that institutionalized monogamous marriage. These researchers pointed out that monogamy leads to far more balanced pairing of the sexes—which, for most societies, reduced the number of young males competing for females and scarce resources. By shifting male efforts from seeking sexual partners to more parental investment and family support, these researchers found that institutionalized monogamy tended to be associated with increased economic productivity and child welfare.

Human Intimacy

As human pair bonding evolved, new possibilities for intimacy beyond sexual satisfaction emerged. For the first time in human history, humans could also meet their the needs for romance, friendship, and attachment in intimate relationships (Fisher, 2009). Romance entails the need for infatuation and idealization in relationships (Love, 2001); friendship involves the need for mutual acceptance and regard in relationships (Schnarch, 2009); and attachment concerns the need for a secure bond in relationships (Mikulincer & Shaver, 2007). Of course, all of these needs have been an integral part of the biological and social experience of humans for thousands of years. What has changed is that human pair bonding has evolved, particularly in Western societies, to provide for the satisfaction of all of these needs. Based on this evolutionary change, one definition of healthy intimacy might be the degree to which humans are able to satisfy all of these needs in a pair bonding relationship. However, as already discussed, different types of pair bonding provide varying capacities for the satisfaction of these needs.

The major strength of exclusive monogamy is that it provides for long-term security and stability. Because of its durability, human societies have institutionalized it in the form of marriage as the preferred framework for long-term mating and child rearing. However, because exclusive monogamy limits sexual and romantic involvements to one lifetime partner, the major disadvantages of this bond are the incompatibility and infidelity that partners frequently experience among one another. To accommodate, most modern societies permit marital dissolution and/or tolerate extradyadic involvements. The result is that most of these societies practice a kind of de facto serial monogamy where most adults form a number of pair bonds with a series of mates over their lifetimes (Buss & Schmitt, 1993; Buss, 2005).

In Western societies, serial monogamy has become the most prevalent form of pair bonding (Fisher, 2004). Because sex and romance are emphasized at the expense of friendship and attachment, there is a low degree of secure intimacy in these societies (Schnarch, 2009). Ironically, in these cultures there is the tendency to pursue sex and romance as a way of establishing friendship and greater attachment security, but friendship and attachment security cannot be attained solely through these means.

Instead, they are most often achieved through enduring lifelong friendship where sex and romance become incorporated as part of intimacy as well (Love, 2001).

Again, for intimacy to be optimal, all four dimensions—sex, romance, friendship, and attachment—need to be incorporated into human pair bonding. That is why alternatives like polyamory are going to have limited viability. In an effort to do away with exclusivity, partners in this alternative reserve the right to have multiple sexual relationships with the proviso that they also have full knowledge of their partners' other intimate involvements (Davidson, 2002). By doing away with exclusivity, this alternative seeks to minimize the problems of dishonesty and boredom that so often arise in monogamy (Pines & Aronsen, 1981). However, while minimizing some of these problems, polyamorous couples are often confronted with other major difficulties in the form of the possessiveness and jealousy that typically arise in the pursuit of extradyadic relationships (DeSilva, 1997; Echlin, 2003).

The reality is that all forms of mating favor some aspects of intimacy at the expense of others. The challenge is being able to form relationships that enable an integrated balance of sex, romance, friendship, and attachment. While exclusive monogamy certainly favors the human need for long-term attachment, this form of bonding also provides the most possibilities for integrating mature sex, romance, and friendship in intimate relationships (Schnarch, 2009). As the more primary form of bonding, attachment provides the essential structure through which all of these other needs can be met over the course of an intimate relationship (Mikulincer & Shaver, 2007). Putting it another way, without the attachment security and continuity involved in exclusive monogamy, humans are limited in the extent to which they can integrate and sustain healthy sex, romance, and friendship in their intimate relationships. For better or worse, this appears to be our evolutionary fate as humans.

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Attachment & Attachment Styles

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Our intimate relationships are profoundly affected by the histories and experiences we bring to them. This is particularly the case for the basic orientation we have about close relationships because this orientation is so strongly influenced by the emotional bond we formed as children with our major caregivers. The idea that we as adults have this basic orientation to closeness, known as attachment style, was originally developed Bowlby (1969) whose research established that children exhibit different types of attachment with their primary caregivers (usually their mothers). This article discusses some of the key research findings about the different types of attachment and attachment styles that take place in our close relationships with one another.

Types of Attachment

The most prevalent type Bowlby found is what he called *secure* attachment. This kind of attachment developed from caregivers who were consistently attentive and nurturing to their children. As a result, these youngsters came to rely on others comfortably, learning that other people were trustworthy sources of security and kindness. However, other children encountered different situations. For some, attentive care was unpredictable and inconsistent. Their caregivers were warm and interested on some occasions but distracted, anxious, or unavailable on others. These children developed fretful, mixed feelings about others. Bowlby labeled these children as forming an *anxious* attachment. Being uncertain of their caregiver's behavior, such children become nervous and clingy, displaying excessive neediness in their relationships with others. Finally, for still other children, attentive care was altogether lacking. For these children caregiving was provided reluctantly by hostile or unavailable adults. Such children learned that little good came from depending on others, leading them to withdraw from others with what Bowlby called *avoidant* attachment. These children were often suspicious of and angry at others, and did not easily form close relationships.

As a result of Bowlby's studies, different types of attachment became an important area of research. Ainsworth et al. (1987) found that when securely attached children were faced with a strange and unfamiliar environment, they ran to their mothers, calmed down, and then began to explore the unfamiliar new setting. In contrast, anxiously attached children cried and clung to their mothers, ignoring their reassurances that all was well. And avoidantly attached children actually shunned their mothers, keeping their distance and evading close contact even when they were scared. Extending this type of research, Hazen and Shaver (1987) showed that similar orientations toward close relationships could also be observed among adults.

Wide-ranging surveys have subsequently shown that about 60% of us are securely attached, 15% are anxiously attached, and 25% are avoidantly attached (Mickelson, Kessler, & Shaver, 1997). More fundamentally, it is now well established that attachment styles broadly influence our thoughts, feelings, and behavior in our close relationships. People with secure styles tend to be more satisfied with their close partnerships than avoidant or anxious people are (Feeney, 1999). Avoidant people have a lack of faith in others that leads them to warily avoid interdependent intimacy, whereas anxious people seek out such closeness but nervously worry that it won't last (Feeney, 1998). Both of these insecure types are less comfortable and relaxed in intimate relationships than secure types are.

*This article is an edited and condensed selection from Sharon Brehm et al.'s *Intimate Relationships*, 2002, McGraw-Hill.

Further advancements in attachment research have also established that avoidant attachment is more complex than most researchers had realized. Bartholomew and Horowitz (1991) found that there are actually two major patterns in the way in which people are avoidant. One pattern, which is similar to the old category, involved eschewing intimacy with others because of fears of rejection. Although these people wanted others to care about them, they worried about the risks of relying on others. Bartholomew and Horowitz labeled this style as *fearful* attachment. In contrast, people with what they called *dismissive* attachment, felt that intimacy with others wasn't worth the trouble. Dismissive people felt self-sufficient, and they rejected interdependency with others, not really caring much whether others liked them or not.

Parenting & Attachment Styles

While it is clear from the research that the quality of parenting has a major impact on children's attachment and attachment styles, it is also the case that children's temperament and personality have an important effect on the quality of parenting (Carver, 1997; Vaughn & Bost, 1999). As any parent knows, babies are born with various temperaments and arousal levels. Some newborns have an easy going temperament, whereas others are more fussy and excitable. These differences, together with inborn differences in personality, make some children easier to parent than others. Consequently, the quality of care a child receives can depend, in part, on the child's own personality and behavior. In this manner, attachment style is thought to be influenced by the child's inborn traits (Carver, 1997; Vaughn & Bost, 1999).

As it turns out, however, a child's temperament and personality have only a moderate effect on the kind of parenting he or she receives (Vaughn & Bost, 1999), and people do not seem to be genetically predisposed to develop certain types of attachment styles (Waller & Shaver, 1994). Instead, our experiences seem to play a larger part in shaping the styles we bring to subsequent relationships. For instance, mothers' behavior toward their infants when the babies are newborns predicts what styles of attachment the children will have when they are older (Isabella, 1998). In fact, it is possible to predict with 75% accuracy what attachment style a child will have by assessing the mother's style before her baby is even born (Fonagy, Steele, & Steele, 1991). Thereafter, the quality of parenting that children receive tends to predict how well they will behave in their own romances when they are young adults (Conger et al., 2000). Youngsters apparently import the lessons they learn at home into their subsequent intimate relationships with others.

Attachment Styles & Adults

Unlike children, we as adults are not the prisoners of our experience because our attachment styles continue to be shaped by the experiences we encounter (Carnelley & Janlff-Bulman, 1992). Having been learned, attachment styles can be unlearned, and over time, attachment styles can and do change (Baldwin & Fehr, 1995). A bad breakup of a relationship can make a formerly secure person insecure, and a good relationship can make an avoidant person less so (Kirkpatrick & Hazen, 1994). As many as a third of us may encounter real change in our attachment styles over a two year period (Fuller & Finham, 1995), and the good news is that the avoidant and anxious styles are more likely to change than a secure style (Davila, Burge, & Hammen, 1997).

Nevertheless, once they have been established, attachment styles can also be quite stable and enduring. One major reason for this is that people tend to enter into relationships that reinforce their existing tendencies (Scharfe & Bartholomew, 1994). By remaining aloof and avoiding interdependency, for example, avoidant people may never learn that some people can be trusted and closeness can be comforting--and that tendency perpetuates their avoidant style. In the absence of dramatic new experiences, people's styles of attachment can persist for decades (Klohn & Bera, 1998).

One of the main findings from this research is that our basic beliefs about the nature and worth of close relationships are shaped by our experiences with them. In addition, our earliest notions about our

own interpersonal worth and the trustworthiness of others emerge from our interactions with our major caregivers, and thus they start us down a path of either trust or fear. However, the journey never stops, and later obstacles or assistance from fellow travelers may divert us and change our routes. Depending on our interpersonal experiences, our learned styles of attachment may either change with time or persist indefinitely.

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Bidding for Intimacy

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Intimacy between partners involves both an emotional and sexual dimension. One of the prime functions of sexuality is to reinforce and deepen the affection and attachment in a relationship (Levine & Heller, 2010). However, the essence of intimacy is feeling emotionally close, connected, and valued. At its core, intimacy involves a respectful and trusting friendship where each partner feels prized by the other (McCarthy & McCarthy, 2003).

While each partner can have close relationships with friends, siblings, parents, and colleagues, it is the integration of sexuality and emotionality in their relationship that makes a couple's connection special and, ultimately, intimate (McCarthy & McCarthy, 2003). This article discusses the bidding process that takes place as couples attempt to incorporate these two dimensions of intimacy into their relationship.

Sexual & Emotional Intimacy

Sexual intimacy is more than functional sex. The essence of sexual intimacy is openness and comfort, the ability to share your body, especially sensual and erotic feelings. Partners can be sexually responsive with no intimacy. Consider impersonal or angry sex. Sex reaches its full capacity when the sexual relationship combines eroticism with emotional intimacy. Sharing yourself, your body, and your feelings is the essence of sexual intimacy (McCarthy & McCarthy, 2003).

Feeling cared for and caring for the other, sharing positive feelings, experiencing empathic communication, feeling emotionally validated, enjoying a sense of "we-ness," and establishing closeness are all integral aspects of emotional intimacy. But emotional intimacy involves more than just affirming experiences. Genuine intimacy involves the entire range of personal and couple experiences including the sharing of weaknesses, vulnerabilities, fears, and negative experiences. In other words, couples who are emotionally intimate share a wide range of feelings—from anger to love, sadness to joy, boredom to fascination, aloneness to closeness (Love, 2001).

Bidding for Connection

Researcher John Gottman found that reciprocal bidding is one of the key factors that predicted a couple's ability to maintain an intimate relationship (Gottman & DeClaire, 2001). The "bid" is considered by Gottman to be one of the fundamental units of sexual and emotional communication between a couple. A bid can be any verbal or nonverbal expression that says, "I want to feel connected to you." A response to a bid is just that—a positive or negative answer to a partner's request for sexual and emotional connection.

In his research with couples, Gottman (2001) discovered how profoundly this bidding process affects the quality of relationships. He learned, for example, that husbands headed for divorce disregard their wives' bids for connection 82%, while husbands in stable relationships disregard their wives' bids just 19% of the time. Wives headed for divorce act preoccupied with other activities when their husbands bid for their attention 50% of the time, while happily married wives act preoccupied in response to their husbands' bids just 14% of the time.

When Gottman compared how often couples in the two groups extended bids and responded to them, he found another significant difference. During a typical dinner-hour-conversations, the happily married partners engaged one another constantly throughout a ten minute period. Those headed for

divorce engaged only infrequently in that same period. On the surface the contrast may seem inconsequential, but taken together over a year, the additional moments of connection among the happy couples played a very important role in the satisfaction they experienced in their relationship.

The Biding Process

Bids and responses to bids can be big, overblown, and dramatic such as we see in the movies: *"Will you marry me, Scarlet?" "I will, Bret, I will."* Or they can be small, mundane exchanges of everyday life: *"Get me a soda while you're up, okay?" "Sure, do you want anything else?"* Bids can be subtle: *"That's a nice shirt."* Or they can be very blunt: *"I want to make love."*

Positive responses to a bid typically lead to continued interaction, often with both partners extending more bids to one another. Listening to this kind of exchange, according to Gottman, is like watching a Ping-Pong game in which both players are doing well. Negative responses to a bid typically shut down communication where all bids cease, i.e., where partners want to pick up their Ping-Pong paddles and go home.

Gottman's research shows that after a bid is rejected, reconnection often does not take place. In fact, the probability that a partner may re-bid once an initial bid has been rejected is very low. That's not to say that every bid that comes along needs to be accepted. However, a partner can refuse a specific invitation while still accepting a bid for connection.

A: *"Do you want to go to dinner tonight?"*

B: *"I wish I had time for dinner. I've got to finish this report tonight."*

Are there any other evenings we could go?"

A: *"I'll check my calendar, but I think next week at this time would work."*

Gottman's studies of couples indicate that partners typically respond to one another's bids for connection in one of three ways: (1) they turn toward, (2) they turn against, or (3) they turn away. To "turn toward" means to react in a positive way to a partner's bid for connection. One partner makes a funny comment, for example, and the other partner laughs. Partners who "turn against" one another's bids for connection might be described as belligerent or argumentative. For example, if a husband fantasized out loud about owning a passing sports car, his wife might reply, "On your salary? Dream on!" The pattern of "turning away" generally involves ignoring a partner's bid, or acting preoccupied. The husband in this instance might comment and point to that impressive sports car, but his wife wouldn't bother to look up.

Gottman's studies indicate that unreciprocated bids are clearly destructive to marriage. Even the couples in our studies who habitually turned away from each other found themselves to be more happily married than couples in which just one partner (usually the wife) was constantly turning toward and getting no response. He also found that once bidders are ignored or rejected, they usually give up trying to connect in the same way again. Among people in stable marriages, spouses re-bid just 20% of the time. In marriages that are headed for divorce people hardly re-bid at all.

Critical Moments

As couples therapist Brent Atkinson (2005) observes, there are critical moments when it is especially important to make and respond to bids for connection. These are moments when one or the other partner is feeling upset or vulnerable because of stressful or challenging circumstances. In these situations, skilled partners are good at asking for and giving support. They know that their stressed partners don't typically need help in solving their problems so much as support and understanding. Atkinson points out that people who are adept in responding to bids help their partners feel understood first, then they help them explore different avenues for dealing with their problems, and they do so only if there is a request for help.

In his work with couples, Atkinson (2005) emphasizes the importance of partners becoming more adept at helping each other feel more understood and supported by engaging in such behaviors as asking for details, giving sympathy, communicating loyalty, and offering affection. He also makes the critical point that unless the partners are able to acknowledge and accept these needs in themselves, saying or doing supportive things will have only minimal effect. For example, one party cannot listen sympathetically to the other unless he or she feels sympathetic himself or herself. Based on this principle, much of Atkinson's therapy is centered around helping partners access internal emotional states that are compatible with the support and understanding the partners need from one another.

Summary

Emotional and sexual intimacy are central components of a couple's relationship. In attempting to achieve this intimacy, couples routinely engage in bids for connection. The success of this bidding is to a large degree based on the extent to which it is reciprocated in a positive manner. Moreover, when partners are stressed, this reciprocation is particularly critical and difficult to achieve. The partners' capacity to access compatible internal emotional states is a key underlying factor for successful facilitation of this reciprocation.

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Taking the Same-As Position: Setting Healthy Boundaries in Intimate Relationships

Paul David, Ph.D.

Fueled by the groundbreaking research in communications and relationships, the field of couple and family therapy played a major role in establishing the relational basis of mental health (Gurman, 2015). As part of this emphasis on relationships, couple and family therapists focused on establishing healthy boundaries as a means of maintaining personal and interpersonal well being. This article discusses the boundary model that couple therapist Terry Real (2007) has developed and how it provides a useful means for understanding and enhancing intimate relationships.

What are Boundaries?

At the most abstract systemic level, boundaries are simply the borders that distinguish any system from its environment (Flood & Carson, 1988). At the human level, just as the skin serves as the physical border that demarks individuals from their surrounding environment, so do the unique identities of individuals function as the psychological borders that distinguish themselves from others in their environment. At the functional level, these borders serve as the means by which humans differentiate themselves in their relationships with others (Bowen, 1978).

Real's Model of Boundaries

Just as a good fence serves as barrier to both contain what's inside it and to protect against what's outside it, Real (2007) posits that healthy psychological boundaries enable partners in intimate relationships to better contain their impulses and to preserve the core sense of themselves in their interactions with one another. Containment boundaries help partners regulate the negative reactivity (anger, contempt, righteousness, etc.) that compromises their closeness, and protection boundaries help partners shield themselves from the negative impingements (demands, reprisals, shaming, etc.) that undermine their autonomy in the relationship. He contends that the containment dimension of these boundaries is a necessary requirement for closeness because without exercising restraint intimate partners are at risk of imposing themselves and being invasive with one another. Similarly, he argues that the protective dimension of these boundaries is also essential for autonomy because it serves as a functional barrier to ensuring that their core sense of self remains intact.

Real further proposes that self-esteem, a central component of psychological identity, is a major driver in determining the degree to which partners set containment and protection boundaries. He defines self-esteem as the capacity of people to recognize their inherent self-worth despite their flaws and limitations. When partners possess this capacity, he contends they are able to take a same-as position with one another in that they can assert themselves and represent their core self while still treating their partners as emotional equals. He argues that partners who lack this capacity are not only unable to recognize their own inherent self-worth, but they are also unable to acknowledge it in their mates as well. He also points out these deficits are typically accompanied by rigid boundaries that are either diffuse or closed such that their self-esteem is subject to aggrandizement or diminishment. Aggrandizement is exemplified by persistent self-centeredness where partners inflate their self-worth; diminishment is characterized by persistent self-deprecation where partners deflate their self-worth. These partners tend to be too thick- or thin-skinned and rigidly set their boundaries so that they are overly sensitive or insensitive in their interactions with one another.

According to Real, intimate partners are able to function optimally when they possess secure self-

esteem and set firm boundaries. When partners function in this capacity, they are able to set their boundaries so that they maintain both their self-worth and intimacy without sacrificing one for the other. When their functioning becomes impaired, partners tend to be insecure in their self-esteem and they function with either too diffuse or closed boundaries. Depending on their particular boundary configuration, partners seeking to improve their relationship need to examine their insecurities and the dysfunctional means by which they consistently take one-up (aggrandized) and one-down (diminished) positions with one another. These insecurities are typically the product of a number of unresolved psychological problems that become reinforced by what Real refers to as “losing strategies” that keep partners in one-up and/or one-down positions with one another.

Real advocates that if intimate partners are going to improve their relationships, they must come to terms with the insecure perceptions and fears that undermine their capacity to rely on the secure parts of themselves. In addition, they must refrain from engaging in the losing strategies that keep them stuck in the one-up and one-down positions they often take with one another. Various psychological forms of mental health treatment can serve as a useful means for better managing the fears and defenses related to these insecurities, but Real proposes that understanding and correcting the losing strategies that propagate them can also be an effective means of moving forward in intimate relationships.

Losing Strategies

Real identifies five major losing strategies in intimate relationships: (1) needing to be right, (2) being overly controlling, (3) expressing unbridled emotion, (4) reacting with retaliation, and (5) engaging in withdrawal. The losing strategy of being right involves the need to be correct above the need to preserve an intimate relationship. When this approach is taken, solutions to problems in relationships are sacrificed to preserve the ego needs of the partners. When their boundaries are the most rigid, being right for these people gets typically expressed in righteous indignation. A closely related failing strategy to being right is being overly controlling. When these partners are in control mode, they try to minimize the discrepancy between what they want and what they have by constantly trying to get their other partners to think and behave in a manner that is in line with their own interests. When their boundaries are the most rigid, these people cajole and bully their way through relationships. In their efforts to be right and exert control, partners can also take a one-up and/or one-down position by expressing their rawest and unbridled frustrations toward one another. These people tend to see the unfettered expression of their feelings—particularly their righteous feelings—as an inalienable right. At its extreme, these partners often impose their own emotional reactions onto their partners without regard for their feelings and sensitivities.

Often partners turn to retaliation and withdrawal after the first three losing strategies don't work. Both of these behaviors are tit-for-tat losing strategies that are opposite sides of the same coin. In retaliation, partners make sure their disappointment and upset with one another are directly avenged in some manner. Their motto is “If you hit me, I'll hit you back twice as hard.” In withdrawal, partners certainly retaliate, but they do so in an indirect and more passive-aggressive manner. Their motto is “If you hurt me, I'll disengage from you.” Interesting enough, like the other losing strategies, each one of these stances can be implemented from either a one-up or one-down position. When their boundaries are particularly rigid, one of the one-down retaliatory strategies partners most often take is avenging from the victim position. As Real (2007) observes, “Whenever you offend from the victim position, you [can] wind up... being a perpetrator who feels like he's being victimized even as he attacks” (p. 52). In the case of withdrawal, while this behavior has its passive-aggressive features, it is often implemented from a one-up position where the withdrawn partner takes the stance of the superior one in the relationship.

Winning Strategies

Enhancing intimate relationships for Real is not just about partners facing their insecurities and refraining from engaging in losing strategies, it is also about replacing those losing strategies with winning ones. He advocates the following five strategies in this regard: (1) focusing on requests, (2) speaking out with kindness, (3) responding with generosity, (4) empowering your partner, and (5) cherishing the relationship. The first two of these winning strategies focus on intimate partners getting more of what they want and the second two concentrate on being more responsive and giving to what partners need from one another. The last winning strategy involves partners actively working to enrich their intimate relationships. Real stresses that these five strategies are most successfully carried out when they are undertaken from a secure position with firm boundaries.

Shifting from complaints to requests is one of the most basic problem solving strategies in Real's successful relationship playbook. Instead of focusing on what goes wrong, this strategy invokes partners to concentrate on what they want to go right. While tempting, providing a critique of what goes wrong more often than not bogs the partners down in a criticize-defend downward cycle of interaction that inevitably leads them into gridlock. The prevalence and futility of this dysfunctional pattern are well-documented by such researchers as Gottman (1999). In addition, a closely allied strategy to this first one is speaking out with kindness. This second strategy involves partners clearly making their needs known in a respectful manner, proving constructive feedback and repairs when things go wrong, and letting go of the outcomes when it doesn't go their way. All of these behaviors require partners to be assertive, patient, and forgiving while taking the same-as position with one another.

