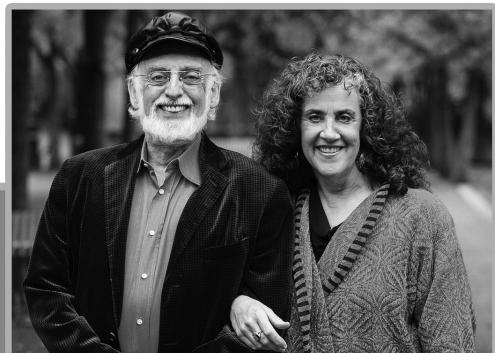


L1

LEVEL 1 CLINICAL TRAINING GOTTMAN METHOD COUPLES THERAPY

Bridging the Couple Chasm

A workshop for mental health professionals
Written by **John Gottman, Ph.D.**
and **Julie Schwartz Gottman, Ph.D.**



L1 Training Manual

The Gottman Institute
gottman.com

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Created by
Drs. John and Julie Gottman

About Drs. John and Julie Gottman

John Gottman, Ph.D., is world renowned for his work on relationship stability and divorce prediction, involving the study of emotions, physiology, and communication. He was recently voted as one of the Top 10 Most Influential Therapists of the past quarter-century by the PsychoTherapy Networker publication. His 35 years of breakthrough research on marriage, relationships and parenting has earned him numerous major awards. He is the author of 190 published academic articles and author or co-author of 40 books. Dr. Gottman is the co-founder of The Gottman Institute where he currently teaches weekend workshops for couples and training workshops for clinicians. He is the Executive Director of the Relationship Research Institute, where programs have been developed for parents transitioning to parenthood and are beginning a new research project on treatment for Domestic Violence.

Julie Schwartz Gottman, Ph.D., is a highly respected Clinical Psychologist and educator who was recently honored as the Washington State Psychologist of the Year. She is the cofounder and Clinical Director of The Gottman Institute where she co-teaches weekend workshops for couples and Advanced Training Workshops for therapists. Dr. Julie Gottman is also the designer and Clinical Director for Loving Couples Loving Children, a curriculum for couples challenged by poverty, and co-designer of a therapeutic model for addressing domestic violence. In addition, she has authored or co-authored five books and has been a frequent guest on radio and TV talk shows. Dr. Julie Gottman is in private practice in Seattle, providing weekly therapy sessions to individuals and weekly or intensive marathon therapy sessions for couples. Julie specializes in working with distressed couples, abuse and trauma survivors, those with substance abuse problems and their partners, as well as cancer patients and their families.

Together, the Gottmans teach Couples Workshops and the Professional Training Programs at The Gottman Institute. They are also involved in ongoing relationship research studies, and have private practices on Orcas Island (near Seattle), in which they see couples for weekly and intensive marathon therapy sessions and conduct small group couples retreats.

Welcome to

Gottman Method Couples Therapy Level 1 - Bridging the Couple Chasm

In this seminar you will learn what our research shows about relationships and how you can apply these findings in assessment and intervention for couples. As a result of your attendance at this workshop, you will be able to:

- Understand how to think about what makes relationships work well and what makes them fail using our Sound Relationship House Theory;
- Use the theory to accurately identify the specific problems and strengths in the dynamics of a couple's relationship with the assessment tools provided;
- Determine the most beneficial points in the couples' interaction where intervention will be most effective; and,
- Begin to apply this new, research-based couple therapy to the broad spectrum of problems you encounter in your daily practice

At the end of this workshop you will be able to:

1. Summarize the research that allows us to predict future relationship stability.
2. Describe the seven levels of the Sound Relationship House theory.
3. Conduct a couple's therapy assessment using elements of the couple's narrative, the Oral History Interview, written questionnaires, observations of conflict and individual interviews.
4. Describe two interventions to help strengthen a couple's conflict management.
5. Describe two interventions to enhance a couple's friendship system.
6. Describe two interventions to explore a couple's system of shared meaning.
7. Explain why physiological self-soothing is essential for a healthy relationship.
8. Create a therapeutic contract with a couple, discuss and decide on goals and include a summary of the couple's strengths and areas that need improvement.
9. Describe the Philosophy of Therapy including assumptions, overview of techniques, and goals of therapy
10. Describe the Rapoport Intervention and when to use it.
11. Describe the process of therapy, including the structure of a session.

Today, with heterosexual USA divorce rates approaching 67%, with same-sex couples working to have long-lasting, committed relationships, and the problem of relapse in all couple therapies, clinicians and couples are facing severe challenges. We think that clinicians need very specific tools to help people build a basis for a lasting relationship, as well as knowledge to determine when a relationship is over. A scientifically sound therapy can help to do both. This course was developed to provide you with a practical therapy that you can begin to use immediately as part of your practice.

We appreciate your taking time to join us.

Cordially,

John & Julie Gottman

Gottman Method Couples Therapy

Level 1 — Bridging the Couple Chasm

WORKSHOP SCHEDULE

DAY ONE

9:00 – 10:30 am	The Research: <i>What Makes Relationships Succeed or Fail?</i> <ul style="list-style-type: none">• What is different about Gottman Method Couples Therapy?• What is dysfunctional about relationships when they are ailing?• The “Masters” and the “Disasters” of relationships: Exploding some common myths• Negative and positive sentiment overrides• Friendship, Intimacy, Positive Affect Systems• The Shared Meaning System• From a checklist to The Sound Relationship House Theory
10:30 – 10:45 am	BREAK
10:45 – 12:00 pm	How to assess a relationship: <i>Using The Sound Relationship House Theory to assess a relationship's strengths and areas that need improvement.</i>
12:00 – 1:25 pm	LUNCH
1:30 – 3:00 pm	The Assessment Sessions: <ul style="list-style-type: none">• Session 1—Office Disclosure and Office Policy Reviewed, How Therapy Works, Assessing the Couple Together:<ul style="list-style-type: none">• Couple’s Narrative• Oral History Interview: Relationship History and Philosophy• Videotape: A 10-minute Conflict Interaction and Physiology (pulse oximeter)• Discuss the Shared Meaning System• Ending Session 1—Preparing Couple for Individual Sessions—No secrets• Assessment: Written Questionnaires• Session 2—Individual Sessions• Session 3—The Therapeutic Contract: Discussing and Deciding about Goals. Summary of Strengths and Areas that Need Improvement.
3:00 – 3:15 pm	BREAK
3:20 – 4:00 pm	Film: Assessment
4:00 – 5:00 pm	Question & Answer

DAY TWO

9:00 – 9:45 am	Introduction to Intervention—<i>The Philosophy of the Therapy</i> <ul style="list-style-type: none">• Assumptions of the Therapy• Overview of the Therapy• Goals of the Therapy
9:45 – 10:10 am	Conflict Management <ul style="list-style-type: none">• Rapoport Intervention and film
10:10 – 10:30 am	BREAK
10:30 – 11:50 pm	Conflict Management, continued <ul style="list-style-type: none">• Ending the Four Horsemen and Dealing with Flooding film• Dreams-Within-Conflict and film• Building the Basic Skills (Softened Startup, Accepting Influence, Repair and De-escalation, Physiological Soothing, Compromise)• Aftermath of a Fight and film
11:50 – 12:00 pm	Questions and Answer Session
12:00 – 1:25 pm	LUNCH
1:30 – 3:15 pm	Building Friendship and Shared Meaning <ul style="list-style-type: none">• Build Love Maps and film• Turn Towards: The Stress-Reducing Conversation and film• Build Rituals of Connection and film• Creating Shared Meaning and film
3:15 – 3:30 pm	BREAK
3:30 – 3:55 pm	Process of the Therapy
3:55 – 4:05 pm	Summary
4:05 – 4:15 pm	What's Next: Additional Training
4:15 – 5:00 pm	Question and Answer Session

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1. Research and Theory

1.1 What Is New In This Workshop: The Need For Theory

This workshop introduces a new approach to couples' therapy, one that has arisen from our basic longitudinal research on relationships, our recent relationship interaction experiments, our couples' workshops, and our couples' therapy. We will present a therapy that builds on previous research work on couples' interventions, yet departs dramatically from the past.

Let us tell you a story. In 1965 George Bach published a book called *The Intimate Enemy* which was a new approach to couples' therapy. Bach believed that the problem in relationships was that people needed to air their anger rather than suppress it. If they expressed their resentments instead of letting the anger build up, there would be a catharsis that would clear the air between them. So he had partners take turns airing their resentments. He even encouraged them to hit one another with soft foam-rubber bats. He believed that this process would be like erasing the blackboard; then, the couple could start anew. We now know that there is no catharsis effect in voicing anger and that Bach's procedure only built resentment. [Want to read more? See Carol Tavris's book, *Anger: The Misunderstood Emotion*]

Couples' therapy has come a long way since then, in part by making a lot of mistakes and using research to discover that these were, in fact, mistakes. For example, in the 1960s Lederer and Jackson wrote a book called *The Mirages of Marriage*. Everyone was very excited about their book. The two systems theorists claimed that they knew what went wrong in relationships and how to make relationships better. One of their ideas they called the Quid Pro Quo. It stated that a good relationship is based on reciprocating positive behaviors and that a bad relationship is caused by a breakdown of this implicit contract. Their idea led in the 1970s to the behavioral intervention of contingency contracting, otherwise known as "give to get." Therapists would help each person to identify what behaviors he or she wanted to get from the other partner. Then the therapist would help the couple to write a contract for the exchange

of these desired behaviors.

However, in 1977 Bernard Murstein showed through research that a reciprocity concept, both in relationships and in friendships, was a hallmark of an ailing relationship, not a hallmark of a happy one. People became “affective accountants” when a relationship wasn’t working well. When they were unhappy they would think, “I did this for her, and she never reciprocated.” When the relationship was going well, they didn’t think of this contingency of positivity. Many other aspects of our thinking about couples has changed in the last four decades. Here is a partial list:

- We used to think that all a therapist needed to do when a couple came into the office was to ask the partners to identify their problems, and then to help resolve them. The therapist was supposed to be a super problem-solver. It didn’t matter what issue the therapist and the couple identified, because the assumption was that all conflicts were alike. It also made sense to start anywhere and teach a specific set of relationship skills. For systems therapists, these skills involved avoiding mind-reading, establishing clear feedback loops, and being able to meta-communicate about double binding messages. For Rogerian and behavior therapists, the skills involved active listening to one another. Then all conflicts could be solved.
- We now know that the focus on *resolution* of conflict is misguided. Our research revealed that most conflict (69%) in relationships is perpetual. It has no resolution. It is based on lasting differences in personalities and needs. Couples can either dialogue about these perpetual issues or live in a state of “gridlock,” in a state of painful impasse. So therapy needs to emphasize helping couples to manage conflicts like these rather than to resolve them.
- We also learned from our longitudinal research what relationship skills were the right ones to build. In happy, lasting relationships, the approach toward conflict is gentle. For example, partners soften the way they bring up an issue; they accept influence from one another; they have a 5-to-1 ratio of positive-to-negative affect during conflict regardless of the type of relationship they have (from volatile to conflict avoiding); they

consistently communicate acceptance of one another; they keep their level of physiological arousal low; they preempt negativity in the interaction; they repair the interaction and de-escalate if it does become negative; and they move gently toward compromise. In relationships that are ailing and failing there is either an escalation of negative affect, a lack of positive affect, or a state of emotional disengagement. [Want to read more? See John Gottman's book, *What Predicts Divorce?*]

- Furthermore, it turned out that not all relationship conflict is the same. Some conflicts are real deal-breakers. They contain a “hidden agenda.” Partners have the same argument over and over again. Each person’s position is embedded with deep personal meaning, an existential foundation, so that compromise seems completely unthinkable. For example, partners may be talking about the budget, but instead they need to be talking about what money *means* to each of them, using concepts like freedom, power, love, and justice. In summary, Victor Frankl’s *Logotherapy* needs to be incorporated into our understanding of arguments.
- At its outset couples’ therapy in the 1970s had a strong behavioral and cognitive base in which it was assumed that the therapist was the rational and calm one. In contrast, the couple was viewed as emotional and therefore out of control. People came into the therapist’s office and yelled and cried. They got emotional. They didn’t calmly discuss their issues. Following Murray Bowen’s ideas, the therapist’s job was to help the couple control their feelings and to become less “enmeshed” and more “differentiated.” By “differentiated” Bowen meant that the partners would control their emotions using reason. In terms of the brain, the therapist was assisting each partner’s cerebral cortex in gaining dominance over the primitive limbic system. It was emotion versus reason, and ideally reason should win. According to this view, the therapist was supporting the process of evolution.
- We now know that Bowen’s views about the brain and emotion versus reason are wrong. In the brain there is an integration of emotion and reason, even in the cerebral cortex. In fact, without emotion, problems do not get solved very well. Emotion, prioritizing figure from ground, and the intuitive “sense of the matter” are essential in problem-solving. People are not ratio-

nal decision makers. Furthermore, expressing emotion does not mean being “out of control.” In fact, emotion is central to the understanding and treatment of couples’ relationships. Three decades of longitudinal research conducted by Gottman and Levenson have revealed that the nature of emotional interaction predicts what happens to a relationship. Theorizing about love, security and emotional systems has also tapped the theoretical work of Charles Darwin, Harry Harlow, Sylvan Tomkins, Carroll Izard, Jaak Panksepp, Paul Ekman, and Wallace Friesen. In addition, measurement of emotion has become more sophisticated. Over time we have learned how to study the face, the voice, the body, and the words. We have developed the Specific Affect Coding System (SPAFF). And thanks to the pioneering clinical insights of Susan Johnson in building Emotionally Focused Couple Therapy, Bowlby’s attachment theory of emotional security has also become important in couples’ therapy. In short, affect is not the problem; it is central for understanding, compassion, and change. Finally, dependency is now legitimate in relationships. So the couples’ therapist needs to become an expert on emotion, and on helping couples establish emotional connection. [Want to read more? Read Susan Johnson’s books, *Creating Connection*, and *The Practice of Emotionally Focused Couple Therapy*, and *Becoming an Emotionally Focused Couple Therapist*, and *Emotion Focused Therapy for Trauma Survivors*, and Leslie Greenberg & Susan Johnson’s *Emotionally Focused Therapy for Couples*]

- There has also emerged a growing understanding of the role of psychophysiology in emotion. Beginning in 1964 with the formation of the Society for Psychophysiological Research, the study of emotion and physiology has added to our understanding of the autonomic and neurological basis of emotion and how emotion and thought are integrated in the brain. Building on this research, John Gottman and Robert Levenson’s studies have demonstrated the importance of autonomic variables in predicting the longitudinal course of relationship happiness. It turns out that once people become autonomically aroused into a state of alarm and defense which we call “diffuse physiological arousal,” there are severe limits on their ability to process information, to listen, to laugh, to be affectionate, to be empathetic, and

to be creative. Thus, moderating physiological arousal is an important skill in conflict management. [Want to read more? See Joseph LeDoux's book, *The Emotional Brain*, Dan Goleman's book, *Emotional Intelligence*, Dan Siegel's book, *The Developing Mind*, and Jaak Panksepp's book *Affective Neuroscience*.]

- Although down-regulating negative affect and maintaining calm are important in a relationship, especially in a discussion of conflict, we have learned that relationships work not just by down-regulating negative affect during conflict. Building positive affect both during conflict and in general in the relationship (in everyday interaction) turns out to be essential to ensure lasting change. At first this awareness was implemented superficially, with "love days" designed by the therapist to increase positive behavior between people. But love days didn't change positive affect during conflict. Even outside of the conflict context, we have learned that this increase in positivity needs to be a therapeutic focus implemented through improving both the couple's friendship and their secure attachment to one another. This can be accomplished through work on turning toward bids for emotional connection, building emotional intimacy, and building other positive affect systems such as courtship, romance, lust, sex, play, fun, and adventure. In other words, we used to assume that if we dealt with conflict, the positive affect systems would be activated automatically, like air rushing in to fill a vacuum. Not so. These positive affect systems must be built and maintained intentionally, as part of the therapy. [Want to read more? See Gottman & DeClaire's book, *The Relationship Cure*.]
- There is a growing awareness that good friendship, positive affect systems, and constructive conflict need to be supplemented by building the couple's shared meaning system. Couples need to identify and communicate their sense of purpose, the meaning of how they move through time together, their priorities and values, what they hold to be sacred, their goals and missions, their ethics, morality, philosophy of life and religion, and their legacy from their families and cultures, so together, they can build an existential base to their lives. [Want to read more? See Doherty's book, *The Intentional Family*.]

A large mismatch that can trouble couple relationships centers on how people feel about feelings, which we call “meta-emotion.” To help couples with these mismatches, we need to understand people’s experience and relationship to specific affects like anger, sadness, fear, contempt, pride, affection, love, joy, excitement, humor, amusement, adventure, safety, security, and panic. We also need to understand their trauma. We need to grasp their philosophy about emotion and emotional exploration, and enhance their bodily awareness and emotional fluency with what Eugene Gendlin called “focusing.” We think that the two major attachment insecurities are consequences of meta-emotion mismatches, and that they can be aided with emotion coaching, which was the topic of Dan Yoshimoto’s thesis in our lab. [Want to read more? Read Eugene Gendlin’s book *Focusing*, Gottman & DeClaire’s book *Raising an Emotionally Intelligent Child*, and Gottman, Katz, & Hooven’s *Meta-emotion*.]

As you can see, for much of our history, our field has based therapeutic interventions on myths that have little or no empirical support. The field has gone about the business of designing couple therapies without the guidance of grounded theory. But finally, we are starting to **understand** relationships. Of course, there is still much more for our couples to teach us.

In this workshop, rather than present a checklist of what needs to be changed in dysfunctional relationships, this seminar is based on our new **theory** of how relationships either work or fail based on what we have learned thus far. By a theory we mean a recipe, a very specific and constructive guide for the therapist and couple. The field of couple intervention has desperately needed a theory, one with a strong empirical basis, a grounded theory.

In addition to the points we have listed, outcome research in couples therapy suggest that the therapy for failing relationships must involve accomplishing three goals: (1) down-regulating negative affect and its escalation during conflict, (2) increasing positive affect in conflict, and (3) increasing positive affect outside of conflict. But how are these therapeutic objectives to be accomplished? This seminar teaches what we currently believe about the best ways for accomplishing these three goals.

Let's begin by talking about the nature of the theory we need. First, we will integrate our research findings into a theory that highlights how to systematically accomplish these three therapeutic objectives in a meaningful way.

In our laboratory, the theory that we have developed represents a systematic approach to these goals (building overall positivity in the non-conflict contexts, and reducing negativity and increasing positivity during conflict resolution) for producing lasting effects in couple therapy. The theory also shows how to deal with a very difficult and common presenting couple problem: emotional distance and disengagement. These are the hardest dynamics to work with. Our theory is called the "Sound Relationship House." This manual builds toward that theory in the first three chapters, and then presents the implications of the theory in the remaining chapters for both assessment and intervention.

1.1.1. What is Different About Gottman Method Couples Therapy?

The Sound Relationship House theory is an integrative approach to couple therapy. It deals with couple conflict and its resolution, but also extends beyond the conflict context into the everyday aspects of couple interaction through building and repairing the couple's friendship and love. It also emphasizes the couple's shared meaning system. Here are its characteristics:

- It is an affective couple therapy. First and foremost, our therapy focuses on emotion, on the emotions the couple brings into a session, on dysfunctional negative interaction patterns (escalation or emotional disengagement), and on replacing the Four Horsemen with their antidotes in order to make conflict discussions more functional, constructive, and regulated. It also focuses on emotional repair, and on building safety, trust, bonding, love, intimacy, friendship, and positive affect. This work includes focus on all the seven emotional systems described by Jaak Panksepp.
- It is a behavioral couple therapy, focused on changing interaction patterns.
- It is an existentially-based couple therapy, both in its approach to gridlocked conflict (Dreams within conflict) and building the shared meaning system.

- It is a cognitive couple therapy, focusing on how couples think about their relationship, and how they feel about feelings (meta-emotion philosophy).
- It is a narrative therapy, focusing on the stories the partners tell themselves about their history, their purposes and their struggles.
- It is a systemic couple therapy, based upon the sequential, time-series, and mathematical modeling of actual interaction patterns that describe the relationship as a system.
- It is a psychodynamic couple therapy, based upon specific aspects of analysis of the role the primary family and other salient past relationships play in the relationship here and now, especially in our analysis of the anatomy of a conflict. As Faulkner said, the past is not dead, it is not even past.

1.1.2. What is Our Focus?

In this therapy, as you can see, we focus on emotion, skill building for managing conflict, developing new skills for enhancing friendship, and helping the couple to create a system of shared meaning together.

This therapy is not a rigid school of therapy that seeks adherents. It does not exclude orientations. We seek dialogue, not devotion. This therapy is open to many approaches. It attempts to integrate basic research and clinical concepts. We also seek to be practical and systematic, with diagnostic and intervention techniques and specific exercises that will empower clinicians and make it possible for clinicians to start applying these methods immediately. In this manual we will state our assumptions about our therapy so that clinicians can agree or disagree with them.

The theory presented in this workshop makes it possible to tailor the couple therapy to the strengths and challenges facing each individual couple seen in therapy. Thus the design of individualized couple therapy is the unique job of the clinician with respect to the artistry each clinician brings to therapy.

Our belief is that every clinician can be effective in using these methods. We hope that you, the reader, will find that our methods are not at all mysterious, and that you will find them useful in your own practice. This manual is designed to describe these methods and make them accessible to you.

The idea is that all three things, research, training and treatment need to be strongly connected at the outset. Clinical insights and intuition are very important, and they must guide research. However, intuition must also be informed by research, or our methods will stagnate. Research cannot be an afterthought, but must be part of the very design of interventions.

We will begin by summarizing what we have learned in our research from the “masters of relationships” as well as from the “disasters of relationship.” A “master couple” is a couple who stays together and is happy with the relationship. A “disaster couple” is a couple who breaks up, or a couple who stays together and is unhappy with the relationship. The very definitions require longitudinal research. We learn something about these relationships by making them multi-method, by observing, by using physiology, interviewing, video recall ratings, and questionnaires. The multi-method approach lets us tell a good story about the masters and the disasters.

1.2.

Our Research Methods—The Levenson-Gottman Paradigm and Creating a Couple Social Psychology Laboratory

Our research on relationships is based, in part, on a long (35-year) collaboration with my best friend, Robert W. Levenson, who is a psychology professor at the University of California, Berkeley. The database of our research includes seven longitudinal studies with a total of 677 couples (see Table 1). The studies range across the life course. There is also a study of physically abusive couples conducted with Neil Jacobson. We have followed the couples for many years, with no intervention. The longest were followed for 18 years. They have included everyone from newlyweds through long-term couples in their forties and in their sixties. We have followed couples becoming parents and interacting with their babies, their preschoolers, and their teenagers. With all the couples, we have studied the “masters” and “disasters” of relationship. These studies are part of the database upon which this manual is based.

When Bob and John began doing research on divorce prediction in 1972, there were nearly 2,000 published studies on divorce, only six of which were longitudinal, prospective studies. They were based on self-report measurements of personality. These six studies fared very poorly at prediction: The correlations were all around 0.25 or so. This means that the researchers could account for very little variance in their predictions. Also, the results were not very interesting theoretically, as far as we were concerned. For example, Newcomb and Bentler (1980) found that clothes-conscious women were less likely to divorce, while there was no such correlation for men. The correlations, when significant, were small. Imagine, as a humorous aside, a therapy based on these two results. With Martha and George, the therapist would discuss Martha’s wardrobe with her and advise her to go shopping, but tell George that it didn’t matter in his case. There were also some weak results in the Kelly and Conley (1987) study that neuroticism predicted divorce. These results were hard to interpret for methodological reasons, and they were hard to use to design couple interventions. The methodological problem was that it is unclear in the Kelly and Conley study if neuroticism or couple unhappiness was being measured. Since the couple’s friends filled out the self-report personality inventory in that study, they

may have used items that purportedly assess such characteristics as depression to describe their friend's relationship unhappiness, but depression could stem from other causes. Altogether, little was learned.

Bob Levenson and John brought a multi-method approach to the measurement of couple processes as they became manifest in three domains. We call this the Core Triad of Balance. The three domains are:

Interactive behavior: coding partners' behavior and emotion as they interacted in various contexts;

Perception: ascertaining individual perceptions of self and other through questionnaires, video recall procedures, attributional methods, and interviews

Physiology: measuring autonomic, endocrine, immune systems.

We think that couples create inter-related "set points" of balance between positivity and negativity (or arousal and calm) in all three domains, and these set points determine the future of their relationship. But these are not the only set points in the relationship. There are also positive, less dysfunctional set points, but the relationship spends less time near those set points. In other words, every relationship has the potential to be heaven or hell. We also found that which set point the relationship parameter hovers up near most of the time depends entirely on the success of the couple's repair attempts.