According to Real, responding with generosity entails partners making sure they give one another the benefit of the doubt. At the behavioral level, this means that partners engage in empathetic listening, make every effort to acknowledge the truth of what they have heard, and take responsibility for whatever role they may have played in contributing to the disconnections that take place in their relationship. A highly complementary aspect of these efforts is the winning strategy of empowering the other partner. Essentially, this strategy consists of partners being responsive to one another's bids for connection and providing ongoing caring and appreciation for one another. The implementation of these last two strategies highlight the premier importance of their attachment and they provide powerful disincentives to taking one-up or one-down positions with one another. Finally, cherishing the relationship is an all-encompassing strategy that keeps the primacy of the relationship at center stage. In this strategy, the partners continuously work to check their egotistical needs to be right over their generative needs to be together. By implementing this strategy, it's not that they end up sacrificing their autonomy to maintain their togetherness; it's that they set their boundaries in such a manner that they can cooperate with one another to enrich their relationship so they can both get what they need.

Summary

Real's model stresses the vital importance of setting healthy boundaries in intimate relationships. This capacity requires that both partners establish firm limits that serve to contain their insecure impulses and to protect their core sense of self-worth. Consistent failures to do so are typically the result of diffuse and closed boundaries that lead partners to take one-up or one-down positions where they aggrandize or diminish themselves in their relationships. Moreover, it is by addressing their insecurities and by letting go of their losing strategies and adopting the winning ones that partners can establish same-as positions—positions of emotional equality that enable them to achieve a balance between autonomy and togetherness in their relationship.

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Stages of Intimacy

Paul David, Ph.D.

Stage theory is a well established developmental model for understanding the different transitions that humans undergo as they move through the life cycle (Carter & McGoldrick, 1999). The stage model presented here delineates a series of phases that couples typically go through in trying to build their relationship with one another. Since attachment is the main bond that emotionally connects a couple (Brehm, Miller, Perlman, & Campbell, 2002; Johnson, 2004), the focus of this model is not so much concerned with marital relationships per se, but with the broader context of intimate relationships where couples have, or are trying to form, secure attachments with one another. In presenting this model, I begin with a discussion of the complementary emotional dynamics involved in first establishing such an attachment, and then follow with a description of the various stages of emotional transition that typically characterize intimate relationships.

Complementarity

Partners in intimate relationships tend to select one another based on two opposing principles. By far the most influential is the principle of symmetry; that is, the tendency of partners to select one another based on similarities in their demographic characteristics, values, attitudes, and personalities. This tendency toward symmetry is well documented and is why the vast majority of people seek intimate partners who share the their same background, traits, interests, and tastes (Brehm, Miller, Perlman, & Campbell, 2002).

While the principle of symmetry exerts a powerful influence in the pairing process, another less understood—and by far more complicating—factor is the principle of complementarity; that is, the tendency of partners to select one another based on differences that offset their backgrounds and makeup. This principle reflects our tendency to pair with a partner who represents the qualities we are lacking. Given that one of the central functions of intimate relationships is to provide opportunities for increased functioning in life (Lewandowski, Aron, Bassis, & Kunak, 2006; Hendrix, 1988; Prodsky, 1999), it makes sense that we would choose intimate partners who could better manage in those areas where we are deficient.

According to Love (2001), one of the most powerful expressions of this principle of complementarity is the way in which we are biologically programmed to select partners with different genetic structures. This biological process is based on research about tissue rejection in organ transplants that led to the discovery that our bodies actually have the capacity to detect and select different DNA. More specifically, scientists have found that human genes—especially those that control the immune system—direct us to select mates with a different genetic makeup (Goodenough, 1998). This matching process is managed through a segment of DNA called the human lymphocyte antigen (HLA). Functioning as our immune system's disease detector, HLA codes for a limited number of diseases and transmits this capacity to potential offspring through DNA. Accordingly, if we mate with someone with a different HLA code, we can increase our offspring's immunity to disease.

The research on HLA highlights our tendency to mate with partners who have dissimilar genetic codes. When we come into contact with relevant genetic differences, we tend to experience an attraction to someone who in essence offers us the possibility of passing on greater immune capacity to our offspring. Putting it another way, a powerful aspect of human attraction can be explained as a biological response to meeting our complementary genetic match. Subsequent research on olfactory sensation (Wedekind, Seebeck, Bettens, & Paepke, 1995; Jacob, McClintock, Zelano, & Ober, 2002) confirms the biological process through which this genetic information is transmitted, further establishing the

influential role that the principle of complementarity plays in shaping intimate relationships.

At the more psychological and relational level, this principle of complementarity is also manifested in our tendency to select partners who possess the critical qualities that offset what we are lacking. For example, in regard to basic personality types like those specified in the Myers-Briggs Type Indicator (Myers, 1980), introverted types are likely to select more extraverted types, feeling types are likely to select more thinking types, sensing types are likely to select more intuitive types, and so on. Although the research on personality types clearly indicates a tendency to select partners that are similar to us (Cattell, Eber, & Tatsuoka, 1970), it also suggests that successful intimate relationships involve matching based on personality differences that are also complementary; that is, when successful, we tend to select mates with not only similar personality characteristics, but with dissimilar ones that can offset and help compensate for our particular personality type (Kiersey & Bates, 1984). Thus, for example when successful, introverts will tend to select more introverted types, but will also tend to select partners who are more extraverted than they are to help them more easily socialize and balance out the limitations of their introversion.

As Prosky (1991) notes, this complementarity is the underlying basis of both the couple's strengths and difficulties. On the one hand, the combination of assets can enhance capabilities at the relationship level; on the other hand, it can also generate a considerable amount of resentment at the individual level. This resentment manifests itself in a variety of ways as both partners become frustrated with the each other's differences. For example, the neat one resents the disorder of his or her partner who, in turn, cannot comprehend why the neat one does not relax; the active one continually attempts to solicit the sedentary partner's participation in his or her activities, leading the other partner to question why they can never spend a quiet moment either together or alone; the practical one gets frustrated by the other partner's wishful thinking, while the other partner cannot understand why he or she should spend so much time and effort on trivial details; and so on.

Whatever the configuration, the complementary qualities that bring a couple together--the very qualities that can potentially contribute to a couple's success, can present major obstacles to a couple's individual and collective sense of well being. As a result, many partners struggle with the fear that they are incompatible with one another. They believe, as Prosky (1991) observes, that they may have made the wrong choice for a partner, and have little understanding of the inevitability and universality of their situation, nor do they comprehend the importance for their own life development in terms of the differences they find so frustrating.

There is an important value in the complementary differences beyond meeting the world as a more complete unit; namely, these differences provide the potential basis for the further maturation and differentiation of each partner. As Hendrix (1988) argues, the essential psychological function of an intimate relationship is to provide an opportunity for two incomplete people to have the opportunity to make themselves much more whole and more differentiated human beings. Thus, by joining with someone different—with someone almost opposite in many ways, each partner has the chance to enhance the underdeveloped parts of him or herself. For example, the neat one can learn to be more relaxed, while the sloppy one can learn to be more orderly; the active one can learn something about inner peace, while the sedentary one can learn to act more vigorously; the practical one can learn to envision possibility, while the dreamer can learn to be more realistic; and so on (Prosky, 1991).

If both partners can accept and learn from one another, they can move toward their own completion by becoming more developed and resourceful human beings. While this learning process is very difficult and produces much resentment and frustration, research shows that the resulting collaboration can also generate considerable contentment and satisfaction in the relationship (Aron, Norman, Aron, & Lewandowski, 2003). From a developmental perspective, this process can be

understood as a transition between fusing and then differentiating in the relationship (Bowen, 1978). What I propose here is a model for deciphering the different phases that couples typically experience as they go through this fusion-differentiation process. This model consists of four different stages: (1) infatuation & fusion, (2) conflict & power struggle, (3) adjustment & consolidation, and (4) maturation & differentiation.

Stage I: Infatuation & Fusion

The first stage of an intimate relationship takes place as two people meet, become intensely involved, and fall in love. This is the most pronounced “in love” phase of the relationship and is what is often popularized in film and literature as the romantic part of an intimate relationship. Love (2001) refers to this stage of an intimate relationship as the infatuation syndrome. She describes this syndrome as a powerful neurochemical and psychological transformation of the lovers where they experience a kind of altered state of consciousness characterized by increased positive attitude, energy, concentration, and feelings of euphoria with one another. While this transformation is certainly an important part of helping partners bond and form a strong attachment (Brehm, Miller, Perlman, & Campbell, 2002; Johnson, 2004), it keeps them focused on their similarities and the comfortable aspects of their differences. Accordingly, they will tend to form this intense bond without a sufficient understanding of the major differences that will likely play a central role in their later development. Largely ignoring these differences, they surrender to their courtship--a state of being that generally functions to limit critical reflection and to promote an intense idealization of the relationship (Hendrix, 1988).

Beside the limitations involved in being unable to understand their major differences, the couple's infatuation also has the tendency to pull each partner away from their individual selves and fuse them together. Spurred by the altered state of consciousness generated by their infatuation, this fusion creates the mistaken impression that they have actually connected with someone who is more or less identical to themselves. However, this fusion of selves, which can provide an enormous sense of exhilaration at the beginning of the relationship, gradually deteriorates over time. As this deterioration takes place [over an average period, according to Love (2001), of about six months], more tension and conflict enter the relationship because each partner can no longer suppress the parts of themselves they put aside to fuel their infatuation.

At this juncture, having become aware that they are quite different from one another and that they can no longer continue to suppress their individuality, many partners become disillusioned and terminate the relationship. However, many others continue with the hope and the commitment that they can work out their difficulties. Some of these partners, particularly those that have already achieved a certain amount differentiation, begin revising their expectations. Rather than considering the loss of their infatuation as a crushing blow, these partners come to realize their difficulties are part of the normal transition that successful couples must make in moving from a “romantic relationship” to a “working partnership” (Huston & Vangelisti, 1991). When they are able to make this transition, the partners are in the position to develop a more stable relationship and proceed to Stage IV. More typically, the partners who remain together, but who fail to come to terms with their relationship in this manner, often move to Stage II.

Stage II: Conflict & Power Struggle

Stage II involves the struggle of couples to differentiate themselves from their fusion. Fused together, they struggle about how to exert their individuality in the relationship. The less that they are differentiated, the more likely they will concentrate on each other's limitations (Gilbert, 2006; Hendrix, 1988). In essence, this struggle is the underside of Stage I. What was perceived as a strength in Stage I is viewed as a liability in Stage II. What was seen as the partner's seductive beauty in Stage I is perceived

as his or her time-consuming preoccupation with physical appearance in Stage II; the strong silence of the partner in Stage I becomes his or her unwillingness to discuss the relationship and other intimate matters in Stage II; and so on (Protsky, 1999). In other words, from the relative optimism of Stage I where the glass was half full, couples find themselves in the worry and anxiety of State II, where there is more ongoing conflict and the glass now becomes half empty.

The shift from the bliss of Stage I to the tension of Stage II accentuates a major transition in the couple's relationship. The failure to understand and adjust to this transition as a normal developmental task keeps the couple mired in their worry and anxiety. Love (2001) characterizes this phase of the relationship as the post-rapture stage in which the sentiments of "I-love-you-but-I'm-not-in-love-with-you" predominate. As these sentiments take hold, the partners become frightened by the disintegration of the images they held of their lovers, and commonly make a frantic attempt to reinstate their former perception of merged bliss. As Hendrix (1988) notes, these effects create a very difficult but powerful learning opportunity, but one that is mostly outside of the couple's awareness. This lack of awareness and understanding compounds the pain. Their fights are rarely about what the couple perceives them to be; rather, their quarrels are superficial manifestations of their deeper struggle to differentiate themselves (Gilbert, 2006).

Gottman's (1999) research on conflict in intimate relationships documents this phase of the couple's conflict in painful detail. In this stage, the couple gets bogged down in gridlock and becomes embroiled in power struggles. Different ways of dealing with conflict and destructive engagement in criticism, contempt, defensiveness, and stonewalling eventually cascade the couple into a mutually reinforcing pattern of distancing and isolation. As Johnson (2004) argues, at the root of this conflict is a state of disconnection that erodes the couple's emotional bond and reduces their capacity to manage their conflict.

It is during this struggle, as Protsky (1999) points out, that each partner experiences a pull toward the opposite pole and consolidates his or her differences. At some point--which can take years to reach--the partners finally begin to realize that their attempts to change one another are failing. They begin to see themselves for who they are, and are able to face the fact that the only person they can really change is themselves. This is an extremely important juncture and a point of decision. According to Protsky (1999), it is here that the relationship road divides and the couple is compelled to make a choice about what route to take. One route leads to their separation, another to the consolidation of their differences, and still another to their differentiation.

There are generally two different paths that couples take when deciding to separate at this stage. The first is taken prior to the critical point at which the partners acknowledge their differences. It occurs while the couple is still in the midst of their fusion and struggle to differentiate themselves. They have not yet reached an understanding of each other's positions and are not ready to be fully responsible for themselves. Thus, when they separate, the partners tend to do so with a good deal of blaming and anger. The relationship is broken off without the partners having come to any sort of mutual understanding, and frequently communication between them is cut off. The pain from the wounds of their conflict is reduced by taking this particular path; but these wounds continue to fester until some more substantive resolution is reached between the parties or by each partner individually (Protsky, 1999).

The second path is taken after the critical point at which the partners identify their differences. The consequence of taking this path often leads to a sadder-but-wiser understanding. Anger and blaming are at a minimum, and each partner recognizes his or her contribution to the breakup. There is also some comprehension of the process that brought the couple to the point of separation. Separation obviously brings to an end the possibility of being able to utilize the relationship for their further development. However, separation can also bring great relief, a heightened sense of self, and the possibility of

investment of energies elsewhere (Prodsky, 1999).

Stage III: Adjustment & Consolidation

Another major route that partners take is to consolidate their differences; that is, they can form a stable definition of themselves--the one with which they entered the relationship--such that each performs the functions for the relationship that lie within the domain of his or her half of the world. In taking this route, partners can choose to function literally as each other's "other half," and specialize in their own areas of proficiency. Instead of the partners advancing the underdeveloped parts of themselves, they each exercise the already developed parts of themselves in attempt to reduce their frustrations and make their relationship work more smoothly. The partners in effect agree to play it safe in trying to stabilize the relationship in this manner.

Consolidation of differences works fairly well for the management of the external world, but as Prodsky (1999) argues, it has several internal limitations. First, it builds in as a constant feature of the relationship a sense of frustration and irritation with the areas of marked difference between the two partners. Chronic dissatisfaction results and is manifested in frequent arguments over the same issues. The relationship is well-defined--each knows what to expect of the other, but it pays the price in a high degree of rigidity and repetitiveness.

Second, as the partners become fixed at one side or the other of their complementarity, their natural traits often become exaggerated, and over time they can become caricatures. In this situation, for example, the sloppy one might become more disorganized; the sedentary one might become more inert, and the active one might become more frenetic; the practical one might become more joyless, the dreamer might become more fantastical, and so on.

Consolidating differences generates a third limitation as partners become more and more dependent upon one another. This leads to mounting resentment. It is one thing to feel that one's contribution is appreciated; it is quite another to feel so obligated that if one partner does not contribute, the other suffers. The latter is a sort of tyranny of neediness, often masquerading as love. The partner who does not make the expected contribution is faulted. When one partner relies on the other to complete his or her existence, too great a burden is placed on the relationship, and failure to fulfill expectations generates distress and resentment. Moreover, an undercurrent of resentment can erupt into serious fights, physical illness, and psychological problems for the couple.

In a relationship in which less is necessary for the completion of each partner, each contribution can be viewed more as a gift than as something owed or due. The relationship actually builds up a supply of good will that can be drawn upon in times of stress. However, if partners create a relationship in which they expect others to contribute for them, resentment can be generated and stored when their needs are not met. Conversely, if partners create a relationship in which each partner is relatively self-sufficient, there can be gracious appreciation for the contributions made, and good will can be generated and stored (Gottman, 2001).

The fourth internal limitation of a relationship in which differences are consolidated is that each partner carries a perpetual fear of being left alone, either through a breakup, illness, or death. The effects of this kind of chronic--though subliminal--fear are very powerful and it contaminates the relationship. Partners become suspicious of one another or become overly worried--selfishly--about one another's well-being. This creates a subtle atmosphere of mistrust that may never be consciously identified by either partner (Prodsky, 1999).

The stabilization of differences can also provide important benefits to the couple. It can result in

less internal struggle, maintain a sense of dependency, and provide the comfort of a dependable relationship. These benefits are not to be underrated, but it should be understood that consolidation of differences constrains the partners from achieving substantial individual development (Prodsky, 1999).

Taking an overview of this critical juncture and the three potential routes that can be taken, it is important to mention that the first and second options are reversible. The separated couple can decide to come back together to work further on their relationship. Partners who have stabilized their differences can decide to understudy each other in order to become more self-sufficient and move their relationship into Stage IV. The decision to move to this phase is not reversible in the same way, although it can lead to a full-circle developmental spiral wherein the partners decide to stabilize their separateness.

Stage IV: Maturation & Differentiation

The fourth stage of the relationship marks the emergence of two mature and self-sufficient individuals who value their interdependence. Building on their solid commitment to one another, each partner has forged a deep sense of individuality and mutuality in their relationship. There is also a new found clarity about the difficulties they encounter with each other (Schoebi, Karney, Bradbury, 2012).

Couples who are able to advance to Stage IV of the relationship begin to value their individual differences, learn the other's point of view, and integrate the complementary elements of their partner into their own functioning (Gilbert, 2006). When a difference causes conflict for these couples, each partner attempts to identify the fear it generates in him or her, with the purpose of better understanding individual weaknesses. Each partner attempts to understand the importance of the other person's position in order to learn more about the other's world.

Blaming the other person becomes out of bounds in disputes, and the acceptance of a high degree of personal responsibility in their conflicts replaces it. Whereas blaming has the effect of making the other partner more defensive and intractable, hence stifling development; taking responsibility tends to elicit responsibility on the part of the other partner, thereby enhancing development. Partners on this path tend to take more personal responsibility for themselves with each partner attempting to look at what he or she—not the other—might have done differently to handle their conflict more wisely (Prodsky, 1999).

The commitment involved in arriving at Stage IV requires a devotion of time and energy to the relationship equal to that often reserved for work and children. It also requires continually facing oneself and one's own greatest problems and weaknesses. The entry into Stage IV is marked by a gradual recapturing of a sense of harmony. This time it is built not on the highly skewed perceptions of the infatuation phase, but on the hard-won understanding of the self and other. In Stages II and III, struggles were compounded by the couple's mutual lack of understanding; in Stage IV, with an increased clarity about self, there is an increasing degree of clarity about their disagreements. Fights address actual issues, making them far less confusing than Stage II fights, though potentially more painful in the sense that they get more to the root of the matter (Prodsky, 1999).

The mature and differentiated couple has evolved into an abiding companionate love that nurtures their friendship and leaves their incompatibilities unresolved (Books, 2011). The partners are able to tolerate a certain amount of aloneness in the midst of their intimacy, because they understand that it is the tradeoff they must make in order to retain their individuality (Williamson, 1991). This perception leads a couple toward an expansion of their goodwill, and a new sense of trust, generosity, respect, and understanding is established between them. Reaching this stage is a major accomplishment and one that yields considerable gratification. Relationships in Stage IV tend to generate and store goodwill so that satisfaction deepens, protecting the relationship from deterioration (Gottman, 1999).

Conclusion

These then are the four stages that typically constitute the evolution of intimate relationships: (1) infatuation and fusion, (2) followed by conflicts about differences and individuation, (3) often accompanied by adjustment and consolidation of these differences, and (4) finally succeeded by a relationship of harmony between two differentiated people. Although this fusion-differentiation process has been presented as consisting of four stages, these stages are only meant to serve as a general framework for depicting the different challenges that many couples face in attempting to maintain and enhance the quality of intimacy in their relationship. In addition, it should be further noted that intimate relationships rarely move smoothly from one stage to another; instead, they tend to move in fits and starts, with different aspects of each stage simultaneously manifesting themselves at any given time. Thus, it is important to keep in mind that the structure of the stage model presented here should be viewed as dynamic in nature with a structure that becomes progressively complex but is not strictly hierarchical in its organization. It should be also understood that this model is meant to portray some—but certainly not all—of the key emotional features and phases that couples tend to experience in their efforts to achieve greater intimacy with one another.

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Human Emotions and Their Dysregulation

Paul David, Ph.D.

“Emotional wisdom involves knowing when to be changed by emotion and knowing when to change emotion.”

Leslie Greenberg
Emotionally Focused Therapy

The word emotion comes from the Latin meaning to stimulate or excite. Emotions are states of arousal that provide us with an immediate appraisal of our experience and events. Their function is to provide us with a visceral guide to our decision making and behavior—pushing us away from the things we perceive as threatening and impelling us toward the things we perceive as rewarding (Books, 2011). This article discusses the nature of human emotion, its function, its relationship to reason, its organization, and its dysregulation.

Emotion & Reason

Emotion and reason are not separate aspects of our functioning, but are highly interdependent and integrated with one another (Damasio, 2005). Emotions assign value to different thoughts, experiences, and events; and reason makes choices based on those valuations. Brooks (2011) provides the metaphor of emotions serving as a kind of GPS guidance system for our brain. Like a GPS, our emotional positioning system senses our current situation and compares it to the vast body of data in its memory. It reaches certain judgments about whether the course we are on will lead to positive or negative outcomes. It then assigns each person, place, or circumstance with an emotion (fear, interest, surprise, etc.) and signals an approach/avoidance reaction.

While emotions direct and influence our decision making and behavior, they can be overridden by reason. Not all emotional responses guide us in the right direction and the rational part of our brains can help get us back on track. However, this is not to say that reason exerts a unilateral control over emotion; instead, there is very much a bi-lateral relationship between these functions where each exercises influence and can prevail over the other (LeDoux, 1996).

The rational and emotional parts of our brain are connected in a complex network of reactions and counteractions where one function continually influences the other. From this perspective, the brain is like a complex ecosystem in which each of these functions competes for influence (Edelman, 1992). The central role of reason is to ensure conscious deliberation and the main role of emotion is to provide a reactive template for our decision making and behavior. We require the active influence of both these functions to be fully informed, and when either one habitually outcompetes the other, we can become compromised in our adaptability and functioning (LeDoux, 1996).

Primary Emotions

There are two major types of emotion: primary and secondary. Primary emotions are our hard-wired visceral reactions that are part of our core biological makeup. They are connected to our basic human functioning and survival. Experts do not agree on how many primary emotions exist, but most recognize the following eight emotions and some of the common feelings associated with these emotions (Spradin, 2003):

Joy—amusement, bliss, cheeriness, contentment, delight, eagerness, and enjoyment.

Love—adoration, lust, affection, attraction, caring, passion, warmth, and tenderness.
 Interest—absorption, entrancement, fascination, inquisitiveness, and curiosity.
 Sorrow—sadness, anguish, dejection, despair, grief, hopelessness, hurt, and gloom.
 Surprise—excitement, astonishment, alarm, amazement, and disbelief.
 Fear—apprehensiveness, distress, dread, fright, horror, panic, shock, tense, and anxiousness.
 Disgust—nausea, repulsion, distaste, revulsion, displeasure, and foulness.
 Anger—aggravation, agitation, annoyance, exasperation, frustration, hostility, and rage.

Primary emotions can also be categorized as either adaptive or maladaptive. Adaptive primary emotions are informative feelings (such as anger at violation, sorrow at loss, and fear at threat) that have a very clear value to our survival and well-being. They are reactions to immediate circumstances, and when the situation that produced them is dealt with or disappears, these kind of feelings usually fade. Conversely, maladaptive primary emotions are disabling feelings (such as unmanageable rage, debilitating fear, unresolved grief) that lead to prolonged states of distress. These emotions, which are generally based on past learning, often confuse and overwhelm us (Greenberg, 2002).

Secondary Emotions

In addition to primary emotions, there are also a host of other reactions called secondary emotions. Secondary emotions are called secondary because they follow primary emotions and are typically in response to or in defense against primary feelings. Unlike primary emotions, these emotions are learned and come to us through a filter of thought processes that shaped by our growing up and family-of-origin experiences. These feelings can obscure what we are feeling at the more primary level. These emotions often arise from our attempts to judge and control primary responses (Greenberg, 2002). Some of the more debilitating secondary emotions are as follows:

- Shame about feeling sorrow and anger
- Anxiety about feeling fear and anger
- Depression about feeling sorrow
- Embarrassment about feeling joy and love
- Obsessiveness about feeling interest
- Anger about feeling angry or afraid
- Guilt about feeling sexual

The biggest problem with secondary emotions is that they are often maladaptive. While primary feelings can be either adaptive or maladaptive, secondary feelings usually get us into trouble when they become part of our established patterns for dealing with stress. Very often they are more about our own internal beliefs about how we are supposed to feel rather than how we actually feel. Spradlin (2003) makes this point with the following example:

A little boy who scrapes his knee doesn't know what the pain means to the degree that a grown person might. His crying may be activated by fear of being seriously injured. If he's then told, "Boys don't cry," he receives a cultural message about what is expected of him as a male. This message can become over-generalized. Later in life, when the boy becomes a man, he may feel sadness in situations where he is faced with loss or pain. But because of his cultural training, the man tries to cut off his emotions, or may tell himself that he's just being too sensitive. He doesn't validate his primary emotion, and then begins to feel shame about having been too sensitive. The shame in this case becomes the secondary emotion, and isn't helpful in adapting to his current situation. (p. 27-28)

Emotional Dysregulation

Both maladaptive primary and secondary emotions are recognizable because they make us feel bad. However, they differ from one another in that secondary emotions are often more global and nonspecific. Secondary emotions signal that something is wrong, but we typically don't know why. We may just feel inexplicably angry, or despondent, and wonder why we have reacted that way. Secondary reactions could be part of the symptoms of anxiety, such as feeling agitated, uneasy, tense, apprehensive, or a sense of dread. They can also be connected to anger, such as feeling constantly hostile, bitter, scornful, spiteful, agitated, or grouchy; but they are not the primary emotions of guilt, fear, anger, or sorrow that are part of our core biological makeup (Greenberg, 2001).

Chronic difficulties in managing emotions are the result of too much emotional vulnerability and inadequate emotional regulation. Emotional vulnerability is characterized by a combination of: (1) high sensitivity to emotional stimuli, (2) intense responses to emotional stimuli, and (3) a slow return to a state of equilibrium once emotional arousal occurs. Emotional regulation is the capacity to exhibit or inhibit spontaneous visceral arousal in a given situation. When emotional sensitivity is too acute and/or when regulation is insufficient, emotional dysregulation takes place. Emotional dysregulation is essentially a state of arousal in which maladaptive primary and secondary emotions have taken over the experience of the person.

Being able to obtain and sustain effective emotional regulation involves exercising a combination of cognitively and emotionally based strategies. While both strategies employ somewhat different means to achieve emotional regulation, both can be very effective in helping people better manage their feelings. Emotionally based methods are primarily concerned with regulating emotion with emotion, and emphasize the development of such skills as being able to identify and label emotions, practicing self-acceptance, establishing a working distance from problem emotions, increasing positive emotions, and reducing vulnerability to negative emotions (Greenberg, 2002). Cognitively based methods take a different approach in that they primarily rely on regulating emotion with thought. These methods stress the development of such skills as exercising mindfulness, identifying emotional triggers, challenging self-talk, and increasing emotional resilience through relaxation (Dimeff & Linehan, 2001; Spradin, 2003). Both methods emphasize the importance of engaging in active self-soothing and distraction, as well as improving interpersonal effectiveness and intimacy, but again they approach regulation from either an emotional or cognitive starting point.

Whether an emotional or cognitive perspective is employed, all of the methods for emotional regulation clearly work; but the interesting thing is that they work differently for different people. Why? It goes back to that complex wiring in our brain where there is such an overlap between reason and emotion. The essential goal is to achieve a relative balance between these two competing functions, and the vast differences in our neurological makeups surely enable people to take better advantage of one set of strategies over the other.

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Research Findings on the Major Sources of Marital Conflict

Paul David, Ph.D.*

Chronic marital conflict--persistent unresolved discord between spouses--is one of the most common reasons people seek psychological help (Bradbury & Fincham, 1990). Research findings in the social sciences show that chronic marital conflict is the result of a complex set of interlocking factors that spiral a relationship into a cycle of increasing negativity (Krokoff, Gottman, & Roy, 1988; Levenson & Gottman, 1985; O'Leary & Smith, 1991; Margolin, John, O'Brien, 1989). Some of the major relational factors contributing to this downward spiral include the couple's incompatible needs, distorted beliefs, negative attributions, breakdowns in communication, high emotional reactivity, and patterns of negative reinforcement.

Incompatible Needs

Incompatible needs, particularly at the emotional level, can be a vexing source of marital conflict (Freed & Foster, 1981; Welch & Price-Bonham, 1983). For example, the demand-withdrawal cycle between spouses has been described as a "symptom" of their differences around the need for intimacy (Greenberg & Johnson, 1988). Spouses who desire more intimacy may nag and criticize their partners to elicit more involvement. In turn, partners desiring more independence respond to such behaviors as a threat to their personal autonomy and distance themselves to maintain their independence (Christensen, 1988; Jacobson, 1989). However, since virtually all couples differ in some aspect of their psychological needs and makeup (Lloyd, 1990; Margolin, 1979), spousal differences in themselves tend to be only modest predictors of chronic marital conflict (Fincham & Bradbury, 1987; Gottman, 1979).

Distorted Beliefs

Another source of chronic marital conflict is the set of distorted beliefs spouses bring to their relationship. These beliefs typically involve unrealistic, mistaken, and/or rigid convictions about what constitutes "normal" spousal relations and roles. When these beliefs are challenged, distress and negativity can often predominate in the relationship (Bradbury & Fincham, 1989; Eidelson & Epstein, 1982; Markman, Floyd, Stanley, & Jamieson, 1984).

A common distorted belief is the expectation by one spouse that the other should be able to read his or her mind without engaging in any explicit communication (Eidelson & Epstein, 1982). When this happens, for example, a husband may interpret his wife's lack of responsiveness as selfishness when, in fact, he has not adequately articulated his needs. Persistent negative perceptions about the wife may follow, along with each spouse feeling misunderstood in the marriage (Fincham & Bradbury, 1987; Bradbury & Fincham, 1988).

Another typical distorted belief is the conviction that marital disagreements, no matter how trivial, signify a serious lack of caring and/or pose a major threat to the relationship. Spouses holding this belief can experience a great deal of distress in their disagreements, which in turn can compromise their capacity to resolve problems in their relationship (Eidelson & Epstein, 1982; Epstein & Eidelson, 1981). As the capacity for problem solving in their relationship decreases, concomitant beliefs about each

*Much of the research cited here is taken from Mark Cummings' and Patrick Davies' *Children and Marital Conflict*, 1994, Guilford Press.

spouse's intractability can emerge. Hostility and withdrawal can then follow accompanied by growing pessimism about the viability of the relationship (Epstein & Edelson, 1981; Epstein, Pretzer, & Fleming, 1987).

Still another pervasive distorted belief is that the personalities of men and women are so different that it is very difficult for either sex to really understand the other. Spouses who believe that the sexes are very different in this way are more likely to be pessimistic about the chances of resolving their conflicts and are less likely to work on repairing their relationships when conflicts occur (Canary & Emmers-Sommer, 1997). In addition, thinking of the other sex as the equivalent of aliens from another planet tends to forestall efforts on the part of spouses to understand one another and to collaborate with one another in joint problem solving (Metts & Cupach, 1990).

A complicating aspect of these beliefs is that they can be just as much an outcome as a cause of marital distress. In other words, marital distress can generate distorted beliefs just as distorted beliefs can foster marital distress (Bradbury & Fincham, 1990). In addition, distorted beliefs may shape marital conflict more indirectly than directly; that is, distorted convictions may engender negative perceptions, which then may lead to conflictual marital relations (Fincham & Bradbury, 1987).

Negative Attributions

Still another source of chronic marital conflict is the predominance of negative attributions in the relationship. Spouses in distressed marriages interpret their partner's behavior in more hostile ways than do nondistressed couples (Markman et al., 1984; Markman & Kraft, 1989). Moreover, distressed spouses perceive their partners as more selfish and blameworthy (Baucom et al., 1989; Fincham, Beach, Baucom, 1987; Madden & Janoff-Bulman, 1981; Margolin & Weiss, 1987). They also tend to focus on the possible negative causes of their spouses' behavior (Bradbury & Fincham, 1990).

Hostile interpretations may result from a long history of problems with a spouse; that is, a spouse's negative thoughts may accurately represent the partner's actions (Baucom, 1987; Bradbury & Fincham, 1989). However, hostile cognitive sets may also generate or maintain negative behavior in the relationship (Bradbury & Fincham, 1988; Newman & Langer, 1988). For instance, negative attributions such as assigning blame and negative intent have been strongly linked to fostering negative behaviors such as engaging in criticism and defensiveness (Bradbury & Fincham, 1992; Doherty, 1982; Fincham, Beach, & Nelson, 1987; Holtzworth-Monroe & Jacobson, 1985)--behaviors considered pivotal in promoting marital conflict (Gottman, 1994).

Breakdowns in Communication

Breakdowns in communication are one of the most frequently cited reasons for chronic marital conflict (Haynes, Chavez, & Samuel, 1984; Markman, 1984). Getting a message across is a complex process consisting of a multiple sequence of events (Bradbury & Fincham, 1992; Margolin & Wampold, 1981; Markman, Duncan, & Storaasli, & Howes, 1987). First, one partner must conceive of a message; second, the partner must express the message; third, the other partner must attend to and interpret the message; and fourth, the other partner must respond and initiate this same sequence of activities to complete the transaction (Wile, 1988).

Given this complexity, there are ample opportunities for breakdowns in communication. The original message may be ambiguously conceived, and even if it is clearly formulated, the actual message may not reflect the intended communication. Furthermore, even if the message matches the intended communication, it may not be accurately perceived. Indeed, studies of unhappy couples consistently show that the spouses do a poor job of (a) saying what they mean and (b) listening to what they say

(Gottman, 1994).

In distressed relationships, spouses often communicate their complaints in an imprecise manner that typically involves a variety of topics (Christensen & Nies, 1980). This usually causes the primary concern to get lost in the multiple frustrations that are announced at once. Moreover, during these conflictual conversations, the spouses rarely try to double-check their understanding of their partner's messages (Daigen & Holmes, 2000). Instead, they jump to conclusions and head off on tangents based on what they presume their partners really mean. As a result, their conversations frequently drift, wandering from topic to topic, so that the conversation never focuses on one concern long enough to address it adequately.

Finally, studies show that spouses in distressed relationships tend to pay more attention to negative messages in their communication with one another (Baucom & Sayers, 1989; Fincham & O'Leary, 1983; Jacobson & Margolin, 1979). Even when the messages are largely positive or neutral, the negative features of these messages tend to become the focus of attention (Baucom, Epstein, Sayers, & Sher, 1989; Notarius, Benson, Sloane, Vanzetti, & Hornyak, 1989). This type of selective attention often propels couples into a downward spiral of negativity and fuels the contempt, defensiveness, and belligerence that typically characterizes the communication in these distressed relationships (Gottman & Silver, 1999).

Emotional Reactivity

Another important source of marital conflict is high emotional reactivity on the part of the couple. Spouses who engage in persistent conflict tend to be highly reactive to discordance; that is, they tend to experience high levels of emotional and physiological arousal during and after their disagreements (Levenson & Gottman, 1985; Gottman, 1994). This high level of arousal inhibits the understanding and problem solving needed for spouses to resolve their disputes. As frustration and distress increases with these couples, they tend to become more sensitized and reactive to conflict. Once a fight starts it is more likely to continue in the form of each spouse responding with anger and/or distance to the other's anger and/or distance (Bardbury & Fincham, 1987; Gottman, 1979; O'Leary & Smith, 1991). Marital conflicts thus become more prolonged, and fighting in future interactions becomes more likely.

Negative Reinforcement

Negative reinforcement can also play a role in promoting marital conflict. Negative reinforcement involves any behaviors that reduce the immediate aversiveness of conflictual interactions. However, while these behaviors may reduce hostility in the short run, they can foster greater problems in the long run. For example, one strategy for terminating marital conflict is to escalate the level of ongoing hostility. If, in the face of such negativity, one spouse withdraws or submits, not only is the behavior of the aggressive spouse rewarded, but the withdrawing spouse is negatively rewarded for avoiding the other spouse's anger. Over time this pattern can contribute to a maladaptive style of pursuit by one spouse and withdrawal by the other (Markman & Kraft, 1989).

If both spouses escalate their hostility, a vicious cycle of reciprocity can evolve, which in turn can again set up a pattern of negative reinforcement when one of the spouses finally submits (Gottman & Levenson, 1986; Jacobson & Margolin, 1979; Margolin, John, & Gleberman, 1988; Markman & Floyd, 1980). Furthermore, if both spouses tend to avoid anger and other expressions of negativity, this also can be rewarding in the short run; but in the long run a maladaptive pattern of withdrawal can develop, which again can lead to further distress in the marriage (Gottman & Krokoff, 1989).

Other Related Factors

While the previously discussed relational factors constitute the immediate driving forces involved in promoting chronic marital conflict, there are also a host of developmental and social factors that can contribute to generating discord between spouses. Major differences in personality types (Myers, 1980), emotional maturity (Bader & Pearson, 1988), family-of-origin differentiation (Williamson, 1991), and socialization experiences (McGolderick & Petro, 1994; Walters, Carter, Papp, & Silerverstien, 1988) have all been established as important sources of marital conflict. In addition, particular clinical problems such as sexual dysfunction (Wincze & Carey, 1991), alcoholism (Brown, 1985), battering (Cascardi, Langhinrichsen, & Vivian, 1992), depression (Beach, Sandeen, & O'Leary, 1990), and personality disorder (Weeks & Treat, 1992) have also been identified as sources of marital discord. Generally speaking, these factors can be viewed as the main contextual forces shaping the relational aspects of chronic marital discord.

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Resolving What Is Resolvable

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The research literature on marital conflict indicates that most couples, whether they are happy or unhappy, deal with many of the same types of problems--problems that often revolve around issues of intimacy, life style, finances, work, relatives, children, and religion (Gurman, 2008). For example, it is well known that regardless of whether couples report being happy or unhappy, they tend to rank order their problems by degree of severity in pretty much the same way. As it turns out, what distinguishes happy from unhappy couples is not so much the kinds of problems they experience, but the ways in which they address them. This article discusses what John Gottman and his fellow researchers discovered about the particular ways in which happy couples successfully address the conflicts in their relationship.

Ongoing Conflict

In his studies of marital conflict, Gottman (1999) found that approximately two-thirds of the time couples were arguing about ongoing problems that they had been disagreeing about throughout their relationship. Not surprisingly, Gottman found that these problems were usually rooted in the basic differences of the values and personalities of each partner. More surprising, however, is Gottman's finding that the conflict of contented couples was not so much related to their ability to resolve these problems, but to their capacity to establish a continuing dialogue about them. Because they were able to establish such a dialogue, they were able to avoid the gridlock and emotional disengagement that unhappy couples experienced with these problems.

Continuous Dialogue

Gottman found that the couples who established a continuous dialogue about their ongoing problems were able to do four things. First and foremost, these couples were able to be responsive to each other's bids for emotional connection. This responsiveness enabled them to draw on, as it were, their emotional bank accounts during times of conflict. The accumulation of good will in this "account" provided them greater access to expressions of humor, affection, and interest during their arguments. Second, these couples were able to make a distinction between their resolvable and unresolvable problems. In doing so, they were able to understand that much of their ongoing conflict was the result of basic differences they could not change about one another. So instead of trying to change them, these couples were able to work more with them--showing interest, humor, affection, and listening in their dialogue when these differences would arise. Third, while disagreeing with each other, and sometimes disagreeing quite strongly, these couples were still able to communicate a feeling of basic acceptance about their partners as persons--particularly in regard to those characteristics and aspirations that they found most troubling. Fourth, when they differed in their basic aspirations, these couples were able to respect and to some degree support their partners in pursuing their life goals. For these couples, supporting their partners' aspirations did not necessarily mean giving up the pursuit of their own life goals; rather, it meant there was enough leeway in the relationship for both partners to achieve their aspirations.

Bidding for Connection. Gottman found that reciprocal bidding is one of the key variables that predicted a couple's ability to maintain a continuous dialogue about their ongoing problems (Gottman & DeClaire, 2001). The "bid" is considered by Gottman as one of the most fundamental units of emotional communication in marital relationships. A bid can be any single expression that says, "I want to be connected to you." A response to a bid is just that--a positive or negative answer to a partner's request for emotional communication.

Bids and responses to bids can be big and dramatic such as we see in the movies: *“Will you marry me, Scarlet?” “I will, Brett, I will.”* Or they can be small and mundane like the exchanges that typically take place in everyday life: *“Get me a soda while you’re up, okay?” “Sure, do you want anything else?”* Bids also can be subtle: *“That’s a nice shirt.”* Or they can be very direct: *“I want to make love.”*

Positive responses to a bid typically lead to continued interaction, often with both partners extending more bids to one another. Listening to this kind of exchange, according to Gottman, is like watching a Ping-Pong game in which both players are doing well. Negative responses to a bid typically shut down emotional communication and the bidding comes to a halt. Of course, sometimes re-bidding can take place, but Gottman’s research shows that the probability that a partner may re-bid, once an initial bid has been rejected, is very low. That’s not to say that every bid that comes along needs to be accepted. However, a partner can refuse a specific invitation while still accepting the bid for emotional connection. Take the following example:

A: *“Do you want to go out to dinner tonight?”*

B: *“I wish I had time for dinner. I’ve got to finish this report tonight. Are there any other evenings we could go?”*

A: *“I’ll check my calendar, but I think next week at this time would work.”*

Gottman’s studies show that unreciprocated bidding is clearly destructive to the relationship. The couples in his studies who habitually rejected each other’s bids found themselves to be more happily married than couples in which just one partner (usually the wife) was constantly bidding and getting no response. He also found that once bidders are ignored or rejected, they usually give up trying to connect in the same way again. Among people in stable marriages, spouses re-bid just 20% of the time; however, in marriages that are headed for divorce, spouses hardly re-bid at all (Gottman & DeClaire, 2001).

Breaking Through Gridlock. A major obstacle to breaking through gridlocked conflict is the denial that couples have about the unresolvable nature of many of their problems. They typically harbor the mistaken belief that most of their problems are resolvable and that their partners can and should change for them. One useful aid in breaking through this denial is helping the couple embrace what euphemistically can be called the Relationship Declaration. This declaration, which is intended to be recited by partners to one another, consists of the following statement:

*Please help me obtain the necessary perspective
To accept the problems in our relationship that we cannot resolve;
To understand the problems in our relationship that we can resolve;
And to gain the wisdom to know the difference.*

When fully embraced and utilized, this declaration can serve as a valuable resource for helping the partners shift their perspective on the entrenched positions they take in their conflict with one another. Once this shift in perspective takes place, the couple can more readily start making concrete distinctions between their resolvable and unresolvable problems. As Gottman points out, this distinction is a key initial step because these two types of problems require different problem management strategies. In the case of their resolvable problems, the basic strategy entails applying a set of specific communication and problem solving skills that Gottman identified as essential for avoiding gridlock in marital relationships. In the case of unresolvable problems, the main strategy involves coming to terms with the different coping styles, marginalization, thwarted aspirations that routinely takes place in a couple’s gridlocked conflict. This last strategy, developed by Atkinson (2005) as an adjunct to Gottman’s findings, evolved out of his clinical efforts to help couples deepen their understanding of what they can do to work more effectively with their core differences.

Coping Styles. A major obstacle couples experience in dealing with their unresolvable problems is the different coping styles they utilize in attempting to manage their ongoing conflicts. As Atkinson (2005) observes, these coping styles typically evolve out of what each partner has discovered about what best maintains his or her own emotional stability. For example, one partner might find that life feels most stable when it is predictable and will tend to gravitate toward a style that emphasizes responsibility and discipline. The other partner might discover that life feels best when it involves risks and can be viewed as an adventure. This partner will likely gravitate toward a style that emphasizes spontaneity and will likely want to see his or her partner as a co-adventurer.

As the relationship between these partners develops, Atkinson (2005) argues that couples with these two different coping types are vulnerable to becoming gridlocked over issues related to predictability versus spontaneity. For example, they might gridlock over parenting issues, such as whether the children should have a firm bedtime or not. The more orderly-minded partner will respond in negative fashion to her spontaneous partner's tendency to ignore the children's bedtime, accusing him of being irresponsible. Conversely, the spontaneous person will judge the orderly partner's insistence on a consistent bedtime, accusing her of being too rigid or controlling. Extending this idea of different ways of coping, Atkinson (2005) proposes that there are generally five core differences in the ways in which couples maintain emotional stability that most frequently lay beneath their gridlocked conflict. The first of these differences involves the extent to which a partner's most basic inclination is to operate independently or to operate side-by-side of their mate.

Independence-First vs. Togetherness-First. When stressed, independence-first partners need space in order to be able to think things through. In contrast, togetherness-first people gravitate immediately toward others, and seek a measure of emotional comfort which then helps them to cope with stressful events. For these individuals, togetherness serves as a precursor to working independently. Togetherness-first partners often get their feelings hurt by independence-first partners when stress arises, because their efforts to connect are often rejected by the independence-first partners--not because they don't want to offer support, but rather because the togetherness threatens their own emotional stability (Atkinson, 2005).

Like each of the other core coping styles, the togetherness-first and independence-first tendencies are not simply preferences (like one partner preferring yard work over housework). These are the basic strategies people typically use to maintain emotional stability, and if they are frustrated in their attempts to utilize these strategies, anxiety will invariably increase. When stress arises, independence-first partners don't just want some personal space, they need it; and if they don't get it, they may be emotionally destabilized. The same is true for the togetherness-first partners. When stressed, emotional contact with their partners may be a necessary part of their process of emotional stabilization (Atkinson, 2005).

Future-First vs. Live For the Moment. A second core difference area involves how much partners feel they should delay present gratification for the sake of investing in future happiness. Some partners function best by delaying enjoyment until they have fulfilled all of their responsibilities. Others function best when they combine work and play. The second style prioritizes enjoyment of each moment more highly than the first style. The rationale for this style is that there is always more work to do, and if you wait to enjoy life until all responsibilities are fulfilled, you are going to miss some of the good parts of life. These partners find it difficult to stay focused on work to the exclusion of play, and are often attracted to careers that enable them to mix the things they like to do with their job requirements (Atkinson, 2005).