We found that we could use all three domains (interactive behavior, perception, and physiology) to predict the longitudinal course of a relationship. In a series of landmark studies, John built an apartment laboratory at the University of Washington where couples lived for 24-hour periods and were videotaped (the cameras turned on at 9 a.m. and off at 9 p.m.). We asked only that the couples do what they would normally do on a Sunday at home. We videotaped each couple's behavior during the camera-on time. In the study, we observed couples talking about how their day went after they had been apart for at least eight hours; we observed them talking about, and trying to resolve, areas of continuing disagreement; and we observed them talking about enjoyable topics. At the same time, we also recorded their physiological responses. When they sat down in our

"fixed lab," we were able to obtain data on respiration, electrocardiogram, blood velocity to the ear and the finger of the nondominant hand, skin conductance, and gross motor movement via a "jiggle-ometer" attached to the base of their chairs. We used Holter monitors from SpaceLabs (who conducted the physiological measurements of NASA astronauts) and a beat-to-beat computer and computer program for analyzing the couple's electrocardiograms. We also assayed urinary stress hormones, and, in collaboration with an immunologist, Dr. Hans Ochs, we took blood samples for standard immunological assays.

Some have asked about how intrusive our research methods are and how natural the couples' behavior can be in the laboratory apartment. We have systematically studied this issue by comparing our data to that obtained when spouses interact at home without an observer present (using either audio or videotapes that the couples make). The answer is that the behavior of people in our labs is different from their behavior at home, and the difference is that all spouses are much nicer to each other and more polite in the lab. Therefore, in the lab we *underestimate* the real differences between happy and unhappy couples. Given our ability to predict what will happen to the relationship longitudinally, this is not a serious problem. How natural are the couples, in general? We think that after about 45 minutes in our lab, couples forget the cameras and other recording devices. This unawareness is fostered in part by the physical arrangements in the lab (cameras placed above eye level), the fact that we form a very good rapport with our couples, and in part because the spouse is such a strong stimulus for eliciting well ingrained, repeated behavior and thought patterns.

After we videotaped the couples in the apartment laboratory and fixed lab, we played the videotapes back for the couples and asked them to tell us, using a rating dial, what they were feeling and thinking. The rating dial is a dial we ask people to rotate to reflect their own feelings. It goes through an arc of 180 degrees and is labeled from "extremely positive" to "extremely negative." We also asked the couples to guess what their partners were thinking and feeling. This step was prompted by Bob Levenson and Anna Ruef's (1992) research that had discovered that those people who physiologically relived their own physiology were terrible guessers of the feelings of another, while those who relived the other's physiology were much better at guessing their

partner's responses. People presumably relive their partner's physiology by mirroring the partner's emotional reactions. We measured how closely the physiology of the two people parallels one another. Levenson & Ruef (1992) found that those people whose physiology while watching the videotape more closely resembled their partners' physiology during the interaction had rating dial data (when asked to predict how their partner felt during the interaction) that closely matched their partner's data. But if their physiology (while watching the tape) matched only their own physiology, they were bad at guessing how their partner felt during the interaction. This amounted to a physiological way of defining empathy. We also sometimes replayed interviews of specific moments (selected on some salient dimension, such as their ratings, their behavior, or their physiology). The interview of specific moments asked people how they perceived the moment. They viewed the moment, and then we asked them questions about how they were feeling, how they thought their partner was feeling, and what their goals were during that moment. The partners also filled out a questionnaire about that moment. From the findings, we learned that there are two basic categories of negative reactions: an "innocent victim" type of perception, associated with whining and defensiveness; and a "righteous indignation" perception, associated with contempt.

We also developed interviews to ascertain spouses' perceptions of the history of their relationship, their parents' relationships, their philosophies of being married, their levels of comfort or discomfort with basic emotions as well as an interview for the purpose of identifying the rituals, roles, life dreams, goals, symbols and myths that guide the partners' search for meaning. Finally, we coded spouses' behavior from the videotapes using objective coding systems with trained observers that describe facial expressions, voice tone, gestures, body positions and movements, the distance between the partners, and so on.

There used to be a skit on "Saturday Night Live" in which male and female anchor-persons sit at a raised dais. They are talking about an upcoming event as if it were a sporting event, but all we see on the set is a kitchen table, chairs, and a coffee pot. In comes a sleepy lady in a bathrobe, who pours herself a cup of coffee and sits down. Then in comes her husband, also in bathrobe; he pours his cup of coffee, sits down, and then opens up a newspaper. The commenta-

tors go wild. One says, "Did you see that, Bob? He totally shut her out. That was a masterful move. Worth at least ten points. Let's check with the judges. Yes, it was a 10."

"Yes, that was amazing, Jane," says the commentator, "Let's see how she counters." And so it went throughout the breakfast. This skit was hilarious to us because essentially it showed what we actually do with our data. We code couple interactions, using our observational codes. Then we weight them, giving positive points and negative points. Our weights are guided by the research on what discriminates happy from unhappy couples. We cumulate the amount of positive minus negative points each person earned at his or her turn at speech. We create something like a "Dow-Jones industrial average" of couple conversation. From this we do our mathematical modeling.

In one of our most revealing studies, we followed a group of 130 newlywed couples who were representative of the major ethnic and racial groups in Seattle. We studied them in the first few months of their relationship. Then we formed three criterion groups based on how their relationships turned out many years later. There were 17 divorced couples. In addition to them, we studied 20 happily married, stable couples and 20 miserably married (very unhappy) but stable couples. Could we use specific models of couple success to predict which criterion group a couple would eventually fall into? Let's look at the models we tested.

In the analyses we conducted, we sought to be able to make two types of predictions: (1) a *couple stability prediction* in which we combined the two stable groups (happy and unhappy) and attempted to predict divorce or stability from their time-1 couple interaction (taken within the first six months of relationship) using various process models; and (2) a *couple happiness prediction* in which, controlling for stability, we tried to predict a couple's time-2 couple happiness or unhappiness (from their time-1 couple interaction taken within the first six months of relationship) using various process models. These models were based on the observational data. We tested models of whether anger was a dangerous emotion in relationship (as some have argued, e.g. Hendrix, 1988), or whether what I have called "The Four Horsemen of the Apocalypse" predicted divorce. We examined whether reciprocating negative emotions in kind (anger by one spouse is met with anger by the partner, for example) predicted divorce. We examined whether accept-

ing influence and sharing power predicted couple stability. We studied the active listening mode. We looked at how the conflict discussion started, the role of positive affect, de-escalation, balance of positive and negative affect, and the role of physiological soothing. All of the theory we built is based on the compiled findings of these studies. We were quite delighted that in this longitudinal work we were actually able to predict divorce and stability with a very high degree of accuracy. Since we have now found replicated results in numerous longitudinal studies, we are fairly confident that our findings are reliable and accurate.

<i>Begun in Year</i>	<i>Number of Couples</i>	<i>Sample Comments and Sample</i>	<i>References</i>
1. 1980	30	Young Couples	Levenson & Gottman 1983, 1985
2. 1983	79	Varied From Newlyweds To Old Age	Gottman (1994)
3. 1986	56	Couples With A Preschool Child (Midwest Sample)	Gottman, Katz, & Hooven (1996)
4. 1989	63	Same As 1986 Study (Seattle Sample)	None
5. 1989	130	Newlyweds (Seattle Sample)	Gottman, Coan, Carrere & Swanson (1998)
6. 1989	156	Middle-Aged And Sixties Couples (San Francisco Bay Area)	Levenson, Carstensen & Gottman (1994)
7. 1989	160	Four Groups: Highly Abusive, Moderately Abusive, Distressed Non-Violent, Happily Married Non-Violent	Jacobson & Gottman (1998)

In John's book, *What Predicts Divorce?*, John employed Studies 2 and 3 to ask the question, "What is dysfunctional in relationships?" This research was also reported for the general public in the book, *Why Relationships Succeed or Fail*. Study 2 is our longest longitudinal study (15 years).

Study 3 was a 10-year study of couples with a preschool child. This study, in addition to being a study of relationship was also a study of parent-child interaction and children's social-emotional development. The books *Meta-Emotion* (Gottman, Katz, & Hooven, 1997) and *The Heart of Parenting* (Gottman & DeClaire, 1997) came from this study. Study 4 is a replication of study 3, and we are still analyzing the data from this study.

In Study 5 John has been asking basic questions of what is dysfunctional when newlywed relationships head for divorce and what is functional in those early years of relationship. The first of our reports of this work is the paper by Gottman, Coan, Carrere, & Swanson (1998). In the newlywed study (Study 5), John asked which interactive processes are “dysfunctional” and which are “functional” in the context of two longitudinal prediction studies.

We also continued to study these newlyweds as some made the transition to parenthood (50 couples so far). We studied them in their sixth month of pregnancy and built a laboratory to study their interactions with their three-month-old baby. This laboratory duplicated that of Elizabeth Fivaz-Depeursinge of Lausanne, Switzerland. We are finding that couple conflict transfers to the baby and makes it difficult for the baby to restore physiological calm after being upset or overstimulated. These children are now approximately four-years-old. Approximately 70% of the parents experienced a precipitous drop in couple satisfaction in the baby’s first year of life. We are now able to answer the question of what predicts if a couple will wind up in this 70% group or in the group whose couple satisfaction is maintained during the transition to parenthood. This study has formed the basis for a new preventive intervention for expectant couples that is now being used nationally and internationally to supplement birth preparation training.

1.3. **What Is “Dysfunctional” and “Functional” In Relationships?**

1.3.1. Myths About What Is “Dysfunctional” When a Relationship Is Ailing

Whole books have been written about the concept of what is dysfunctional when a relationship isn't working. It has been the major springboard for theorizing about relationships. Here's a little more than a baker's dozen of these hypotheses. All these ideas make sense. They seem like common sense, and they sound right. You will often hear them echoed on afternoon television. But they are all flawed. Common sense may be nonsense.

1. **Quid Pro Quo.** Lederer & Jackson proposed The Quid Pro Quo contract as an implicit contract that every successful relationship contains. It is a contract in which people exchange positive things with one another. Lederer & Jackson suggested that this kind of reciprocity breaks down in relationships that are ailing, and trust becomes eroded. In fact, this is a myth. In 1977 Bernard Murstein found that a quid-pro-quo way of thinking was characteristic of both ailing friendships and ailing relationships. Once a partner becomes an “emotional accountant” there is something wrong. In other words, when the thinking is “I did this for that person and it never got reciprocated,” then that’s a sign that the relationship is in trouble.
2. **Extra-relationship or extra-relationship affairs are the major cause of divorce.** This idea has been suggested by Frank Pittman, and it is an idea worthy of consideration. There is no question that extra-relationship affairs are a cause of divorce, and a cause of great distress. However, Gigy & Kelly in the California Divorce Mediation Project discovered that the major cause of divorce (80% of the time) is that people become emotionally distant and drift apart. This represents a failure of the friendship and intimacy in the relationship. Furthermore, most book about affairs claim that affairs are not usually about sex, but about finding someone who offers friendship and affection. Thus, relationships end more by ice than by fire.

3. **Monogamy is for women.** The idea is that men need and want to have sex with many partners, but women need security and constant love with just one partner, so gender differences in sexual needs erode relationships. This has been called the socio-biological theory: Men need to philander and women do not; monogamous relationship is a female thing. This view has been promulgated most recently by a writer named Fisher in her book, *The Anatomy of Love*. It is a myth. As women have entered the work force in large numbers and have achieved more economic power, philandering has increased dramatically for women. Sociologists estimate that affair rates for men and women are now about equal. Past gender differences in philandering were more about women's lack of accessibility to men when working only in the home than about women's biology. Furthermore, historically the practice of monogamy was designed by men, not women, for the purpose of ascertaining paternity to enable inheritance of property.
4. **Gender Differences Cause Divorce.** This idea was most recently popularized by John Gray in the Mars Venus books. The theory is that men are task-oriented and not emotional (Mars) and women are affiliative and emotional (Venus) and not task-oriented. This hypothesis was originally proposed by Bales and Parsons in the 1950s. It is a myth as Elizabeth Aires demonstrated in her review of the relevant research literature. Women in families are very task-oriented, and so are men. Women are very emotional in families and so are men. With our data, Robert Levenson performed careful computer analyses of language during relationship conflict and found that women produce an average of 9 emotion words a minute while men produce 8 - A very small difference.
5. **Dominance Structures in Relationships are Dysfunctional.** The idea here is that dominance structures in relationships produce dysfunction. This is also a myth. Research has shown that there is more conflict when people must work out who is in charge of each thing in contrast to when there are clear gender lines on who does what. Dominance structures in social groups are designed to minimize conflict. When relationships are purposely aiming for equality and the lack of control of one person by another (as in the USA), the important

dimensions related to happiness with the relationship are: (1) the perception of fairness and (2) emotional responsiveness to one another. What might be called imbalances in power and specialization in a relationship are not a problem if these two qualities are present.

6. **Demand-Withdraw Pattern.** A “female-demand/male-withdraw” pattern or a “female-pursuer/male-distancer” pattern is dysfunctional. This one is true. Andy Christensen has pioneered the research in this area of couple relationships.
7. **Behavior Change.** The idea is that the inability to change one another’s behavior in a relationship is dysfunctional. This hypothesis seems almost true by tautology. The therapist experiences a behavioral rigidity in distressed relationships, so this view is consistent with therapeutic experience. It was also an early behavioral view. But now its major proponents (Andrew Christensen, Neil Jacobson) emphasize acceptance as well as change. They argue that the most serious problem in relationships occurs when people don’t feel accepted for who they are.
8. **Problem Solving and Conflict Resolution.** Poor problem solving and inadequate conflict resolution are dysfunctional. This hypothesis has formed the cornerstone of nearly all couple therapies. However, our research reveals that this idea is a myth. Most conflicts are never resolved, including in happy relationships. They remain perpetual problems that couples either continue to cope with through dialogue or become gridlocked about.
9. **Mind Reading.** Mind-reading is dysfunctional. This was the central part of Paul Watzlawick’s theory. The idea is that people should not try to attribute thoughts, feelings, and motives to their partner. Yet in our research mind-reading was seen to act as a feeling probe if delivered with some positive affect (like affection). [Example: “You always get tense at my mom’s house at Christmas. Response: “Yes, I do. I feel so judged by her.”]. But if the mind-reading code was delivered with negative affect, it led to defensiveness [Example: “You always get so tense at my mom’s house at Christmas.” Response: “No, I don’t. Shut up!”].

- 10. Meta-communication.** The idea is that a lack of meta-communicating is dysfunctional for relationships. This came from the seminal paper by Bateson, Watzlawick, Beavin, & Jackson on the role of the double-bind message between a schizophrenic and his mother. The defect they identified in the communication system was the inability to meta-communicate, so that the schizophrenic was damned if he did approach his mother, and damned if he didn't. This is a myth. Our observational research demonstrated that there was no relationship between meta-communicative statements and any outcome variable. Again, the effect of the meta-communicative statement depended on the affect with which it was delivered.
- 11. Winch's Need Complementarity.** The hypothesis is that need complementarity is functional. For example, a person who needs to be domineering must find someone who needs to be submissive and then a happy relationship will result. A great deal of research was stimulated by this hypothesis. There has been so little support for this hypothesis that the Journal of Marriage and the Family's decade reviews decided to stop reviewing research on this hypothesis.
- 12. Residues of Issues in Families of Origin.** A common view in early Freudian analysis was that healthy relationships are not possible unless neuroses in one's primary family are first resolved. Once again, research evidence has never supported this hypothesis. That is not to say that people don't enter relationships with unresolved issues. They do. These may create perpetual issues in a relationship. But the success of the relationship will depend on how these issues are managed, not on their evaporation.
- 13. Projective Identification.** Most couple conflict is the result of projection. First the relationship needs to become "conscious." However, most conflict in relationships is about how the couple relates to one another, usually during ordinary moments, and the issues raised are usually conscious ones like those involving respect, affection, autonomy and interdependence. However, this is not to say that childhood wounds aren't important. They are.

14. Reinforcement Erosion. Neil Jacobson suggested that relationships start off happy with partners highly important and reinforcing for one another, but over time “reinforcement erosion” occurs and that is the source of couple dysfunction. Levenson and Gottman have found that, on the contrary, in long-term relationships people become more important to one another, not less, and small acts of kindness have even greater impact.

15. High expectations. The hypothesis (originally formalized by Lederer & Jackson's book, *Mirages of Marriage*) is that people's high expectations lead to disappointments that can be avoided by lowering standards about what to expect in a relationship. Baucom has studied this question systematically over a decade and found that quite the opposite is true: People who expect to be treated well in a relationship get treated well. Those who lower their expectations also get what they expect-less.

More and more hypotheses could be generated. Even back in 1938, Terman, in the first published study on relationships, wrote that there was “a riot of opinion” about what made for a good relationship, most of which was totally unsupported by the data. We could go on and on, listing hypotheses such as only equalitarian relationships are functional, and so on. The question is, are any of these contentions actually true? Or are some contentions true but only under some circumstances, or in some intricate combination? Or if they're not, then what is true?

What should a couple therapist pick as a goal? And what should the therapist decide needs fixing in an ailing relationship? Let us first look at what research has discovered about the real correlates of couple unhappiness.

1.3.2. Truths About What Is “Dysfunctional” When a Relationship Is Ailing?

The following are eight predictors of divorce and/or continued couple misery that are characteristic of relationships when they are attempting to resolve conflict, and hence can be considered “dysfunctional.” These predictors were discovered in over 30 years of longitudinal research in our lab.

- 1. More negativity than positivity.** During conflict discussions, the ratio of positive to negative interactions in stable relationships is 5:1, not 0.8:1 as it is in couples

headed for divorce. The presence of positive affect itself during conflict resolution (and in everyday interaction) is, in fact, critical. However, this balance theory in which both positivity and negativity are necessary also implies the unusual point of view that negativity is important in healthy relationships. Negativity plays many prosocial functions – for example, culling out interaction patterns that don't work, renewing courtship over time, etc. Thus, couple therapy should not declare war on negativity. On the contrary, we submit the idea that a relationship without negative affect would be a living hell. In a relationship we get all the affects, and we agree with Charles Darwin that all emotions have adaptive value. We also agree with Haim Ginott, who said that all emotions and all wishes are acceptable, but that not all behavior may be acceptable.

2. **Escalation of negative affect: The “Four Horsemen of the Apocalypse”.** Criticism, Defensiveness, Contempt, and Stonewalling and gender differences in these (female criticism, male stonewalling) are dysfunctional in relationship conflict. These are part of a pattern of escalation of negativity, which is one pattern of dysfunctional interaction. In the 1970s many behavioral relationship therapists thought that what was dysfunctional in a relationship was the reciprocation of negativity in kind, particularly anger. We discovered in sequential analyses of relationship interaction, however, that the reciprocation of anger was as characteristic of stable, happy couples as it was of unstable or unhappy couples. It was the escalation of negativity that predicted divorce. Subsequent research discovered that this pattern, in turn, was related to a pattern we called “turning away” from bids for emotional connection.
3. **Emotional disengagement and withdrawal.** Another negative, dysfunctional pattern that emerged from our longitudinal research was both the absence of escalated negative affect during conflict, but also the absence of any positive affect during conflict as well. There was a marked lack of affection, shared humor, question-asking, active interest, excitement, joy, support, and empathy. Subsequent research discovered that this particular pattern was related to a negative style in everyday interaction that we called “turning against” bids for emotional connection.

4. **The failure of repair attempts.** The goal of therapy ought not to be helping couples to avoid fights, even ones that are painful and alienating. Nor should it be helping couples to avoid hurting one another's feelings, or avoiding times when they do not respond to one another's needs for emotional connection. Instead, the goal ought to be to help couples process these inevitable fights and moments of miscommunication or hurt feelings, and to be able to repair the relationship. Regrettable incidents in interaction are inevitable, just par for the course.
5. **Negative sentiment override (NSO).** Robert Weiss (1980) defined the concepts of positive and negative sentiment override. In negative sentiment override there is a discrepancy between insider and outsider perceptions of the interaction. An actual neutral or a positive message is interpreted by the partner as negative. Hence, negative sentiment overrides positive interaction. In positive sentiment override negative messages are not seen as particularly negative, or at least they are not taken personally. In negative sentiment override negative perception is "the subtext" that accompanies interactions. Negative sentiment override is related to the development of negative attributions about one another and the relationship. Robinson & Price (1980) placed observers in couples' homes to observe only positive behavior; they also trained partners to observe their own interactions with the same observational system. When couples were happy, the strangers and the partners were veridical with one another. But when couples were unhappy, they only saw 50% of their partner's positive interaction (as determined by the outside observers). Fritz Heider's "fundamental attribution error" is related to these findings. He described a tendency in people to minimize their own errors and attribute them to temporary, fleeting circumstances, but to maximize the errors of others and attribute them to lasting, negative personality traits or character flaws. In our own work negative attributions were also related to negatively recasting the history of the relationship. In the beginning of research on relationships, Terman attempted to find a personality profile that was ideal for relationships, a kind of "emotional intelligence." Recall that Terman was one of the developers of the IQ test. However, re-

search on “personality” in relationships only really paid off when one partner was asked to describe the personality of the partner. Then, in distressed relationships partners tended to endorse all negative traits for their partner, whereas in happy relationships they tended to minimize negative traits and endorse positive traits for their partner. There were no profiles that fit together with happy or unhappy relationships though. It is our contention that negative sentiment override cannot be altered by intervention, and that altering it ought not to be a goal of couple therapy. Instead, it is an artifact of a deterioration in friendship, so that whatever the partner does is perceived as adversarial. Thus the goal should be to strengthen the friendship in the couple.

6. **Maintaining vigilance and physiological arousal.** Physiological arousal often accompanies feelings of being overwhelmed by the way one’s partner raises issues, but it can be triggered in other ways, too. It leads people to want to flee or aggress. Men are more likely than women to rehearse distress-maintaining thoughts that may prolong physiological arousal and vigilance. *Flooding and The Distance and Isolation Cascade* accompanies this arousal.
7. **Chronic diffuse physiological arousal.** General activation of many physiological systems creates the “general alarm response” that spells danger. Physiological arousal may cause increased heart rate, increased myocardial contractility, increased vasoconstriction, increased sympathetic and decreased parasympathetic activation, increased rennin-angiotensin activity, reduced oxygen concentration in the blood, decreased blood supply to non-essential functions like the gut and kidney, catecholamine and cortisol secretion, increased amygdala activation, decreased frontal lobe activation, immunosuppression, and so on. When physiological arousal accompanies relationship conflict, it may lead to: (a) a decrease in one’s ability to take in information (reduced hearing, reduced peripheral vision, problems with shifting attention away from a defensive posture), (b) an increase in defensiveness and the “summarizing yourself syndrome,” (c) a reduction in the ability to be creative in problem-solving, and (d) a reduction in the ability to listen and empathize.

8. The failure of men to accept influence from women.

This may show up as either: (1) Male emotional disengagement (this eventually becomes mutual emotional disengagement), or (2) Male escalation (belligerence, contempt, defensiveness) in response to his partner's low intensity negative affect (complaining).

1.3.3. What Is "Functional" When a Relationship Is Going Well?

For many decades, clinical writers have had to rely on their fantasies of what a good relationship is like. Often these fantasies did not match reality. One of the contributions of the Gottman and Levenson research is that well-functioning relationships have been studied over long periods of time (up to 20 years) so that we no longer have to rely on what we imagine a good relationship to be like. There is new information in studying good relationships. It's not just reversing the grammar in the dysfunctional list.

What is going well when a relationship is stable and satisfying to both partners? Tolstoy said that all unhappy families were different in their distinct miseries, but that all happy families were the same. It turns out from research that the exact opposite is true. In happiness there is the possibility for much greater diversity. Unhappiness creates more constraints upon interaction patterns. The following has been found to be true by research:

Good relationships are matched in preferred conflict style.

style. In 1974 an important book was published by Harold Raush. It was the first observational longitudinal study of the transition to parenthood, and the first to use sequential analysis of interaction. Raush divided his couples into three groups, harmonious, conflict avoiding, and bickering. He suggested that the two extreme styles of conflict (avoiding and bickering) were dysfunctional. However, in our own research we found that all three styles (which we called Avoiders, Validators, and Volatiles) were all functional (stable, happy), if and only if the ratio of positive to negative interaction during conflict was greater than or equal to 5:1. Also, mismatches between preferred conflict styles in married couples did predict divorce. These mismatches were at the root of demand-withdraw (or pursuer-distancer) patterns. A conflict avoider paired with a validator was the most common mismatch. We speculated that a partner with an avoider conflict style paired with a partner with a

volatile conflict style would not progress toward relationship commitment. Relationships that are mismatched have particular perpetual issues to deal with. They are not automatically doomed, but without intervention this mismatch in preferred conflict style is a risk factor that predicts dissolution. In therapy this mismatch gives the therapist an important goal of the treatment – establishing dialogue rather than gridlock with this perpetual problem. We now discuss this general goal.