Predictability-First vs. Spontaneity-First. Another core difference that often generates gridlock involves the extent of predictability or structure that is needed in daily life. Predictability-first partners function best when they are able to minimize disorder, and organize their lives in predictable

ways. They like to prepare for life's challenges, leaving little to chance. These are the very same conditions that often bother spontaneity-first people. Spontaneity-first partners thrive on the unexpected, and typically have vigorous neural circuits for play, which are easily activated. The relationship aspirations of predictability-first people tend to center around the safety and protection that is possible when two people join together and fight off the forces that threaten their resources or stability. The greatest fear of predictability-first people is that life will become unstable due to a lack of planning that could have prevented the instability. Spontaneity-first partners often want a mate who will be a co-adventurer with them as they explore life's possibilities. The greatest fear of spontaneity-first partners is that life will become boring and empty. Monotonous routine can precipitate a sense of claustrophobic panic in a spontaneity-first partner (Atkinson, 2005).

Slow-to-Upset vs. Readily-Upset. Partners often differ with regard to how upset they let themselves get about undesirable circumstances. Readily-upset partners experience negative feelings frequently and intensely, and use their upset feelings to motivate themselves to become agents of change. In contrast, slow-to-upset partners have internal mechanisms that attenuate upset feelings as soon as they occur. They generally value interpersonal harmony and tolerance. They tend to believe that the world would function a lot better if everybody were more accepting of each other and didn't get so worked up when things didn't go their way. This doesn't mean that slow-to-upset people are always willing to accept the status quo. In fact, many slow-to-upset partners are effective change agents who feel that the key to their success is their ability to remain calm. In contrast, readily-upset partners use emotional intensity as a primary vehicle for change. They tend to rely on their upset feelings as a means of motivating themselves as well as getting others to accommodate to them (Atkinson, 2005).

Readily-upset partners value fairness over harmony. If a situation doesn't seem fair to them, or if a situation seems not right in some way, they will readily sacrifice equanimity for the sake of creating the possibility of change. Readily-upset partners don't mind shaking things up and are usually comfortable with conflict. To them, anger is a normal and essential part of life. Slow-to-upset people, on the other hand, feel unstable when anger or interpersonal tension arises. They often value maintaining harmony over needing to be "right." Even if something doesn't seem fair to them, they will sometimes just give in to keep the peace. To them, it's just not worth the conflict that may follow if they assert themselves. They often live by the motto, "Don't sweat the small stuff," a philosophy that really isn't that meaningful to readily-upset people, because unlike slow-to-upset people, they are often able to engage in highly conflictual conversations without getting worked up. Getting upset simply isn't that big of a deal to them, and they are often able to maintain an inner calm while appearing outwardly upset (Atkinson, 2005).

Slow-to-upset partners want relationships in which the partners are accepting of each other's differences and don't lose it when others fail to meet their expectations. They fear that if they were to become more like their readily-upset partners, life would be a never-ending series of conflicts. The needs of readily-upset partners center on feeling respected and influential in their relationships. One of their greatest fears is that, to be acceptable, they'll have to stuff their feelings and pretend everything is okay (Atkinson, 2005).

Problem-Solving-First vs. Understanding-First. Readily-upset partners must find ways to resolve their upset feelings, because they get upset fairly often. Slow-to-upset people don't get activated as easily as readily-upset partners, but they do get activated in some situations and must find ways to regulate these feelings. Furthermore, if they have readily-upset partners, they frequently must find a way to deal with their partners' upset feelings. There are two different ways of resolving these feelings. Problem-solving-first people see little value in dwelling on negative feelings, regardless of whether the feelings are their own or their partners'. They rely predominately on problem-solving as a means to feeling better. If they can't do something about the upsetting conditions, they often feel better by making a plan that they can carry out later. Once they have done all they can about an upsetting situation, they

often detach from their negative feelings by focusing on other things. They don't spend much time looking for sympathy or validation when they feel bad; instead, they look for more concrete forms of action on the part of their partners (Atkinson, 2005).

Understanding-first partners are almost opposite in this regard. They know that their uncomfortable feelings can be soothed by their partners in ways that require little more than a bit of understanding and validation, and they actively seek and expect these forms of emotional support. It's not that they aren't interested in changing the conditions that lead to uncomfortable feelings. For these partners, it's a matter of timing: validation and understanding come first; developing a plan of action comes second (Atkinson, 2005).

Managing Coping Differences. Differences in coping styles are often experienced as insensitivities or injustices, because each partner's way of maintaining emotional stability interferes with the other's way of maintaining stability. As Atkinson (2005) observes, rather than seeing a partner's behavior as arising from different ways of maintaining emotional stability, each partner interprets the other's behavior from within his or her own framework, and the other person appears as uncaring and controlling. "I would never disrespect my partner the way in which she treats me!", or "I would never get upset about something as minor as that!" This is an easy mistake to make. In a sense, each partner is just following the Golden Rule. The only problem is that there is more than one way to cope effectively with life.

When these differences are successfully addressed, they provide the foundation for an alternative to the pathologizing explanation that each partner has for the other's behavior. Specifically, when these adjustments in thinking about the other partner are made, each partner is able to say to themselves something like the following: "My partner wants to do things his way because if he tried to do things my way, it would mess him up, not because there's something wrong with him, but rather because he has a different way of navigating life than I do. I think it would mess me up, too, if I tried to do things the way that he wants me to. This isn't about right or wrong, it's about the different ways in which we manage stress in our lives" (Atkinson, 2005).

Feeling Marginalized. It is often difficult for each partner to accept a valid explanation for the other's behavior because the other's behavior seems so extreme. However, a person's extreme reactions are usually the result of feeling marginalized by his or her partner. When each partner constantly judges the other by his or her own standard, and the other continually falls short, each partner begins to write the other person off as flawed at some basic level (insensitive, selfish, negative, mean-spirited, etc.). When a wife begins believing that her husband is defective, it is almost impossible for him to change, because to change would be like admitting that his wife was right all along. As a matter of survival, the husband must prove that his wife is wrong. The last thing he will want to say is, "Oh, I can see what you mean. You're fine, but I'm deficient. Here, let me fix myself for you!" No, what he'll say is some version of, "To hell with you! I won't budge an inch because I'm not wrong!" The husband believes (perhaps correctly) that once his wife has developed a view of him as flawed, he will never be able to prove otherwise, even though he might try. This can lead him to think, "What's the point in even trying? I might as well just do whatever I want" (Atkinson, 2005).

In short, the marginalized interpretations that partners often have of each other usually begin with legitimate differences in their aspirations and coping styles. These differences become a source of deep frustration, but rather than understanding their partner's behavior as different but legitimate, each partner begins to judge the other as wrong. As each partner comes to realize that they have been summarily written off and dismissed by the other, they each dig into their respective positions, become polarized, and move to even more extreme positions with one another (Atkinson, 2005).

To help couples pull back from their polarization and marginalization, Atkinson (2005) designed a set of therapeutic methods aimed at helping partners express more open-mindedness and self-possession during their disputes. The methods facilitating more open-mindedness help partners stay flexible by doing such things as monitoring internal reactions, avoiding personal judgments, finding understanding, explaining what's at stake, offering assurances, and giving equal regard. The methods facilitating self-possession help partners assert themselves in a caring manner by doing such things as giving the benefit of the doubt, promoting respect, requesting recognition, trying again later, and (when needed) refusing to continue with business as usual. Atkinson found that the consistent application of these methods plays a critical role in motivating and helping partners stay relaxed, open, and flexible with one another.

Aspirations. Most partners enter their relationships with deeply held aspirations and hopes about their lives. Each partner's dreams are personally compelling, often arising from important formative experiences each has had (Gottman, 1999). The legitimacy of these aspirations seems so self-evident that they tend to assume that they should be shared by their partners. The problem is that there are a variety of different, legitimate aspirations for how relationships can be, and sometimes important aspirations come into conflict. This is almost always the case when couples gridlock on specific issues.

The methods that Gottman developed to address this aspect of couples' ongoing conflicts are twofold. The first intervention is uncovering the life aspirations that underlie each partner's entrenchment in an uncompromising position. This typically involves uncovering stories, hopes, and dreams that each partner holds as part of the way in which they attach purpose and meaning to their lives. The second intervention is changing the influence patterns in the relationship so that both partners can proceed to honor one another's dreams. Gottman found that when partners make room for each other in this manner, it increases their emotional connection and reduces the gridlock in their conflict.

Resolvable Conflict

Gottman's (1991) research indicated that about one-third of couples' conflicts involved problems that led to some kind of resolution. These problems were usually more specific and situational, such as difficulties with not having enough quality alone time or disagreements about how to divide the household work more equitably. Gottman found that the mediation of these problems depended on the effective application of certain communication and problem-solving skills. He identified six key skills that successful couples routinely applied in addressing these kinds of difficulties. These six skills are: (1) using a softened start-up, (2) complaining constructively, (3) attempting repairs, (4) accepting influence, (5) finding compromise, and (6) soothing tension.

Start-Up. Start-up is the way in which a topic of disagreement is broached and is a critical factor in determining the outcome of a couple's disagreement. If the start-up is harsh--if it contains the expression of negative emotions, then the disagreement will more likely escalate into an attack-defend mode of conversation that will become adversarial and ultimately gridlocked. However, if the start-up is softened--if it involves the use of tact and the expression of positive statements, then the disagreement will more likely move to a problem-solving mode of conversation that will result in some resolution of the issue involved. Here are some examples of harsh versus soft start-ups:

Topic: You want your partner to express more affection toward you.

Harsh Start-Up: You never touch me.

Softened Start-Up: I loved it when you kissed me in the kitchen the other day. You are a natural born kisser. I would really like it if we could have more moments like that.

Topic: Your partner's car has a new dent in it. You are concerned that your partner is not being a careful driver and are worried about your partner's safety.

Harsh Start-Up: I saw the new dent in your car. When are you going to stop being so reckless?

Softened Start-Up: What happened? I am really getting worried about your driving, and I want you to be safe. Can we talk about this?

As the above examples indicate, the key elements involved in successful startups include beginning the conversation with something positive, using “I” statements, expressing appreciation, and limiting the number of concerns expressed to just a few issues.

Complaining. Complaints are often expressed when concerns are raised. If the complaint is presented in a constructive manner, it is best expressed in terms of specific behaviors rather than in terms of generalized personality or character traits. Partners who express their concerns through criticism (i.e., those who attack each other personally), get bogged down in defensiveness and recrimination. In contrast, partners who express their concerns through constructive complaining invite listening and problem-solving.

Gottman proposed three basic guidelines for constructive complaining. First, concerns should be stated without criticizing the person; second, concerns should focus on specific behaviors rather than global judgments; and third, concerns should be stated as personal perceptions and not as absolute truths (Gottman & DeClaire, 2001). Here are some examples of how concerns can be successfully or unsuccessfully expressed:

Criticism: You left dirty dishes all over the kitchen again. You promised me you wouldn't. I just can't trust you, can I?

Complaint: It upset me when I came home and there were dirty dishes in the sink. I thought this morning we had agreed that you would wash them.

Global Judgment: You're always so cold toward me.

Specific Behavior: At night, when I try to snuggle with you, I can feel your body get tense.

Absolute Truth: I hate that you're the type of person who never thinks to call and tell me you'll be late coming home. You always leave me hanging. You care more about your friends than you do about our relationship.

Personal Perception: I expected you to come home right after work. When you didn't, it made me feel like you care more about going out with your friends than spending time with me.

Couples who adhere to these guidelines can greatly increase the likelihood that their concerns are heard and addressed. Moreover, these practices can also help establish and maintain a more respectful and caring relationship for the couple.

Repair. Repair attempts are any brief expressions that reduce or eliminate negativity in a couple's interaction. They can involve one or both partners commenting on the communication itself, supporting or soothing one another, or providing appreciations to ease their complaints (Gottman & DeClaire, 2001). Attempts at repairs can involve many forms of expression including:

Feeling Statements

“I'm getting scared.”

“Sounds like it's all my fault.”

“That hurt my feelings.”

Appreciation Statements

“That's a good point.”

“I know this isn't your fault.”

Sorry Statements

“I really blew that one.”

“Let me try that one again.”

“How can I make things better?”

Calming Statements

“I need your support right now.”

“I need to finish what I'm saying.”

“This isn’t your problem, it’s our problem.”

Perspective Statements

“We are getting off track.”

“Let’s agree to disagree here.”

“Give me a moment, I’ll be back.”

“Can we take a break?”

Compromise Statements

“I agree with part of what you’re saying.”

“I never thought of things that way.”

“Let’s agree to include both of our views in a solution.”

Gottman found that no single form of repair works all the time. For instance, a sorry statement might work well on one occasion, but the same sort of comment in another situation might make things worse. That said, according to Atkinson (2005), one method emerged in his research as more reliable than the others: the offering of specific forms of assurance. After a failed argument, people who possess this skill begin by asking themselves, “Did my partner think I was saying that he was wrong, or out of line in some way?” or “Did my partner think I was saying that my opinion or preferences should count more than his?” When arguments have gone awry, the answer to these questions is often “yes.”

Atkinson (2005) contends that the most effective thing that can be done at this juncture is to offer one of two kinds of assurance:

Type 1 – Assurance of Non-Judgment. Example: “Look, I got pretty upset, and I’m sure you felt criticized by me, but I don’t really think there’s anything wrong with the fact that you don’t care as much as I do about how clean the house is. I’m sure that there are some people who wouldn’t be bothered by this sort of thing, and there are probably others who would. We may just have different priorities or preferences here.”

Type 2 – Assurance of Flexibility. Example: “There’s no reason why you should have to adopt my standards any more than I should have to adopt yours. I’m willing to try to work together on this issue. Can we find some common ground?”

The caveat to this approach is that partners can’t offer assurances such as these if they aren’t really willing to be flexible or if they aren’t truly open-minded about the possibility that their mate’s viewpoint could be as valid as their own. If their attitude doesn’t match their words, their partner won’t believe them. The offering of an assurance is completely dependent upon their ability to shift from a judgmental to non-judgmental attitude, and their willingness to give equal regard.

Influence & Compromise. Accepting influence is a key aspect of remediating conflict. It involves finding those parts of the other partner’s position that can be understood and with which agreement can be found. For conflicts that are not gridlocked, this involves the couple coming to terms with the reality that sharing or relinquishing influence is a key aspect of effectively resolving their disputes and is an important condition for the successful preservation of their relationship. Accepting influence is particularly important in responding to repair attempts. This means that the receiving partner needs to find those parts of the repair attempts that he or she can respond to positively. In essence, the receiving partner needs to view the repair attempts as an effort to make things better. When this occurs and repair attempts are accepted, the tension in the dispute can be lessened and the door can be opened for some kind of compromise to take place. A compromise occurs when the couple is able to arrive at more of a common understanding of their conflict and is able to construct a position or agreement that both partners can live with. This last part about coming up with a position or agreement that both partners can live with is important to emphasize because it means that neither party has to be enthusiastic about the compromise; they just have to be able to accept and work with it (Gottman & DeClaire, 2001).

Tension. When a couple is in conflict, one or both partners can experience a blend of strong negative emotions (particularly feelings of hostility and helplessness). These emotions can often push

one or both partners to a state of intense physiological arousal characterized by increased heart rate and stress-related endocrine responses. As a result of this heightened state of arousal, fight or flight reactions become more likely as one or both partners become highly vigilant and attempt to detect cues of danger. In this state of alert, the brain is severely limited in its ability to process any other information which, in turn, greatly limits the couple's capacity to successfully negotiate their conflict. Consequently, it is imperative that both partners be able to self-soothe and to help soothe one another so that they can process the relevant information necessary to the resolution of their differences. Self-soothing typically involves a partner learning how to better monitor his or her physiological arousal and to utilize appropriate calming techniques. Helping soothe one another typically entails employing techniques that the other finds relaxing (e.g., massage, humor, holding, reassurance) and developing non-threatening "withdrawal rituals" when the tension becomes too intense in a disagreement (Gottman & DeClaire, 2001).

Summary

Most marital conflict is about ongoing problems that never get fully resolved. What matters most is the relational climate around which these problems get addressed. Either couples are able to establish a continuous dialogue about their ongoing problems or their conflict is likely to become gridlocked. Furthermore, the conflict that does get resolved depends on the partners' effective application of various communication and problem-solving skills including: (1) using a softened start-up, (2) complaining constructively (3) attempting repairs, (4) accepting influence, (5) finding compromise, and (6) soothing tension. In addition to communication and problem-solving, other relational factors, like maintaining emotional connection, also play an important role in helping regulate conflict in intimate relationships.

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Recovering from Infidelity

Paul David, Ph.D.*

“The infidelity is not in the sex... but in the secrecy. It isn’t whom you lie with. It’s whom you lie to.”

Frank Pittman
Private Lies

After the devastating discovery of infidelity, intense emotions and recurrent crises are the norm in intimate relationships. The good news is that many couples cannot only survive infidelity; but as relationship researcher John Gottman (2012) has found, they can use this crisis as an opportunity to become more honest with one another and start building a stronger relationship together.

Infidelity is one of the primary reasons couples seek therapeutic help (Subotnik & Harris, 2005). A striking paradox is that while studies of married people indicate that the vast majority overwhelmingly disapprove of infidelity, sexual infidelity is a frequent marital phenomena (Zare, 2011). Estimates vary considerably but a moderate approximation is that about 14% of wives and 22% of husbands experience extramarital intercourse (Glass, 2003; Whisman & Snyder, 2007). Moreover, a number of studies show that the rates of infidelity are gradually rising and that the infidelity gap between men and women is closing primarily due to the rising infidelity rate for women (Anderson, 2012; Mark, Janssen, & Milhuasen, 2011).

When emotional affairs and sexual intimacies without intercourse are included, the incidence of infidelity increases by approximately 15-20% for married people (Glass, 2003). Furthermore, when the higher levels of infidelity in cohabiting relationships are taken into consideration (Hertlein, Wetchler, & Piercy, 2005), I estimate that as many as two-thirds of these couples will likely break their agreement for sexual or emotional exclusivity during the lifetime of their relationship.

Definitions

Historically, infidelity was defined as violating an agreement of sexual exclusivity between partners married, cohabiting, or otherwise in a committed relationship (Hertlein, Wetchler, & Piercy, 2005). More recently, the definition of infidelity has expanded beyond the criterion of sexual intercourse to include such behaviors as cybersex, sexting, compulsive use of pornography, physical intimacy (such as kissing), and emotional intimacy with another person outside of the primary relationship. At its very core, infidelity is now thought of as any behavior that breaks the relational agreement that two partners have made between one another (Lusterman, 1998; Perel, 2017).

Causes & Types

The causes of infidelity are complex and varied. While affairs are more likely to take place in troubled relationships (Gottman & Silver, 2012), they occur in happy ones as well (Glass, 2003). The interpersonal reasons partners typically provide for their unfaithfulness include loneliness, lack of affection, and sexual frustration. Although the unfaithful partner may not be getting enough from the relationship, it is just as likely that the unfaithful partner is not giving enough (Glass, 2003; Perel, 2017).

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Multiple affairs may indicate a compulsion for sex, love, or romance. People driven by love and romance become preoccupied by the passion of a new relationship. Sexually driven people are compulsively attracted to the high and the anxiety release of sexual orgasm (Carnes & Carnes, 2010). But such release comes with a price—feelings of shame and worthlessness. In contrast, philanderers who perceive sex as an entitlement of gender or status take advantage of opportunities without guilt or withdrawal symptoms (Glass, 2003).

Emotional attachments range from casual sex and "one-night-stands" to long-term love affairs. Casual sexual involvement occurs more in men, whereas emotional involvement without sex is more common among women (Gottman & Silver, 2012). An emotional affair differs from a platonic friendship in three basic ways: First, there is greater emotional intimacy than in the primary relationship; second, there is sexual attraction and chemistry between the two parties; and third, secrecy and deception are employed to maintain the relationship (Glass, 2003). Sexual pursuits via the internet, which cause relational distress despite lack of actual physical contact, exemplify emotional affairs. However, combined-type affairs in which intercourse occurs within a deep emotional attachment usually have the most disruptive impact.

Vulnerabilities leading to infidelity are often linked to relational problems (e.g., avoidance of conflict, fear of intimacy) or life cycle changes (e.g., transition to parenthood, empty-nest) (Gottman & Silver, 2012). Some dissatisfied partners begin an affair as a way of exiting from an unhappy relationship. More frequently, however, the history of the relationship is re-written to justify an ongoing affair. As Glass (2003) points out, it is unreasonable to compare a forbidden love affair that is maintained by romantic idealization with the routine familiarity of a long-term relationship.

The Impact of Discovery

It is common for both partners to experience depression (including suicidal thoughts), anxiety, and/or a profound sense of loss following the initial disclosure. The maelstrom of emotion experienced by the betrayed partner resemble the post-traumatic stress symptoms of the victims of catastrophic events (Glass, 2003; Gottman & Silver, 2012; Perel, 2017).

Common reactions to the loss of innocence and shattered assumptions include obsessively pondering details of the affair; continuously watching for further signs of betrayal; and physiological hyperarousal, flashbacks, and intrusive images. The most severely traumatized are those who had the greatest trust and were the most unsuspecting. Unfaithful partners may fear that they will be punished forever for the betrayal while they grieve for the lost dreams associated with the affair (Lusterman, 2005).

Treatment & Recovery

Along with domestic violence, couple therapists consider infidelity as one of the most challenging problems to treat (Gordon, Baucom, & Snyder, 2005). Not surprisingly, there are a myriad of approaches in the clinical literature for the treatment of infidelity. The clinical approach I have found most useful is based on an interpersonal trauma model primarily drawn from the work of Glass (2003) and Gottman (2012).

Therapeutic Direction. The first issue to be addressed in therapy is clarifying whether the purpose of treatment is rebuilding the relationship, resolving ambivalence about whether to remain together, or separating in a constructive way. One partner may want to reconcile while the other partner is still ambivalent or has decided to leave.

When the ambivalence is pervasive (and it often is), then a series of conjoint and individual sessions can help sort out the involved concerns. At this juncture, assisting the couple in assessing the likelihood of future betrayal can be initially helpful in the decision making (Gottman & Silver, 2012). If the ambivalence persists, then helping the couple step back and assess the viability of their relationship can be a useful means of addressing the ambivalence (Doherty, 2011).

Stages of Treatment. If the decision is to move forward in the relationship, the treatment format is primarily a conjoint one with the initial stage focused on establishing safety and addressing the painful emotions involved. Understanding the vulnerabilities for the infidelity and telling the story of the affair comprise the middle stage. Integrating the meaning of the affair into the present and moving on into the future is the final stage of healing and forgiveness.

As Glass (2003) points out, a wall of secrecy in the relationship and a window of intimacy in the affair usually characterize these triangles. Reconstructing the relationship requires reversing the walls and windows by erecting a wall with the affair partner and a window of honesty with the betrayed partner.

Establishing Safety. Recovery cannot begin until contact with the affair partner is terminated. Stopping an affair does not mean just ending the emotional and sexual aspects of the relationship. All personal discussions, coffee breaks, texts, and phone calls must also be stopped. When the affair partner is a co-worker, the contact must be strictly business, and necessary or unplanned encounters must be shared with the spouse in order to rebuild trust (Glass, 2003).