Good relationships are characterized by “dialogue” rather than “gridlock” with perpetual issues. Only 31% of couples’ major areas of continuing disagreement were about resolvable issues. 69% of the time they were about unresolvable **perpetual problems**. Functional problem solving about resolvable issues had the following characteristics:

- The active listening model of functional relationship received little or no support when scientifically studied. In real relationship conflicts there was little evidence that anything like active listening was actually used very often, nor did it predict relationship outcome. Furthermore, the Munich relationship study found very poor outcomes and high relapse rates when active listening was taught (using the Gurney Relationship program). The Munich study was a multi-method study that employed observational as well as self-report measures.
- The masters of relationships used softened startup versus harsh startup when raising an issue. The woman’s role was critical since women bring up issues in heterosexual relationships 80% of the time.
- The choice of using harsh or softened startup was predictable by how positively responsive or rejecting men were during an events-of-the-day conversation that preceded the conflict discussion. Responsive men had wives who softened their startup during conflict.
- Masters of relationships accepted influence rather than “batting it back (escalation).” The man’s role was critical here because most women tended to accept influence at high rates. (Note: an important negative finding was that negative reciprocity in kind was generally unrelated to anything bad in couple outcomes).

- Masters of relationships had repair attempts that were effective, and they repaired at a lower threshold of negativity than the disasters of relationships. They also did preemptive repair (see below).
- The masters of relationships de-escalated negativity, and it was usually the male's role, but it was only low-conflict negativity that got de-escalated. Very few relationships were successful at de-escalating high intensity conflict. 96% of conflict discussions that began negatively (negative cumulative SPAFF slope) never got turned around (to a positive cumulative SPAFF slope).
- Anger was not dangerous, but the Four Horsemen and belligerence were. They often led to the escalation of negativity, and that was one pattern that turned out to be consistently disastrous.
- Later longitudinal research (14-year follow up) found that escalation of negativity was a pattern that predicted early divorcing, while a second pattern we called "emotional disengagement" predicted later divorcing. Emotional disengagement was not characterized by the escalation of negativity, but by the absence of positive affect during conflict.
- The most important finding was that for newlyweds more positive affect during conflict was the only variable that predicted both couple stability and happiness. The positive affect was contingent rather than uniformly distributed throughout the interaction. It served the purpose of conflict de-escalation. Only positive affect and de-escalation that served the purpose of physiological soothing of the male predicted positive outcomes in the newlywed relationship.
- Sixty nine percent of the time couples conflicted about perpetual issues in the relationship that never get resolved. What mattered was not solving these problems but the affect around which they were discussed. The goal seemed to be to establish a dialogue with the perpetual problem that communicated acceptance of the partner, humor, affection, even amusement, and active coping with the unresolvable problem rather than the condition of "gridlock." Gridlocked discussion only led to painful exchanges or icy silence, and usually involved the Four Horsemen.

Good relationships employ preemptive repair. Janice Driver and Amber Tabares in our laboratory studied how couples repair negativity. They designed a repair coding system for this task. Their papers are still being written. They discovered that couples whose relationships are happy are doing a great deal to avoid having the conflict discussion become negative in the first place. They referred to this as “preemptive repair.” Unhappy couples do not do these things. An example of one of their codes is “tooting our own horn,” by which they meant that early in the conflict discussion among happy couples one partner will congratulate the couple on how well they have coped with issues in the past.

1.4. Summary Checklists

Here is a summary checklist of what is dysfunctional when relationships are ailing:

1. **The failure of repair attempts.**
2. **More negativity than positivity.** Ratio of positive to negative interactions during conflict must be about 5:1 for relationships to be stable.
3. **The Four Horsemen of the Apocalypse.** Gender differences exist when relationships are ailing. Women are more critical; men are more stonewalling. Stonewalling is related to physiological activation; it is an unsuccessful attempt to calm things down. Criticism during conflict by women is predicted by an unresponsive or irritable male during the preceding events-of-the-day conversation.
4. **The failure of men to accept influence from their wives,** will be either illustrated by men's emotional withdrawal—the demand-withdraw pattern—or two patterns of increased control attempts involved with the escalation of negative affect: (1) domineering, defensiveness, and contempt or (2) belligerence, defensiveness, and contempt.
5. **Perception and the subtext accompanies the negativity.** Our video recall rating dial measure (perception of negativity or positivity of the interaction) was a strong predictor of relationship outcomes. Men in ailing relationships were also more likely to rehearse distress-maintaining thoughts, but that was not true of women, even when they were angered. When men are angered or startled they want to retaliate. These perceptual patterns are related to the formation of what Fritz Heider called negative attributions about one's partner. The most common negative attribution is to think of one's partner as selfish. This result is related to the fact that personality measures were unreliably related to relationship satisfaction in research, until researchers started asking each person to describe their partner's personality. Then there were two effects: (1) a negative halo effect—unhappy couples would endorse almost every negative trait for their partner, and (2) a positive halo effect—happy couples would endorse almost every

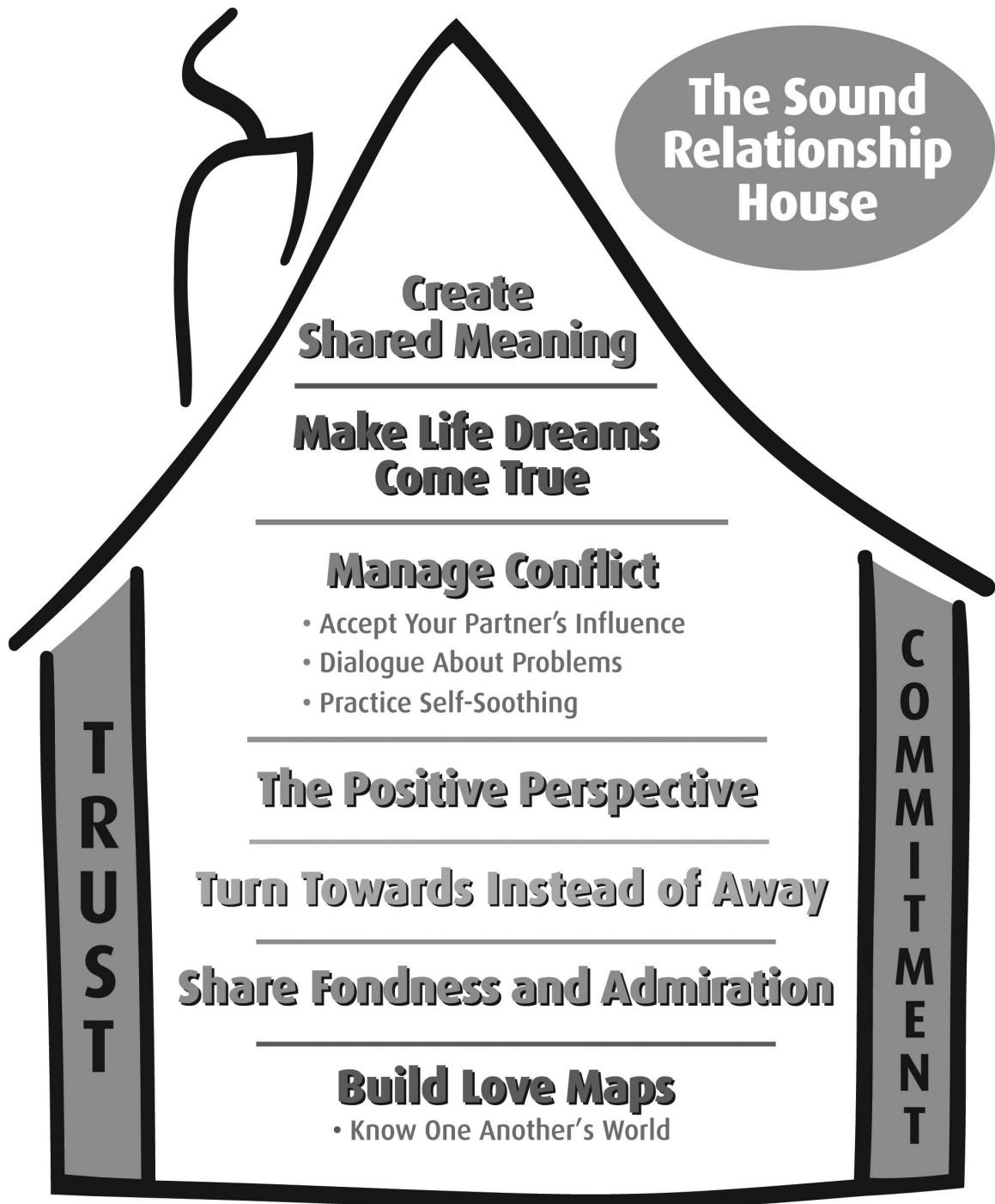
positive trait for their partner, especially the NEO's (the Big Five) agreeableness trait. There is a retelling of one's relationship history when the relationship is ailing.

6. **Flooding and The Distance and Isolation Cascade accompanies this flooding.** The Distance and Isolation Cascade involves chronic unhappiness, flooding, the perception that problems are not solvable, and the creation of parallel, lonely lives, leading to separation and then divorce.
7. **Emotional Disengagement.** Lack of negative escalation, and the lack of positive affect during conflict.
Turning away or against bids for emotional connection. Lack of positive affect in non-conflict contexts.
8. **Chronic diffuse physiological arousal and immuno-suppression.**

Here is a summary checklist of what is functional when relationships are working well:

1. There are three types of functional relationships: Avoiders, Validators, and Volatiles. All three types work if the conflict positive-to-negative ratio equals or exceeds 5-to-1. None work if the conflict positive-to-negative ratio is below 0.8-to-1. Mismatches in preferred conflict style predict divorce.
2. Matches in meta-emotion (how people feel about feelings) are helpful. Mismatches are a very serious problem.
3. The Active Listening model of functional relationship received no support, either in longitudinal correlational non-intervention research or in intervention research.
4. These interaction patterns are functional:
 - a. Softened startup versus harsh startup. This refers to how the problem is initially presented. The woman's role is critical.
 - b. Accepting influence versus batting it back (escalation). The man's role is critical. (Note an important negative finding was that negative reciprocity in kind is generally unrelated to anything bad in couple outcomes).
 - c. De-escalation of negativity was functional, and it was usually the male's role, but it was only low-conflict negativity that got de-escalated.

- d. Repair attempts work. Preemptive repair softens the presentation and response to conflict.
 - e. Anger is not a dangerous emotion, but the Four Horsemen and belligerence are.
 - f. The most important finding was that lots of positive affect was the only variable among newlyweds that predicted both couple stability and happiness.
 - g. The positive affect during conflict was contingent: It was in the service of conflict de-escalation.
 - h. Only positive affect and de-escalation that were in the service of soothing the male predicted positive outcomes in the relationship.
5. Only 31% of couples' major area of continuing disagreement was about a resolvable issue. 69% of the time it was about an unresolvable **perpetual problem**.



1.5 *The Sound Relationship House Theory*

1.5.1 The Nine Components of The Sound Relationship House Theory

Checklists are helpful for understanding, but inadequate for clinical intervention. They don't tell us about relationship dynamics. A theory needs to make suggestions about causality, the mechanisms of how things work. Here is our theory.

There are nine parts of the Sound Relationship House theory. Each of these levels involves the need to build a fundamental process. The first three levels of the house describe the essential components of the couple's friendship.

- 1. Build Love Maps.** The foundation of the house, *The Love Map*, is a road map of one's partner's inner psychological world. The fundamental process is *asking open-ended questions*. It involves the couple knowing one another and periodically updating this knowledge. [Source in research: Oral History Interview]
- 2. Share Fondness & Admiration.** The second story of the house is *The Fondness & Admiration System*, which is the antidote for contempt. The fundamental process is *changing a habit of mind* from scanning the environment for people's mistakes and then correcting them to scanning the environment for what one's partner is doing right and *building a culture of appreciation*, fondness, affection, and respect. [Source in research: Oral History Interview]
- 3. Turn Towards.** Bids for Emotional Connection. The third story is *Turning Toward versus Turning Away* in everyday moments, or what we call building the "*Emotional Bank Account*." The fundamental process is building awareness of how one's partner asks for connection and expresses emotional needs, and deciding to turn toward these bids (rather than turning away or against). The movie "Sliding Doors" is about how small choices can hugely affect the course of a couple's life. Life is full of these "sliding door" moments, which are opportunities to turn toward one's partner. [Source in research: Apartment Lab Coding using Driver's Bids & Turning Coding System]

4. **The Positive Perspective.** These three stories build the fourth story, that we claim one gets as a free add-on: Bob Weiss's idea of Positive Sentiment Override (PSO). This determines a lot of things, including the presence of positive affect in problem solving discussions, and the success of repair attempts during conflict resolution. If the first three levels of the Sound Relationship House are not working, then people are in Negative Sentiment Override (NSO), in which even neutral or positive messages are perceived as negative and the person is hypervigilant for negativity. There is a "chip on the shoulder." We claim that it is not possible to change NSO to PSO, except by changing the quality of the couple's friendship. People are in negative sentiment override for good reason: they see their partner as an adversary, not a friend. To change that state, we need to build the couple's friendship, using the first three levels of the Sound Relationship House. [Source in research: Insider/Outsider discrepancies comparing rating dial data to SPAFF data]
5. **Manage Conflict.** The next story of the house consists of two parts of conflict regulation. The therapist helps the couple identify the core issues and the anatomy of repeating negative cycles in the relationship. By "anatomy" we mean that the therapists help the couple understand what triggers escalation (e.g., defensiveness, criticism, contempt, belligerence), and what the story is of these triggers in each person's past history (either within the relationship or not). Conflicts are one of two types. Type 1: For couple problems that are resolvable, we detail *The Four Parts of Effective Problem Solving*. These are Softened Startup, Accepting Influence, Repair and De-escalation (including physiological soothing), and Compromise. The use of positive affect in the service of de-escalation is a part of this, too, but it is not programmable--it just happens by itself when the Positive Sentiment Override is in place. Type 2: For couple problems that are perpetual and probably not resolvable, to avoid couple "gridlock" it is necessary that the couple establish what we call a "dialogue" with the perpetual problem. This involves a great deal of positive affect (e.g., neutral affect – which is positive during conflict discussions, and interest, affection, humor, empathy, excitement, softening) even when discussing a disagreement. Again, physiological soothing is a critical part of

this process. There needs to be a ratio of 5 to 1 positive-to-negative affect. The implications of the absence of positive affect will be that in assessment we look for two patterns. Not only do we look for the presence of negativity (e.g., the Four Horsemen) and the couple's cycles of arguing non-constructively, but we also look for the *absence of positive affect, even during conflict resolution.* [Source in research: SPAFF coding of Conflict Interactions repeated over time]

- 6. Make Life Dreams and Aspirations Come True.** What is the basis of a continued positive affective emotional connection even during conflict? Therapists once believed that if conflict were resolved positive affects of all types would rush into the couple's world by themselves, like air rushes into a vacuum. Not true. Positive affect systems need to be built intentionally. This includes play, fun, and exploration/adventure. This level of the Sound Relationship House is also about helping one's partner realize important life dreams and making the relationship, in general, effective at *Making Dreams and Aspirations Come True.* This aspect of relationships is the basis of unlocking couple gridlock, in which the couple's values *within a position in the gridlocked conflict* are explored. [Source in research: Apartment Lab coding, Oral History Interview]
- 7. Create Shared Meaning.** Finally, we have "the attic" of the house, where people either intentionally create, or do not create, a sense of shared meaning in their life together. A relationship involves building a life together. This life is full of meaning. In the way the couple moves through time together, in how they prioritize their time, and their resources, in the stories they tell one another about their lives, their ancestors, their culture, their beliefs, and their legacy, in the way they decide to have things and events in their lives have meaning, they create this shared meaning system. Here is where the symbolic meanings live of many of our ideas about emotion (our idea of "meta-emotion") and the relationship. In the "attic" our important *Dreams, Narrative, Myths, and Metaphors about our Relationship and Family* find a home. Here lie the narratives about what life means. Here are the informal and formal rituals of connection in a relationship and a family. This is what people tell themselves about emotion and their internal thoughts,

metaphors, myths, and stories about the relationship. Here is where the photo albums and the memorabilia live. The creation of a relationship and a family involve the active creation of a new culture that has never existed before. Even if the two people come from the same racial, ethnic, and geographic background, the two families they grew up in will be very different and so their union will always involve the creation of a new world of meaning. Every relationship is a cross-cultural experience. In our lab there were three interviews that investigated the shared meaning system. The first was our *Oral History Interview*, in which we asked about the couple's history and their philosophy of relationships, and their family history. The second interview was our *Meta-emotion interview*. In this interview, we asked about the history of each person's and the couple's philosophy about the basic emotions, sadness, anger, fear, love, affection, pride, embarrassment, guilt, and shame, and the expression of emotion in general. The third interview is the *Meanings Interview*. This is an interview about Rituals, Roles, Goals, and Symbolic Meanings. In this interview we asked each person about the *meaning* of everyday rituals, the holiday cycle, rites of passage, and the meaning of fundamental roles in their families of origin and in their own relationship and family. The interview explores the *meanings* and history of rituals like family dinner-times, reunions at the end of the day, the mornings, play times, weekends, time with friends, time with kin, birthdays, holidays, religious festivals and holidays. It involves not only rituals within the family but rituals involving the family with the larger community, the church, charity, others in need, the children's school, political parties and political events, and so on. The interview explores the meanings and history of the basic roles of each person: son, daughter, husband, wife, father, mother, worker, provider, protector, nurturer, educator, mentor, friend, religious and philosophical person. Here resides the family's culture. In this interview we ask about their goals, their life missions, the legacy they wish to leave the world with, their cultures, their religion, their spirituality. Here we can also search for common ground and discrepancies between spouses, and for discrepancies between their values and the way they actually move through time, that is, their priorities.

[Source in research: Interviews]

8. Trust. Trust is the state that occurs when a person knows that his or her partner acts and thinks to maximize that person's interests, and maximize that person's benefits, not just the partner's own interests and benefits. In other words, this means, "my partner has my back and is there for me."

9. Commitment. Commitment means believing (and acting on the belief) that this relationship with this person is completely one's lifelong journey, for better or for worse (meaning that if it gets worse we will both work to improve it). It implies cherishing one's partner's positive qualities and nurturing gratitude about what one has with this person by comparing ones partner favorably with real or imagined others, rather than trashing one's partner by magnifying one's partner's negative qualities, and nurturing resentment by comparing one's partner unfavorably with real or imagined others.

Three Domains for Therapeutic Goals & Bi-directional influences. There is a bi-directional relationship between parts of the Sound Relationship House. This is illustrated in the following Venn diagram. The floors of the Sound Relationship House are also interconnected because the narratives, dreams, metaphors, and myths about relationship actually cycle back to the foundation, which is knowing one another.

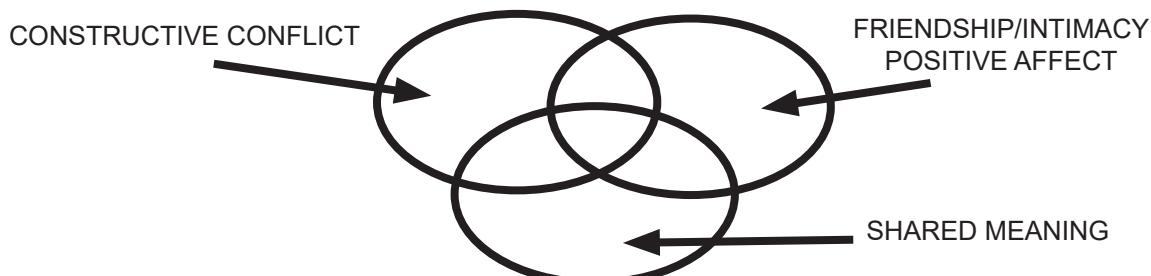


Figure. The three domains for therapeutic goals, showing bi-directional influences

1.6. More About.....

In a first reading of the manual, it's okay to skip these "more about" sections. They provide more detail about parts of the theory and its evolving empirical basis.

1.6.1. More About Emotional Disengagement in Relationships

A finding that came as a surprise to us is that there are many times when you will see relationships that do not have the Four Horsemen of the Apocalypse, and the couple interaction is *not* characterized by high levels of negativity, and yet these people will eventually divorce. The couple may also be talking about how they have adjusted to things and that everything is really okay. Still the relationship can be highly problematic, because the couple may be in the stages of emotional disengagement and inadvertently arranging their lives so that they are in parallel. They can be in the advanced stages of the Distance and Isolation Cascade and still be acting as if everything is okay, because they are trying to adapt to this state of their relationship. They may not really know themselves that they are withdrawing emotionally from the relationship.

The California Divorce Mediation Project reported that the most common reason given for divorcing given by close to 80% of all men and women was gradually growing apart and losing a sense of closeness, and not feeling loved and appreciated. Severe and intense fighting were endorsed by only 40% of the couples.

This absence of negativity in relationships can be confusing for therapists, and they can wind up accepting the couple's portrayal that everything is fine, even when the couple has presented themselves for couple therapy. The problem in these cases is the emotional disengagement itself. What is very clear in these couple interactions is **the absence of positive affect**. This couple appears not to be making any emotional connection, and there is almost no humor, affection, or even active interest in one another.

In these relationships, we see a complex prior pattern that predicts later divorcing:

1. In affectlessness, the relationship appears to be emotionally dead. There is no joy, no affection, no humor. They are unresponsive to one another.
2. People are like passing ships in the night. They are missing each other, not connecting affectively. There is no passion. They are emotionally unavailable to one another.
3. They do not seem like close friends.
4. There is a lot of tension (facial tension, speech disturbances). There are low levels of negative affect (especially sadness), but they do not escalate.
5. They keep saying everything is okay, but, as Dan Wile has noted, they appear to not feel entitled to their complaints about the relationship, as if they should not really complain, that there is something wrong with them for not being happier.
6. There may be a high level of physiological arousal of one or both people during the conflict discussion.
7. There is little attempt on the part of either person to soothe the other.

Intervention with these couples that tries to induce positive affect will fail. It is likely to lead them to become hostile with one another. Recall that it was positive affect in the service of de-escalation and gentleness in the couple conflict resolution that characterized relationships that wound up stable and happy, but this positivity cannot be induced. It cannot be the target of therapeutic intervention. The Sound Relationship House theory that follows will explain how it just happens to be there, as if by magic. What the partners need to do is to confront the distance and end their withdrawal from one another. Loneliness is the key index that something is wrong.

1.6.2. More About Anger: When is an Unpleasant Couple Pattern a Symptom?

There is something to which we want to call your attention. It is a “negative finding,” something that didn’t pan out as a predictor of divorce that is very important to debunk. That is what is usually called “the cycle of negativity” by therapists and “negative reciprocity” by researchers. In research it is assessed by sequential analysis that computes the conditional probability that one spouse will be affectively negative after the partner has just been affectively negative. It has been the single most consistent correlate of couple dissatisfaction across laboratories (for a review, see Gottman, 1994). However, we were able to test two forms of that relationship (Gottman, Coan, Carrere, & Swanson, 1998). In one form we assess reciprocity *in kind*, like anger being reciprocated with anger. In the other form we assess *escalation of negativity*, in which milder negative affects like anger and sadness are reciprocated by one of the Four Horsemen. Longitudinal prediction research showed that the reciprocation of negativity in kind is characteristic of all relationships and does not predict divorce! Only the escalation of negativity predicted divorce.

This means that the reciprocation of negative affect is not a symptom you need to change. Anger exchanges do not predict relationship breakup. Anger reciprocity seems to be the most common response to one’s partner’s anger in any kind of relationship. It may not be pleasant to observe or be a part of, but it is characteristic of all relationships, stable happy ones and dissolving ones. It need not be corrected. This is an important point. Just because an interactive behavior (like mutual, reciprocated anger) makes you, the therapist, wince and squirm, does not mean you should intervene clinically. It is normal and natural, albeit unpleasant. This reciprocation of negativity is often given as a justification of the Active Listening or mirroring intervention (Hendrix, 1988; Bader, personal communication, 1998). Our data suggest that this intervention is a response only to the therapist’s discomfort. It is not a couple pattern that needs changing. However, there are many people whose meta-emotion about anger equates anger with disrespect/contempt, or their history with anger is connected to a traumatic experience (for example a rageful parent, or a great deal of parental fighting). For them anger and its reciprocation is likely to lead to escalation. (See Carol Tavris’s

book *Anger: The Misunderstood Emotion.*) For these couples it still may be a good idea to include as a component of the therapy the management of anger and the partner's escalated reaction to anger.

1.6.3. More About Men Accepting Influence From Their Wives

Further investigation has revealed that in heterosexual relationships this escalation of negativity is part of a process of **rejecting the partner's influence**. That is, people escalate beyond their partner's complaints as a way to shut the partner down, and it is usually effective. We first saw this in violent relationships (Coan, Gottman, & Jacobson, 1997). In that case the rejection of influence was by the male perpetrator of the physical abuse. Then we investigated whether there was rejection of influence by the wife, and by the husband. We measured rejection of influence in the sequences of escalation and saw what it predicted in terms of the longitudinal outcome of the newlywed relationships. For women rejecting influence from their husbands, it predicted nothing. For men rejecting influence from their wives, it predicted the longitudinal course of the relationship. This was because women were already accepting their husbands' influence attempts at a fairly high level. For men there was huge variability across the sample, and it predicted a lot.

This finding makes great sense given the period of social, political, and historical changes we are living through in the emancipation of women. Further investigation of accepting influence revealed that it is correlated with the husband actively seeking a common ground for agreement. This does not mean compliance, it means men standing their ground on the things for which they cannot yield and yielding on other aspects of the problem. These are the ingredients of "give and take," of reasonableness, and of compromise. Hence, compromise in finding a common ground for "yes" has its roots in the very beginning of a problem discussion, the agenda building phase in which accepting influence first appears (Gottman, 1979).

These results suggested a great hypothesis of a "double play combination" (to use a baseball analogy) in what we called "emotionally intelligent" relationships. The two plays include softened startup by wives, and accepting influence

by husbands. Emotional responsiveness and interest by the husband in his wife during non-conflict contexts leads to softened startup. This yields a prescription: Earlier emotional responsiveness by men leads to softened startup during problem discussions by women, and if men accept their influence, then the relationship may have repair attempts during conflict that are effective.

1.6.4. More About Dialogue With Perpetual Problems

We have now studied the stability of couple interaction over a four-year period. We discovered remarkable stability in these interaction patterns, particularly in affect. In looking at the videotapes in most of the cases, it was as if the couple had changed clothes and hairstyle, and continued talking about the same or analogous issues in precisely the same ways. In addition, we looked at the *content* of the interaction. In classifying the topics of the discussions of major areas of continuing disagreement, 69% of the time couples were talking about a perpetual problem that they had had in their relationship for many, many years. These were problems that usually had to do with fundamental differences between them, or differences in personality or needs that were fundamental to their core definition of self.

Only 31% of the discussions involved functional problem solving, Sixteen percent of the perpetual issues involved gridlocked couple conflict on these perpetual problems, while 84% of them were conversations about perpetual problems in which the couple was trying to establish a dialogue with the problem. We have concluded that instead of *solving problems*, what seems to be important is whether or not a couple can establish a **dialogue** with their perpetual problems. This “dialogue” needs to feel good for it to be a dialogue. To feel good, the couple makes their peace with the problem to some degree. They may be able to push or pull the problem about somewhat, and change their level of frustration with the problem. They may come to some acceptance of the problem. They seem to be able to simultaneously communicate acceptance of the partner and the desire to improve this perpetual problem somewhat. They communicate amusement and affection. However, if they cannot establish such a dialogue, the conflict becomes *gridlocked*, and gridlocked conflict eventually leads to emotional disengagement.

Hence, the goal of most of the therapy around problem solving ought to be to help the couple move from a gridlocked conflict on a perpetual problem to a dialogue about the perpetual problem. The goal is not to solve the problem. In either case the problem remains perpetual.

An example is one couple where the wife described the husband as a loner who only begrudgingly did things with the family. They quoted one another having arguments. The husband started to quote himself when the wife supplied his quote, saying that he always says "Alright, I'll go." Then the husband added that he says, "Okay, sure, anything you say, dear." The wife then added, "We still continue to do that," and the husband then said, with a chuckle, "We don't even disagree good, do we?" Do you see this pattern? They had developed a *relationship* with the perpetual problem. They were amused by their own perpetual problem, and did not consider it to be a major issue that caused pain or couple gridlock. They could even laugh at it.

These problems are issues without resolution that the couple has often been dealing with for many years. They continue to talk about the issue, occasionally making some progress, or at least making the situation better for a short time, but then, after a while, the problem reemerges. In each case the couple discussion is an attempt to establish a dialogue with the problem, which, admittedly, will never go away or ever be fully resolved. The problem has the quality like that of a chronic physical condition that one needs to adapt to, but never cure. The dialogue is the adaptation to this persistent, perpetual problem.

When the problem is perpetual but gridlocked, the couple has become entrenched in their respective positions, refusing to engage in any give and take (accepting influence); they have been very hurt and there is vilification of one another. There is very little positive affect in these discussions, and some of the Four Horsemen are present.

Research into these problems suggests that people and therapists need to change their expectations about solving their fundamental problems in the relationship. We encourage couples to think of these relationship problems

as inevitable, much the way we learn to deal with chronic physical ailments as we get older. The chronic back pain, the trick knee or tennis elbow or irritable bowel do not go away, but we learn to accept them.

We keep trying to make things a little better all the time, but we learn to live with these problems and manage our world so as to minimize them. So it is in all relationships. This is very much like something Dan Wile wrote in a book called, *After the Honeymoon*, in 1988. He wrote that “choosing a partner is choosing a set of problems.” (p.12). He said that problems would be a part of any relationship, and that a particular person would have some set of problems no matter who that person married. For example:

Paul married Alice and Alice gets loud at parties and Paul, who is shy, hates that. But if Paul had married Susan, he and Susan would have gotten into a fight before they even got to the party. That's because Paul is always late and Susan hates to be kept waiting. She would feel taken for granted, which she is very sensitive about. Paul would see her complaining about this as her attempt to dominate him, which he is very sensitive about. If Paul had married Gail, they wouldn't have even gone to the party because they would still be upset about an argument they had the day before about Paul's not helping with the housework. To Gail when Paul does not help she feels abandoned, which she is sensitive about, and to Paul Gail's complaining is an attempt at domination, which he is sensitive about. The same is true about Alice. If she had married Steve, she would have the opposite problem, because Steve gets drunk at parties and she would get so angry at his drinking that they would get into a fight about it. If she had married Lou, she and Lou would have enjoyed the party but then when they got home the trouble would begin when Lou wanted sex because he always wants sex when he wants to feel closer, but sex is something Alice only wants when she already feels close.

Wile wrote:

...there is value, when choosing a long-term partner, in realizing that you will inevitably be choosing a particular set of unsolvable problems that you'll be grappling with for the next ten, twenty, or fifty years.

(p.13). The goal of that part of our intervention that deals with problem solving is not to try to get couples to resolve all their problems, but to transform the gridlocked perpetual problems into perpetual problems with which the couple has a dialogue. Less than a third of their problems will have real solutions. With these, we can teach problem solving skills.

This concept of having perpetual problems is not so far fetched. After all, does any one of us have a relationship, with siblings, or friends that is perfect? Unlikely that this is the case. In fact, after having a friend over for an evening we are unlikely to say anything like, "I was expecting far more intimacy and community tonight. This friendship is over!" Instead we have learned to accept our friends as they are, grateful for what they do offer us, and accepting of their limitations. The only perfect relationship would probably result from us cloning ourselves as a member of the opposite sex, and we probably wouldn't be attracted to that person.

There is a Woody Allen film in which he is searching for the perfect woman, and he finds the perfect woman's body, but her brain is very limited, and he finds the perfect woman's brain, but the body is unattractive to him. So he gets a famous neurosurgeon to perform a delicate operation in which the brains are switched. He now has one woman with the perfect body and the perfect brain, and a second woman with an imperfect body and an imperfect brain. Then he proceeds to fall in love with the second woman!

What we have discovered through research is that what is important is not solving the perpetual problem, but rather it is the affect that surrounds the discussion of the perpetual problem. The question is, "Is there any positive affect at all during the conflict discussion?" Or have the Four Horsemen taken over? Are they gridlocked on this perpetual problem?

1.6.5 More About Bringing Relationship Into the Social Psychology Laboratory: Proximal Change Experiments

Since we could predict what was going to happen to the relationship based upon couple interaction, we designed proximal change experiments whose modest goal was only to improve the second of two conversations a couple has in the lab, so that in the second they would look more like a couple on a trajectory toward a stable and happy relationship. We have done a series of brief intervention studies evaluating the effectiveness of eight specific parts of our intervention program. In this way we have built up a therapy from effective building blocks.

2. Assessment: Overview

2.1. *Introduction*

We are aware of the fact that many clinicians doing couples therapy do not do a formal assessment of the relationship before beginning treatment. Many clinicians feel that they are cheating the couple when they start with an assessment instead of immediate treatment. They see two people in great distress who want help immediately, and they want to give them that help. These are noble motives. We understand how clinicians feel about wanting to get started helping right away.

However, we want to urge clinicians to change their thinking about assessment. If you went to a doctor and the doctor did not take the time to do a careful assessment, do tests that are relevant, ask you questions about your complaints and their history, but instead just asked you to roll up your sleeve and receive an injection of “therapeutic serum,” and to just trust the process, wouldn’t you be alarmed? In the same way, we urge you to take the time to do a careful assessment of the relationship’s strengths and areas that need improvement BEFORE beginning treatment. We also urge you to then give the couple feedback about their relationship, formulate goals together for treatment, and talk about where to begin and how the therapy will work. The time will be very well spent. If you don’t know where you are going, it doesn’t help to drive faster.

What follows is a guide for the therapist. It is intended to help conceptual thinking and help organize what therapists do. Communicating the plan of the assessment and the treatment is very important in building the couple’s expectations about what is going to happen and why.

2.2. *The Couple's Experience Coming into the Assessment Phase*

The couple's experience is, of course, very different from the therapist's. The partners are often in a great deal of pain and quite desperate. In many cases, they will have started making progress from the time they make the appointment to see you and the first interview. In some cases there is differential commitment and expectations for the therapy. One person may want out of the relationship and the other may want to stay together. Most commonly, the couple comes in with the belief that if they could only solve their problem issues, they would be happy. This is not so, as the theory of the Sound Relationship House suggests. But the couple has two stories to tell, and they are desperate to tell them, and to begin to understand the sources of their pain. They need a sounding board for their pain, and they are often looking for understanding and hope.

So this assessment is not an intellectual exercise for the couple, but a very emotional one. You will be assessing the core issues in their relationship and observing the way they typically deal with these issues together. For most couples the idea of process, even filling out questionnaires, introduces a new language and an entirely new way of thinking about their relationship. And filling out a questionnaire can induce insight for a couple. It can even be a powerful experience. When answering these questions, couples typically think that they are right and their partner is wrong. They typically view the therapy as a way to fix major disorders in their partner, with perhaps some minor adjustments for themselves. This is what Fritz Heider called the "fundamental attribution error", or attributing the sources of relationship problems to the other and not to oneself. So as you can see, assessment is, by itself, a very powerful experience for the couple. It guides the development of how they enter and think about therapy and relationship change.

For the clinician, assessment guides your treatment plan for this couple, and perhaps for them as individual clients. The framework we provide here is an intellectual framework to guide you through the assessment process. Even during assessment you will be building a deep therapeutic alliance.

2.3. *Three Sessions*

The assessment is done in three sessions. In the first session you will meet with the couple together for 80–90 minutes. In the second session you will meet with each of them individually for 45 minutes each. In the third session you will meet with the two of them again for 80–90 minutes

2.4. When Is Couple Therapy Contra-Indicated or In Need of Supplementation?

You will need to decide when couple therapy is contra-indicated. For us this involves the following:

- Couple therapy is contra-indicated when there is an on-going extra-couple affair (secret or revealed). The interviews and questionnaires attempt to collect information about affairs. It is often hard to know if the affair is over or ongoing.
- Couple therapy is contra-indicated when there is ongoing characterological domestic violence. There are two types of domestic violence, situational and characterological. In characterological violence the violence is extreme and there is a clear perpetrator and a clear victim. Violence is used to control and intimidate the victim. Situational violence is an argument that has gone out of control and there is milder violence that is symmetrical and does not cause injury or evoke fear and intimidation. We can treat situational violence but not characterological violence. The questionnaires contain a screening instrument for distinguishing these two forms of violence.

The questionnaires (especially the SCL-90) also help in considering possible referrals to a psychiatrist for the evaluation of co-morbid psychopathology. Also, consider referral to a physician for possible medical problems that have emerged (e.g., a health issue, chronic pain, and so on) if they are not being treated.

- More specific questions follow about each of these treatment components.

2.5. *What Is The Nature of the Couple's Friendship?*

Now, in terms of the details of the assessment, let's look at how we evaluate the quality of each component of the couple's relationship. To assess the strength of the couple's friendship, we do an abbreviated Oral History Interview in the first assessment session, using the Buehlman Oral History Codes to look for positive affect between the partners. (The questions from this interview are in Chapter 3). We also observe the couple's presence or lack of **affection and respect**. (How are they sitting? How do they look at one another? Do they finish each other's sentences? Are they touching or holding each other? Are there compliments? Are they proud of one another?) Throughout the assessment, in general, we look for evidence of:

- Positive Affect (Interest, excitement, affection, humor, validation, amusement, pleasure, joy)
- The Fondness and Admiration System: Affection & Respect
- We-ness
- Cognitive Room (Love Maps)
- Negativity
- Chaos
- Disappointment

Assessment also continues throughout the therapy. For example, when we assess how the partners talk to each other in a non-conflict context like reunions at the end of the day in which they talk about how their day went, we look for requited (reciprocated) interest, excitement, humor, affection, and validation or support. We look for an active engaged listener, who gives cues to the speaker that he or she is tracking the speaker and with the speaker emotionally.

We also look for signs of emotional deadness and emotional disengagement.

We want to know how partners think of one another when they are not together to see if there is an active Fondness & Admiration system in place, and how they move through time together and prioritize their lives. We may wish to sample their events of the day discussions, and their stress-reducing conversations. The clinician could ask them to map out a typical week day, and a typical weekend day, a vacation, a getaway. We are interested in how they renew themselves and each other when they are fatigued and highly stressed. We want to know their daily rituals of leave taking in the morning, reunion, eating together, and what these rituals mean to them.

An important part of what we are always on the lookout for is **meta-emotion discrepancy**. We look to see if one person is emotion dismissing while the other is emotion coaching. These ideas are discussed more fully in John's books, *Meta-Emotion*, and *Raising an Emotionally Intelligent Child: The Heart of Parenting*. If one person thinks being emotionally expressive is healthy but the other person thinks it is inappropriate, out of control, throwing gasoline on an open fire, and so on, we use the Meta-Emotion Scale to look for this mismatch, in which we assess how emotion dismissing each partner is.

The Gottman 19-Areas checklist also helps to assess friendship, especially the following areas:

- Emotional Engagement
- Life style needs being similar or different
- Passion and romance in the relationship
- Sexual satisfaction and intimacy
- Fun
- Spiritual Connection

We want to know how accepted or rejected the partners feel, or how criticized and basically disliked they feel. We want to know how the couple is handling the daily stresses and hassles of life and whether they feel like their partner is their friend and ally, or if they feel alone and lonely. The Gottman Loneliness in Relationship scale is also helpful here.

2.6. What Kind of Sentiment Override Is There?

Put simply, we want to know if people have a chip on their shoulder and are hypervigilant for sleights. These sentiments override moment-to-moment patterns of positivity or negativity. Negative sentiment override makes people discount neutral or positive statements and see them instead as hostile, personal attacks. Positive sentiment override means that people see irritable statements as if they were just stated in italics for emphasis, and they perceive this as important information, not as hostility. Interestingly, people with Positive Sentiment Override also find their partner's humor really funny, and are physiologically calmed by their partner's humor. In our data men are particularly important here, so we especially look for guys not getting defensive when their wives are angry, and really finding their wives' sense of humor and wit delightful.

Negative Sentiment Override is assessed with the Sound Relationship House Scale designed for that purpose. We also look for behavioral evidence, such as the following:

- Do people have a “chip on their shoulder,” that is, are they hypervigilant to attack and defensiveness? What is the anatomy of attack during their quarrels? What is the anatomy of defensiveness in this relationship?
- How frequently and successfully do partners make repair attempts during conflict discussions?
- How do humor and anger get responded to?
- How do they perceive one another’s anger and humor? Using video replay, we can play back specific moments on their videotape and talk about how they were feeling at a given moment and whether or not they have an Innocent Victim or a Righteous Indignation self-perception.
- How much do they feel flooded by the way their partner complains? We can use the Flooding Questionnaire, and the physiological measurements taken during the first session to evaluate each partner’s physiology and ability to self-soothe.

We directly measure physiological responses during the conflict interaction in Session 1. If the clinician doesn't have a pulse oximeter, ask the couple to take their heart rate by placing two fingers just over their carotid artery (under the jaw line below the right ear) and count how many beats there are in 15 seconds. Then multiply by 4. If flooded, the heart rate will race at or above 95 beats per minute, or in athletes, at or above 85 beats per minute.

2.7. *What Is The Nature of Conflict and Its Regulation?*

How do we evaluate the quality of conflict management in the couple? Look for the following during the conflict discussion in the first assessment session, and throughout the treatment:

- Is there Softened or Harsh Startup?
- Are the Four Horsemen present (Criticism, Defensiveness, Contempt, or Stonewalling)?
- Do the partners accept influence from each other, or not?
- Do they De-Escalate and Repair their interactions, or not?
- Do they reach Compromise, or not?
- Is there positive affect while they discuss their problem (interest, asking questions, humor, fun, playful teasing, affection, positive excitement, appreciations, support, empathy, or validation), or not?

Also, look for the following for either or both partners:

- Vilification
- Seeing one another as enemies
- Feeling unaccepted and criticized
- Having entrenched positions with polarization
- Having a fear of Accepting Influence

Or is there Emotional Disengagement? Not all these patterns need to be there, but is there a sense of a “dead” relationship, of the people arranging their lives in parallel, becoming increasingly lonely, of being passing ships in the night? Look for:

- Tension, particularly facial tension
- Almost no positive affect

- Physiological arousal
- People telling each other that everything is okay, which is symptomatic of a sense of feeling un-entitled to one's complaints
- Loneliness

The Distance and Isolation Scale can be useful here to assess emotional disengagement. The strange thing about disengagement is that sometimes people act like they are unaware that it is going on, but then once the Dreams-Within-Conflict intervention is used, they freely talk about it. So the process of emotional disengagement is conscious, but sometimes people are telling themselves things like, "Just adapt, try to be happy with what you have, don't be unrealistic, it will all be all right." But inside, deep down, they don't believe this, and are making preparations to get out of the relationship or at least to become more distant emotionally.

2.8. *In What Ways Are They Able to Honor One Another's Life Dreams and Create Shared Meaning?*

We want to assess the partners' individual life goals, their missions, their dreams, and so on. We can get a sense of these dimensions of their life from our shared meanings questionnaires, parts of their narrative, and the abbreviated Oral History Interview. This dimension is about the family culture, with a small "c." In our view, everyone is a philosopher, attempting to create meaning in his or her own individual life, and attempting to create shared meaning in their relationships and families. Every family is the creation of a new culture, and some relationships involve the union of two very different cultures also. But even if two people are coming from the same regional, cultural, ethnic, and religious background, they will have been raised in two very different families, and their merging involves the creation of a unique and new culture. What does a "home" mean, for example? It will mean very different things to different people. Very simple and everyday things like money can have huge symbolic value. For instance, money can be about power, or freedom, or competence, or self-worth, or success, to mention just a few.

The same is true for things like "fun," "family dinner times," or "love," or "illness," or being a "provider," or "being a Johnson (or whatever the name is)." In endless array all these are concepts about meaning. That's what culture is all about. You can never understand how people react to things in a relationship, and the two partners will never understand one another, unless meanings are explored. Even the most trivial-seeming conflict in a relationship often has great symbolic meaning.

In exploring this dimension of a relationship in therapy which often occurs during interventions, we can start by asking the couple about fundamental rituals, roles, and symbolic meanings in their lives. We can ask them to bring in their photo albums, if they have them, with photos not only of their own family, but also photos of their two childhoods. We have an interview to get at concepts that are now understood by some as being within the realm of "spirituality." The interview has four parts and is called, "Goals, Symbols, Roles, and Rituals of Connection."

The interview helps couples to explore common ground as well as differences.

This process of exploring meaning also helps to elucidate each partner's life dreams. Part of the therapy work is to help couples learn to honor one another's life dreams. Each person can provide support and tolerance, or the couple can actually share in fulfilling these dreams more fully. Couples may have found ways of honoring each other's dreams. Or they may be gridlocked because they can't honor one another's dreams on any level. This is all important information.

2.9. *Assessing Selected Potential Resistances*

We start looking for where the couple is located on the cascade toward divorce. We also assess the following:

- Differential commitment to the relationship and different hopes and expectations for therapy.
- Betrayals, current or past. This includes couple violence, emotional abuse, and extra-couple affairs.
- Psychopathology, including suicide potential, depression, eating disorders, drug and alcohol abuse, addictions, and personality disorders (particularly depression, antisocial personality disorder, borderline, or narcissistic personality disorder).
- Past Trauma, either within this relationship or in other parts of people's past, particularly the presence of posttraumatic stress disorder (PTSD), or sexual, mental or physical abuse history.
- Conflict in Values, with respect to relationships and their importance. Often this involves points of view about balance between work and family.

2.10. Assessing Chaos

Some couples are unable to manage the basic tasks of being married. These tasks include holding a job, managing financially, having an everyday schedule they can rely on, and so on. Various problems may make it impossible for them to accomplish having a non-chaotic life (i.e. alcohol or drug abuse, psychopathology, previous traumas). We have a scale that assesses Chaos in our Oral History Interview. This chaotic dimension is assessed by responses that show that things are always happening to the couple like surprising events and catastrophes they keep having to adjust to, instead of their primarily being the architects of their own journey in life. If couples are in chaos they may need more help gaining control over the parts of their lives that they can control, even if they can't control everything.

We've discussed the basic components of how to conduct an assessment and what to look for. What follows is more detail about each assessment session and then the packet of questionnaires that couples receive and fill out.

3. Assessment: Session 1

3.1. Summary

There are 8 parts to the first session.

1. **Welcoming them.** For a few minutes, we begin by welcoming the couple to our office and building a connection with each of them.
2. **Office Disclosure Statement.** Washington state law requires psychologists to go over a written office disclosure statement the therapist hands each of them. The office disclosure statement tells the clients about you, your credentials, your philosophy of treatment, what they can expect, office policies, confidentiality and the limits of confidentiality. We review the fact that in this therapy there is an assessment phase that will require them to take part in this interview, fill out some questionnaires, and be videotaped talking about an area of disagreement for 10 minutes, during which we will use a finger pulse oximeter to measure their heart rates and the percent of oxygen in their blood. We show them the video monitor, which is sometimes used for video playback, and we say, "Sometimes we may watch a tape of an interaction and see where we each think it has gone off the cliff." Then we talk about being interviewed individually in the next session. Finally, we tell them that in the third session we will summarize what we see as the strengths in their relationships and the areas that need improvement, and that in that session we will talk about the goals of the therapy. This takes about 10 minutes. We ask them if they have any questions.

3.1.1. An Overview of Gottman Method Couples Therapy That May Be Included in Your Therapist Disclosure Form

Following is an overview of Gottman Method Couples Therapy. This description may be added to your Therapist Disclosure Statement. It is not intended to be a complete disclosure document. Applicable federal and state laws must be followed.

- An excellent website resource for a general Sample Psychotherapist-Client Contract is on the website of The American Psychological Association Insurance Trust. Go to: <http://www.apait.org/apait/resources/articles/> and follow the links to: Resources → Education Center → Sample Forms and Contracts → Sample Informed Consent Contract. You may also want to check with your professional organization for other resources.

Overview of Gottman Method Couples Therapy

The Gottman Method of Couples Therapy is based on Dr. John Gottman's research that began in the 1970's and continues to this day. The research has focused on what makes relationships succeed or fail. From this research, Drs. John and Julie Gottman have created a method of therapy that emphasizes a "nuts-and-bolts" approach to improving clients' relationships.

This method is designed to help teach specific tools to deepen friendship and intimacy in your relationship. To help you productively manage conflicts, you will be given methods to manage "resolvable problems" and dialogue about "gridlocked" (or perpetual) issues. We will also work together to help you appreciate your relationship's strengths and to gently navigate through its vulnerabilities.

Gottman Method Couples Therapy consists of five parts:

- Assessment
- Treatment
- "Phasing Out" of Therapy
- Termination
- Outcome Evaluation

Early in the assessment phase, you will be given some written materials to complete that will help us better understand your relationship. In the first sessions we will talk about the history of your relationship, areas of concern, and goals for treatment.

In the next session, I will meet with you individually to learn each of your personal histories and to give each of you an opportunity to share thoughts, feelings, and perceptions. In the final session of assessment, I will share with you my recommendations for treatment and work to define mutually agreed upon goals for your therapy.

Most of the work will involve sessions where you will be seen together as a couple. However, there may be times when individual sessions are recommended. I may also give you exercises to practice between sessions.

The length of therapy will be determined by your specific needs and goals. In the course of therapy, we will establish points at which to evaluate your satisfaction and progress. Also, I will encourage you to raise any questions or concerns that you have about therapy at any time.

In the later stage of therapy, we will “phase out” or meet less frequently in order for you to test out new relationship skills and to prepare for termination of the therapy. Although you may terminate therapy whenever you wish, it is most helpful to have at least one session together to summarize progress, define the work that remains, and say good-bye.

In the outcome-evaluation phase, as per the Gottman Method, four follow-up sessions are planned: one after six months, one after twelve months, one after eighteen months, and one after two years. These sessions have been shown through research to significantly decrease the chances of relapse into previous, unhelpful patterns. In addition, commitment to providing the best therapy possible requires ongoing evaluation of methods used and client progress. The purpose of these follow-up sessions then will be to fine-tune any of your relationship skills if needed, and to evaluate the effectiveness of the therapy received.

Assessments and Fees

Fees for the assessment of your therapy are based on the number of hours needed to complete the three-step process. Generally, the assessment requires about 4 to 4 ½ hours in 3 to 4 in-office sessions. It also requires 1 to 2 hours of paperwork.