Atonement. Atonement is a major step in the healing process. This process involves the unfaithful partner accomplishing three related tasks. First, the unfaithful partner must take responsibility for his or her actions without blaming the infidelity on the problems in the relationship. This accountability typically involves the unfaithful partner being able to own the infidelity as a hurtful choice he or she made.

Second, the unfaithful partner must also be able to repeatedly express heartfelt remorse and take full responsibility for the hurt he or she has caused. Atonement cannot take place if the unfaithful partner makes excuses or insists that the betrayed partner take partial blame for the infidelity. Atonement also requires that the betrayed partner not shut the door on forgiveness. If he or she gets caught up in hurt and anger, the couple will not be able to move forward in their relationship (Gottman & Silver, 2003).

Third, while taking personal responsibility and showing genuine remorse are essential factors, another central component of atonement is becoming more accountable. This typically involves the unfaithful partner agreeing to become more transparent about interactions with all parties, websites, and software connected to his or her infidelity. This transparency usually entails providing the betrayed partner with open access to the electronic devices, particularly cell phones and computers, that were instrumental to the infidelity.

Telling the Story. A guiding principle of recovery is that disclosures and discussions about the infidelity will enhance healing (Vaughn, 2003). A destructive process of interrogation and defensiveness never promotes healing, even if the answers are truthful. The initial discussions often resemble the adversarial interaction between a detective and a suspect; but with the help of a therapist, these discussions can evolve from a truth-seeking inquisition to a more open-minded process of information seeking (Glass, 2003).

Simple facts such as who, what, where, and when can be answered during the early stages of treatment to relieve some of the pressure for information. It is preferable to delay complex questions about motivations and sexuality until later in the therapeutic process. In these later discussions, Gottman

(2012) correctly cautions to avoid discussing specific details about the sexual relationship so as to attenuate the obsessive rumination that can trigger or exacerbate posttraumatic stress in the betrayed partner.

What Went Wrong. Once the basic facts about the infidelity are established and a sense of truthfulness is re-established, both partners need to arrive at an understanding of what factors in the relationship may have contributed to the infidelity (Gordon, Baucom, & Synder, 2005). At this juncture, it is important for the couple to keep in mind that infidelity can and often is related to difficulties in the relationship, but these difficulties don't cause infidelity per se because by definition it is the result of a choice to break an agreement where more honest alternatives were available.

In attempting to figure out what wrong, general explanations such as “We were going through a bad patch” or “We were spending too much time apart” are not sufficient enough. Both partners need to fill in the details to these explications. For example, the unfaithful partner might address why he or she began to invest less in the relationship and became less dependent on getting his or her needs met through it. Likewise, the faithful partner might explore if he or she noticed anything awry in the relationship; and if he or she was aware of something askew, the faithful partner might discuss what he or she specifically noticed. By addressing these and related concerns, the couple can develop a mutual explanation of what went wrong so that they will be able to take steps to protect and nurture the intimacy in their relationship (Gottman & Silver, 2012).

Forgiveness. If the couple can arrive at an honest and joint understanding of what went wrong, the couple can then start to explore what they can do to improve their relationship. In these discussions, care again needs to be taken to avoid blaming the betrayed partner for deficiencies in the relationship; but at the same time, the betrayed partner must be willing to cooperate in addressing these deficiencies and be open to letting the unfaithful partner earn back his or her trust (Bradbury & Karney, 2014).

As a result of these discussions, the unfaithful partner demonstrates his or her willingness to being more forthright and to putting the relationship first. From this experience, the betrayed partner begins to regain trust and to consider forgiving the unfaithful partner. However, this does not mean the unfaithful partner is fully absolved; rather, it means that the betrayed partner is willing to make a good faith effort in putting to rest his or her resentments and in working to improve the relationship (Gottman & Silver, 2012).

The good faith effort that the betrayed partner makes to restore his or her faith is usually fraught with struggle, and when genuine forgiveness prevails, the betrayed partner comes to two fundamental realizations: First, he or she eventually recognizes that the hostility toward the unfaithful partner is becoming increasingly counterproductive and will have the unintended consequence of impairing his or her own well being. Second, while not budging on the unacceptability of the infidelity, the betrayed partner gradually comes to accept the reality of the infidelity and that no amount of holding on to the resentment about it will bring him or her peace. In essence, the betrayed partner is able to let go of the painful past and return to the present they want to build (Baumeister, Exline, & Sommer, 1998).

Reestablishing Intimacy. A key aspect of the recovery process is that the couple reestablish their sexual relationship. Often the betrayed partner doesn't want to risk feeling close again. But as Gottman (2012) stresses, the relationship can't really begin again until this aspect of their intimacy is reinstated. The type and degree of difficulties in their sex life will directly affect how readily the couple will be able to accomplish this task. Gradual rather immediate resumption of relations generally leads to more successful recovery (Amodeo, 1994).

Signs of Recovery. When the couple has worked through the infidelity, the following changes in the relationship are likely to have occurred: (1) the vulnerabilities for the infidelity are understood and have been addressed; (2) the couple has gained a requisite level of trust, commitment, mutual empathy, and shared responsibility for change; and (3) the couple's relationship is stronger and more intimate.

Post-Infidelity Outcomes

Couples who manage to stay together and who work diligently at addressing the issues involved in recovery from infidelity are in a good position to move forward in their relationship. However, the post-infidelity outcomes for couples who attempt recovery vary considerably. Perel (2017) identifies three basic outcome types: (1) Sufferers—those who cannot let go, (2) Builders—those who let go but don't address the basic problems in their relationship, and (3) Explorers—those who let go and address the fundamental problems in their relationship.

As hard as they might try, many couples get bogged down in their efforts to understand what went wrong and to find forgiveness. Sufferers become particularly ensnared in the black hole of their blame and cannot move forward—all the while refusing to call it quits. For these couples, the healing process becomes entangled in a stalemate where the couple cannot move beyond their mutual antagonism. In contrast, Builders are more worried about keeping their relationship and family in tact. They try to patch up things as best and as quickly as they can. They make amends, renew their vows, try to find some passion; but they are not looking for major renovations in their relationship.

It is the Explorers who are committed to making major changes in their relationship. Like Builders, these couples conscientiously progress through the stages of recovery; but unlike Builders, Explorers come to see the infidelity as a double-edged sword—one that is credibly hurtful but one that is also painfully illuminating about what must change. Embracing this awareness, Explorers start talking to each other more openly and honestly about their intimacy and conflict. These discussions galvanize a willingness to be more attuned and responsive to each other's needs. This kind of glasnost opens up a space for exploration in which the couple can more deeply reconnect by reconsidering and restructuring their relationship.

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Infidelity: The Prisoner's Dilemma

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“To understand is to perceive patterns.”

Isaiah Berlin

The Hedgehog and the Fox

Infidelity in monogamous relationships takes many forms, but it always involves partners pursuing their own interests and breaking their promise to remain faithful. A game designed to examine the nature of self-interest in human interactions is the Prisoner's Dilemma. When applied to monogamous relationships, this game provides a mathematical model of the competing incentives involved in partners remaining faithful or cheating on one another. This article discusses the Prisoner's Dilemma, the game theory it is based on, and how this model informs us that self-interest is more about being faithful and conciliatory in the long run than pursuing our own selfish agendas in the short run. The focus of this discussion is on the logic rather than the mathematics of this model.

The Prisoner's Dilemma

The Prisoner's Dilemma was originally developed as a game by mathematicians to analyze and predict decision-making strategies when there are competing alternatives (Dawes, 1988). This game is called a dilemma because it poses a hypothetical scenario in which two jailed suspects are led to make an individual decision that is against their mutual interest. In its classic version, the police interrogate the two suspects separately. Despite the possibility of no conviction if both refuse to confess, each suspect is given the incentive of a lesser sentence to confess with the threat of a more severe sentence if one confesses but the other does not. As a result, it is in each suspect's self-interest to confess, but it is in their collective self-interest to hold out and not confess (Gottman, 2011).

Developed back in the 1960's, the Prisoner's Dilemma has morphed into hundreds of different games designed to examine the role that self-interest plays in decision-making (Poundstone, 1992). Although there are a myriad of scenarios, the basic structure of this game is the same. In any given round, there is a payoff of some kind, let's say six points, that can be evenly divided into three points for each of the two players, but what one player gets depends on whether the other player decides to split the points.

The challenge in this game is for each player to make a choice without knowing what the other one has decided. Again, deciding to cooperate means that both players receive three points. Deciding not to cooperate, or what game theorists refer to as “defection,” results in a player obtaining at least one and possibly five points. However, if one player does decide to cooperate, that player runs the risk the other player will defect—collecting everything and leaving him or her with nothing. If both decide not to cooperate, they each receive one point. A summary of these different choices and combination of payoffs is delineated in the following matrix:

		Player B	
		Cooperation	Defection
Player A	Cooperation	(3,3)	(5,0)
	Defection	(0,5)	(1,1)

Given the uncertainty and payoff structure of this game, the logical solution is defection because a player who does not cooperate gets at least one point and possibly five points. In game theory, this particular choice is known as Nash’s equilibrium (named after John Nash who won the Nobel Prize in mathematics for his contributions to game theory). Nash’s equilibrium is the decision point where Player A’s best response is the same as Player B’s best response. As in these two-player games, the Nash equilibrium is not necessarily the most optimal outcome, but is the most advantageous decision the players can make when neither one is certain about what the other one will decide (Gottman, 2011). At the most abstract level, Nash’s equilibrium provides a solid mathematical basis for the logical choice between competing interests (Myerson, 1997).*

Because of its predictive capacity, this game theory model was initially applied to decision-making in economics and then eventually expanded to a wide range of other fields, ranging from political science to evolutionary biology (Camerer, 2003). Particularly when later research focused on the corresponding brain chemistry involved, it became increasingly clear that the logic of decision-making is not as purely rational as this model had originally assumed. As explained in the next section, subsequent research on the Prisoner’s Dilemma showed that decision making in humans is as much subcortical and limbic as it is cortical (Demasio, 1994; Lee, 2008; Guttman, Zeh, Pagnoni, Bems, & Kitts, 2002).

* For those interested in the mathematics of game theory, which are extraordinarily dense, there is a proof of Nash’s equilibrium for two-person games that is less elaborate than the more complex one that won the Nobel Prize. This proof goes as follows: Suppose that A and B are $m \times n$ matrices of real numbers and the strategy for Player A is a vector $p \in \mathbb{R}^m$ with

$$p_i \geq 0, \sum p_i = 1,$$

and the strategy for Player B is vector $q \in \mathbb{R}^n$ with

$$q_i \geq 0, \sum q_i = 1.$$

Nash’s equilibrium is a pair consisting of a strategy p for Player A and a strategy q for Player B such that for every strategy p' for A, $p' \cdot Aq \leq p \cdot Aq$, and for every strategy q' for B, $q' \cdot Bp \leq p \cdot Bq$. The idea is that $p \cdot Aq$ is the expected outcome for Player A when A chooses strategy p and Player B chooses q . The first condition states that Player A cannot improve his or her outcome by unilaterally switching to some other strategy p' . Similarly, the second condition states that Player B cannot improve his or her expected outcome by unilaterally switching to some q' . Thus, given these conditions, Player A’s best response is the same as Player B’s best response (Coleman, 1999).

Fidelity in Intimate Relationships

As a game, the Prisoner's Dilemma is designed to explain how decision-making in human interactions is rule-governed (Camerer, 2003). When applied to fidelity in monogamous relationships, the numeric values in this game have no representational value other than to delineate the logical parameters of a couple's decision-making when the partners commit to fidelity. In this respect, the Prisoner's Dilemma highlights the challenges often involved in being faithful in monogamous relationships. In these relationships, both partners attempt to ensure a basic level of stability and predictability by agreeing to exclude other intimate relationships. In the context of game theory, they choose to mutually cooperate because it is the strategy that provides them the highest mutual payoff in the form of generating possible long-term attachment and security. However, like with the Prisoner's Dilemma, there is also the possibility of one partner taking advantage of the other partner's fidelity by selectively cheating because it has the highest individual payoff—a payoff that allows one partner to satisfy short-term interests (like sexual gratification) from a secondary partner while retaining the long-term benefits (like income security) from a primary partner.

Based on the reward structure of this game, where cheating has higher possible individual benefits, why do people decide to cooperate? Furthermore, in monogamous relationships, where partners still have the option of surreptitiously seeking out other opportunities, why do partners choose to remain faithful to one another? In other words, when self-interest is more likely to be rewarded in the short run, why do people try to cooperate and remain faithful in the long run?

The answer to this question is a complex one that involves multiple levels of influence. At the social level, one important factor is that humans are socialized to adhere to moral and ethical standards that value honesty and cooperation (Greenberg, Schmader, Arndt, & Landau, 2015). These standards are codified in civil and religious canons that provide extensive social inducements and punishments to conform to these expectations. At the psychological level, another significant factor is that the affection and attachment humans experience with one another promote their desire to remain faithful (Fisher, 2004; Mikulincer, 2006). Because of the interdependence involved in these bonds, partners in intimate relationships place a very high premium on being able to trust one another. Consequently, when this trust is violated, it often leads to severe condemnation of the cheating partner and withdrawal of trust by the faithful partner (Gottman, 2011).

Another overarching influential factor is that evolution has selected for reciprocal altruism in humans. Unlike most other social species, humans have been sculpted by evolution to engage in mutual cooperation with both relatives and nonrelatives alike (Axelrod & Hamilton, 1981; Trivers, 1971). As a result, part of the neural wiring in humans is designed to help them resist the temptation to selfishly accept but not reciprocate cooperation—particularly in regard to other family members (Rilling, Guttman, Zeh, Pagnoni, Bems, & Kitts, 2002).

A less apparent factor of why people remain faithful has to do with how reciprocal altruism is embedded in human brain chemistry. According to recent MRI studies of people playing the Prisoner's Dilemma, researchers found that when a subject cooperated, activity in the ventral striatum, the brain's reward center, would light up (Lee, 2008; Rilling, Sanfey, Aronson, Nystrom, & Cohen, 2004). In these studies, the ventral striatum was more sensitive to the total amount earned by both players, rather than to either player's individual accumulations.

What are the implications of these findings? First, there appears to be a basic altruistic component to the hard-wiring in our brains that derives more gratification from attending to the well-being of others rather than being solely concerned with our own welfare. Second, and even more importantly, along with the altruism there is a deep need for us to feel connected to our fellow human

beings, and cooperation is the main survival mechanism that has evolved in the form of mirror neurons to produce this sense of connection (Dixit & Nalebuff, 2008; Pfaff, 2007).

In his MRI studies, researcher Mathew Lieberman (2013) found that our brains react to social pain and pleasure in much the same way as they do to physical pain and pleasure. He also found that our deepest pleasures are based on our ability to stay faithfully connected to the most important people in our lives. When particularly coordinated by the executive functions of the frontal cortex, this brain activity often leads us to restrain our short-term selfish impulses to preserve the longevity of our relationships (Kolb & Whishaw, 2011). These neural mechanisms lead to behavior that might seem inconsistent with our self-interest in the short run, but they are really about maintaining our well being in the long run.

Forgiveness in Relationships

The game theory studies on social dilemmas not only inform us about the nature of cooperation, they also highlight the central role that contrition and forgiveness can play in facilitating cooperation in relationships (Gottman & Silver, 2012). Here's why: when two subjects play one round of these games, they typically don't believe the other one will cooperate and, as a result, they predictably defect. The players are unfamiliar with each other and typically arrive at a Nash's equilibrium that fits their short-run perspective. However, when they play multiple rounds, the game gets more complicated in the sense that future cooperation typically depends on how the cheater reacts after he or she deceives the other player.

This reaction is an important variable in these games because if both players simply revert to a tit-for-tat pattern of retaliation (and they often do), it soon becomes clear to the players that their payoffs (1,1) will be minimal. In other words, if the cheating player is going to increase his or her chances of prevailing, he or she will have to cooperate even if the other player ceases to. Game theorists refer to this process as "contrition" and it eventually leads to another Nash's equilibrium based on trust and cooperation that results in consistently higher payoffs (3,3) for the players.

This process of contrition parallels what takes place in monogamous relationships that are attempting to recover from infidelity. As Gottman's (2012) research on repair of infidelity has shown, the unfaithful partner "must stick with the process and work to win back the other's trust, even if the partner doesn't respond at first" (p. 170). In their extensive study of people playing the Prisoner's Dilemma over hundreds of times, game theorists Robert Axelrod and Albert Chamman (1965) consistently found that contrition was a key variable in restoring trust and cooperation. This is not to say that the betrayed partners should blindly accept offers of future fidelity, but it does underscore the need for persistence and eventual acceptance of apologies as a critical step in recovering from infidelity.

Implications of Game Theory

Game theory models like the Prisoner's Dilemma provide a useful framework for understanding how individual decision-making in monogamous relationships can adhere to predictable patterns of self-interest. Originally designed by mathematicians to examine the logic of self-interest in decision-making, more recent studies applying game theory have demonstrated that self-interest is also influenced by subcortical and limbic brain chemistry that promotes honesty and reciprocal cooperation. The implications of these findings for monogamous relationships not only highlight how self-interest and faithfulness are amalgamated, they also point out the critical role that contrition and forgiveness can play when partners do cheat. As game theory reliably predicts, when contrition and forgiveness take place, faithfulness and cooperation tend to arise in future interactions—moving the relationship to a new Nash equilibrium based on trust. From this perspective, fidelity in monogamous relationships can be viewed as more about our contentment than our imprisonment.

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Finding Forgiveness in Intimate Relationships

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One of the key factors that distinguish happy couples from unhappy couples is not so much the degree of their conflict, but the degree to which they are able to repair their conflict (Gottman, 2011). Repair involves a variety of remedial actions including providing apologies, accepting responsibility, acknowledging hurt feelings, and so on. However, forgiveness is one of the most commonly used and effective forms of repair partners can offer to one another for hurts and wrongs that are the most troubling.

At its core, forgiveness is the decision to let go of the resentments and thoughts of retribution partners have toward another. This decision is influenced by a combination of intrapersonal and interpersonal factors. At the intrapersonal level, it typically is motivated by the partners' desire to relieve the pain of their emotional disconnection and by the wish to restore their relationship to a more harmonious state of affairs. At the interpersonal level, this decision is influenced by the offended partner expressing less blame and by the offending partner taking corrective steps to reestablish the damaged relationship.

In order for full forgiveness to take place, Baumeister, Exline, and Sommer (1998) argue that it must occur at both the intrapersonal and interpersonal levels. When it fails to take place on both of these levels, they maintain that forgiveness will likely be incomplete. They point out that obtaining full forgiveness is particularly challenging for intimate relationships because partners adopt biased perspectives about their transgressions. Offenders tend to minimize the adverse impact of their actions, and those offended often fail to acknowledge mitigating circumstances and their own contributions to the problem. As a result of these divergent views, the process of forgiveness requires the offended partner "to cancel a debt that is larger than the one the perpetrator acknowledges" (Baumeister et al., 1998, p. 85).

Factors of Forgiveness

The likelihood that one partner forgives the other for a transgression depends on at least four factors. First, relatively minor acts are more likely to be forgiven than more severe acts (McCullough, Rachal, Sandage, Worthington, Brown, & Hight, 1998; Ohbuchi, Kameda & Agarie, 1989). Second, offended partners who are generally more empathetic, agreeable, and emotionally stable are more inclined to be forgiving (Brown, 2003; McCullough & Hoyt, 2002). Research also shows that those partners with a more secure attachment style are more likely to forgive transgressions (Milulincer, Shaver, & Slav, 2006).

Third, when apologies express empathy for the offended partner, they tend to promote forgiveness (Weiner, Graham, Peter, & Zmuidinas, 1991). However, apologies are not always accepted if the offended partner does not believe they are sincere enough. Fourth, forgiveness is more likely to take place when the levels of commitment and satisfaction are high for both partners (Gottman & Silver, 2012). If the couple has already invested a great deal into their relationship, the offended partner will likely be motivated to preserve this investment by forgiving the offending partner's misdeeds (Van Lange, Rusbult, Drigotas, Arriaga, Witcher, & Cox, 1997).

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Stages of Conflict

In their struggle to achieve forgiveness, couples typically go through three stages of conflict (Gordon & Baucom, 1998). In the *impact stage*, partners learn of the transgression and begin to recognize the effect it has on them and their relationship. This is a time of great disorientation and confusion that is filled with anger, recrimination, and withdrawal. Typically, the offended partner tries to absorb what has happened and the offending partner attempts various forms of damage control.

As the impact stage gives way to the *meaning stage*, the offending party attempts to provide less defensive explanations of what happened and the offended partner tries to make sense of what went wrong. Having a better understanding of the incident enables the offended partner to make some sense of what the offending partner has done. This understanding can also help the offended partner better contend with the feelings of powerlessness that invariably accompany the hurt.

The transition to the final *resolution stage* occurs as both partners find ways to adjust to, and move beyond, the incident. At the interpersonal level, gestures of forgiveness are continually made toward the offended partner in the hope of restoring the relationship. This primarily takes the form of the offending partner's increased capacity to express his or her remorse and to take responsibility for the hurt he or she has caused. At the intrapersonal level, it involves the offended partner coming to two fundamental realizations: First, he or she comes to recognize that further hostility toward his or her partner will likely become increasingly counterproductive and will eventually have the unintended consequence of harming his or her own well being. Second, while the offended partner knows what happened was unacceptable, he or she comes to recognize he or she must accept the fact that the wrong did happen and that no amount of holding on to his or her resentment will change this reality. As a result of these realizations, the offended partner eventually comes to see his or her partner in a more benign light, rather than in the harsh light of what happened. In essence, the offended partner is gradually able to let go of the past that he or she wanted and return to the present that he or she needs to build.

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Sexual Compulsivity & Its Treatment

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Sexual compulsivity is defined as the inability to control one's sexual behavior as evidenced by compulsive engagement in sexual activities despite their negative consequences (Carnes, 2001). As one of many types of compulsions, sexual compulsivity is a behavioral disorder that satisfies a short-term craving, and persists despite its long-term negative consequences (Mate, 2010).

If left untreated, sexual compulsivity can come to dominate an individual's life completely. Sexually compulsive people can and do make sex a priority more important than family, friends, and work. Eventually, over time sex becomes the organizing principle of these peoples' lives. As a result, they are often willing to sacrifice what they cherish most in order to preserve and continue their unhealthy behavior.

This article presents an overview of sexual compulsivity including its various types, its etiology, its neurochemistry, its disclosure, and its treatment. The treatment portion of this article focuses on a number of therapeutic protocols in the literature that have been identified with successful recovery.

Types of Compulsivity

Sexual compulsivity involves a wide variety of behaviors, and when these behaviors become habitual, they become increasingly unmanageable. The most common manifestations of this type of out-of-control sexual behavior are habitual masturbation, extramarital relationships, pornography, cybersex, prostitution, and paraphilia. Paraphilia is a type of sexual disorder characterized by persistent and repetitive sexually arousing fantasies and behaviors that are associated either with the use of nonhuman objects for sexual satisfaction (e.g., fetishism), the use of real or simulated suffering and humiliation (e.g., sadomasochism), or sexual activity with non-consenting parties (e.g., obscene phone calls) (American Psychiatric Association, 2000). The type of paraphilia that is abusive and illegal, such as obscene phone calls and exhibitionism, is often referred to as "noxious" paraphilia (McCarthy, 2003).