The components of the assessment are as follows:

Session #1	Intake Interviews	80-90 minutes
Session #2	Individual Interviews	45 minutes/ ea. (90 total)
Session #3	Treatment Planning	80-90 minutes



PERMISSION FOR DIGITALLY RECORDING AND VIDEOTAPING THERAPY SESSIONS

Therapist's Explanation:

As a primary tool in Gottman Method Couples Therapy, and in order to augment your therapy work, I use videotape feedback as part of therapy sessions. This means that I may ask to videotape you during specific dialogues or exercises, or during entire sessions. We will play back these tapes in sessions to help you see patterns of behavior between the two of you and to help you process conflicts. By viewing the videotapes in sessions, it allows us to "stop action" and process how you might approach a conflict in a more productive way. It also allows you to witness your progress as your relationship becomes more satisfying to both of you.

In addition to in-session use, I may wish to use the videotapes to receive consultation from Drs. John or Julie Gottman or an independently practicing clinician who has received training from The Gottman Institute, or to provide such training. This may occur during the time of treatment or thereafter for purposes of peer review, education and quality assurance. During this process, your name will be kept confidential. In addition, all matters discussed in consultations will remain completely confidential within The Gottman Institute staff. The videotapes are not part of your clinical record and will be used for no other purpose without your written permission and they will be erased when they are no longer needed for these purposes.

These tapes are my property and will remain solely in my possession during the course of your therapy. Copies may be sent to The Gottman Institute for the purposes noted above. Should you wish to review these tapes for any reason, we will arrange a session to do so. These materials will remain in locked facilities at all times.

Clients' Agreement

I understand and accept the conditions of this statement and give my permission to have my therapy sessions videotaped or digitally recorded. I understand I may revoke this permission in writing at any time but until I do so it shall remain in full force and effect until the purposes stated above are completed.

Client _____ Date _____
(signature)

Client _____ Date _____
(signature)

Therapist _____ Date _____
(signature)



THERAPIST RELEASE ATTESTATION

I hereby certify that all clients who appear on video tape or DVD have authorized the release of these taped sessions in writing, pursuant to the laws of the state and country in which I practice, for the purposes of peer review, education and consultation by therapists associated with The Gottman Institute. I certify that I have included in the release the particular usages provided by The Gottman Institute found in the "Permission for Digitally Recording and Videotaping Therapy Sessions" form.

Therapist Name _____
(print)

Therapist Name _____ Date _____
(signature)

3. Their narrative. After describing the assessment process, we ask them to tell us the story of what brings them into therapy at this time. As they talk we take notes. We make sure to ask them about previous therapies they have had, and medications they may be taking. The therapist says something like, "Let's begin with you telling me the story of what brings you here, what you're hoping to accomplish in coming here, and what some of your nightmares may be in coming here—what you don't want to see happen." This usually takes about 15 minutes.

4. Oral History Interview. Next we do a reduced combined interview, which asks them about the history and philosophy of their relationship. The first question in the Oral History Interview is, "Let's go back now and tell me how the two of you met. What were your first impressions of one another?" We ask about the major transitions in their life together. This usually takes about 20 minutes. Learn the exact form of the questions (memorize them) because we have developed these questions over many years, and the exact form gives us the best results of people talking openly about their relationship.

5. Family histories. We ask them to briefly tell us about their families growing up, starting with a question like, "I'd like to get some sense of your primary families growing up. What was your family like?" This takes about 10 minutes.

6. Videotape a conflict interaction. We then have them identify an issue in their relationship, an area of continuing disagreement that is a problem for both of them. They have usually talked about some of these problems in their narrative, but we take a few minutes to help them identify an issue and become specific about a recent example of how this issue emerged. We say something like, "I'd like to make a videotape of the two of you trying to resolve this issue. I know this is somewhat artificial, but I won't be saying anything for these 10 minutes. Talk to each other as if you were home alone. We want to see how you naturally discuss

a disagreement and where you might get stuck." Then we make a videotape of the two of them talking to each other. Altogether, this takes about 10 to 15 minutes.

7. Instructions for the individual sessions. We explain that the next time we meet we will be seeing them individually for 45 minutes, and that there is no confidentiality from one another in these sessions, because couple therapy cannot work with secrets. We tell them how to fill out the questionnaires online, or give them paper copies of the questionnaires to bring with them for the individual session, filling them out alone. If they are done online, it's possible for the therapist to have the automatic scoring results before their individual session. This takes 5 minutes.

8. Parting. We tell them that we understand how difficult it is to talk about these personal matters with a therapist and thank them for trusting us with this delicate information, and we ask them if they have any questions.

3.2. *The Couple's Narrative*

Always begin by asking the couple to tell you the story of what brings them into therapy at this time. You can say:

“Let’s begin by you telling me the story of what brings you here at this time, what you’d like to see happen, what you wouldn’t like to see happen and what the issues are you’d like to deal with.”

The therapist then listens to their story, making sure to hear from each partner. Ask them about prior therapy, what was successful or unsuccessful. They may have fears, shame, worries, or expectations for the treatment. This is the place to listen to all of this. They have a story to tell and need a place to tell it. So begin here.

3.3. *The Oral History Interview*

3.3.1. Major Dimensions Tapped by the Oral History Interview

- Cognitive Room or what we call The Love Map
- Fondness and Admiration System
- We-ness (what is the common ground in the relationship?)
- Negativity
- Disappointment
- Chaos: A sense that they have little control over events.
- Their philosophy of relationship, especially “Glorifying the Struggle” or “Couple Efficacy.”
- What the couple thinks is a good time, how to get over hard times, the parental couple systems, their own creation of the couple culture.
- Shared or unshared meta-emotion structure around anger, sadness, fear, pride, shame.
- Their transition to parenthood, parental agendas with each child, emotion coaching or emotion dismissing philosophy, parenting issues.
- Can also get at gender stereotype, relationships with parents, and their philosophy with respect to conflict avoidance or engagement.

3.3.2. How to Do An Oral History Interview

This interview is based on the work of Studs Terk. Terk was interested in creating radio programs, so he invented an interviewing style that is very different from a clinical interview. He avoided the usual vocal backchannels (“um hmm”, etc.) that clinical interviewers and therapists employ, because these are annoying on a radio show. At the end of the subjects’ responses Terk would gesture and respond with great energy and emotion, and then ask another question and be quiet. He could then splice himself out of the tapes

and have a long segment of just the subject talking.

The Oral History Interview was developed over a period of more than a year by Lowell Krokoff (in collaboration with John Gottman). It began as an interview that lasted many hours and was pared down to a research interview that typically takes from 1 to 2 ½ hours. Kim Buehlman, in our laboratory, developed the Oral History Coding System, which is the quantitative rating of the interview along several dimensions. This system is taught in the Level II training. The Buehlman dimensions alone predicted divorce or stability in married couples over a 4-year period with 94% accuracy (using discriminant function analysis). [Reference: Buehlman, K., Gottman, J.M., & Katz, L., (1992). How a couple views their past predicts their future: predicting divorce from an oral history interview, *Journal of Family Psychology*, 5(3-4), 295-318]

The Oral History Interview is a semi-structured interview, which means that you should know the questions fairly well, and pick the ones that are most pertinent for this couple. For example, if they had no children, you would not ask them the question about their transition to parenthood.

Here are the dimensions that you will be exploring with the help of this interview:

3.3.3. Buehlman Dimensions to Look at in the Oral History Interview

The following are the dimensions we score (using the Buehlman Coding System) in research from the Oral History Interview that are predictive of the future course of the relationship.

Love Maps, or Cognitive Room. How much did the couple recall about specific times in their relationship? This relates to how much cognitive room you think that they are allocating in their brains to this relationship and to knowing their partner's inner world. To evaluate this, we find that when asked about some aspect of their lives together, some event, or about their spouse, some people have a lot to say, and give lots of detail, whereas some people seem to not have stored very much information in their brains about this. This is related to whether or not there is a kind of "cognitive map" about the spouse's world and the relationship.

Fondness and Admiration System. Were there spontaneous expressions of fondness and admiration expressed about the partner? When they talked about past events, did they think spontaneously of admirable and adorable qualities of the spouse that emerged during these times?

Disappointment and Negativity. Were there spontaneous expressions and memories that the couple had that expressed disappointment in the relationship, or in the relationship partner? Was there direct or indirect hostility expressed about or toward the partner?

We-ness. In the interview did you find that the two of them emphasized words like “we” and “us” as opposed to just talking about themselves as separate individuals, set apart from one another? Did they wind up finishing each other’s sentences? Or did you find that one was talking about the “we” while the other was emphasizing separateness and difference?

Glorifying the Struggle. This dimension refers to how much they believe as a couple that they can be effective at solving their couple problems. Some people call it “Couple Efficacy.” Some couples will express the philosophy that relationship is hard, that it is a struggle, but that it is worth it. Do the two of them feel this way? Some couples have the opposite expectation, that even before their conversation about an issue that they will get nowhere. Have they expressed, in their relationship that struggling through a problem was a potentially constructive experience? Do they have the expectation that the two of them can indeed get through a problem and solve it?

Chaos. Do they feel that negative things in life just “happen” to the two of them and that they have very little control over this state of affairs? Would you describe their lives together as chaotic and out of control?

Stereotypic Roles, Traditionality. What differences between the two of them relate to gender differences in emotional expression, or emotional responsiveness, and their roles as spouses and parents? Would you describe their couple roles as fairly traditional?

Conflict-Avoiding versus Conflict-Engaging Couples.

Some couples minimize the emotional side of their couple interaction, particularly conflict. They tend to avoid disagreements. They also often minimize how intense their interaction is, and they keep a lot of personal things private. How much does a conflict avoiding style characterize this relationship?

While we do not do a meta-emotion interview in the assessment sessions, it will be helpful to talk about the ideas in this interview. The meta-emotion interview taps qualitative information about a person's attitudes toward emotion, and how these are reflected in the relationship. The interview can be done jointly or individually. For more information see the book *Meta-Emotion* by Gottman, Katz, & Hooven (published in 1997 by Lawrence Erlbaum Associates, Hillsdale, New Jersey). The meta-emotion interview asks people about their feelings and philosophy, and the history of their relationship with the emotions of anger, sadness, fear, pride, affection, and love. It has become the cornerstone of our research linking the couples', parent-child, and child-peer systems.

3.3.4. The Oral History Questions— The History and Philosophy of the Relationship

Here are the Oral History Questions that you may draw from in your initial assessment session. Be sure to start with the first three questions, then pick and choose from there on. Questions 7, 9, and 10 are also very useful to include. Memorize the exact form of the questions, and then feel free to improvise.

Part I: History of the Relationship

Question 1. Why don't we start from the very beginning. Let's discuss how the two of you met and got together. Do you remember the time you met for the first time? Tell me about it. Was there anything about your partner that made her (him) stand out? What were your first impressions of each other?

Question 2. When you think back to the time you were dating, before you got married (or committed to each other), what do you remember? What stands out? How long did you know each other before your commitment? What do you remember of this period? What were some of the highlights? Some of the tensions? What types of things did you do together?

Question 3. Tell me about how the two of you decided to get married or commit to each other. Of all the people in the world, what led you to decide that this was the person you wanted to be with? Was it an easy decision? Was it a difficult decision? Were you ever in love? Tell me about this time.

Question 4. Do you remember your wedding or commitment ceremony? Tell me about it. Did you have a honeymoon? What do you remember about it?

Question 5. When you think back to the first year you were married (or living together), what do you remember? Were there any adjustments to being married (or living together)?

Question 6. What about the transition to becoming parents? Tell me about this period of you relationship. What was it like for the two of you?

Question 7. Looking back over the years, what moments stand out as the really good times in your relationship? What were the really happy times? What is a good time for you as a couple? Has this changed over the years?

Question 8. Many of the couples we've talked to say that their relationships go through periods of ups and downs. Would you say that this is true of your relationship?

Question 9. Looking back over the years, what moments stand out as the really hard times in your relationship? Why do you think you stayed together? How did you get through these difficult times? What is your philosophy about how to get through difficult times?

Question 10. How would you say your relationship is different from when you first got married? (Lots of people have losses here; they have stopped doing things that once gave them pleasure. Explore these with the couple.)

Part II. Your Philosophy of Relationship

Question 11. We're interested in your ideas about what makes a relationship work. Tell me about why you think some relationships work while others don't. Think of a couple you know that has a particularly good relationship and one that you know who has a particularly bad relationship. Decide together which two couples these are. What is different about these two relationships? How would you compare your own relationship to each of these couples?

Question 12. Tell me about your parents' relationships. What was their relationship like? Would you say it's very similar or different from your own relationship?

Question 13. Tell me what you currently know about your partner's major worries, stresses, hopes and aspirations. How do you stay in touch with one another on a daily basis? What are your routines for staying in emotional contact?

3.4. *The First Assessment Session— Sampling Couple Conflict Interaction*

We believe that it is absolutely critical that therapists observe direct interaction between partners, when they are not talking to you, but just to each other. We think it is necessary to obtain at least a sample of about 10 minutes of them attempting to resolve an area of continuing disagreement.

3.4.1 Critical Behaviors to Observe During the Conflict Resolution Discussion: Therapist Checklist

The Four Horsemen of the Apocalypse:

- Criticism
- Defensiveness
- Contempt
- Stonewalling

And their cousins:

- Belligerence
- Domineering

The other pattern you will see is Emotional Disengagement. Here the Four Horsemen may not be present, but there is very little emotionality at all. The partners are emotionally disconnected, and there is very little or no positive affect (except perhaps to reduce the high level of tension you will sense). They will often be telling each other that everything is fine. But they are really trying to adapt to the increasing distance and isolation between them, continuing down the Distance and Isolation Cascade, arranging their lives in parallel, heading toward loneliness. They are really divorcing emotionally. If you asked them if they were committed to the relationship, they'd say "Yes". But look carefully at their Locke-Wallace scores and their Weiss-Cerretto scores. They will often reveal a lot of problems they are no longer discussing. They have developed a sense that they are not really entitled to their complaints. The therapy should include the Dreams-Within-Conflict intervention to let the couple be entitled to their complaints and not have to keep

them private. The interaction after an intervention may be much more emotional than this disengaged interaction. It will seem as if the therapist is making things worse, but that is not the case. Nothing is worse than this emotional deadness.

During the 10 minute conflict interaction, also look for:

- Repair attempts and their general success or failure
- Pursuer-Distancer Pattern
- Who really started the conversation? How hard was the startup?
- Did they accept influence from one another, especially the husband?
- Was there a pattern of respectful influence, give and take?
- Did they compromise?
- Did they accept or reject one another's personalities?
- How much positive affect was there?
- Interest
- Humor
- Affection, teasing
- Validation
- De-Escalation
- Was there emotional disengagement and affectlessness?
- Power

What are the attempts at influence, requests, demands, and so on? What is the spouse's response to these influence attempts? Is there a sharing of power, or is it asymmetrical? Is there a power struggle in the relationship? Is one partner domineering, the other passive and compliant? Do you see a pattern of passive aggressiveness?

During this observation of conflict, you may also want to include physiological measurements. We will discuss these later in this chapter, under the heading, "Assessment of Physiology."

At the end of your observation of conflict, you should hand out to your clients the assessment written questionnaires that follow. Ask your clients to fill them out and return them to you at the time of their next individual assessment session. Between the individual sessions and the third conjoint assessment session, you will then have time to review them, score them, and include them in your third assessment session of treatment planning.

3.4.2 Use of Videotape

To facilitate both assessment and treatment, we strongly urge you to invest in videotape equipment. In our practices, we use a video recorder that has video playback capability. This equipment costs about \$200. It is not only a powerful assessment device, but it will be useful for the couple therapy for getting couples who are locked into an escalating pattern to move to admitting mode. We highly encourage you to videotape the 10 minute conflict interaction during the first assessment session so that you will have a baseline of how the couple manages conflict.

3.4.3 Assessing Physiology

How to do a Physiological Assessment:

It isn't easy to include physiological assessment in your office work with couples, but we find it very helpful. There are many heart rate monitors available today, even in sporting goods stores. In medical equipment stores (such as stores that sell wheelchairs) there is good equipment available for measuring heart rate and blood pressure semi-automatically. John uses a BCI-3040 pulse oximeter that has an alarm setting for pulse and percent oxygen in the blood. These are available for about \$600 each from Narco Medical in Fargo, North Dakota. Or better, go online and type in pulse oximeter. With an oximeter, the partner simply sticks a finger in a small tube (plethysmograph). We set the pulse at 100 beat a minute (bpm) and the oxygen content at 95%. When the partner elevates above 100 bpm or below 95% blood oxygen content, an alarm will go off.

The use of physiology can be expanded productively to include treatment with biofeedback in individual sessions and take home equipment. We use the Alpha-Stim equipment that induces alpha brain waves and the Heart Math em-wave device that increases heart rate variability and reduces sympathetic nervous system activation. (Type Heart Math into a search engine to learn more.) These devices are helpful for down-regulating anger and anxiety.

The partners' overall health and physical fitness and resilience will affect couple interaction and will tend to increase tolerance for negativity. This is weird, but we have found that physically fit people tend to tolerate higher levels of negativity before really thinking something is wrong. So, the assessment of physical health is important. Ascertain if the couple is living with inordinately high levels of stress. This assessment and the therapy emphasizes the need for self- and partner-soothing, for making the relationship a port in a storm, not another storm, in people's lives.

- **Baseline physiology.** Since there are so many individual differences in "resting" physiology, it has become common to obtain a baseline. We use two baselines: an "eyes closed and relax" baseline, and a pre-conversation two-minute baseline.
- **Physiology during interaction.** At any time you can ask the couple to stop their interaction and take their heart rate. Then also ask them what they were thinking and feeling. The following cues are only suggested as a guide. Use your clinical intuition, and look for a series of cues before intervening in this way. It doesn't matter if you are wrong, and the heart rate is low. You are still sensitizing them to the fact that processes that are going on in their bodies are going to affect their perceptions and interactions. They will start to get the idea that they themselves ought to monitor their own bodies to see if they are in a state of DPA, and, if so, to think about taking a break (see the section on taking breaks in the intervention part of this manual).
- **Recovery.** How long does it take people to recover from physiological arousal? The recovery time is information about overall conditioning and about the chronicity of arousal in this relationship.

Moments to Ask People to Take Their Heart Rates:

Good times during assessment or during therapy to do this, in our experience, are the following moments or indices.

This does not mean that every time you see one of these indices, you should get a heart rate value. But if you see several of them all together, it might be a good idea. These signs are:

- Long eye closures or eyelid flutters (person has gone inside and may be censoring). [Paul Ekman's suggestion.]
- Increases in any of the Four Horsemen: Criticism, defensiveness, contempt, stonewalling.
- Arms akimbo position.
- Hips swiveled away from partner. [Elizabeth Fivaz-Depeursinge's suggestion.]
- No positive affect.
- Controlled facial expressions (chin boss tightens, lip or inside cheek biting, hands to face).
- Anger: lips pressed together, or can't see red part of upper lip.
- Sadness or distress: Darwin's grief muscle. The inner corners of the brows are drawn up and together and medial brow furrows are created.
- Fear brow: the brows go straight across.
- Auto-involvements (like playing with hair) or involvement with a prop (for example a pencil), or other "away" behaviors that say "We are not here."
- A movement from a chest to a head register in fundamental frequency. The voice gets higher.
- Any indication that someone has stopped breathing regularly, or is taking shallow breaths. Sighs are usually indicative of sadness. Whining means that the person is feeling like an innocent victim.
- Non-ah speech disturbances like not finishing sentences, repetitions, slips of the tongue, omissions, stuttering. Ah speech disturbances are people's attempts to hold on to the floor.

Physiological Recovery

Take people's heart rates ten minutes after the conversation and assess the percent return from the end of the conversation to the baseline. Most people whose heart rates go over 100 beats a minute will have recovered about 15% toward baseline. Overall fitness and resilience may affect couple interaction (tolerance for negativity).

The Assessment of Physical Health

It turns out that the self-report assessment of physical health is valid. It predicts actual measures of morbidity and mortality. In fact, it is better than measures one can obtain by having physicians rate a person's health after a thorough physical exam. A variety of self-report measures can be used to reliably assess physical health. For a long time we have used the Cornell Medical Index in our research, but some newer measures are available. Relationship quality has long been known to be related to physical health, and there is now evidence that it is related to immune system functioning.

3.4.4 Other Interactions the Therapist Can Sample to Assess More About the Strengths in the Relationship

The following are innovative methods we have used in our research to understand more about the dynamics of a couple's relationship. If you wish, you can incorporate these into your clinical assessment process as well. These methods are not part of our core Gottman Method assessment process, but they can yield very interesting information.

Events of the day conversation and dinnertime:

They need to meet in your office at the end of a day, after having been apart all day. Make sure they have been apart. If not, send them home, and reschedule the reunion. We ask them to sit quietly for 5 minutes before they can start talking. A great diagnostic is if one of them then says, "That was the longest 5 minutes," because this indicates that they couldn't wait to talk to each other. See if their faces brighten once they start talking. This assesses the Fondness & Admiration system's presence. Assess the ratio of positive to negative, and requited interest. Are they glad to see each other?

Positive conversation: Here you will set up a conversation they have about something they really enjoy talking about. Look at the ratio of positive to negative, and look for requited excitement. Does one person's excitement get snuffed by the other, or reciprocated? They need to select a topic to discuss that they really enjoy talking about. If you put this conversation after the conflict conversation, you can assess the amount of rebound by seeing if they can get away from the negativity generated by the conflict discussion. Use the Krokoff Positive Conversations Checklist to help the couple select a topic.

Paper Tower. One task we have used quite often with couples involves giving the couple a box of materials (newspaper, construction paper, string, staples, glue, cardboard, scotch tape, glitter, crayons, magic markers, and so on). The couple is instructed to take 30 minutes and build a paper tower that will need to be free-standing. It will be judged on the following criteria: height (up to 20 points), strength (up to 20 points), beauty and creativity (up to 50 points). Notice how they work together as a team, examining three dimensions: giving and receiving affection and inclusion, giving and receiving influence, and teamwork.

Teach one another something. In our lab, we have asked each spouse to come prepared to teach their partner something they know but the partner does not know. This can be: knitting, chess, cooking, etc. How does each person accept their partner's expertise?

Bradbury situation. Tom Bradbury asks newlyweds to take turns being helpful to their spouse (like a consultant) in areas unrelated to the relationship in which the partner wishes to do something to improve his or her personal life. For example, one person may wish to get in better physical shape. The partner listens to the goals and helps elaborate them, and communicates understanding and planning to accomplish these personal goals.

These conversations can also help you assess whether this couple is affectively engaged, and whether there is very much positive affect in their lives. Or, have they inadvertently begun a process of emotional disengagement?

What are you assessing in behavior with these methods? The basic dysfunctional interaction patterns, accepting or rejecting influence, and the presence of the functional patterns involving respectful influence; the use of positive affect and other soothing strategies, and the success of repair attempts.

What now follows are the assessment questionnaires that should be give out at the end of the first assessment session. Ask your clients to individually fill them out and return them to your when they each come to their individual sessions with you, the next step in their assessment.

Client ID#:

Date:

Oral History Interview Summary Sheet

1. Meeting. Why don't we start from the very beginning. Let's discuss how the two of you met and got together. Do you remember the time you met for the first time? Tell me about it. Was there anything about your partner that made her or him stand out? What were your first impressions of each other?
 2. Dating. When you think back to the time you were dating, before you got married (or committed to each other), what do you remember? What stands out? How long did you know each other before your commitment? What do you remember of this period? What were some of the highlights? Some of the tensions? What types of things did you do together?
 3. Decision to Marry or Commit. Tell me about how the two of you decided to get married or to commit to each other. Of all the people in the world, what led you to decide that this was the person you wanted to be with? Was it an easy decision? Was it a difficult decision? Were you ever in love? Tell me about this time.
 4. Wedding and Honeymoon. Do you remember your wedding or commitment ceremony? Tell me about it. Did you have a honeymoon? What do you remember about it?
 5. First Year Adjustments. When you think back to the first year you were married (or living together), what do you remember? Were there any adjustments to that?
 6. Adjustments to Parenthood. What about the transition to becoming parents? Tell me about this period of your relationship. What was it like for the two of you?
 7. Good Times. Looking back over the years, what moments stand out as the really good times in your relationship? What were the really happy times? What is a good time for you as a couple? Has this changed over the years?

Client ID#:

Date:

Oral History Interview Summary Sheet

8. Relationship Ups and Downs. Many of the couples we've talked to say that their relationships go through periods of ups and downs. Would you say that this is true of yours?
9. Hard Times. Looking back over the years, what moments stand out as the really hard times in your relationship? Why do you think you stayed together? How did you get through these difficult times? What is your philosophy about how to get through difficult times?
10. Relationship Changes Over Time. How would you say your relationship is different from when you first got married or committed to each other? (Lots of people have losses here; they have stopped doing things that once gave them pleasure. Explore these with the couple.)
11. Good and Bad Relationships. I'm interested in ideas about what makes a relationship work. Why do you think some relationships work while others don't? Think of a couple you know that has a particularly good relationship and one that you know who has a particularly bad one. (Let them decide together which two couples these are). What is different about these two relationships? How would you compare your own relationship to each of these couples?
12. Parents' Relationship. Tell me about your parents' relationship. (Ask each partner.) What was/is their relationship like? Would you say it's very similar or different from your own relationship?
13. Love Maps and Rituals of Connection. Tell me what you currently know about your partner's major worries, stresses, hopes and aspirations. How do you stay in touch with one another on a daily basis? What are your routines for staying in emotional contact?

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Locke-Wallace Relationship Adjustment Test

Circle the dot on the scale line that best describes the degree of happiness, everything considered, of your present relationship. The middle point "happy" represents the degree of happiness that most people get from their relationship, and the scale gradually ranges on one side to those few who are very unhappy and, on the other, to those few who experience extreme joy or felicity in their relationship.



State the approximate extent of agreement or disagreement between you and your partner on the following items. Please check each column.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
1. Handling Family Finances						
2. Matters of Recreation						
3. Demonstration of Affection						
4. Friends						
5. Sex Relations						
6. Conventionality (right, good, or proper conduct)						
7. Philosophy of Life						
8. Ways of Dealing with In-laws						

For each of the following items, check one response:

9. When disagreements arise, they usually result in
(a) me giving in____ (b) my partner giving in____ (c) agreement by mutual give and take____
 10. Do you and your partner engage in outside interests together?
(a) all of them____ (b) some of them____ (c) very few of them____ (d) none of them____
 11. In leisure time, do you generally prefer:
(a) to be "on the go"____ (b) to stay at home ____
 12. Does your partner generally prefer:
(a) to be "on the go"____ (b) to stay at home ____
 13. Do you ever wish you had not committed to this relationship?
(a) frequently____ (b) occasionally____ (c) rarely____ (d) never____
 14. If you had your life to live over again, do you think you would:
(a) commit to the same person ____ (b) commit to a different person ____
(c) not commit at all ____
 15. Do you ever confide in your partner?
(a) almost never____ (b) rarely____ (c) in most things____ (d) in everything____

Client ID#: _____ Date: _____

Weiss-Cerretto Relationship Status Inventory

We would like to get an idea of how your relationship stands right now. Please answer the questions below by circling TRUE or FALSE for each item with regard to how things stand right now. For items that are true, please indicate what year the item began to be true.

		TRUE	FALSE	Year:
1.	I have made specific plans to discuss separation (or divorce) with my partner. I have considered what I would say, etc.	TRUE	FALSE	_____
2.	I have set up an independent bank account in my name in order to protect my own interests.	TRUE	FALSE	_____
3.	Thoughts of separation (or divorce) occur to me very frequently, as often as once a week or more.	TRUE	FALSE	_____
4.	I have suggested to my partner (spouse) that I wish to be separated, divorced, or rid of him/her.	TRUE	FALSE	_____
5.	I have thought specifically about separation (or divorce). I have thought about who would get the kids, how things would be divided, pros and cons, etc.	TRUE	FALSE	_____
6.	My partner and I have separated. This is a [CHECK ONE] □trial separation, or □legal separation.	TRUE	FALSE	_____
7.	I have discussed the question of my separation (or divorce) with someone other than my partner (trusted friend, psychologist, minister, etc.).	TRUE	FALSE	_____
8.	I have occasionally thought of separation (or divorce) or wished that we were separated, usually after an argument or other incident.	TRUE	FALSE	_____
9.	I have discussed the issue of separation (or divorce) seriously or at length with my partner.	TRUE	FALSE	_____
10.	We are separated, I have asked that the separation be permanent (or filed for divorce), or we are completely broken up (or divorced).	TRUE	FALSE	_____
11.	I have made inquiries about separation (or how long it takes to get a divorce, grounds for divorce), costs involved, etc.	TRUE	FALSE	_____
12.	I have contacted a lawyer to make preliminary plans for a separation or custody arrangement (or divorce).	TRUE	FALSE	_____
13.	I have consulted a lawyer or other legal aid about the matter.	TRUE	FALSE	_____
14.	I have considered separation (or divorce) a few times, other than during or after an argument, although only in vague terms.	TRUE	FALSE	_____

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The Sound Relationship House Questionnaires (5 item scale)

Love Maps

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRUE	FALSE
I can tell you some of my partner's life dreams.	<input type="checkbox"/>	<input type="checkbox"/>
I can list the relatives my partner likes the least.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is familiar with what are my current stresses.	<input type="checkbox"/>	<input type="checkbox"/>
I can list my partner's major aspirations and hopes in life.	<input type="checkbox"/>	<input type="checkbox"/>
I know my partner's major current worries.	<input type="checkbox"/>	<input type="checkbox"/>

Fondness and Admiration System

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRUE	FALSE
My partner really respects me.	<input type="checkbox"/>	<input type="checkbox"/>
I feel loved and cared for in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
Romance is something our relationship definitely still has in it.	<input type="checkbox"/>	<input type="checkbox"/>
When I come into a room, my partner is glad to see me.	<input type="checkbox"/>	<input type="checkbox"/>
My partner appreciates the things I do in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>

Turning Towards or Away

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRUE	FALSE
I really enjoy discussing things with my partner.	<input type="checkbox"/>	<input type="checkbox"/>
We always have a lot to say to each other.	<input type="checkbox"/>	<input type="checkbox"/>
We have a lot of fun together in our everyday lives.	<input type="checkbox"/>	<input type="checkbox"/>
We really have a lot of interests in common.	<input type="checkbox"/>	<input type="checkbox"/>
We like to do a lot of the same things.	<input type="checkbox"/>	<input type="checkbox"/>

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Negative Sentiment Override

Fill this form out thinking about your immediate past (last 2 to 4 weeks) or a recent discussion of an existing issue. Read each statement and place a check mark in the appropriate TRUE or FALSE box.

IN THE RECENT PAST IN MY RELATIONSHIP, GENERALLY	TRUE	FALSE
I felt innocent of blame for this problem.	<input type="checkbox"/>	<input type="checkbox"/>
I felt unjustly accused	<input type="checkbox"/>	<input type="checkbox"/>
I felt personally attacked.	<input type="checkbox"/>	<input type="checkbox"/>
I felt unjustly criticized.	<input type="checkbox"/>	<input type="checkbox"/>
I wanted the negativity to just stop.	<input type="checkbox"/>	<input type="checkbox"/>

Harsh Startup

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

WHEN WE DISCUSS OUR ISSUES	TRUE	FALSE
Arguments often seem to come out of nowhere.	<input type="checkbox"/>	<input type="checkbox"/>
I seem to always get blamed for issues.	<input type="checkbox"/>	<input type="checkbox"/>
My partner criticizes my personality.	<input type="checkbox"/>	<input type="checkbox"/>
Our calm is suddenly shattered.	<input type="checkbox"/>	<input type="checkbox"/>
I find my partner's negativity unnerving and unsettling.	<input type="checkbox"/>	<input type="checkbox"/>

Accepting Influence

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

WHEN WE DISCUSS OUR ISSUES	TRUE	FALSE
I generally want my partner to feel influential in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
I can listen to my partner, but only up to a point.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has a lot of basic common sense.	<input type="checkbox"/>	<input type="checkbox"/>
I don't reject my partner's opinions out of hand.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is basically a great help as a problem solver.	<input type="checkbox"/>	<input type="checkbox"/>

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Repair Attempts

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

DURING OUR ATTEMPTS TO RESOLVE CONFLICT BETWEEN US	TRUE	FALSE
We are good at taking breaks when we need them.	<input type="checkbox"/>	<input type="checkbox"/>
Even when arguing, we can maintain a sense of humor.	<input type="checkbox"/>	<input type="checkbox"/>
We are pretty good listeners even when we have different positions on things.	<input type="checkbox"/>	<input type="checkbox"/>
If things get heated, we can usually pull out of it and change things.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is good at soothing me when I get upset.	<input type="checkbox"/>	<input type="checkbox"/>

Compromise

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

DURING OUR ATTEMPTS TO RESOLVE CONFLICT BETWEEN US	TRUE	FALSE
We are usually good at resolving our differences.	<input type="checkbox"/>	<input type="checkbox"/>
We both believe in meeting each other halfway when we disagree.	<input type="checkbox"/>	<input type="checkbox"/>
In discussing issues, we can usually find our common ground of agreement.	<input type="checkbox"/>	<input type="checkbox"/>
Yielding power is not very difficult for me.	<input type="checkbox"/>	<input type="checkbox"/>
Give and take in making decisions is not a problem in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>

Gridlock on Perpetual Issues

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

WHEN WE DISCUSS OUR ISSUES	TRUE	FALSE
We keep hurting each other whenever we discuss our core issues.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has a long list of basically unreasonable demands.	<input type="checkbox"/>	<input type="checkbox"/>
I don't feel respected when we disagree.	<input type="checkbox"/>	<input type="checkbox"/>
My partner often acts in a selfish manner.	<input type="checkbox"/>	<input type="checkbox"/>
When we discuss our issues, my partner acts as if I am totally wrong and he or she is totally right.	<input type="checkbox"/>	<input type="checkbox"/>

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The Four Horsemen

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

WHEN WE DISCUSS OUR ISSUES	TRUE	FALSE
I have to defend myself because the charges against me are so unfair.	<input type="checkbox"/>	<input type="checkbox"/>
I often feel unappreciated by my partner.	<input type="checkbox"/>	<input type="checkbox"/>
My partner doesn't face issues responsibly and maturely.	<input type="checkbox"/>	<input type="checkbox"/>
I am just not guilty of many of the things I get accused of.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has a lot of trouble being rational and logical.	<input type="checkbox"/>	<input type="checkbox"/>

Flooding

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRUE	FALSE
Our discussions get too heated.	<input type="checkbox"/>	<input type="checkbox"/>
I have a hard time calming down.	<input type="checkbox"/>	<input type="checkbox"/>
One of us is going to say something we will regret.	<input type="checkbox"/>	<input type="checkbox"/>
I think to myself, "Why can't we talk more logically?"	<input type="checkbox"/>	<input type="checkbox"/>
My partner has a long list of unreasonable demands.	<input type="checkbox"/>	<input type="checkbox"/>

Emotional Disengagement and Loneliness

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

STATEMENT	TRUE	FALSE
I often find myself disappointed in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
I will at times find myself quite lonely in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for my deepest feelings to get much attention in this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
There is not enough closeness between us.	<input type="checkbox"/>	<input type="checkbox"/>
I have adapted to a lot in this relationship, and I am not so sure it's a good idea.	<input type="checkbox"/>	<input type="checkbox"/>

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Quality of Sex, Romance, and Passion in the Relationship

For each item check the one box below that applies to your relationship right now:

1. Our relationship is	<input type="radio"/>	Romantic and passionate
	<input type="radio"/>	Becoming passionless, that is, the fire is going out
2. I would say that	<input type="radio"/>	My partner is still verbally affectionate
	<input type="radio"/>	My partner is not very verbally affectionate
3. I would say that	<input type="radio"/>	My partner expresses love and admiration to me
	<input type="radio"/>	My partner expresses love or admiration less frequently these days
4. I would say that	<input type="radio"/>	We do touch each other a fair amount
	<input type="radio"/>	We rarely touch each other these days
5. I would say that	<input type="radio"/>	My partner courts me sexually
	<input type="radio"/>	My partner does not court me sexually
6. I would say that	<input type="radio"/>	We do cuddle with one another
	<input type="radio"/>	We rarely cuddle with one another
7. I would say that	<input type="radio"/>	We still have our tender and passionate moments
	<input type="radio"/>	We have few tender or passionate moments
8. I would say that	<input type="radio"/>	Our sex life is fine
	<input type="radio"/>	There are definite problems in this area
9. I would say that	<input type="radio"/>	The frequency of sex is not a problem
	<input type="radio"/>	The frequency of sex is a problem
10. I would say that	<input type="radio"/>	The satisfaction I get from sex is not a problem
	<input type="radio"/>	The satisfaction I get from sex is a problem
11. I would say that	<input type="radio"/>	Being able to just talk about sex, or talk about sexual problems is not a serious issue between us
	<input type="radio"/>	Being able to just talk about sex, or talk about sexual problems is a serious issue between us
12. I would say that	<input type="radio"/>	The two of us generally want the same thing sexually
	<input type="radio"/>	The two of us want different things sexually
13. I would say that	<input type="radio"/>	Differences in desire are not an issue in this relationship
	<input type="radio"/>	Differences in desire are an issue in this relationship
14. I would say that	<input type="radio"/>	The amount of love in our lovemaking is not a problem
	<input type="radio"/>	The amount of love in our lovemaking is a problem

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Quality of Sex, Romance, and Passion in the Relationship (continued)

15. I would say that	<input type="radio"/>	The satisfaction my partner gets from sex is not a problem
	<input type="radio"/>	The satisfaction my partner gets from sex is a problem
16. I would say that	<input type="radio"/>	My partner is still physically very affectionate toward me
	<input type="radio"/>	My partner is not very physically affectionate toward me
17. I would say that	<input type="radio"/>	I feel romantic toward my partner
	<input type="radio"/>	I do not feel very romantic toward my partner
18. I would say that	<input type="radio"/>	My partner finds me sexually attractive
	<input type="radio"/>	My partner does not find me sexually attractive
19. I would say that	<input type="radio"/>	I find my partner sexually attractive
	<input type="radio"/>	I do not view my partner as sexually attractive
20. In this relationship	<input type="radio"/>	I feel romantic and passionate toward my partner, or
	<input type="radio"/>	I feel passionless, my own fire is going out
21. In this relationship	<input type="radio"/>	My partner is romantic and passionate, or,
	<input type="radio"/>	My partner is passionless, that is, the fire is going out in my partner
22. I would say that	<input type="radio"/>	My partner compliments my appearance
	<input type="radio"/>	My partner does not compliment my appearance
23. I would say that	<input type="radio"/>	I am satisfied by how we initiate sex
	<input type="radio"/>	I am dissatisfied with the ways we initiate sex
24. I would say that	<input type="radio"/>	It is possible for me to refuse sex and have it be okay
	<input type="radio"/>	I am unable to refuse sex and have it be okay with my partner
25. I would say that	<input type="radio"/>	I hardly ever have sex when I don't want to
	<input type="radio"/>	It seems as if I often have sex when I don't want to
26. I would say that	<input type="radio"/>	We have many ways to satisfy one another sexually
	<input type="radio"/>	We have very few ways to satisfy one another sexually
27. Overall I would say that	<input type="radio"/>	We are good sexual partners
	<input type="radio"/>	We are not very good sexual partners

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Shared Meanings Questionnaire

We want you to think about how well you and your partner have been able to create a sense of shared meaning in your lives together. We think that when people become committed to one another they create a new culture, and some relationships also involve the union of two very different cultures. But even if two people are coming from the same regional, cultural, ethnic, and religious backgrounds, they will have been raised in two very different families, and their merging involves the creation of a new culture.

Read each statement and place a check mark in the appropriate TRUE or FALSE box.

Your Rituals	True	False
Reunions at the end of each day in our home are generally special times in my day.	<input type="checkbox"/>	<input type="checkbox"/>
During weekends, we do a lot of things together that we enjoy and value.	<input type="checkbox"/>	<input type="checkbox"/>
I really look forward to and enjoy our vacations and the travel we do together.	<input type="checkbox"/>	<input type="checkbox"/>
When we do errands together, we generally have a good time.	<input type="checkbox"/>	<input type="checkbox"/>
We have ways of becoming renewed and refreshed when we are burned out or fatigued.	<input type="checkbox"/>	<input type="checkbox"/>

Your Roles	True	False
We share many similar values in our roles as lovers and partners.	<input type="checkbox"/>	<input type="checkbox"/>
My partner and I have compatible views about the role of work in one's life.	<input type="checkbox"/>	<input type="checkbox"/>
My partner and I have similar philosophies about balancing work and family life.	<input type="checkbox"/>	<input type="checkbox"/>
My partner supports what I would see as my basic mission in life.	<input type="checkbox"/>	<input type="checkbox"/>
My partner shares my views on the importance of family and kin (sisters, brothers, moms, dads) in our life together.	<input type="checkbox"/>	<input type="checkbox"/>

Your Goals	True	False
If I were to look back on my life in very old age, I think I would see that our paths in life had meshed very well.	<input type="checkbox"/>	<input type="checkbox"/>
My partner values my own accomplishments.	<input type="checkbox"/>	<input type="checkbox"/>
My partner honors my own very personal goals, unrelated to my relationship.	<input type="checkbox"/>	<input type="checkbox"/>
We have very similar financial goals.	<input type="checkbox"/>	<input type="checkbox"/>
Our hopes and aspirations, as individuals and together, for our children, for our life in general, and for our old age are quite compatible.	<input type="checkbox"/>	<input type="checkbox"/>

Your Symbols	True	False
We see eye-to-eye about what "home" means.	<input type="checkbox"/>	<input type="checkbox"/>
We have similar views about the role of sex in our lives.	<input type="checkbox"/>	<input type="checkbox"/>
We have similar views about the role of love and affection in our lives.	<input type="checkbox"/>	<input type="checkbox"/>
We have similar values about the importance and meaning of money in our lives.	<input type="checkbox"/>	<input type="checkbox"/>
We have similar values about "autonomy" and "independence."	<input type="checkbox"/>	<input type="checkbox"/>

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Trust

Instructions: For the following items answer the degree to which you agree or disagree with each item by checking the box under Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, or Strongly Agree.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. There were important times when my partner has not been there for me emotionally when I was really in need.					
2. My partner has been or is emotionally involved with someone else, which feels like a betrayal.					
3. My partner has been or is sexually involved with someone else, which feels like a betrayal.					
4. I don't have much trust in any relationship.					
5. Once, when I really needed to turn to my partner for emotional support, I was terribly disappointed and left utterly alone.					
6. Sometimes I don't feel important to my partner.					
7. My partner has forced me to do some things against my principles, or to do things that I find objectionable, repulsive, or disgusting.					
8. My partner lies to me.					
9. There are some wounds my partner has created that can never fully heal between us.					
10. My trust in this relationship has been seriously shattered.					
11. I don't feel that I am my partner's first or even major priority in his or her life.					
12. My partner has cheated me and I feel betrayed by that.					
13. My partner has betrayed me financially.					
14. When going through hard times in our relationship, I don't feel I can count on my partner to be there for me.					
15. Our vows aren't really sacred to my partner.					
16. My partner can be deceitful with me in many ways.					
17. When I get sick I am abandoned by my partner.					
18. I can't really count on my partner.					
19. If I should have financial problems my financial problems are totally my own. I cannot rely on my partner to help me out.					
20. I suspect that my partner has betrayed our relationship contract in the past.					
21. My partner is not really loyal to me.					

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Commitment

Instructions: For the following items answer the degree to which you agree or disagree with each item by checking the box under Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, or Strongly Agree.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. I feel confident that my partner will stay in this relationship even if we are going through hard times.					
2. When I am feeling bad, my partner is willing to meet my needs.					
3. During a fight, my partner does not threaten to leave me.					
4. I am committed to this relationship.					
5. I consider my relationship rock solid.					
6. I would refuse to have sex with a person other than my partner.					
7. I will sometimes make major sacrifices for my partner even if it goes against what I need.					
8. I make sure that my partner feels loved by me.					
9. When my partner is sick, I think it is very important that I take care of him or her.					
10. When I compromise with my partner, I don't feel controlled and manipulated.					
11. Being a team is sometimes more important to me than my own needs					
12. I feel that my partner's financial security is in part my responsibility.					
13. If my partner were in emotional trouble, I would be there 100%.					
14. After an argument, I am not thinking that I could be happier with someone else.					
15. During a fight, I do not threaten to leave my partner.					
16. I am not waiting for someone better to come along.					
17. We are not usually engaged in a power struggle.					
18. I want to stay with my partner forever.					
19. I would avoid flirting if it made my partner feel insecure.					
20. No matter what's going on, I never fantasize about divorce or separation.					
21. No matter how bad things get I never long for the days when I was single.					

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Commitment (continued)	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
22. I never envy my friends who are single.					
23. I never fantasize about what life would be like being someone else's partner.					
24. I love it when my partner and I dream about our future together.					
25. I love thinking about my partner and I growing old together					
26. My worst nightmare is my partner dying before me.					
27. I feel loved by my partner.					

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The Gottman 19 Areas Checklist for Solvable and Perpetual Problems

Instructions. Please think about how things are RIGHT NOW in each of the following areas of your relationship. Think about each area of your life together, and decide if this area is fine or if it needs improvement. For each of the statements below, check the box that best describes your relationship.

1. We are staying emotionally connected, or becoming emotionally distant.

<i>Check all the specific items below:</i>	Not a problem	Is a problem
Just simply talking to each other	<input type="checkbox"/>	<input type="checkbox"/>
Staying emotionally in touch with each other	<input type="checkbox"/>	<input type="checkbox"/>
Feeling taken for granted	<input type="checkbox"/>	<input type="checkbox"/>
Don't feel my partner knows me very well right now	<input type="checkbox"/>	<input type="checkbox"/>
Partner is (or I am) emotionally disengaged	<input type="checkbox"/>	<input type="checkbox"/>
Spending time together	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

2. We are handling job and other stresses effectively, or experiencing the "spill-over" of other stresses.

<i>Check all the specific items below:</i>	Not a problem	Is a problem
Helping each other reduce daily stresses.	<input type="checkbox"/>	<input type="checkbox"/>
Talking about these stresses together.	<input type="checkbox"/>	<input type="checkbox"/>
Talking together about stress in a helpful manner.	<input type="checkbox"/>	<input type="checkbox"/>
Partner listening with understanding about my stresses and worries.	<input type="checkbox"/>	<input type="checkbox"/>
Partner takes job or other stresses out on me.	<input type="checkbox"/>	<input type="checkbox"/>
Partner takes job or other stresses out on others in our life.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

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3. We are handling issues or disagreements well, or gridlocking on one or more issues.

Check all the specific items below:	Not a problem	Is a problem
Differences have arisen between us that feel very basic.	<input type="checkbox"/>	<input type="checkbox"/>
These differences seem unresolvable.	<input type="checkbox"/>	<input type="checkbox"/>
We are living day-to-day with hurts.	<input type="checkbox"/>	<input type="checkbox"/>
Our positions are getting entrenched.	<input type="checkbox"/>	<input type="checkbox"/>
It looks like I will never get what I hope for.	<input type="checkbox"/>	<input type="checkbox"/>
I am very worried that these issues may damage our relationship.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

4. Our relationship is romantic and passionate, or is becoming passionless; the fire is going out.

Check all the specific items below:	Not a problem	Is a problem
My partner has stopped being verbally affectionate.	<input type="checkbox"/>	<input type="checkbox"/>
My partner expresses love or admiration less frequently.	<input type="checkbox"/>	<input type="checkbox"/>
We rarely touch each other.	<input type="checkbox"/>	<input type="checkbox"/>
My partner (or I) have stopped feeling very romantic.	<input type="checkbox"/>	<input type="checkbox"/>
We rarely cuddle.	<input type="checkbox"/>	<input type="checkbox"/>
We have few tender or passionate moments.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

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5. Our sex life is fine, or There are problems in this area.