Another type of sexual disorder that involves sexually compulsive behavior, but does not involve illegal or abusive behavior, is known as compulsive variant arousal (McCarthy, 2005). Compulsive variant arousal is a habitual preoccupation and ritualization of sexual behavior that serves as a substitute for intimate and interactive sex. It typically involves fetishism, masturbating to pornography, engaging in cybersex, and having impersonal sex with strangers (McCarthy, 2003).

Variant arousal is a very powerful compulsive pattern. For example, early in a marriage a partner might be sexually active in the relationship, but over time he or she becomes increasingly inactive and gets caught up in the narrow confines of variant arousal. Rather than feeling involved and turned on during partner sex, the addicted partner tries to focus on variant fantasies and activities. While most men and women use fantasies as a bridge to sexual desire and arousal, variant fantasies and behaviors serve as a type of distancing phenomena from their partners. In reality, the other partner cannot compete with this distorted fantasy and secret world. Consequently, individuals with this pattern of arousal gradually become disconnected both emotionally and sexually from their partners (McCarthy, 2003).

Etiology & Neurochemistry of Compulsivity

Individuals who develop sexual compulsivity typically have well known profiles. The first profile, and increasingly the most common one for sex addicts, is that these individuals have been extensively exposed to intensive sexual experiences in the digital media. Two decades ago, experts in human sexuality believed that arousal patterns were well established by early adolescence (Crooks & Baur, 1987). Today, as Carnes and Carnes (2010) point out, it is common for sex addicts to describe obsessive preoccupation with sexual behaviors they were not even familiar with until their use of digital media. The reason for this unusual development is that the brain has the extraordinary ability to rewrite its synapses in the pursuit of sexual pleasure and is able to promote the continual need for self-administration of these sexual experiences. The digital production of multiple stimuli clearly intensifies that adaptation implicit in synaptic rewiring. As a result, addicts report feeling intensely sexual an inordinate amount of the time at a level they had not experienced prior to using digital media (Carnes & Carnes, 2010).

The second profile, and by far the most common one for sexually compulsive people, is more developmental in nature. This profile involves the growing up experiences of sexually compulsive people. Most sexually compulsive people have backgrounds where they experienced any one or a combination of the following circumstances: they grew up in disturbed family settings, they experienced childhood abuse, they had other compulsions, and/or they had other family members who were compulsive and/or addictive (Carnes, 1991). As Mate (2010) concludes, early childhood and family difficulties are usually at the center of compulsive behaviors. He points out that the effects of early stress or adverse experiences shape both the psychology and the neurobiology of compulsion. In effect, these early stressors eventually lead to distortions in the thinking and malfunctions in compulsive person's neurochemistry.

In the brains of sexually compulsive individuals, production and uptake of key neurochemicals such as dopamine and endorphins are often malfunctioning, and the compulsive behavior tends to provide them with a short-term correction that allows them to feel better. This is especially the case for sex compulsivity where the human brain is wired to seek out this form of intense stimulation. For example, the human brain recognizes sex cues 20% faster than any other stimulus presented to it (Anokhin et al., 2006). Sex, like food, is differentiated from other compulsions because sex is wired in the brain for survival and is designed to be activated by the senses (Carnes & Carnes, 2010). Thus, sex compulsivity are particularly challenging to overcome because of this in-built wiring and neurochemistry.

Another significant component in this brain chemistry is the fear of being exposed, whether it comes from earlier traumatic history or adolescent risk taking. In this context, fear of being exposed becomes a major neurochemical catalyst in the brain that releases various hormones which further enhance the reward centers in the brain. So where fear would normally act as an inhibitor to manage sexual behavior, in this situation it serves as an accelerator that actually intensifies sexual compulsivity. At the same time, this phenomenon of fear also promotes a well organized set of psychological defenses that help rationalize and minimize this behavior (Carnes & Carnes, 2010).

Regardless of what circumstances apply, both of the above profiles together present an overview of what factors make individuals vulnerable to sexual compulsivity. While each set of factors can in and of themselves lead to sexual compulsivity, it is important to point out that the second set can and does lay the groundwork for increased vulnerability to the second set. Thus, those individuals who have painful growing up experiences and who have been exposed to chronic addictive behavior are much more susceptible to remediating their pain through compulsive behavior—including compulsive sexual behavior. As a result, they are much more likely to get caught up in the virtual sex of digital media as a way of self-soothing their anxieties and insecurities.

Partners of Sexually Compulsive People

Sexual compulsivity is often shrouded in secrecy and shame. Most compulsive people will go to great lengths to conceal their sexual behaviors—creating a world of confusion and pain for their partners. Because of these complications, it is common for the non-compulsive partner to bring the couple's problems to the attention of a therapist. As Carnes and Carnes (2010) point out, partners of sexually compulsive people fall into two categories: those who know about the compulsive behaviors and those who don't. The partners who know about the compulsions typically don't know about the extent of the behaviors, and sometimes may have even minimized or rationalized the behavior (e.g., believing men can't control their sexual urges). Usually the other partner learns about the full scale of the compulsivity through a staggered disclosure process. This process usually begins with a discovery by the partner (e.g., finding evidence of cybersex on the computer) and then is often accompanied by the compulsive partner engaging in following set of responses: (1) denying everything, (2) disclosing what he or she thinks she or she can get away with, (3) revealing more, (4) becoming more forthright as more information is discovered, and finally (5) disclosing the full extent of the compulsivity (Carnes & Carnes, 2010).

This elongated disclosure process can unfold over years and can be repeated many times. This has the effect of severely eroding trust in the relationship and is usually very traumatic for the betrayed partner. Research has shown that some of these partners can actually experience trauma symptoms (Steffens & Rennie, 2006). These partners typically need to experience honesty and accountability on the part of the compulsive partner so that they can be empowered with the truth and have enough hope to continue in the relationship (Carnes & Carnes, 2010).

Treatment Protocols

Once a problem of sexual compulsivity has been identified, there are a number of treatment protocols that have been identified as critical to successful recovery. Experts in the field of treating sexual compulsivity have emphasized the importance of individual, couple, and group therapy as the key clinical elements in leading to successful recovery (Carnes, 2001; Schneider, 1990; Earle & Crow, 1998).

Individual Therapy

In regard to individual therapy, Carnes (2001) has identified key tasks which can be integrated into early treatment. These include: (1) breaking through denial, (2) learning about sexually compulsive behavior, (3) surrendering to the process of recovery, (4) limiting damage from acting-out behavior, (5) establishing sobriety, (6) insuring psychological health and well-being, and (7) participating in a culture of support and accountability. These are not necessarily sequential, and most people seeking recovery will begin working on several of these simultaneously during the initial phase of treatment.

Establishing sobriety early on in treatment is a critical—yet often difficult—task. One helpful tool for maintaining sobriety is a Sexual Sobriety Contract. Through this tool, behaviors can be broken down into “red light” (off limits because they constitute relapse), yellow light (off limits because they threaten or bring the person close to relapse), and “green light” (important to do) categories. This detailed plan of action can be shared with one's partner as part of the overall process of restoring relational trust. In developing this plan, the therapist can help the client recognize the people, places, emotional states, relational dynamics that trigger the client into compulsive reactions which need to be avoided or effectively managed. For instance, if one's primary form of acting out is the Internet, computer usage can be limited to certain times or places, and filters and monitoring software can be used (Orzack & Ross, 2000).

Helping the recovering client report all sexual acting out behaviors, as well as going over a

complete history of sexual socialization are important tasks in early treatment (Earle & Crow, 1998). As the therapist actively listens to the client's story, questions are asked to determine key moments in the development and/or escalation of the compulsive patterns of sexual behavior. Furthermore, this process helps clarify what still needs to be shared with the client's partner. It is also important to note that clients who victimize others often have a history of being victimized themselves (Murry, 1991). While focusing on the client's own victimization in no way justifies the his or her offending behavior, it does point to the importance of working through previous personal abuse and neglect.

Indeed, unresolved anger/resentment and shame (a sense of being fundamentally flawed) often accompany childhood abuse or neglect, and are two common fuels for compulsive sexual behavior. As a result of therapy, clients can move from resentment and/or shame about having been abused, to appropriate guilt and apology work about their own abusive sexual behavior(s). This healing process helps the client to not only stop destructive behaviors, but to experience a sense of real happiness versus the fleeting pleasure of acting out. Such a transition may often require helping the client access, express, and resolve emotions which have been repressed for many years.

Group Work

Group work can provide the recovering client insight, support, and accountability. Through group work, the recovering client can break through their denial, can develop more emotional honesty, and can form relationships which transcend the ethical limitations of the therapist-client relationship. For example, clients report that one of the most helpful "green light" behaviors is to call a peer from the group when triggered or slipping into the compulsive cycle.

Options for group work include therapist-led and self-help groups. Therapist-led groups, where available, can provide a structure and consistency, which is particularly important in early treatment. Self-help groups consist mostly of 12-step oriented groups (Sexaholics Anonymous, Sex Addicts Anonymous, etc.). Within these 12-step groups, it is common to seek out a "sponsor" with whom one can work through the 12-steps and check-in regarding sobriety. Such groups can provide the added benefit of increased flexibility (more groups per week, different hours, locations, etc.) at no cost financially.

Couple Therapy

When the client is in a committed relationship, involving the client's partner is an important part of recovery. Initially, a partner may fail to see the need to be involved, or fear that the client has now convinced the therapist that he or she is to blame. A well informed and relationship oriented therapist can help clarify the possible benefits of such involvement. Initial work with the couple will largely consist of helping the partners work through the trauma they have been through. Ultimately, any sexual dysfunction or destructive coping patterns will have to be addressed and resolved in order for the relationship to heal.

Partners of sexually compulsive people often have their own compulsive behaviors and cognitive distortions which frequently escalate within the context of the relationship. These can include obsessive working, detective work, enabling, ignoring their own needs, making excuses for their partner, and/or trying to control their partner's compulsive behavior (Earle & Crow, 1998; Schneider, 1990). This interconnected dynamic involving both the so-called "identified patient" and the other partner (often referred to as co-dependent) often leads to enmeshment and/or heightened reactivity within the relationship, creating fertile ground for acting-out behaviors by both partners. Furthermore, a trained therapist can help the couple recognize when they are caught in this interaction pattern and identify healthier alternatives. Indeed, balancing support and challenge of the other partner is a difficult yet critical task. Referring the partner to support groups such as Co-Dependents of Sex Addicts (COSA) or recommending materials may prove beneficial.

Regarding disclosure, most people who are with sexually compulsive partners have found out about their destructive behaviors through discovery rather than through honest sharing. Thus, they have learned to be excellent detectives in an attempt to make sense of the craziness which inevitably surrounds them. For this reason, a critical goal of couple therapy is obtaining open disclosure where the sexually compulsive partner learns to share everything deemed necessary for the couple to move forward in a more positive direction.

When infidelity has taken place as part sexual compulsivity, most partners will need both direction and motivation from the therapist to stay on a path that will ultimately lead to restoration of relational trust (Glass, 2001; Spring, 1997). When both partners express a desire for remaining together, a process of interpersonal reconciliation can be particularly helpful (Case, 2005). Interpersonal reconciliation involves a multi-step process in which each partner focuses on key tasks involving thoughts, feelings, and behaviors pertinent to the infidelity (Worthington & DiBlasio, 1990).

As part of this reconciliation process, the offending partner concentrates initially on apology work including:

- Making a full disclosure of the sexual behavior that took place, and if sexual contact was made with other persons, specifying what protection was or was not used;
- Acknowledging completely the hurtful behavior(s) that took place;
- Developing understanding and empathy on the impact the addictive behavior had on the other partner;
- Learning how and why the behavior developed and identifying what issues need to be addressed/resolved;
- Developing a detailed plan of action to avoid repeating the hurtful behavior;
- Sharing this plan with the other partner and faithfully following through with it; and
- Providing a sincere apology and asking for the opportunity to restore trust.

Following his or her partner's lead, the betrayed party focuses on a process of understanding and exoneration including:

- Acknowledging the injustices and their impact;
- Honestly expressing and working through feelings of hurt and anger;
- Learning to recognize "red flags" and set needed boundaries for self-protection;
- Shifting from judgment of the person to judgment of the behavior;
- Recognizing one's own hurtful behaviors in the relationship;
- Ceasing to punish the other person out of revenge or efforts to control the other partner; and
- Choosing to resume interactions that promote intimacy in the relationship.

By providing this detailed roadmap, the therapist can help the couple understand that healing is possible but requires work in specific areas over time. Initial sessions can focus on assisting them understand the need to work through painful emotions rather than avoiding them through premature expressions of forgiveness (Hargrave, 1994). As the process unfolds, it can be helpful to have each partner write an on going letter as they do their apology and reconciliation work. Sharing the letters at the end of their healing journey can provide a powerful shift into what for many couples proves to be a better relationship than they ever imagined.

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The Science of Intimacy: The Evolution of Couple Therapy

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The evolution of couple therapy as a scientific enterprise is a work in progress. Like other fields in mental health, couple therapy is in a continual process of refining its theory and practice by means of empirical investigation. However, as a relative newcomer, couple therapy has lagged behind other mental health fields as a scientific endeavor (Gurman, 2015). This article first discusses the ways in which some of the initial relational models in couple therapy were informed by these empirical investigations and then discusses how the field was particularly advanced by the research of John Gottman and his associates.

Initial Relational Models

Prior to the 1960's, the mental health field was largely dominated by individually oriented models of treatment. Fueled by the groundbreaking research in communications and relationships, the field of family therapy played a major role in advancing more interpersonally oriented treatment approaches in the early sixties (Gurman, 2015). Pioneering clinicians such as Virginia Satir, Murray Bowen, Carl Whitaker, and Don Jackson developed a wide range of therapeutic approaches designed to correct the dysfunctional patterns of interaction that they hypothesized are responsible for symptoms of psychopathology (Goldenberg & Goldenberg, 2013).

One influential publication about couple therapy that advanced this new relationship perspective was *The Mirages of Marriage*. In this book, Lederer and Jackson (1968) posited that healthy marriages are characterized by reciprocal interactions wherein one spouse responds to the others' good behavior with his or her own good behavior. They argued that couples who practiced this reciprocity would succeed and the ones who didn't would fail. They called this approach quid pro quo and proposed that couple therapy should focus on helping partners establish a contingency contract in which they would agree to "give to get."

The quid pro quo approach fit well into the new relational thinking and was widely accepted as a basic axiom by many couple therapists. However, later research demonstrated that contingency contracting didn't really work. For instance, Murstein, Cerreto, and MacDonald (1977) found that partners operating on quid pro quo principles tended to become preoccupied with keeping track of their exchanges and, as a result, became more dissatisfied with their relationships. These researchers discovered that partners who did not become preoccupied with reciprocity were much more satisfied with their relationships because they wanted to express their caring feelings without necessarily getting something in return.

Another influential publication advancing this new interpersonal perspective was *The Intimate Enemy*. In this book, George Bach (1969) emphasized that marital partners should be able to openly express their resentment and anger toward one another. He argued that if they could actively air these emotions, instead of letting them accumulate, it would clear the air and improve the communication between them. Based on this rationale, Bach focused his treatment on helping partners take turns voicing their hostilities. He even encouraged them to hit one another with foam bats called batakas.

Like the quid pro quo approach, Bach's cathartic approach had little or no beneficial effect. As it turned out, these cathartic methods were not that cathartic after all. In fact, they had the reverse effect in that they were more likely to leave partners with more resentment and anger than when they began

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therapy. Later clinical research showed that facilitating the unregulated expression of resentment and anger leads to the expression of more—not less—of these negative emotions (Tavris, 1989; Tavris & Aronson, 2015).

Despite these findings, Bach makes an important point regarding the suppression of resentment and anger. It is well established that bottled up resentment and anger can lead to depression, withdrawal, and bitterness in relationships (Tavris & Aronson, 2015). However, as researchers like Gottman (2011) point out, these negative emotions are not the basic problem because they are hard-wired responses to perceptions of being unfairly treated or being thwarted from achieving a goal. The more central problem is the dysregulation of these feelings. As later research showed, Bach's mistake was to focus on getting partners to express their resentment and anger without helping them better regulate these emotions (Gottman, 2011).

Just as Bach held that the suppression of resentment and anger is one of the central problems, other clinicians took the opposite position that the expression of these emotions is the primary difficulty in marital relationships. A particularly influential family systems theorist taking this position was Murray Bowen. Bowen (1978) held that emotional reactivity interferes with the problem-solving capacities of couples. He advocated that partners should strive to remain as calm and rational as possible in their conflicts with one another. Bowen also took the position that partners need to be sufficiently differentiated to maintain a healthy relationship. By this he meant that they need to be comfortable with their own independent sense of themselves and be able to express this part of themselves without getting entangled in the anxieties of other people—particularly other family members.

Later research in neuroscience brought into question Bowen's emphasis on the paramount importance of rational functioning in maintaining healthy relationships. This research showed that emotions play a key role in facilitating effective human interaction and problem solving (Kahneman and Tversky, 1996). This research also demonstrated that humans depend on emotionally intuitive functions to effectively manage their interactions and relationships with one another (Demasio, 1994). Subsequent outcome studies in couple therapy demonstrated the beneficial effects of partners expressing their emotional insecurities and nurturing their emotional dependence with one another. Sue Johnson's emotionally focused therapy proved to be particularly successful with couples in this regard (Johnson, Hunsley, Greenberg, & Schlinder, 1999).

The Science of Intimacy

Empirical research was successful in bringing into question many of the faulty conceptions about intimate relationships, but it wasn't until a series of studies conducted by John Gottman and his associates (Gottman, 2002; Gottman & Levenson, 1984, 1988, 1992, 1999; Gottman, Coan, Carrere, & Swanson, 1998; Jacobson & Gottman, 1998; Levenson & Gottman, 1983, 1985; Levenson, Carstensen, & Gottman, 1994) that the scientific basis for improving intimate relationships became more firmly established. These researchers developed innovative observation and coding methods to record the complex ways in which marital partners interact in non-clinical settings. These studies were not focused on clinical treatment per se, but on identifying key communication and problem solving patterns of both healthy and unhealthy marital relationships.

The observational studies by Gottman and his associates produced groundbreaking findings that were influential across the theoretical spectrum in the field of couple therapy. The general approach they took in these studies was to measure any variable they thought might be likely related to how couples fare over time, then they would follow the couples over many years, tracking how the couples' marriages would progress. These studies included newlyweds, couples in the first seven years of marriage, gay and lesbian couples, violent marriages, and long-term couples in their 40s and 60s (Atkinson, 2005).

A number of these studies were conducted in an apartment laboratory at the University of Washington. Couples lived at this special lab for 24-hour periods with video cameras recording everything that happened between them. These studies used a multi-method approach, observing the couples in three domains: (1) interactive behavior—coding partners' behavior and emotions as they interacted in various contexts, (2) perception—studying partners' perceptions of themselves and each other through questionnaires, video recall procedures, attributional methods, and interviews, and (3) physiology—measuring partners' autonomic, endocrine, and immune system responses. These researchers found that variables in each of these domains predicted different marital outcomes (Atkinson, 2005).

These researchers developed interview protocols documenting the participants' marriage histories, their parents' marriage histories, their philosophies of marriage, and their levels of comfort with basic emotions. They also gathered qualitative data about the rituals, roles, life dreams, and goals that guided the couples in their search for meaning. When these researchers had measured everything they considered relevant, they then sent the couples back home, and followed them carefully—for, in some studies, up to 20 years (Atkinson, 2005).

Failure & Success in Intimate Relationships

Many of the findings from these studies were summarized in Gottman's (1999) *The Marriage Clinic* and *The Seven Principles of Making Marriage Work*. From this research he established that there are four major predictors of relationship dysfunction that he called the Four Horsemen of the Apocalypse. The first Horseman is criticism. This type of dysfunction involves partners blaming their problems on one another's character flaws. The second Horseman is defensiveness. This relational dysfunction takes place when partners react to one another's criticisms by deflecting them back—often by becoming the victim or counterattacking. The third Horseman is contempt. Caught in a criticize-defend cycle of interaction, partners' frustrations morph into feelings of superiority and disgust toward one another. The fourth Horseman is stonewalling. This dysfunction involves partners shutting down from one another. When this occurs, partners curtail their interactions and become emotionally withdrawn.

From this same research, Gottman and his associates also identified key predictors of relationship success. When their research team observed couples discussing their problems, those with the highest relationship satisfaction expressed understanding and empathy in their disagreements. Moreover, it wasn't just that they were more positive, it was that the relationship of their positive to negative interactions maintained a ratio of at least five-to-one (5:1).

Conversely, Gottman and his associates discovered that couples with low relationship satisfaction and high divorce rates had much lower ratios at a level of one positive interaction for every negative one (1:1). These researchers also found that this ratio for successful couples was on the average much higher at a level of twenty-to-one (20:1). Based on these findings, they concluded that successful couples have relational bank accounts of positive interaction that they draw upon to help them get through the rough times when they are in conflict.

Building on an impressive body of evidence from his research about what predicts marital success, Gottman (2002) developed his Sound Marital House model of intimate relationships. In this model, Gottman organized his findings into seven different levels of effectiveness. The first three levels form the foundation of this relationship house and the other four levels constitute its superstructure. Brief descriptions of these levels of relational effectiveness are as follows:

Level #1: Developing Love Maps. At the most basic level, successful partners develop a working

knowledge of each other's internal and external worlds. As a result, they know each other's likes and dislikes, friends and enemies, aspirations and insecurities, etc. In effect, they have a detailed road map of each other's lives and they make sure they continually update it as their lives change.

Level #2: Promoting Fondness & Admiration. Making use of their knowledge of each other, successful partners regularly express caring behavior toward one another. In doing so, they are particularly mindful about expressing their respect and affection toward one another in small and everyday ways.

Level #3: Turning Toward. Successful partners make sure to pay attention to each other's bids for connection. These bids may be for attention, affection, conversation, humor, emotional support, and so on; but these partners make an effort to be responsive to these requests for acknowledgement.

Level #4: Generating Positive Sentiment Override. This level is achieved when the first three levels have been firmly established. Positive sentiment override is a state of perception in which successful partners perceive neutral and negative events as positive. When this phenomenon takes place, partners are more likely to experience their relationship in a positive light and are less likely to find fault with one another.

Level #5: Managing Solvable Problems. Successful partners focus their problem solving efforts on issues that are subject to negotiation and don't get bogged down in problems that are embedded in their personality, coping, and lifestyle differences. When conflicts arise, these partners apply effective communication and problem solving strategies such as using soft startups, complaining constructively, soothing tension, making repairs, accepting influence, and finding compromise.

Level #6: Honoring Dreams. Successful partners make efforts to know and make room for one another's life dreams. This effort helps make their relationship secure enough for the partners to more fully be themselves and to find ways to realize their aspirations.

Level #7: Creating Shared Meaning. Successful partners work at building common meaning in their relationship. As a result, they carry out formal and informal rituals of connection, supporting each other's life roles, emphasize shared values, and identify common life goals.

Together, these seven levels comprise the essential building blocks for achieving success in intimate relationships. In referring to the scientific relevance of these building blocks, Atkinson (2005) points out that "for the first time, we now have... compelling empirical evidence that there are personal prerequisites for succeeding in intimate relationships. Those who want to succeed in love must have specific interpersonal abilities, and we now know exactly what these abilities are" (p. 2).

Summary

Many of the early interpersonally oriented couple therapies benefited from the empirical investigations that revealed the faulty assumptions and limitations of their approaches. However, much of the research on couple therapy focused on the efficacy of different treatment approaches rather than on the efficacy of different communication and problem solving approaches in intimate relationships (Gurman, 2015). It was not until the research of Gottman and his associates that clear empirical evidence emerged about how healthy and unhealthy couples function differently.

Gottman's research also provided compelling evidence that there are a critical set of relational capabilities that intimate partners need to employ if they are going to maintain a healthy relationship. While Gottman (2011) went on to develop his own therapeutic method of enhancing these capabilities, his

findings provided a sound scientific basis for the clinical significance of enhancing these relational capabilities in couple therapy. This achievement constituted a major breakthrough that enabled the field of couple therapy to become a more advanced science of intimacy.

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Wedding the Gottman and Johnson Approaches into an Integrated Model of Couple Therapy

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Despite the established efficacy and the recognition that the Gottman and Johnson approaches have achieved in the field of couple and family therapy (Bradley, Friend, & Gottman, 2011; Byrne, Carr, & Clark, 2004; Gottman, 1993; Gottman & Gottman, 2008; Gottman & Kimberly, 2005; Halchuk, Makinen, & Johnson, 2010; Johnson, 2008a; McLean, et al., 2008; Naaman, Pappas, Makinen, Zuccarini, & Johnson-Douglas, 2005), there is surprisingly little in the literature that discusses the integration of these two models. This lack of synthesis is particularly noteworthy given the trend toward the integration of treatment models in the field of couple therapy (Benson, McGinn, & Christensen, 2012; Blow & Sprenkle, 2001; Davis & Piercy, 2007a; Davis & Piercy, 2007b; Halford & Snyder, 2012; Sprenkle, Davis, & Lebow, 2009; Gurman, 2008).

This article discusses how the Gottman and Johnson approaches are compatible and how they can be successfully wed into a more comprehensive model of couple therapy. This discussion is divided into two parts. Part One delineates the major features of each therapeutic approach and examines their key differences, commonalities, and strengths. Part Two shows how these therapeutic approaches can be amalgamated into an integrated couple therapy (ICT) model and how their different methods can be incorporated into this ITC model.

Part One: Delineation

While both Gottman and Johnson agree that one of the most important cornerstones of their therapeutic approaches is improving the emotional regulation and connection of the couple, they differ in their theoretical roots, in their conceptualization of marital relationships, and in their treatment methods (Gurman, 2008; Young, 2005).

Gottman's Approach

Gottman's approach was developed from his research about the relational factors that contribute to failed marriages and about the therapeutic interventions that contribute to maintaining successful marriages (Babcock, Gottman, Ryan, & Gottman, 2013; Bischoff, 2002; Gottman, 1982; Gottman, 1998; Gottman, 2004; Gottman & Gottman, 2008; Gottman & Levenson, 1984; Gottman & Levenson, 1988; Gottman & Levenson, 1992; Gottman & Levenson, 2002a; Gottman & Levenson, 2002b; Gottman, Markman, & Notarius, 1977; Gottman, Ryan, Swanson, & Swanson, 2005; Jenicus & Duba, 2003; Levenson & Gottman, 1985; Madhyastha, Hamaker, & Gottman, 2011; Shapiro, & Gottman, 2005;). His early research was not so much focused on how to facilitate clinical treatment, but on identifying key communication and problem solving characteristics of both healthy and unhealthy marital relationships. Because of this research emphasis, he avoided becoming identified with any particular school of couple therapy, and his observational studies produced ground breaking findings that were influential across the theoretical spectrum in the field of couple therapy (Atkinson, 2005; Young, 2005).

Some of Gottman's most influential research findings had to do with his depiction of the

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interactional components of marital distress. His findings demonstrated that when couples become distressed, their communication becomes increasingly characterized by criticism, defensiveness, contempt, and stonewalling that spiral their relationship downward into a state of negative sentiment override where they view even neutral and positive events as negative. Building on this dynamic, Gottman was able to show how distressed couples experience a cascade of escalating conflict, negative reactivity, distancing, and isolation in their relationships.

Gottman eventually began testing and developing a set of methods designed to reverse this cycle marital distress. He and his associates gradually assembled these methods into a clinical approach based on what he calls “Sound Relationship House Theory.” This approach is designed to help couples deepen their friendship, strengthen their conflict management, and create shared meaning and purpose in their relationship (Gottman, 2002; Gottman, Driver, & Tabares, 2002; Gottman & Gottman, 2008; Gottman, Swanson, & Swanson, 2002). Gottman has shown that these methods can be successfully applied to improving a variety of marital relationships, including those experiencing severe distress, those transitioning to parenthood, those experiencing minor domestic violence, and those suffering the effects of poverty (Gottman, Ryan, Swanson, & Swanson, 2005; Shapiro, & Gottman, 2005; Babcock, Gottman, Ryan, & Gottman, 2013; Gottman, 2004; Gottman, Ryan, Swanson, & Swanson, 2005).

Gottman’s (1999) Sound Relationship House (SRH) therapy is comprised of a series of protocols and methods that are organized into what he terms an “orderly and logical” therapeutic process. Although Gottman and Gottman (2008) do not formally organize these methods and interventions into stages per se, they do present them as a series of treatment steps that can be broadly summarized into the following four stages: (1) assessment of the couple’s emotional connection and conflict, (2) enhancement of the couple’s friendship, (3) improvement of the couples’ conflict management, and (4) reinforcement of the advancements that have taken place and, if necessary, counteraction of the various forms of resistance that emerge while implementing the previous stages. When applied to distressed couples, this therapeutic process is geared to be completed in an average of 15-20 sessions (Gottman & Gottman, 2008).

The role of the SRH therapist is to carry out these stages of treatment that contain what Gottman and Gottman (2008) call the “blueprints” for helping couples improve their relationship. These blueprints serve as an explicit guide for SRH therapists to help couples develop the requisite perspective and skills needed to address their conflicts and to increase their closeness. Toward these ends, SRH therapists rely on a set of protocols and structured exercises to help their clients develop this perspective and enhance their social skills in such areas as empathetic listening, compassionate validation, physiological self-soothing, acceptance of influence and compromise, and repair of emotional wounds (Gottman & Silver, 2012).

In working toward these ends and imparting these skills, the therapeutic style that best characterizes SRH therapists are what Gurman (2008) refers to as “educator/coach” and “healer” roles. By combining these roles, the therapist imparts expert knowledge to the couple while helping them experience the transformative power of their relationship. This dual role provides a catalyst, allowing the couple to develop a deeper emotional connection with one another as they progress through therapy. The educator/coach aspect of the therapist’s role typically involves facilitating this interaction and connection by means of both instruction and encouragement.

Johnson’s Approach

Johnson's approach to couple therapy grew out of her clinical work in family therapy and her efforts to develop a clinical approach that incorporated the principles of client centered, family systems, and attachment theories (Jenicus, 2003; Johnson, 2008a). As clinician, Johnson was initially interested in applying therapeutic approaches drawn from experiential/gestalt (e.g., Perls, Hefferline, & Goodman, 1951; Rogers, 1951) and interactional/family systems (e.g., Fisch, Weakland, & Segal, 1983) theories. Later, she adopted Bowlby's (1969, 1988) attachment theory as the synthesizing framework for her therapeutic approach. Because her therapeutic approach is primarily focused on attachment-related emotions, Johnson (2004) refers to it as "Emotionally Focused Therapy" (EFT).

Based on this EFT perspective, Johnson (2004) posits that when a couple's bond is not able to be established or is disrupted, emotional dysregulation takes place in such a manner that the partners become entangled in self-perpetuating cycles of negative interaction that further reinforce their insecure attachment. The goal of EFT is to help couples curtail these cycles of negative interaction, become more responsive to their attachment needs, and establish a more secure bond in their relationship. When applied in clinical settings, there is a considerable body of outcomes research, across a wide variety of couples and presenting problems, that demonstrates the efficacy of EFT (Clothier, Manion, Gordon-Walker, & Johnson, 2002; Couture-Lalande, Greenman, Naaman, & Johnson 2007; Denton, Burleson, Clark, Rodriguez, & Hobbs, 2000; Denton, Wittenborn, & Golden, 2012; Dessaulles, Johnson, & Denton, 2003; Greenman, Faller, & Johnson, 2011; Greenman, & Johnson, 2012; Honarparvaran, Tabrizy, & Navabinejad, 2010; MacIntosh, & Johnson, 2008a; Makinen, & Johnson, 2006; McLean, & Nissim, 2007; McLean, Walton, Rodin, Esplen, & Jones, 2011; Priest, 2013).

Somewhat different from the Gottman approach, Johnson (2004) explicitly organizes her EFT approach into three distinct stages of treatment. However, since these stages are only concerned with treatment, there is no formal assessment stage included in the Johnson (2008) approach—despite the fact that there is a clear assessment component to it. By explicitly incorporating this component, the Johnson approach can be expanded into the following four stages: (1) assessment of the couple's attachment and cycles of negative interaction, (2) de-escalation of the negative cycles of interaction in the relationship, (3) enhancement of the attachment in the relationship, and (4) consolidation and integration of the changes that have taken place. This therapeutic process is also time-limited and is designed to be completed in an average of 10-20 sessions (Johnson & Zuccarini, 2010).

The role of the therapist in the Johnson approach is to implement these stages of treatment in such a manner that the couple moves from a state of insecure attachment to one of more secure attachment. In carrying out these stages of treatment, Johnson (1999) delineates nine specific steps the EFT therapist completes with the couple. Essentially, these steps involve the therapist establishing a collaborative alliance with the couple, expanding their emotional connection, and restructuring their interactions in the direction of greater accessibility and responsiveness (Johnson, 2008a). When successful, the EFT therapist helps partners become more emotionally aware and integrate old emotional responses with newly activated aspects of experience to produce more adaptive responses. Different than the Gottman approach, EFT employs a "changing emotion with emotion" strategy that is based on the principal that maladaptive emotions can be transformed best by first arousing and then replacing them with more adaptive ones (Greenberg, 2002). As such, EFT therapists do not focus on developing social skills per se, and instead concentrate on enhancing couples' capacities to form more secure attachments—secure attachments they see as the underlying basis for more effective communication and problem solving (Johnson, 2004).

The EFT therapist facilitates the accomplishment of this strategy by assuming a therapeutic style that can be best characterized by what Gurman calls the “pertubator” and “healer” roles. The combination of these roles involves the therapist facilitating the expression of each partner’s attachment fears and needs, while helping them experience the transformative power of their relationship. As with the Gottman approach, the transformative aspect of this role involves the therapist helping partners progressively experience a deeper emotional connection with one another. Somewhat different from the Gottman approach, the pertubator role is strongly emphasized and typically involves the therapist actively assisting partners to access and expand their feelings of attachment toward one another.

Commonalities & Strengths

Despite their different theoretical templates and clinical methods, the Gottman and Johnson approaches offer remarkably similar models of couple therapy. More specifically, both approaches share a number of distinctive commonalities. First, both offer relatively short-term and structured couple-centered approaches that are well supported by extensive empirical research. Second, both are present-oriented and emphasize the emotional engagement and connection of the partners through various experientially oriented interventions (Gurman, 2008). Third, both are highly systemic in that they focus on the dynamic interplay and recursive organization of emotions and interactions in intimate relationships (Johnson, 2008a; Gottman & Gottman, 2008). Fourth, both offer a rigorous application of humanistic-existential principles, emphasizing such values as self-actualization, here-and-now awareness, and emotional accessibility for the enhancement of intimacy in relationships (Gurman, 2008). Finally, because of their mutual emphasis of these principles, Gurman (2008) classifies both as humanistic-existential approaches to couple therapy.

While these approaches are remarkably similar, one is often strong in the areas where the other is less robust. A comparative analysis of each stage of their respective treatment models can contrast the relative strengths of these approaches. Consider, for example, the first three stages of both approaches. In stage one, the client evaluation portion of the Gottman (1999) approach includes a broader and more standardized set of assessment measures than is typically included in stage one of the Johnson approach. In stage two, the deescalation portion of the Johnson (2004) approach focuses more extensively on expressing unmet attachment needs and emotions than typically takes place in the Gottman approach. Moreover, in stage three of both approaches, while the focus on changing maladaptive patterns of interaction is clearly a major strength, Gottman’s added emphasis on conflict management provides another dimension to the therapy that does not take place to the same extent in the Johnson model.

Critical consideration of the theoretical perspectives that each model employs can also be a useful means of highlighting their relative strengths. Both models attempt to foster emotional connection, but Gottman relies on a more comprehensive interpretive lens to decipher the emotional experience of couples. Using Panksepp’s (1999) affective neuroscience perspective, the Gottman approach views the couple’s relational experience in the broader neurobiological context of mammalian emotion. Conversely, using the attachment perspective of such theorists as Cassidy and Shaver (1999), the Johnson approach is typically concerned with the more selected aspects of emotional experience related to adult attachment. This is not to imply the Johnson approach lacks a neurobiological perspective; it is clearly based on neurobiology, but is chiefly confined to the neurobiology of emotion related to human attachment (Johnson, 2008a).

Consider how a key emotion such as anger is viewed differently by these two clinical perspectives. Using the narrower focus of attachment theory, the Johnson approach typically views anger

as secondary to what it considers as the more primary emotion of fear, positing that anger is often a natural reaction to the fear of not being able to secure or retain an attachment figure (Johnson, 2008b). In contrast, employing the broader focus of neuroscience, the Gottman approach views anger as an emotional reaction to a wide variety of threats that is governed by one of seven mood control centers in the brain. From this perspective, anger is a multidimensional reaction controlled by complex neural systems that cannot be invariably reduced to problems related to attachment (Gottman & Gottman, 2008). The advantage of the Gottman approach is it provides a more inclusive interpretive framework and it does not assume that problematic emotions are necessarily hierarchically related to attachment insecurity. In comparison, however, the Johnson approach provides a much more straightforward means for readily deciphering the complex emotional experiences of couples.

As the above comparative analysis indicates, each approach addresses important aspects of the therapeutic process; but each approach tends to lend itself more toward some aspects than others. This is particularly the case for the different roles the therapist assumes in each of these models. When the therapist assumes the pertubator role in the Johnson approach, the focus is more on helping partners experience their deepest feelings toward one another; whereas when the therapist assumes the educator/coach role in the Gottman approach, the emphasis is more on assisting partners to reflect on their deepest feelings toward one another. Experience and reflection are both critical aspects of improving emotional functioning (Atkinson, 2005; Greenberg, 2002); but again, each of these approaches is strong where the other is less robust.

Part Two: Integration

Incorporating the commonalities and strengths of the Gottman and Johnson approaches, an integrated couple therapy (ITC) model is proposed here. This model typically consists of 16-22 sessions that are carried out over the following five stages of treatment: (1) alliance/assessment, (2) stabilization, (3) enhancement, (4) problem solving, and (5) integration. Drawing on the Gottman and Johnson approaches, the delineation and sequencing of these stages are based on the following five treatment principles:

1. The beginning of therapy concentrates on establishing a solid alliance with the couple and conducting a thorough assessment of their relationship.
2. The initial stages of treatment focus on stabilizing the conflict in the couple's relationship so they can have greater access to one another's emotional needs.
3. Once emotional access is accomplished, the emphasis in treatment is on enhancing closeness in the relationship so the partners can become more secure and responsive to one another.
4. Building on the couple's enhanced closeness, treatment shifts to their unresolvable and resolvable differences so that the partners can more effectively problem-solve with one another.
5. The ending of therapy concentrates on reinforcing the positive changes the partners have made in themselves and in their relationship.

Although these principles suggest a step-by-step approach for conducting couple therapy, they are not intended to be applied in a rigid or fixed manner. These principles provide an overall "road map" to the therapy; but like the Gottman and Johnson approaches, they should be flexibly adapted to the needs and circumstances of the couple. For example, if a couple is not particularly distressed, but would like to improve the quality of their intimacy, they do not necessarily have to begin their therapy in stage two. In other words, this couple-centered model starts at the stage most relevant to helping the couple move forward in their relationship.

This couple-centered model also means different couples receive different aspects of treatment.

However, in order to provide some initial direction, almost all couples need to go through stage one where an assessment and goals for therapy are established. Since most couples seeking treatment are often severely distressed, the clinical assessment of their relationship most often indicates they need to begin therapy in stage two; but for less distressed couples, their clinical assessment might indicate it would make more sense for them to begin at stage three or even stage four.

Besides providing a clearer guide about how to proceed through therapy, the central purpose of these principles is to provide a useful guide about where to focus the treatment process. If a couple becomes stuck in one part of treatment, these principles can suggest the possibility that more work needs to be completed in a previous part of treatment. For instance, if a couple becomes bogged down in the problem-solving phase of therapy, the principles suggest the couple might be able to make more progress by refocusing on enhancing the security and closeness in their relationship. Moreover, sometimes a couple may have to go back and forth between two stages before they progress to the third. The idea again is that these principles are not meant to be applied in a rigid sequential manner, but in a flexible recursive manner that takes into consideration the complexity of helping couples become more resourceful with one another.

Stages of Integrated Couple Therapy

Assuming a couple-centered approach in the differential implementation of the previously described five aspects of couple therapy, what follows are brief explanations of each of the stages of the ICT model. Also described are some of the therapeutic tasks, methods, and durations that are typically involved in implementing the different states of the ICT model.

Stage I: Assessment/Alliance

This initial stage takes place in the first four sessions that entails two conjoint and two individual sessions. During these sessions, the therapist completes three basic tasks: (1) forming a therapeutic alliance, (2) assessing the clinical problems, and (3) establishing a framework for therapy. Ideally, the completion of each of these tasks generally takes place in sequential order such that the alliance is well established by the first conjoint session, much of the assessment is completed during the second and third individual sessions, and the framework for therapy is agreed upon by the end of the next conjoint session.

Forming a therapeutic alliance is given considerable emphasis in the Johnson (2004) approach. Establishment of an alliance builds such joining qualities as acceptance, respect, empathy, and genuineness. It also allows the therapist to actively validate each partner's experience of the relationship without invalidating either partner's experience. By the end of the first session, the therapist should be able to present to the couple an accurate understanding of their presenting problems, and a nonjudgmental description of how their interactions appear to be organized around those presenting problems.

Assessing the clinical problems, which is strongly emphasized in the Gottman (1999) approach, involves conducting a systematic and comprehensive assessment of each partner and the relationship. As an important component of this assessment, the couple completes two assessment inventory packets. The first, to be completed independently prior to the couple's first conjoint session, includes a set of questionnaires designed to assess the overall degree of dissatisfaction and distress experienced in the relationship. The questionnaires used in this packet typically include the Lock-Wallace Marital Adjustment Test, the Weiss-Cerreto Marital Status Inventory, and the Gottman 17-Areas Scale (Gottman, 1991).

The second packet, to be completed prior to the individual sessions, is a series of questionnaires developed by Gottman (1999) to assess elements of Sound Relationship House (indications of friendship,

skills in conflict management, and sense of shared meaning), as well as indicators of emotional abuse, conflict tactics, and individual psychiatric symptoms. Based on the data contained in both packets, the therapist takes a brief relationship history in the first conjoint session and, in individual follow-up sessions, encourages each partner to provide specific details about how they see their relationship and how they see themselves in their relationship. In these individual sessions, the therapist also screens for indications of violence, infidelity, and substance abuse.

Establishing a framework for therapy typically takes place by the second conjoint meeting. The therapist provides the couple with a summary of the assessment data. This summary focuses on an overview of the major strengths and weaknesses reported, and includes recommendations for the potential goals for their therapy. Recommendations might also include options for adjunctive treatment, such as individual therapy with a different provider, referral for medical evaluation, or chemical dependency treatment. The therapist's collaborative approach is a critical element during this process. It is crucial that the therapist encourages the couple to be open with one another and discuss their reactions to the feedback and recommendations they have received. This session usually culminates with the therapist and partners negotiating a treatment plan.

Stage II: Stabilization

A key initial goal of the ICT model typically involves reducing the instability and distress that undermine a couple's relationship. For the therapist, stabilizing the relationship in this second stage consists of two fundamental tasks: (1) identifying the key emotional and interactional patterns that disrupt closeness in the relationship, and (2) enhancing the security and positive sentiments in the relationship. The application of Gottman's and Johnson's clinical practices and methods are very useful in carrying out these tasks.

To accomplish the first task, some of the most useful practices and methods—particularly those developed by Johnson (2005)—involve:

- Identifying the dysfunctional behaviors and negative interaction cycles that maintain the distress in the couple's relationship.
- Helping each partner access the unacknowledged feelings and insecurities that underlie their dysfunctional behavior and interactional position in the relationship.
- Assisting each partner in redefining the couple's problems in terms of attachment needs, frustrated emotions, and negative interaction cycles.
- Helping the couple explore different ways of relating that deescalate their cycles of negative interaction.
- Helping the couple develop an "empowering" perspective about emotional expression and interaction that promotes a secure attachment in the relationship.

To accomplish the second task, some of the most useful methods and interventions—a particularly those developed by Gottman (1999)—include:

- Educating the couple about the primary role that active expression of caring plays in intimate relationships.
- Collaborating with the couple in the formulation of norms and limits to increase the security and caring in the relationship.
- Helping the couple identify the satisfying qualities they both would like in their relationship.
- Assisting the couple in increasing the expression of appreciation, caring, and admiration in the relationship.

Depending on the receptivity of the couple, this stage of the therapy most often takes from 3-5 sessions to complete, but may require more sessions if the couple is highly unstable. A crucial aspect of this stage is helping both partners become more emotionally vulnerable to one another. Partners, especially partners with long histories of chronic distress, can be hesitant to open up to one another, and there is a tendency at this juncture to get bogged down in the micro-details of their internecine conflict. Johnson's (2004) methods of reflection, validating, and reframing can be particularly useful in helping clients successfully move through this stage of the therapy.

Stage III: Enhancement

Once the relationship is more stable, the third stage of the ICT model focuses on enhancing the emotional connection between the partners. For the therapist, this stage consists of three major tasks: (1) expanding each partner's emotional experience with the other, (2) strengthening each partner's sense of responsibility for emotional engagement with the other, and (3) restructuring the couple's interaction so each partner has greater emotional accessibility and responsiveness to the other.

To expand the emotional experience of the partners with one another, Gottman and DeClaire (2001) and Johnson (2005) provide a wide range of clinical practices and methods. Some of the most useful include:

- Educating the couple about emotional communication and teaching them basic emotional communication skills.
- Assisting each partner in directly expressing primary emotions and in constructively responding to each other's bids for emotional connection.
- Exploring the emotional disconnection each partner experiences with the other.
- When discussing their disconnection, helping the partners express their primary emotions (e.g., needs for affection) and modulate their secondary emotions (e.g., anxieties about being rejected).

To strengthen each partner's identification of and responsibility for emotional engagement, Johnson's (2005) methods are particularly helpful. Some of the most salient are:

- Focusing on and expanding each partner's expression of primary emotions as reflective of an emerging and more genuine sense of self.
- Helping the partners attribute ownership to their primary emotions so they see their emotions belonging to themselves and not to each other.
- Promoting interactions that evoke and reinforce the essential worthiness of each partner.

To restructure the couple's interaction toward greater accessibility and responsiveness to one another, Gottman and DeClaire (2001) and Johnson (2005) again provide a wide array of interventions. Some of the most instrumental include:

- Helping partners develop a better understanding of their personal inclinations and aspirations ("love maps") as a means of accessing their inner psychological worlds.
- Assisting partners in building up their "emotional bank accounts" by more actively engaging in caring behavior toward one another.
- Helping each partner support the other through listening and validation.