Check all the specific items below:	Not a problem	Is a problem
The frequency of sex.	<input type="checkbox"/>	<input type="checkbox"/>
The satisfaction I (or my partner) get from sex.	<input type="checkbox"/>	<input type="checkbox"/>
Being able to talk about sexual problems.	<input type="checkbox"/>	<input type="checkbox"/>
The two of us wanting different things sexually.	<input type="checkbox"/>	<input type="checkbox"/>
Problems of desire.	<input type="checkbox"/>	<input type="checkbox"/>
The amount of love in our lovemaking.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

6. An important event (e.g., changes in job or residence, the loss of a job or loved one, an illness) has occurred in our lives. Yes No

The relationship is dealing with this well or is not dealing with this well

Check all the specific items below:	Not a problem	Is a problem
We have very different points of view on how to handle things.	<input type="checkbox"/>	<input type="checkbox"/>
This event has led my partner to be very distant.	<input type="checkbox"/>	<input type="checkbox"/>
This event has made us both irritable.	<input type="checkbox"/>	<input type="checkbox"/>
This event has led to a lot of fighting.	<input type="checkbox"/>	<input type="checkbox"/>
I'm worried about how this will all turn out.	<input type="checkbox"/>	<input type="checkbox"/>
We are now taking up very different positions.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

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7. Major issues about children have arisen (this could be about whether to be parents). Yes No

The relationship is dealing with this well or is not dealing with this well

<i>Check all the specific items below:</i>	Not a problem	Is a problem
We have very different points of view on goals for children.	<input type="checkbox"/>	<input type="checkbox"/>
We have different positions on what to discipline children for.	<input type="checkbox"/>	<input type="checkbox"/>
We have different positions on how to discipline children.	<input type="checkbox"/>	<input type="checkbox"/>
We have issues about how to be close to our children.	<input type="checkbox"/>	<input type="checkbox"/>
We are not talking about these issues very well.	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of tension or anger about these differences.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

8. Major issues/events have arisen about in-laws, a relative, or relatives.

Yes No

The relationship is dealing with this well or is not dealing with this well

<i>Check all the specific items below:</i>	Not a problem	Is a problem
I feel unaccepted by my partner's family.	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes wonder which family my partner is in.	<input type="checkbox"/>	<input type="checkbox"/>
I feel unaccepted by my own family.	<input type="checkbox"/>	<input type="checkbox"/>
There is tension between us about what might happen.	<input type="checkbox"/>	<input type="checkbox"/>
This issue has generated a lot of irritability.	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about how this is going to turn out.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

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9. Being attracted to other people or jealousy is not an issue, or My partner is flirtatious or there may be a recent extra-relationship affair

Check all the specific items below:	Not a problem	Is a problem
This area is a source of a lot of hurt.	<input type="checkbox"/>	<input type="checkbox"/>
This is an area that creates insecurity.	<input type="checkbox"/>	<input type="checkbox"/>
I can't deal with the lies.	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to re-establish trust.	<input type="checkbox"/>	<input type="checkbox"/>
There is a feeling of betrayal.	<input type="checkbox"/>	<input type="checkbox"/>
It's hard to know how to heal this.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

10. There has been a recent extra-relationship affair (or I suspect there is one), or This is not an issue

Check all the specific items below:	Not a problem	Is a problem
This is a source of a lot of pain.	<input type="checkbox"/>	<input type="checkbox"/>
This has created insecurity.	<input type="checkbox"/>	<input type="checkbox"/>
I can't deal with the deception and lying.	<input type="checkbox"/>	<input type="checkbox"/>
I can't stop being angry.	<input type="checkbox"/>	<input type="checkbox"/>
I can't deal with my partner's anger.	<input type="checkbox"/>	<input type="checkbox"/>
I want this to be over but it seems to never end.	<input type="checkbox"/>	<input type="checkbox"/>
I am tired of apologizing.	<input type="checkbox"/>	<input type="checkbox"/>
It's hard to trust again.	<input type="checkbox"/>	<input type="checkbox"/>
I feel that our relationship has been violated.	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to know how to heal this.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

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11. When disagreements arise, we resolve issues well, or unpleasant fights have occurred

Check all the specific items below:	Not a problem	Is a problem
There are more fights now.	<input type="checkbox"/>	<input type="checkbox"/>
The fights seem to come out of nowhere.	<input type="checkbox"/>	<input type="checkbox"/>
Anger and irritability have crept into our relationship.	<input type="checkbox"/>	<input type="checkbox"/>
We get into muddles where we are hurting each other.	<input type="checkbox"/>	<input type="checkbox"/>
I don't feel very respected lately.	<input type="checkbox"/>	<input type="checkbox"/>
I feel criticized.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

12. We are in synchrony on basic values and goals, or Differences between us in these areas or in desired lifestyle are emerging.

Check all the specific items below:	Not a problem	Is a problem
Differences have arisen in life goals.	<input type="checkbox"/>	<input type="checkbox"/>
Differences have arisen about important beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
Differences have arisen on leisure time interests.	<input type="checkbox"/>	<input type="checkbox"/>
We seem to be wanting different things out of life.	<input type="checkbox"/>	<input type="checkbox"/>
We are growing in different directions.	<input type="checkbox"/>	<input type="checkbox"/>
I don't much like who I am with my partner.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

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13. Very hard events (for example, violence, drugs, an affair) have occurred within the relationship. Yes No

The relationship is dealing with this well or is not dealing with this well

Check all the specific items below:	Not a problem	Is a problem
There has been physical violence between us.	<input type="checkbox"/>	<input type="checkbox"/>
There is a problem with alcohol or drugs.	<input type="checkbox"/>	<input type="checkbox"/>
This is turning into a relationship I hadn't bargained for.	<input type="checkbox"/>	<input type="checkbox"/>
The "contract" of our couples relationship is changing.	<input type="checkbox"/>	<input type="checkbox"/>
I find some of what my partner wants upsetting or repulsive.	<input type="checkbox"/>	<input type="checkbox"/>
I am now feeling somewhat disappointed by this relationship.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

14. We work well as a team, or are not working very well as a team right now

Check all the specific items below:	Not a problem	Is a problem
We used to share more of the household's workload.	<input type="checkbox"/>	<input type="checkbox"/>
We seem to be pulling in opposite directions.	<input type="checkbox"/>	<input type="checkbox"/>
My partner does not share in housework or family chores.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is not carrying weight financially.	<input type="checkbox"/>	<input type="checkbox"/>
I feel alone in managing our family.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is not being very considerate.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

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15. We are coping well with issues of power or influence, or We are having trouble in this area

Check all the specific items below:	Not a problem	Is a problem
I don't feel influential in decisions we make.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has become more domineering.	<input type="checkbox"/>	<input type="checkbox"/>
I have become more demanding.	<input type="checkbox"/>	<input type="checkbox"/>
My partner has become passive.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is "spacey," not a strong force in our relationship.	<input type="checkbox"/>	<input type="checkbox"/>
I am starting to care a lot more about who is running things.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

16. We are handling issues of finances well, or We are having trouble in this area

Check all the specific items below:	Not a problem	Is a problem
I or my partner just doesn't bring in enough money.	<input type="checkbox"/>	<input type="checkbox"/>
We have differences about how to spend our money.	<input type="checkbox"/>	<input type="checkbox"/>
We are stressed about finances.	<input type="checkbox"/>	<input type="checkbox"/>
My partner is financially more interested in self than in us.	<input type="checkbox"/>	<input type="checkbox"/>
We are not united in managing our finances.	<input type="checkbox"/>	<input type="checkbox"/>
There is not enough financial planning.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

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17. We are doing well having fun together, or not having very much fun together

Check all the specific items below:	Not a problem	Is a problem
We don't seem to have very much time for fun.	<input type="checkbox"/>	<input type="checkbox"/>
We try, but don't seem to enjoy our times together very much.	<input type="checkbox"/>	<input type="checkbox"/>
We are too stressed for fun.	<input type="checkbox"/>	<input type="checkbox"/>
Work takes up all our time these days.	<input type="checkbox"/>	<input type="checkbox"/>
Our interests are so different now that there are no fun things we like to do together.	<input type="checkbox"/>	<input type="checkbox"/>
We plan fun things to do, but they never happen.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

18. We are feeling close in building/being a part of the community together, or not feeling close in building/being a part of the community together

Check all the specific items below:	Not a problem	Is a problem
Being involved with friends and other people or groups	<input type="checkbox"/>	<input type="checkbox"/>
Caring about the institutions that build communities	<input type="checkbox"/>	<input type="checkbox"/>
Putting time into the institutions of community (e.g., school, agencies)	<input type="checkbox"/>	<input type="checkbox"/>
Doing projects or work for charity.	<input type="checkbox"/>	<input type="checkbox"/>
Doing other good deeds for members of the community.	<input type="checkbox"/>	<input type="checkbox"/>
Taking a leadership role in the service of community.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

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19. We are feeling very close in the area of spirituality together, or not doing well in that area these days

Check all the specific items below:	Not a problem	Is a problem
Sharing the same beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
Agreeing about religious ideas and values.	<input type="checkbox"/>	<input type="checkbox"/>
Issues about specific house of worship (mosque, church, synagogue).	<input type="checkbox"/>	<input type="checkbox"/>
Communicating well about spiritual things.	<input type="checkbox"/>	<input type="checkbox"/>
Issues that are about spiritual growth and change.	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual issues involving our family.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments, and if things are fine, describe how you are managing this area of your lives. If things are not fine, describe the obstacles you see to improving this area of your relationship.</i>		

Client ID#: _____ Date: _____

The Three "Detour" Scales

Chaos

Instructions: Check Yes or No for each item below.

STATEMENT	YES	NO
1. Does your home life together feel chaotic?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there any sense of disorder in your life together?	<input type="checkbox"/>	<input type="checkbox"/>
3. In this relationship are you unable to function well in your own life?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do major unplanned events keep happening to the two of you?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the two of you always having to adapt to changing circumstances?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you sometimes feel personally out of control of your life?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you sometimes feel like a "feather in the wind" in this relationship?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is it hard for you both to work regularly?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is it hard for the two of you to maintain a regular and reliable schedule?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your financial life seem unstable?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do your finances feel out of control?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do the two of you have trouble eating well (nutritiously)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have the two of you been unable to have a routine for grocery shopping?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have the two of you been unable to have a regular routine for meals?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have the two of you been unable to maintain good health?	<input type="checkbox"/>	<input type="checkbox"/>

Client ID#: _____ Date: _____

Meta-Emotions (Your Own Feelings About Emotions)**What's your emotion philosophy?**

Instructions: For the following items answer the degree to which you agree or disagree with each item by checking the box under Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, or Strongly Agree.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. I try not to think much about my own emotional states.					
2. I believe that people should just roll with the punches and get on with life.					
3. There's not much point in dwelling on your inner feelings.					
4. I generally view being emotional as being out of control.					
5. People ought to be more rational and less emotional.					
6. I think expressing emotion is okay only if it's in control.					
7. Anger is a very dangerous emotion.					
8. People often act emotional just to get what they want.					
9. If you ignore negative emotions, they tend to go away and take care of themselves.					
10. It is best to just "ride out" negative emotions and not dwell on them.					
11. I don't mind other people's negative moods as long as they don't last too long.					
12. I try to get over sadness quickly so I can move on to better things.					
13. I set some definite limits on other people's staying in a negative emotional state.					
14. I tend to get impatient with people's sadness.					
15. I believe in not paying attention to people if they aren't positive or cheerful.					
16. People can't be very rational if they are being emotional.					
17. I really don't want to experience negative emotions.					
18. It isn't important to dwell on why you are feeling the way you feel.					
19. When people get sad they are just feeling sorry for themselves.					
20. I think if you want to you can make yourself feel positively about almost anything.					
21. I am not sure anything can be done when someone is feeling down.					

Client ID#: _____ Date: _____

Meta-Emotions (continued)	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
22. I just don't think people should ever show their anger.					
23. It is unnecessary to look deeply at the causes of one's emotions.					
24. I just try not to make a big deal out of my own emotions.					
25. There is very little to be gained by dwelling on why one is feeling a certain way.					
26. People can definitely not tell what I am feeling.					
27. Anger is always a very toxic emotion.					
28. Feelings are private and I try not to express them outwardly.					
29. There's not much difference between anger and aggression.					
30. Expressions of affection are usually embarrassing for me.					
31. I try to avoid people when they are sad.					
32. Generally, I am fairly neutral and don't experience very much emotion.					
33. Sadness is a form of weakness.					
34. Feelings are best kept to one's self.					
35. Ideally, it is better to stay in control, upbeat, and positive.					
36. If people are emotional they may lose control.					
37. To get over a negative emotion, just get on with life and don't dwell on things.					
38. I don't feel comfortable with outward displays of love.					
39. People ought to know when you love them without your having to say so.					
40. Dwelling on your fears just is an excuse for not getting things done.					
41. In general it's better not to express your sad feelings.					
42. I'm not sure that there's much that can be done to change strong negative feelings.					
43. Trying to problem solve with an emotional person is a waste of time.					
44. When my partner is angry it means there is something wrong with our relationship.					
45. Just the passage of time solves most things.					

Client ID#: _____ Date: _____

My Family History

We'd like to ask you some questions about stresses and supports you experienced as a child growing up in your family. Please answer these questions as honestly as you can. For the following items answer the degree to which you agree or disagree with each item by checking the box under Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, or Strongly Agree.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. The family I grew up in struggled financially.					
2. I was physically abused by my parent(s).					
3. My relationships with my siblings were not close.					
4. I was sexually abused or molested in my family.					
5. My family home was a place of instability and insecurity.					
6. My family moved too often.					
7. My parents were not affectionate toward me.					
8. One or both of my parents were alcoholic.					
9. My parents were unhappy with one another.					
10. I never really trusted my parents.					
11. My parents had no faith in my abilities.					
12. My parents didn't praise me very much.					
13. My parents didn't often show me that they loved me.					
14. I was lonely as a child.					
15. My parents didn't protect me from danger very well.					
16. We didn't travel very much together as a family.					
17. Growing up I could never talk to my parents about my feelings.					
18. My home was very chaotic.					
19. My parents used unnecessarily strict and harsh discipline.					
20. It was never okay for me to tell my parents what my needs were.					
21. I was not accepted by my peers.					
22. My parents would use shame, or belittle me.					
23. There was no love and affection expressed in my family.					
24. Ours was not a child-centered home.					
25. The kids were ignored by my parents.					
26. There was lots of rivalry between my siblings.					

Client ID#: _____ Date: _____

My Family History (continued)	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
27. My home was not open socially to guests and visitors.					
28. My parent(s) used illicit drugs or alcohol.					
29. My parents forced me to do a lot of chores.					
30. There was a lot of conflict in my family.					
31. My parents gave me very little freedom to explore my interests.					
32. I experienced cruelty from my family.					
33. I witnessed violence between my parents or adults in my family.					
34. I had no supportive teachers at school.					
35. I didn't have a sense of belonging in my family.					
36. I experienced abuse or bullying from peers at school.					
37. My parents were not understanding and empathetic toward my feelings.					
38. My father was not present, or absent a lot.					
39. My parents were emotionally volatile.					
40. I often got blamed when something went wrong at school.					
41. I had no good friends growing up.					
42. My parents rarely came to my own special events.					
43. My parents had bad temper outbursts.					
44. I didn't get the attention I needed growing up.					
45. My father was a cold person.					
46. My parents were neglectful.					
47. I was not accepted by my peers.					
48. My parents never really knew me well.					
49. There was a lot of tension in my home growing up.					
50. My mother was a cold person.					
51. I was given few choices as a kid.					
52. I was physically hungry as a kid.					
53. I never really got to know my father.					
54. I rarely look forward to family gatherings or visits from relatives.					
55. We are not a strong or unified family.					
56. I never took fun vacations with my family.					

Client ID#: _____ Date: _____

My Family History (continued)	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
57. My family was not emotionally expressive.					
58. My parents were strict and authoritarian.					
59. I dislike some of my brothers or sisters.					
60. I am competitive with one or more of my siblings.					
61. My family was not active in the community.					
62. It was never okay for me to make mistakes.					
63. I was compared unfavorably to others by my parents.					
64. My parents were too perfectionist.					
65. My mother and father were critical of me.					
66. We did not usually eat together as a family.					
67. We rarely had fun family holidays together.					
68. My preferences as a kid were usually ignored.					
69. My birthdays were never well celebrated.					
70. My siblings were not given preference over me.					
71. My parents' discipline was inconsistent.					
72. My parents were financially stingy toward me.					
73. There was no music in our home.					
74. There was no laughter in my home growing up.					
75. I couldn't usually come to my parents and ask for help.					
76. I rarely had friends over to my house.					
77. We rarely had fun together as a family.					
78. We rarely played together as a family.					
79. If I had a problem as a kid, I usually kept it to myself.					

Client ID#: _____ Date: _____

Gottman Emotional Abuse Questionnaire (EAQ)

Read each statement and check the appropriate TRUE or FALSE box.

	TRUE	FALSE
1. I have to do things to avoid my partner's jealousy.	<input type="checkbox"/>	<input type="checkbox"/>
2. My partner tries to control who I spend my time with.	<input type="checkbox"/>	<input type="checkbox"/>
3. My partner repeatedly accuses me of flirting with other people.	<input type="checkbox"/>	<input type="checkbox"/>
4. My partner is overly suspicious that I am unfaithful.	<input type="checkbox"/>	<input type="checkbox"/>
5. My partner acts like a detective, looking for clues that I've done something wrong.	<input type="checkbox"/>	<input type="checkbox"/>
6. My partner keeps me from going places I want to go.	<input type="checkbox"/>	<input type="checkbox"/>
7. My partner threatens to take the money if I don't do as I am told.	<input type="checkbox"/>	<input type="checkbox"/>
8. My partner forcibly tries to restrict my movements.	<input type="checkbox"/>	<input type="checkbox"/>
9. My partner tries to control all my money.	<input type="checkbox"/>	<input type="checkbox"/>
10. My partner tries to control all my freedom.	<input type="checkbox"/>	<input type="checkbox"/>
11. My partner tries to convince other people that I'm crazy.	<input type="checkbox"/>	<input type="checkbox"/>
12. My partner has told me that I am sexually unattractive.	<input type="checkbox"/>	<input type="checkbox"/>
13. My partner insults my family.	<input type="checkbox"/>	<input type="checkbox"/>
14. My partner humiliates me in front of others.	<input type="checkbox"/>	<input type="checkbox"/>
15. My partner makes me do degrading things.	<input type="checkbox"/>	<input type="checkbox"/>
16. My partner intentionally does things to scare me.	<input type="checkbox"/>	<input type="checkbox"/>
17. My partner threatens me physically during arguments.	<input type="checkbox"/>	<input type="checkbox"/>
18. My partner warns me that if I keep doing something, violence will follow.	<input type="checkbox"/>	<input type="checkbox"/>
19. My partner makes me engage in sexual practices I consider perverse.	<input type="checkbox"/>	<input type="checkbox"/>
20. In bed, my partner makes me do things I find repulsive.	<input type="checkbox"/>	<input type="checkbox"/>
21. I feel pressured to have sex when I don't want to.	<input type="checkbox"/>	<input type="checkbox"/>
22. My partner threatens to hurt someone I care about.	<input type="checkbox"/>	<input type="checkbox"/>
23. My partner intentionally damages things I care about.	<input type="checkbox"/>	<input type="checkbox"/>
24. My partner does cruel things to pets or other animals.	<input type="checkbox"/>	<input type="checkbox"/>
25. My partner threatens to hurt my children.	<input type="checkbox"/>	<input type="checkbox"/>

Client ID#: _____ Date: _____

Control, Fear, Suicide Potential, and Acts of Physical Aggression Questionnaires

Control

In the past 6 months did your partner:

	YES	NO
1. Try to control your every move?	<input type="checkbox"/>	<input type="checkbox"/>
2. Withhold money, make you ask for money, or take your money?	<input type="checkbox"/>	<input type="checkbox"/>
3. Threaten to kill you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Threaten to hurt your family, friends, or pets?	<input type="checkbox"/>	<input type="checkbox"/>
5. Refuse to take responsibility for violent behavior, putting the blame on you?	<input type="checkbox"/>	<input type="checkbox"/>
6. Try to isolate you by keeping you away from your family or friends?	<input type="checkbox"/>	<input type="checkbox"/>
7. Stalk or harass you or someone else at work or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>

Fear

People Who Fear Their Partner as a Potential Result of Therapy

	YES	NO
1. Are you afraid of your partner?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you uncomfortable talking in front of your partner?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you worry that therapy might lead to violence?	<input type="checkbox"/>	<input type="checkbox"/>

Suicide Potential

	YES	NO
1. Have you ever attempted suicide ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever planned a suicide attempt ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently thinking about suicide ?	<input type="checkbox"/>	<input type="checkbox"/>
How often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly		
4. Does the following describe you at the moment?		
"I would like to kill myself"	<input type="checkbox"/>	<input type="checkbox"/>
"I would kill myself if I had a chance"	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you currently have a suicide plan?	<input type="checkbox"/>	<input type="checkbox"/>

Client ID#: _____ Date: _____

Acts of Physical Aggression

In the past 6 months has your partner:

	Yes Without Injury	Yes With Injury	No	Comments
1. Slapped you?				
2. Hit you?				
3. Kicked you?				
4. Bit you?				
5. Scratched you?				
6. Shoved you?				
7. Tripped you?				
8. Whacked you?				
9. Knocked you down?				
10. Twisted your arm?				
11. Pushed you?				
12. Pulled your hair?				
13. Poked you?				
14. Pinched you?				
15. Strangled you?				
16. Smothered you?				
17. Karate chopped you?				
18. Kneed you?				
19. Stomped on you?				
20. Slammed you?				
21. Spit on you?				
22. Threw an object at you?				
23. Hit you with an object?				
24. Threatened you with a weapon?				
25. Used a weapon (gun, knife, etc.) against you?				
26. Forced you to have sex?				
27. Raped you?				

Client ID#: _____ Date: _____

SCL-90

Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, select one of the numbered descriptors that best describes HOW MUCH THAT PROBLEM HAS BOthered OR DISTRESSED YOU DURING THE PAST WEEK, INCLUDING TODAY. Circle the number in the space to the right of the problem and do not skip any items. Use the following key to guide how you respond:

Circle 0 if your answer is NOT AT ALL

Circle 1 if A LITTLE BIT

Circle 2 if MODERATELY

Circle 3 if QUITE A BIT

Circle 4 if EXTREMELY

Please read the following example before beginning:

Example: In the previous week, how much were you bothered by:

Backaches	0	1	2	3	4
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In this case, the respondent experienced backaches a little bit (1).

Please proceed with the questionnaire.

HOW MUCH WERE YOU BOthered BY:

		NOT AT ALL	A LITTLE BIT	Moderately	Quite A Bit	Extremely
1.	Headaches	0	1	2	3	4
2.	Nervousness or shakiness inside	0	1	2	3	4
3.	Unwanted thoughts, words, or ideas that won't leave your mind	0	1	2	3	4
4.	Faintness or dizziness	0	1	2	3	4
5.	Loss of sexual interest or pleasure	0	1	2	3	4
6.	Feeling critical of others	0	1	2	3	4
7.	The idea that someone else can control your thoughts	0	1	2	3	4
8.	Feeling others are to blame for most of your troubles	0	1	2	3	4
9.	Trouble remembering things	0	1	2	3	4
10.	Worried about sloppiness or carelessness	0	1	2	3	4
11.	Feeling easily annoyed or irritated	0	1	2	3	4
12.	Pains in heart or chest	0	1	2	3	4
13.	Feeling afraid in open spaces or on the streets	0	1	2	3	4
14.	Feeling low in energy or slowed down	0	1	2	3	4
15.	Thoughts of ending your life	0	1	2	3	4
16.	Hearing voices that other people do not hear	0	1	2	3	4
17.	Trembling	0	1	2	3	4
18.	Feeling that most people cannot be trusted	0	1	2	3	4
19.	Poor appetite	0	1	2	3	4

Client ID#:

Date:

SCL-90 (continued)**HOW MUCH WERE YOU BOTHERED BY:**

		NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
20.	Crying easily	0	1	2	3	4
21.	Feeling shy or uneasy with the opposite sex	0	1	2	3	4
22.	Feeling of being trapped or caught	0	1	2	3	4
23.	Suddenly scared for no reason	0	1	2	3	4
24.	Temper outbursts that you could not control	0	1	2	3	4
25.	Feeling afraid to go out of your house alone	0	1	2	3	4
26.	Blaming yourself for things	0	1	2	3	4
27.	Pains in lower back	0	1	2	3	4
28.	Feeling blocked in getting things done	0	1	2	3	4
29.	Feeling lonely	0	1	2	3	4
30.	Feeling blue	0	1	2	3	4
31.	Worrying too much about things	0	1	2	3	4
32.	Feeling no interest in things	0	1	2	3	4
33.	Feeling fearful	0	1	2	3	4
34.	Your feelings being easily hurt	0	1	2	3	4
35.	Other people being aware of your private thoughts	0	1	2	3	4
36.	Feeling others do not understand you or are unsympathetic	0	1	2	3	4
37.	Feeling that people are unfriendly or dislike you	0	1	2	3	4
38.	Having to do things very slowly to insure correctness	0	1	2	3	4
39.	Heart pounding or racing	0	1	2	3	4
40.	Nausea or upset stomach	0	1	2	3	4
41.	Feeling inferior to others	0	1	2	3	4
42.	Soreness of your muscles	0	1	2	3	4
43.	Feeling that you are watched or talked about by others	0	1	2	3	4
44.	Trouble falling asleep	0	1	2	3	4
45.	Having to check and double-check what you do	0	1	2	3	4
46.	Difficulty making decisions	0	1	2	3	4
47.	Feeling afraid to travel on buses, subways, trains	0	1	2	3	4
48.	Trouble getting your breath	0	1	2	3	4
49.	Hot or cold spells	0	1	2	3	4
50.	Having to avoid certain things, places, or activities because they frighten you	0	1	2	3	4
51.	Your mind going blank	0	1	2	3	4
52.	Numbness or tingling in parts of your body	0	1	2	3	4
53.	A lump in your throat	0	1	2	3	4
54.	Feeling hopeless about the future	0	1	2	3	4
55.	Trouble concentrating	0	1	2	3	4

Client ID#:

Date:

SCL-90 (continued)**HOW MUCH WERE YOU BOthered BY:**

		NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
56.	Feeling weak in parts of your body	0	1	2	3	4
57.	Feeling tense or keyed up	0	1	2	3	4
58.	Heavy feelings in your arms or legs	0	1	2	3	4
59.	Thoughts of death or dying	0	1	2	3	4
60.	Overeating	0	1	2	3	4
61.	Feeling uneasy when people are watching or talking about you	0	1	2	3	4
62.	Having thoughts that are not your own	0	1	2	3	4
63.	Having urges to beat, injure, or harm someone	0	1	2	3	4
64.	Awakening in the early morning	0	1	2	3	4
65.	Having to repeat the same actions such as touching, counting, washing	0	1	2	3	4
66.	Sleep that is restless or disturbed	0	1	2	3	4
67.	Having urges to break or smash things	0	1	2	3	4
68.	Having ideas or beliefs that others do not share	0	1	2	3	4
69.	Feeling very self-conscious with others	0	1	2	3	4
70.	Feeling uneasy in crowds, such as shopping or at a movie	0	1	2	3	4
71.	Feeling everything is an effort	0	1	2	3	4
72.	Spells of terror or panic	0	1	2	3	4
73.	Feeling uncomfortable about eating or drinking in public	0	1	2	3	4
74.	Getting into frequent arguments	0	1	2	3	4
75.	Feeling nervous when you are left alone	0	1	2	3	4
76.	Others not giving you proper credit for your achievements	0	1	2	3	4
77.	Feeling lonely even when you are with people	0	1	2	3	4
78.	Feeling so restless you couldn't sit still	0	1	2	3	4
79.	Feelings of worthlessness	0	1	2	3	4
80.	Feeling that familiar things are strange or unreal	0	1	2	3	4
81.	Shouting or throwing things	0	1	2	3	4
82.	Feeling afraid you will faint in public	0	1	2	3	4
83.	Feeling that people will take advantage of you if you let them	0	1	2	3	4
84.	Having thoughts about sex that bother you a lot	0	1	2	3	4
85.	The idea that you should be punished for your sins	0	1	2	3	4
86.	Feeling pushed to get things done	0	1	2	3	4
87.	The idea that something serious is wrong with your body	0	1	2	3	4
88.	Never feeling close to another person	0	1	2	3	4
89.	Feelings of guilt	0	1	2	3	4
90.	The idea that something is wrong with your mind	0	1	2	3	4

Reference: Derogatis, L.R., Lipman, R.S., & Covi, L. (1973). SCL-90: An outpatient psychiatric rating scale—Preliminary Report. *Psychopharmacol. Bull.*, 9, 13-28.