Like the previous one, this stage of therapy generally takes 3-5 sessions to accomplish. This stage

is often the most difficult part of the therapy for the couple. Progress through this stage is highly dependent upon how easily the couple progresses through the previous stabilization stage, and the degree of gridlock that exists in the couple's relationship. The degree to which progress in the therapy has been slowed by unresolved factors can generally predict the extent to which this stage exceeds beyond the 3-5-session parameter. Johnson's (2008) methods for treating attachment injuries and Gottman's and Gottman's (2008) methods for bridging meta-emotion mismatches can be helpful tools for facilitating progress through this stage of the therapy.

Stage IV: Problem Solving

The next stage of the integrated model addresses the substantive differences the couple cannot resolve even in the midst of their newfound emotional connection. This fourth stage is an important part of successful treatment because emotional connection is often a necessary condition for couples to better manage their conflict. However, as Gottman and Gottman (2008) point out, emotional connection is usually not a sufficient condition. Couples also need to come to terms with their differences and be able to engage in effective problem solving about them. Toward the achievement of these ends, the therapist at this stage facilitates the completion of two basic tasks: (1) helping the couple work on their resolvable problems, and (2) assisting the couple in addressing their unresolvable ones.

Gottman's (1999) research differentiates between resolvable problems (those that are situational and time-limited) and unresolvable problems (problems that are personal and perpetual). His research has shown that approximately two-thirds of couples' problems are unresolvable and usually not subject to change. In addition, he argues that if couples are to make progress on their resolvable problems and effectively manage resolvable conflict, it is vital they learn and apply basic problem-solving skills (Gottman & Silver, 1999)

Based on Gottman's distinctions of the different types of relational conflict, couples are asked to put aside their unresolvable problems until later in the therapy and work to address their resolvable conflicts. At more advanced stages, the focus shifts to developing the needed perspective and tools for managing unresolvable problems more effectively. In helping the couple work on their resolvable problems, the therapist enlists some of the following practices and methods:

- Helping the couple distinguish their perpetual unresolvable problems from their resolvable situational ones.
- Identifying the particular resolvable problems that the couple wants to address.
- Teaching the couple the following problems solving skills: (1) using softened start-ups, (2) complaining constructively, (3) making repairs, (4) accepting influence, (5) finding compromise, and (6) soothing tension.
- Helping the couple apply these skills to resolvable problems.
- Assisting the couple in repairing their relationship in the aftermath of an argument.

Once some headway is made in the couple's problem solving approach to resolvable issues, therapy shifts to concentrate on issues determined to be unresolvable. The following clinical practices and methods are used to address the couple's unresolvable problems:

- Identifying specific unresolvable problems that partners wish to address.
- Assisting partners to become more aware of the accommodating adaptations they may have already made but have not yet fully acknowledged, as they struggle with their unresolvable problems.
- Uncovering the hopes and dreams that underlie each partner's position as they attempt to deal

with their unresolvable problems.

- Working with the couple to find ways to change the “influence process” so, as individuals, they can move toward honoring one another’s hopes and dreams.
- Establishing an ongoing dialogue about their unresolvable problems.

Most, but not all, couples need assistance at this stage of the therapy. When warranted, this stage of the therapy generally entails 3-5 sessions. However, couples who are successful establishing some stability and emotional connection in previous sessions may regress at this point due to the intense frustration and agitation they experience while problem-solving. In these cases, this stage of the therapy may take considerably longer to complete successfully.

Some couples get particularly stuck here. Many remain in denial about the unresolvable nature of their problems, harboring the mistaken belief that their problems are resolvable and their partners can and should change for them. One useful aid in breaking through this denial is for the therapist to ask each partner to recite to one another what is euphemistically called the Relationship Declaration. This declaration reads as follows:

*Please help me obtain the necessary perspective
To accept the problems in our relationship that we cannot resolve;
To understand the problems in our relationship that we can resolve;
And to gain the wisdom to know the difference.*

Properly used, this declaration can serve as a valuable resource for helping the couple shift perspective and their entrenched positions with regard to their unresolvable problems. Once this shift in perspective takes place, the couple is in a much better place to address their unresolvable problems. Some emotionally focused methods and interventions, primarily those developed by Atkinson (2005), can be effectively applied at this juncture in therapy and include:

- Uncovering the patterns of blaming and feelings of marginalization that contribute to the gridlock in the relationship.
- Exploring how the partners might pathologize each other because of their different coping styles.
- Assisting partners in exploring how their marginalization of each other comprises an integral aspect of their unresolved problems.

Some additional cognitively-oriented tools, developed by Gottman, for this stage of the ICT model include the Solvable Problem Checklist (Gottman, 1999) and Two-Circle method for compromise (Gottman & Gottman, 2008).

Stage IV: Integration

The focus for this last stage of therapy is on reinforcing and strengthening the changes the partners have made in themselves and in their relationship. Three essential tasks occupy the therapist at this stage: (1) amalgamating the partners’ newly processed emotional experiences and self-schemas, (2) merging the partners’ new interactional and coping capacities, and (3) integrating #1 and #2 to help the couple develop a new model for understanding their relationship.

A number of clinical methods, specifically those developed by Johnson (2005), can be successfully employed to help partners amalgamate the newly processed emotional experiences and self-schemas they have derived through participation in couple therapy. Some of these are:

- Having each partner present an affirming account of the change process they have undertaken.
- Helping each partner discuss his or her own expectations for continued self-development.

Additional interventions, again mostly developed by Johnson (2005), can be considered for merging the partners' new interactional and coping capacities. Some of these include:

- Presenting an affirming account of how the couple has improved their relationship.
- Assisting the couple in identifying how new patterns of interaction and problem solving have enhanced the intimacy and conflict resolution in their relationship.

Finally, a number of related interventions, suggested by Gottman and Gottman (2008) and Johnson (2005), can be used to help the couple develop a new model for their relationship. Some of these involve:

- Validating the couple's development in terms of the new ways that partners are coping with their insecurities.
- Encouraging the partners to continue sharing their emotional needs and fears with one another.
- Elaborating on the responses to bids that each partner finds soothing and reassuring.
- Inviting the partners to describe explicitly how their relationship has changed and how it now meets their respective needs.

The frequency of sessions and overall duration of this last stage of the integrated model varies greatly. Ideally, stage five occurs over a period of several months, wherein the couple meets with the therapist every three weeks—a marked departure from the weekly sessions that take place in the previous stages. When this more ideal scenario is not financially or logistically possible, or when routine therapy is no longer desired by the couple, it is incumbent on the therapist to ensure that some kind of integration process occurs before therapy is completed. A common backup option in these circumstances is to implement what Gottman and Gottman (2008) refer to as the “dental model” of follow-up; that is, the couple is encouraged to return on an as-needed basis for checkup and repair.

Summary

The integrated approach presented here shows how the Gottman and Johnson approaches can be merged into one new comprehensive system of treating couples. By combining the best of both approaches, the ICT model offers a promising treatment approach worthy of further refinement and evaluation. Although this model has received promising anecdotal results over the past decade as a didactic template for training couple therapists, its value and utility would be advanced by outcome studies that assess its overall efficacy in the treatment of couples.

Because this new model is built upon the strengths of the Gottman and Johnson approaches, the efficacy of many of its methods and interventions has already been established through extensive empirical research. This is not, however, the case for the overall design of this new model, which should be subjected to the rigorous outcome studies that have characterized the development of the Gottman and Johnson approaches. Hopefully, the highly delineated nature of the ICT model will make it particularly amenable to outcomes research.

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Gender Sensitivity in Couple Therapy

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The importance of sensitivity to gender has gained increasing credibility in the field of couple and family therapy (Haddock, Zimmerman, & Lyness, 2003; McGolderick, Anderson, Walsh, 1989; Hare-Mustin, 1987). When adopting this ethos, gender sensitive therapists strive to take into account the differences in behavior, attitude, and socialization that males and females experience in regard to power, status, position, and privilege within couple relationships (Goldenberg & Goldenberg, 2013). This article discusses the central therapeutic issues and problems of addressing gender differences among heterosexual couples in conjoint therapy.

Challenging Gender Bias

Initial emphasis on gender sensitivity was aimed at challenging sexist stereotypes and redressing the marginalization that women experience in couple and family life (Goldenberg & Goldenberg, 2013). Popular books by Gilligan (1982), Tannen (1990), and Gray (1992) also helped promote the idea that there are major psychological differences based on gender, and that these gender differences need to be taken into account when addressing conflicts in intimate relationships.

In their efforts to be gender sensitive, family therapists may have unwittingly propagated alpha biasing where the psychological and relational differences between males and females are exaggerated (Roberto, 1992). The original intent was to counteract any beta biasing, i.e., to avoid minimizing or neglecting any real differences between males and females (Hare-Mustin, 1987). However, the unintended consequence of this effort was to accentuate false generalizations and stereotypes about the relevance of gender in explaining psychological and relational differences between the sexes (Epstein, 1988).

Recent research findings confirm this unintended consequence and show that alpha biasing is more prevalent in the literature, i.e., that gender differences tend to be over-inflated and that men and women are actually much more alike than different. A case in point is a comprehensive review by Hyde (2005) of 46 meta-analyses of gender differences. Her review indicated marginal or no significant differences between the sexes on a wide array of characteristics such as intelligence, personality traits, moral reasoning, helping behavior, interpersonal communication, and self-esteem.

An emblematic example of this alpha biasing is Gilligan's (1982) claim that women speak in a different moral "voice" than men. According to this perspective, women speak in a voice of caring, whereas men speak in a voice of justice. Hyde argues that this perspective presents an exaggerated picture of gender differences that is not supported by the research literature (Jaffe & Hyde, 2000; Thoma, 1986; Walker, 1984). Moreover, she contends that this claim has the consequence of stereotyping women as nurturing and men as lacking in this quality. She further argues that taking this position tends to encourage men to believe that it is not in their nature to be nurturing in their intimate and family relationships. Conversely, she raises the concern that women who violate the stereotype of being nurturing may be more likely to be treated and judged harshly as a result of this labeling.

Identifying Genuine Differences

While Hyde's study found minimal differences between males and females on a wide variety of psychological and relational characteristics, her meta-analysis did identify major and significant gender differences in three major areas: upper body strength, sexual behavior, and physical aggression. These differences are not only statistically significant, but they are large and play a major role in many of the

conflicts that couples routinely experience (Brooks, 1992; Philpot et al., 1997).

Adding more contour to this portrayal of gender differences, later studies following Hyde's meta analysis identified some aspects of emotional intelligence that also vary by gender. These differences are not as pronounced as the ones previously identified by Hyde, but they nevertheless appears to be statistically significant and enduring. While no significant gender differences in emotional intelligence have been established across the board, many studies now indicate that women are likely to be more adept than men in one key aspect of emotional intelligence--emotional empathy (O'Brien et al., 2013; Thompson & Voyer, 2014).

Although these four major gender differences are statistically significant, it is important to keep in mind that they still form two distinct bell curves, one for males and one for females that overlap in varying degrees. In other words, while males and females are on average likely to differ significantly on these four characteristics, any given member of one sex may still be relatively the same as another member of the opposite sex in regard to any one of them. Keeping this important caveat in mind, consider how males and females often differ with respect to these four important characteristics.

Strength & Aggression. Males in general have greater muscle mass than females, and have greater muscle mass in comparison to their total body mass. Males also convert more of their caloric intake into muscle; and as a result, males are generally physically stronger than females (Jansen et al., 2000). Gross measures of strength indicate a 40-50% difference in upper body strength between the sexes (Miller et al., 1993). The greater upper body strength of males is an evolutionary trait that among other things is associated with the tendency to be more physically aggressive than females (Card et al., 2008; Sell, Home, & Pond, 2012).

At the most violent levels of physical aggression, males—particularly young males—commit the vast majority of violent crimes such as murder, rape, armed robbery, and aggravated assault (Daly & Wilson, 1988). At the more typical levels of physical aggression, males are much more likely than females to engage in shoving, hitting, and kicking others as well using weapons to threaten and/or harm others (Archer, 2004). Over the course of childhood, gender differences in the preferred mode of aggression become more pronounced. Around age eleven, girls begin to engage in significantly more verbal aggression than boys, while boys start to surpass girls in physical aggression (Lagerspetz & Bjorkqvist, 1994).

Greenberg et al. (2015) identify a number of physiological and psychological factors related to this difference in physical aggression. First, males secrete higher levels of testosterone than females and this hormone is correlated with aggressive behavior (Macoby & Jackson, 1974). Second, given that one of the most common factors for triggering aggression is the perception of others' actions as provocative (Geen, 2001; Harmon-Jones & Sigelman, 2001), males are more likely than females to interpret other people's actions as intended to provoke them, e.g., as in insulting their characters and reputations (Crick & Grotpeter, 1995; Dodge & Coie, 1987). Third, when physical aggression takes place, the greater upper body strength of males is more likely to cause physical harm (Sell, Home, & Pond, 2012).

Greenberg et al. (2015) emphasize there are also important differences in the socialization of males and females that contribute to their different attitudes about physical aggression. Young boys are more likely than girls to be taught that physical aggression is acceptable (Bjorkqvist, Osterman, & Kukkiainen, 1992; Huesmann, Dubow, & Boxer, 2009). Compared to men, women are also more likely to view physical aggression as inappropriate. As a result, women tend to inhibit their aggressive impulses more than men (Cross, Copping, & Campbell, 2011; Eagly & Steffen, 1986; Wyer, Weatherley, & Terrell, 1965).

Sexuality. Another major difference between men and women is in their sexuality. Although there is considerable variation within each gender, men on average are more preoccupied with sex than women and have more permissive attitudes about sex than women. Greenberg et al. (2015) summarize the relevant research findings about these gender differences as follows:

- Men are more motivated to seek out sexual activities than women and are more likely to pursue sexual encounters than women (Regan & Atkins, 2006); Vohs, Catanese, & Baumeister, 2004).
- Men masturbate more frequently than women do (Oliver & Hyde, 1993) and they spend more money on sexual activities than women (Laumann et al., 2004). Not only do men spend more on virtual sex, they are more likely to pay for in-person sex (Pitts et al., 2004).
- Men are more likely than women to say they would enjoy casual sex outside the context of a committed relationship, whereas women prefer to engage in sexual activities as part of an emotionally intimate relationship (Hendrick, Hendrick, & Reich, 2006).
- Once in a romantic relationship, men want to begin having sex sooner than women do; they want sex more often; and they are more likely to express dissatisfaction with the amount of sex they have (Sprecher, 2002).

These and other research findings indicate that men on average are more driven by sex than women. Like with aggression, these differences are not just the result of biological differences, but they also reflect differences in the socialization of males and females that contribute to their different attitudes about sexuality. As Weeks and Gambecia (2015) note, these socialization differences are rooted in the growing up experiences of children where they often learn that sex is for males and affection is for females, resulting in girls being more socialized to give sex to get affection and boys being more socialized to give affection to get sex.

Emotional Empathy. Emotional empathy is the ability to experience an emotion similar to that of another individual (Lawrence et al., 2004). This kind of empathy fosters rapport and chemistry in relationships and is a common trait of those in the helping professions. The prevailing explanation for gender differences in the expression of emotional empathy is derived from studies utilizing emerging neuroscience and brain scan technology (Rueckert, 2011).

These studies suggest this difference is the result of variations in the region of the brain called the insular cortex, particularly its most anterior portion that is connected to the limbic system and senses signals from the body. When someone is empathizing with another, that person's brain mimics or mirrors what that other person is feeling, and the insular cortex reads this pattern and informs that person what the feeling is (Lamm & Singer, 2010).

If another person is upset, or the emotions are disturbing, women's brains tend to do a better job of tracking those feelings. However, men's brains sense the feelings for the moment, but then tune out those emotions and switch to their cerebral cortex to attempt to solve the problem that is creating the disturbance. This difference in brain function is one explanation of why women complain that men are too disengaged in stressful matters and why men complain that women are over involved in stressful situations (Goleman, 2016).

Both reactions are functional responses, but appear to be more specialized differences related to gender. The male tune-out works well when there is a need to insulate oneself against a pressing challenge so that calm prevails in order to find a solution to an urgent problem. Conversely, the female tendency to stay tuned in greatly supports and nurtures others in trying circumstances and is an important characteristic of the "tend-and-befriend" response to stress (Goleman, 2005).

Practicing Gender Sensitivity

Practicing gender sensitivity involves conscious awareness on the part of both therapists and clients alike if couple therapy is going to avoid getting bogged down in false gender generalizations and stereotyping.

Therapists. Gender sensitivity involves therapists challenging the assumptions about gender characteristics that partners in an intimate relationship hold about one another. However, it also involves the responsibility of therapists to be aware of how their own gender and socialization may affect the ways in which they might perceive and treat their clients in a gender biased manner. For couple therapists one of the biggest challenges is to avoid using their positions of expertise to press clients into positions that reflect their gender biases. The literature is replete with descriptions of male therapists marginalizing their female clients in this manner (Harre-Mustin, 1987; Weiner & Boss, 1985; Knudson-Martin, 2013); but with women now comprising the vast majority of couple therapists in this country (Willyard, 2011), the gender pendulum may be swinging in the opposite direction where men feel marginalized by their female therapists (Carey, 2011; Sherpard & Nutt, 2014).

Because so much of couple therapy operates in the realm of intense emotionality, the female partner's likely capacity for increased empathy and articulation of emotional experience may subtly bias therapists against the male partner who might appear less emotionally developed than his female partner (Sherpard & Nutt, 2014). As a result, couple therapists—especially female couple therapists—can often spend too much of their time inadvertently trying to get the man to act more like the woman, encouraging the man to reclaim the more feminine parts of himself to deepen his emotional connection with his partner (Kort, 2017). It's not that men shouldn't be encouraged to express their tenderness and empathy toward their female partners, but this effort needs to be balanced with helping the women also express the more assertive and risk taking parts of themselves as well.

Clients. As the extensive research on gender differences indicates, many of the assumptions about gender are false and do not fully take into consideration that men and women are much more alike than different in such areas as intelligence, caring behavior, interpersonal communication, and self-esteem (Hyde, 2002). While partners may believe their significant others are substantially different from them on any given characteristic, their perspective can also be colored and reinforced by the gender stereotyping they may have adopted as part of their socialization. Repetitive arguments may take place about who is right, but as they relate to stereotyping, many of these disputes are often misdirected and it is the role of therapists to help partners untangle these biases from their conflict and find authentic common ground.

Another role of gender sensitive therapists is to help couples understand their genuine differences in the areas of aggression, sexuality, and the expression of empathy. In these three areas, gender sensitivity often involves therapists helping partners shift from rebuffing these characteristics in one another to accepting the non-pathological aspects of these differences as normal. Different from the alpha biasing that can inhibit partners from appreciating their mutual similarities, beta biasing operates in the reverse in that partners fail to fully appreciate the fundamental differences between them. In these situations where opposite sex partners hold this bias toward one another, they often believe there is something wrong with their partner for constantly expressing or from refraining from expressing themselves in these three areas. What follows are how some of the problems of gender bias show up in the emotional, sexual, and aggressive parts of intimate relationships.

Conflict & Aggression. Given the previously identified differences in their makeup, men and women will tend to relate to one another differently when seeking intimacy and experiencing conflict with one another. They will also tend to have different emotional priorities and reactions to these

conflicts (Gottman & Levenson, 1992) and will have different ways of expressing their frustrations and aggression (Gottman & Silver, 2012). More specifically, when attempting to attach, women will tend to want more emotional connection and men will tend to desire more sexual involvement (McCarthy & McCarthy, 2014).

When partners are in conflict, males will likely struggle more with controlling their anger and emotionally distancing themselves, whereas female will likely be more challenged with managing their fears and regulating their emotional pursuit (Johnson, 2008; Love, 2001). Of course, gender is one among many factors that influence how members of the opposite sex experience intimacy and conflict in their relationships. Gender sensitivity requires that therapists take into account gender differences in an unbiased manner and work with each partner to manage these differences as effectively as possible.

The goal for gender sensitive couple therapists is to try to remain as systemically oriented as possible and to focus on gender when it appears to be playing an influential role in dynamics of the couple. For example, in working with a couple experiencing gridlocked conflict, a gender sensitive therapist might help the male partner understand that his emotional distancing from his female partner is likely linked to the more aggressive impulses males typically experience in disputes with their partners (Gottman & Levenson, 1992). A gender sensitive therapist might also assist the more emotionally engaging female partner to take advantage of her typically less aggressive reactivity by encouraging her to call for temporary breaks when the disputes with her male partner become too heated (Gottman, 1999).

Emotional Expression. Managing the expression of emotion in a gender-sensitive manner is one of the most difficult aspects of couple therapy. For many couples the male partner can become highly frustrated by his female partner's needs for empathy and emotional support, while the female partner can be highly dissatisfied with her male partner's lack of emotional support and over-emphasis on problem solving. When partners are constantly judging one another--in effect, by the standards of their own neuroanatomy (Goleman, 2016), they have a tendency to marginalize their genuine differences and write off one another as flawed in some basic way (e.g. as being insensitive, unsteady, selfish, shutdown, and so on). Over time, this marginalization results in what Gottman and Silver (2012) refer to as negative sentiment override in which neutral and positive events are experienced in the relationship as negative. This negativity can override positive events, and in many cases, the conflict in a relationship can become gridlocked. Again, the role of the therapist in these situations is to help the couple normalize the non-pathological differences in their emotional expression by helping them find practical ways of accommodating to these differences.

One important aspect of gender sensitivity involves helping couples better understand the false gender stereotyping they have internalized and address the ways in which these stereotypes work against maintaining closeness in intimate relationships (Goldenberg & Goldenberg, 2013). For example, if a male partner believes he must appear strong and confident to his female partner, he will likely be inhibited in sharing his fears and insecurities with her. The task of therapists in this situation is to help the partners realize they do not have to be bound by gender-driven beliefs and can choose less restrictive options that enable more open communication and problem solving (Knudson-Martin & Laughlin, 2004).

Sexuality. A much more complex challenge in practicing gender sensitivity is addressing the different needs for intimacy in couple's relationship. Some of the most common problems for couples experiencing relationship distress are sexual in nature (McCarthy & Thestrup, 2008). These difficulties take many forms, but one of the most common struggles that takes place is where the man is frustrated by the lack of sexual involvement and the woman is dissatisfied with the lack of emotional connection in the relationship. In many instances, this conflict evolves into a power struggle where both these aspects of intimacy become compromised. Since emotional and sexual connection are both integral components of

healthy attachment, the gender-sensitive approach is to validate the non-pathological differences in these attachment modes while helping the couple work toward mutual accommodation of their needs (McCarthy & McCarthy, 2014).

This accommodation is particularly challenging on two fronts: (1) when male partners are also interested in impersonal sex via the internet and/or in deviating from mainstream sexual practices, and (2) when female partners exclusively desire relational sex and/or are concerned about being objectified and degraded when they engage in impersonal sex and/or deviate from mainstream sexual conventions. Sensitivity involves avoiding the therapeutic trap of marginalizing their legitimate sexual preferences that stem from their gender differences; instead, the emphasis should be on helping partners open up about their genuine sexual desires and on understanding the false assumptions they may hold about gender and attachment (Kort, 2017; Perel, 2017).

It is important to note that gender sensitive therapists would only offer the above interpretations based on their detailed knowledge of the couple with the intent of promoting more understanding and equality in couple relationships. The ultimate purpose of such interventions should be to empower the partners to recognize their genuine gender differences and to help them move beyond false stereotypes in a manner that enables them to have more choices about how they would like to be close and manage their differences (Good, Gilbert, & Scher, 1990).

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