Client ID#: _____ Date: _____

The CAGE Questionnaire Adapted to Include Drugs (CAGE-AID)

	YES	NO
1. Have you felt you ought to cut down on your drinking or drug use?		
2. Have people annoyed you by criticizing your drinking or drug use?		
3. Have you felt bad or guilty about your drinking or drug use?		
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?		

Brief Michigan Alcohol Screening Test (b-MAST)

Carefully read each statement and decide if your answer is "Yes" or "No". Then check the appropriate box beside the question.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

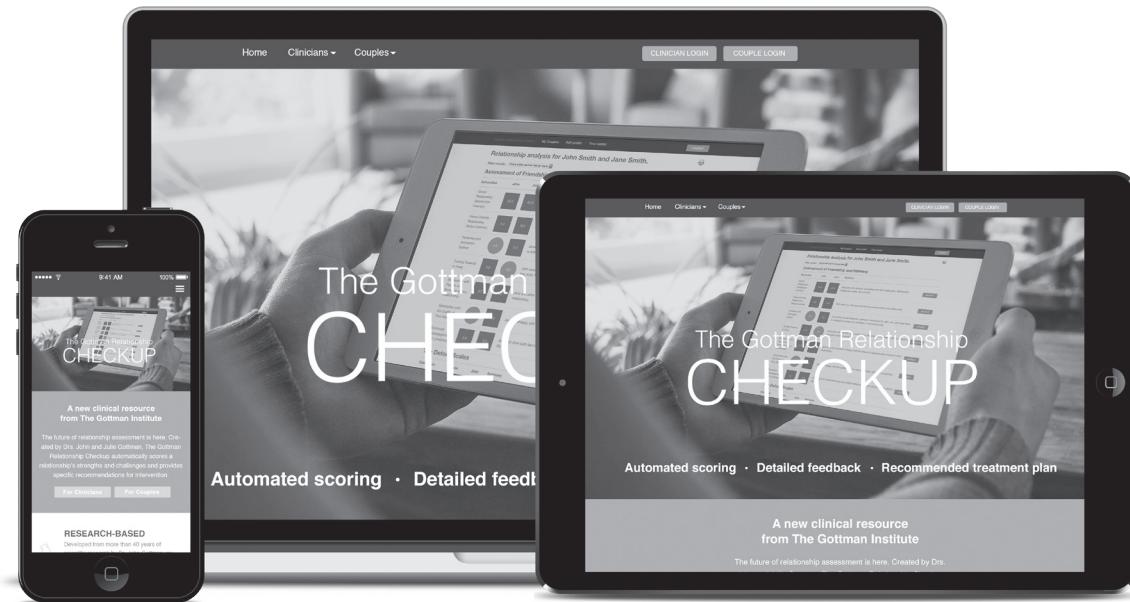
	YES	NO
1. Do you feel that you are a normal drinker?		
2. Do friends or relatives think you are a normal drinker?		
3. Have you ever attended a meeting of Alcoholics Anonymous (AA)?		
4. Have you ever lost friends or girlfriends/boyfriends because of your drinking?		
5. Have you ever gotten into trouble at work because of your drinking?		
6. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?		
7. Have you ever had delirium tremens (DTs), severe shaking, after heavy drinking?		
8. Have you ever gone to anyone for help about your drinking?		
9. Have you ever been in a hospital because of drinking?		
10. Have you ever been arrested for drunken driving, or driving after drinking?		

4.2. The Gottman Relationship Checkup

www.checkup.gottman.com

You can now invite your couples to use the Gottman Assessment Questionnaires in a digital format! Our new, online relationship assessment tool not only automatically scores your couples' strengths and challenges, it also provides you with detailed clinical feedback and a suggested treatment plan with specific recommendations for intervention.

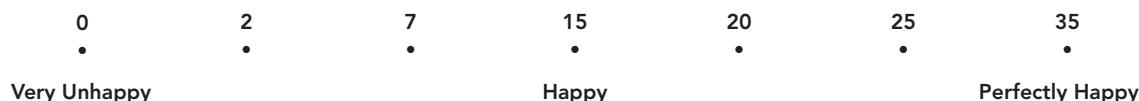
To learn more, visit checkup.gottman.com.



4.3. Core Assessment Scoring and Interpretation

Locke-Wallace Relationship Adjustment Test Scoring & Interpretation

Circle the dot on the scale line that best describes the degree of happiness, everything considered, of your present relationship. The middle point "happy" represents the degree of happiness that most people get from their relationship, and the scale gradually ranges on one side to those few who are very unhappy and, on the other, to those few who experience extreme joy or felicity in their relationship.



State the approximate extent of agreement or disagreement between you and your partner on the following items. Please check each column.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
1. Handling Family Finances	5	4	3	2	1	0
2. Matters of Recreation	5	4	3	2	1	0
3. Demonstration of Affection	8	6	4	2	1	0
4. Friends	5	4	3	2	1	0
5. Sex Relations	15	12	9	4	1	0
6. Conventionality (right, good, or proper conduct)	5	4	3	2	1	0
7. Philosophy of Life	5	4	3	2	1	0
8. Ways of dealing with In-laws	5	4	3	2	1	0

For each of the following items, check one response:

9. When disagreements arise, they usually result in (a) me giving in 0
(b) my partner giving in 0 (c) agreement by mutual give and take 10
 10. Do you and your partner engage in outside interests together?
(a) all of them 10 (b) some of them 8 (c) very few of them 3 (d) none of them 0
 11. & 12. In leisure time, do you generally prefer: (a) to be "on the go" (b) to stay at home
Does your partner generally prefer: (a) to be "on the go" (b) to stay at home
(a) "on the go" for both 3; (b) stay at home for both 10; disagreement 2
 13. Do you ever wish you had not committed to this relationship?
(a) frequently 0 (b) occasionally 3 (c) rarely 8 (d) never 15
 14. If you had your life to live over again, do you think you would:
(a) commit to the same person 15 (b) commit to a different person 0
(c) not commit at all 1
 15. Do you ever confide in your partner? (a) almost never 0 (b) rarely 2 (c) in most things 10 (d)
in everything 10

Locke-Wallace Relationship Adjustment Scale (<85 is cut-off)

Score _____

Weiss-Cerretto Relationship Status Inventory Scoring & Interpretation

Scoring:

Add up the number of items scored “True.”

Interpretation:

Cut-off is 4 or more.

Sound Relationship House Assessment 5-Item Scale: Scoring & Interpretation

General Interpretive Guidelines for the Sound Relationship House 5-Item Scale Assessment Questionnaires

- Compare partners to examine discrepancies (for example, is one partner in negative sentiment override and the other not?).
- Especially examine Negative Sentiment Override, Emotional Disengagement and Loneliness, and Flooding Questionnaires.

For the following scales: (SRH +)

- Love Maps
- Fondness and Admiration System
- Turning Toward or Away
- Accepting Influence
- Repair Attempts
- Compromise
- Shared Meaning: Rituals, Goals, Symbols and Meaning

Scoring:

Calculate a percentage for each Brief Sound Relationship House Questionnaire. Count the number of true responses, divided by 5 and multiply by 100 (count # true/5 × 100) = Scale Percentage.

Interpretation:

A rough guideline for understanding client's scores is:

- | | | |
|----|------------|-------------------|
| a) | 0 to 60% | Needs Improvement |
| b) | 61 to 80% | Marginal* |
| c) | 81 to 100% | Area of Strength |

For the following scale: (SRH +)

- Quality of Sex, Romance and Passion in the Relationship Questionnaire

Scoring:

Count the number of questions scored in the desirable direction (the top of each of the two responses), divide by 27 and multiply by 100 = Quality of Sex, Romance and Passion in the Relationship Scale Percentage.

Interpretation:

- | | | |
|----|------------|-------------------|
| a) | 0 to 60% | Needs Improvement |
| b) | 61 to 80% | Marginal* |
| c) | 81 to 100% | Area of Strength |

* When marginal is scored, determine the need for intervention by closely evaluating other clinical data.

For the following scales: (SRH -)

- Negative Sentiment Override
- Harsh Start Up
- Gridlock on Perpetual Issues
- The Four Horsemen
- Flooding
- Emotional Disengagement and Loneliness

Scoring:

Calculate a percentage for each Brief Sound Relationship House Questionnaire. Count the number of true responses, divided by 5 and multiply by 100 (count # true/5 × 100) = Scale Percentage.

Interpretation:

A rough guideline for understanding client's scores is:

- a) 0 to 20% Area of Strength
- b) 21 to 40% Marginal*
- c) 41 to 100% Needs Improvement

* When marginal is scored, determine the need for intervention by closely evaluating other clinical data.

For the following scales:

- Trust
- Commitment

Scoring:

Trust: (21 items, 5 alternatives per item from Strongly Disagree to Strongly Agree; if you agree there's LOWER trust). Number of Items for which the answer was either Disagree or Strongly Disagree divided by 21×100 = "Total Trust Score." The clinician is to ask detailed questions about items marked "Agree" or "Strongly Agree" during the Individual Relational Interview for further evaluation

Commitment: (27 items, 5 alternatives per item from Strongly Disagree to Strongly Agree; if you agree there's MORE commitment). The number of items for which the response was either Agree or Strongly Agree divided by 27×100 = "Total Commitment Score." This questionnaire is not scored. The clinician is to ask detailed questions about items marked "Disagree" or "Strongly Disagree" during the Individual Relational Interview for further evaluation.

Interpretation:

- a) 0 to 50% Needs Improvement
- b) 51-100% Area of Strength

Gottman 19 Areas Checklist for Solvable and Perpetual Problems in Your Relationship - Scoring & Interpretation

Scoring:

1. Emotional distance problems:
Staying emotionally connected. Score 1 if they say they are becoming emotionally distant and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Emotional Distance Score."
2. Handling stresses problems:
Score 1 if they say they have trouble handling stresses and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Problems Handling Stress Score."
3. Handling disagreements problems:
Score 1 if they say they are having problems handling disagreements and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Problems Handling Disagreements Score."
4. Romance and passion problems:
Score 1 if they say they are having trouble with romance and passion and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Problems in Romance & Passion Score."
5. Sex problems:
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Problems with Sex Score."
6. Handling major external events problems (e.g., job loss):
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Handling External Events Score."
7. Problems with children:
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Problems Handling Children Score."
8. Problems with in-laws and other relatives:
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Problems with In-Laws Score."
9. Flirtation, attracted to others & jealousy problems:
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Flirtation, Attraction to Others and Jealousy Score."
10. Recent affair problems:
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 11. Score divided by 11×100 = "Problems with an Affair Score."

11. Unpleasant fights problems:
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Unpleasant Fights Score."
12. Basic values and life style problems:
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Out of Synch in Basic Values and Life Style Score."
13. Problems with hard life events (violence, drugs, incarceration):
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Problems with Hard Life Event Score."
14. Working as a team problems:
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Problems Working Well as a Team Score."
15. Coping with issues of power problems (power struggles):
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Power Struggles Score."
16. Handling finances problems:
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Problems Handling Finances Score."
17. Having fun together problems:
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Problems Having Fun Together Score."
18. Building community together problems:
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Problems with Community Score."
19. Spiritual connection problems:
Score 1 if they say overall this area is a problem and add one point for each sub-item they say is a problem. Total score then varies between 0 and 7. Score divided by 7×100 = "Problems with Spiritual Connection Score."

Interpretation:

A rough guideline for understanding client's scores is:

- a. 0 to 20% Area of Strength
- b. 21 to 40% Marginal
- c. 41 to 100% Needs Improvement

The Three “Detour” Scales Scoring & Interpretation

Explanation: “Detour” means that the “standard” interventions may need to be interrupted to take a detour, much like when we are canoeing down a river and we encounter an obstacle like a fallen log across the river, and we need to find another tributary to continue our journey. This would be like encountering a client’s physiological flooding, anxiety or anger management needs, alcohol or drug problems, and so on.

Scoring:

The three “detour” scales are not research based and are currently being used experimentally. We therefore encourage you to examine these scales by individual item-by-item endorsement. Nonetheless you can also score them to form overall impressions as follows:

1. **Chaos:** (15 yes/no items). Number of “yes” responses divided by 15×100 = “Total Chaos Score.”
2. **Meta-emotion:** (45 items, 5 alternatives per item from Strongly Disagree to Strongly Agree) Count the number of items that are rated either Agree or Strongly Agree and then divide by 45×100 = “Total Emotion Dismissing Score.”
3. **Family History:** (79 items, 5 alternatives per item from Strongly Disagree to Strongly Agree). Count the number of items that are rated either Agree or Strongly Agree and then divide by 79×100 = “Traumatic Family History Score.”

Interpretation:

For Chaos scores, the following is a rough interpretive guideline:

- a) 0 to 20% Area of Strength
- b) 21 to 40% Marginal
- c) 41 to 100% Needs Improvement

For Meta-Emotion scores, the following is a rough interpretive guideline:

- a) 0 to 20% Not Emotion Dismissing
- b) 21 to 100% Emotion Dismissing

For Family History scores, the following is a rough interpretive guideline:

- a) 0 to 15% Mild negativity / Positive Family History
- b) 15 to 100% Ask Questions About Traumatic Family History

Emotional Abuse Questionnaire (EAQ) Scoring & Interpretation

Scoring:

25 items.

1. Jealousy: Items 1, 3, and 4. Count the number of items for which the score was True.
2. Social Isolation: Items 2, 5, 6, and 10. Count the number of items for which the score was True.
3. Social Control: Items 7, 8, and 9. Count the number of items for which the score was True.
4. Gaslighting: Item 11. Yes on “being Gaslighted” if the response to this item was True.
5. Humiliation: Items 12, 13, and 14. Count the number of items for which the score was True.
6. Sexual Coercion: Items 15, 19, 20, and 21. Count the number of items for which the score was True.
7. Threat Or Property Damage: Items 16, 17, 18, 22, 23, 24, and 25. Count the number of items for which the score was True.
8. Total Emotional Abuse Score: All items. Count the total number of items marked True.

Interpretation:

If on any scale, an item is marked True, this is an area of concern.

Control, Fear, Suicide Potential and Acts of Physical Aggression Questionnaires - Scoring

These questionnaires are not scored. The clinician is to ask detailed questions about items marked "Yes" during the Individual Relational Interview in order to assess the nature and extent of physical violence in the couple's relationship. The results of the interview determine the appropriateness of couple's therapy, inform the treatment plan if therapy is indicated, and help determine an alternative treatment plan if couples therapy is contraindicated (which may include the formulation of a safety plan if the victim is in danger).

SCL-90 Scoring & Interpretation Instructions

For each scale:

1. Enter the client's scores from the questionnaire next to the question number on the score sheet.
2. Add the scores to obtain a Total Raw Score.
3. Divide the Total Raw Score by the number of questions to obtain the Adjusted Mean Score.
4. Compare the Adjusted Mean Score with the Clinical Cutoff Score. If the Adjusted Mean Score is higher than the Clinical Cutoff Score, that scale is clinically significant.
5. For scales that are significant (or nearly significant), review the client's responses to specific questions to gain a clearer understanding. It is often very useful to ask the client what they were thinking when they answered these specific questions. It is also helpful to quickly scan the questionnaire for items that are strongly endorsed. This is a screening instrument and is intended to supplement and not replace clinical, evaluative, and diagnostic skills. It can alert the therapist to areas that need further attention.

	Total Raw Score	-	Adjusted Mean Score	Clinical Cutoff Score
Somatization (Perceptions of bodily dysfunction) 1 4 12 27 40 42 48 49 52 53 56 58		12		1.23
Obsessive-Compulsive 3 9 10 28 38 45 46 51 55 65		10		1.18
Interpersonal Sensitivity (Feelings of inadequacy and inferiority) 6 21 34 36 37 41 61 69 73		9		0.96
Depression 5 14 15 20 22 26 29 30 31 32 54 71 79		13		1.50
Anxiety 2 17 23 33 39 57 72 78 80 86		10		1.24
Hostility 11 24 63 67 74 81		6		0.83
Phobic Anxiety 13 25 47 50 70 75 82		7		0.69
Paranoid Ideation 8 18 43 68 76 83		6		1.32
Psychoticism 7 16 35 62 77 84 85 87 88 90		10		0.76

Additional Items to Note:

- Thoughts of ending your life (15)
- Poor appetite (19)
- Trouble falling asleep (44)
- Thoughts of death or dying (59)
- Overeating (60)
- Having urges to beat, injure or harm someone (63)
- Awakening in the early morning (64)
- Sleep that is restless or disturbed (66)
- Feelings of guilt (89)

The CAGE Questionnaire Adapted to Include Drugs (CAGE-AID) Scoring & Interpretation

The CAGE-AID is self-administered. All questions are to be answered with “YES” or “NO” answers only.

Scoring:

Each “YES” answer equals one (1) point.

Interpretation:

2/4 or greater = positive CAGE, further evaluation is indicated

Brief Michigan Alcohol Screening Test (b-MAST) Scoring & Interpretation Instructions

Scoring:

	YES	NO
1. Do you feel that you are a normal drinker?	0	2
2. Do friends or relatives think you are a normal drinker?	0	2
3. Have you ever attended a meeting of Alcoholics Anonymous (AA)?	5	0
4. Have you ever lost friends or girlfriends/boyfriends because of your drinking?	2	0
5. Have you ever gotten into trouble at work because of your drinking?	2	0
6. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	2	0
7. Have you ever had delirium tremes (DTs), severe shaking, after heavy drinking?	2	0
8. Have you ever gone to anyone for help about your drinking?	5	0
9. Have you ever been in a hospital because of drinking?	5	0
10. Have you ever been arrested for drunken driving, or driving after drinking?	2	0
Column totals (add points in each column)		
b-MAST Score (Columns 1+2)		

Interpretation:

Negative responses are alcoholic responses to questions 1 and 2.

b-MAST Score	Degree of Problem Alcohol Involvement	Suggested Action
0-3	No problems reported	None at this time
4	Suggestive of alcoholism	Investigate further
5 or more	Indicates alcoholism	Full assessment

References:

Pokorny, A.D., Miller, B.A., Kaplan, H.B. (1972). The Brief MAST: A shortened version of the Michigan Alcoholism Screening Test. American Journal of Psychiatry 129(3): 342-345.

Selzer, M.L. (1971) The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. American Journal of Psychiatry 27(12):1653-1658.

4.4. *Gottman Assessment Scoring Summary Sheet and Interpretation Guidelines*

Interpretation guidelines

	Area of Strength	Marginal*	Needs Improvement
SRH +	81 to 100%	61 to 80%	0 to 60%
SRH -	0 to 20%	21 to 40%	41 to 100%
Trust	51 to 100%		0 to 50%
Any items scored as Agree or Strongly Agree indicates need for further evaluation			
Commitment	51 to 100%		0 to 50%
Any item scored as Disagree or Strongly Disagree indicates need for further evaluation			
19 Areas	0 to 20%	21 to 40%	41 to 100%

* When marginal is scored, determine the need for intervention by closely evaluating other clinical data.

Three "Detour" Scales	Area of Strength	Marginal*	Needs Improvement
Chaos	0 to 20%	21 to 40%	41 to 100%

	Not Emotion Dismissing	Emotion Dismissing
Meta-Emotion	0 to 20%	20% and more

	Mild negativity / Positive Family History	Indicates need for further evaluation
Traumatic Family History	0 to 15%	15% and more

EAQ

If on any scale an item is marked True, this indicates an area of concern.

CAGE-AID

Score of 2/4 or greater indicates positive CAGE, need for further evaluation

b-MAST

b-MAST Score	Degree of Problem Alcohol Involvement	Suggested Action
0-3	No problems reported	None at this time
4	Suggestive of alcoholism	Investigate further
5 or more	Indicates alcoholism	Full assessment

Client ID#: _____ Date: _____

Gottman Assessment Scoring Summary

Partner 1 _____

Partner 2 _____

	Cut-off	P1	P2
Locke-Wallace	<85		
Weiss Cerretto	>4		

Sound Relationship House	P1	P2
+ Love Maps		
+ Fondness & Admiration		
+ Turning Towards or Away		
- Neg. Sentiment Override		
- Harsh Start-up		
+ Accepting Influence		
+ Repair Attempts		
+ Compromise		
- Gridlock		
- Four Horsemen		
- Flooding		
- Emotional Disengagement		
+ Sex, Romance & Passion		
+ Shared Meaning - Rituals		
+ Shared Meaning - Goals		
+ Shared Meaning - Roles		
+ Shared Meaning - Symbols		
Trust		
Commitment		

19 Areas Checklist	P1	P2
Staying Emotionally Connected		
Handling Job & Other Stresses		
Handling Disagreement		
Romance & Passion		
Sex Life		
Important & Traumatic Events		
Parenting Issues		
In-laws or Relatives		
Jealousy / Attracted to Others		
Recent Affair		
Unpleasant Fights		
Basic Values & Goals		
Hard Life Events		
Work as a Team		
Power & Influence		
Finances		
Fun Together		
Building Community		
Spirituality		

Three Detour Scales	P1	P2
Chaos		
Meta-Emotion (Emotion Dismissing)		
Family History (Traumatic History)		

Emotional Abuse (EAQ)	P1	P2
Jealousy	1, 3, 4	
Social Isolation	2, 5, 6, 10	
Social Control	7, 8, 9	
Gaslighting	11	
Humiliation	12, 13, 14	
Sexual Coercion	15, 19-21	
Threat or Property Damage	16-18, 22-25	
Total Emotional Abuse Score		

Control	P1	P2
Fear		
Suicide Potential		
Acts of Physical Aggression		

SCL-90	Clinical Cut-off	P1	P2
Somatization	So	1.23	
Obsessive-Compulsive	OC	1.18	
Interpersonal Sensitivity	IS	0.96	
Depression	D	1.50	
Anxiety	A	1.24	
Anger-Hostility	AH	0.83	
Phobic Anxiety	PA	0.69	
Paranoid Ideation	PI	1.32	
Psychoticism	Ps	0.76	
Q_15 End Life			
Q_63 Urges to Harm			
Q_3 Unwanted Thoughts			

Drug & Alcohol Screening	P1	P2
CAGE AID		
b-MAST		

Notes:

4.5. Review of The Sound Relationship House

There are five parts to The Sound Relationship House:

- The first part of The Sound Relationship House consists of three levels that are about the relationship's friendship. These levels include Love Maps (knowing each other), The Fondness and Admiration System, and Turning Towards or Away (the Emotional Bank Account).
- The second part of The Sound Relationship House is the Positive or Negative Perspective. We will help you assess whether or not the couple has a Negative Perspective.
- The third part of The Sound Relationship House has to do with the Regulation of Conflict. In this level, we will help decide which of the couple's issues are Perpetual Problems and which are Solvable Problems. With regard to Conflict Regulation, we will help to assess Startup (whether it is harsh), Accepting Influence, whether Repair Attempts are effective, and how good both partners are at Compromise. With regard to Perpetual Problems, we will help decide if the couple is in Gridlock, if the Four Horsemen of the Apocalypse have visited the relationship, whether the couple feels Flooded, and if they are becoming Emotionally Disengaged and Lonely.
- The fourth part of The Sound Relationship House has to do with the couple's ability to honor one another's dreams and to create meaning together. This is important in its own right, and it also affects the relationship's basic friendship.
- The fifth part of The Sound Relationship House consists of the walls, "Trust" and "Commitment," that hold the house up. Trust is defined how both partners act and thinks to maximize the other person's benefits and interests, not just their own. Commitment is the couple's belief, and acting on that belief, that their relationship with each other is a lifelong journey, for better or for worse.

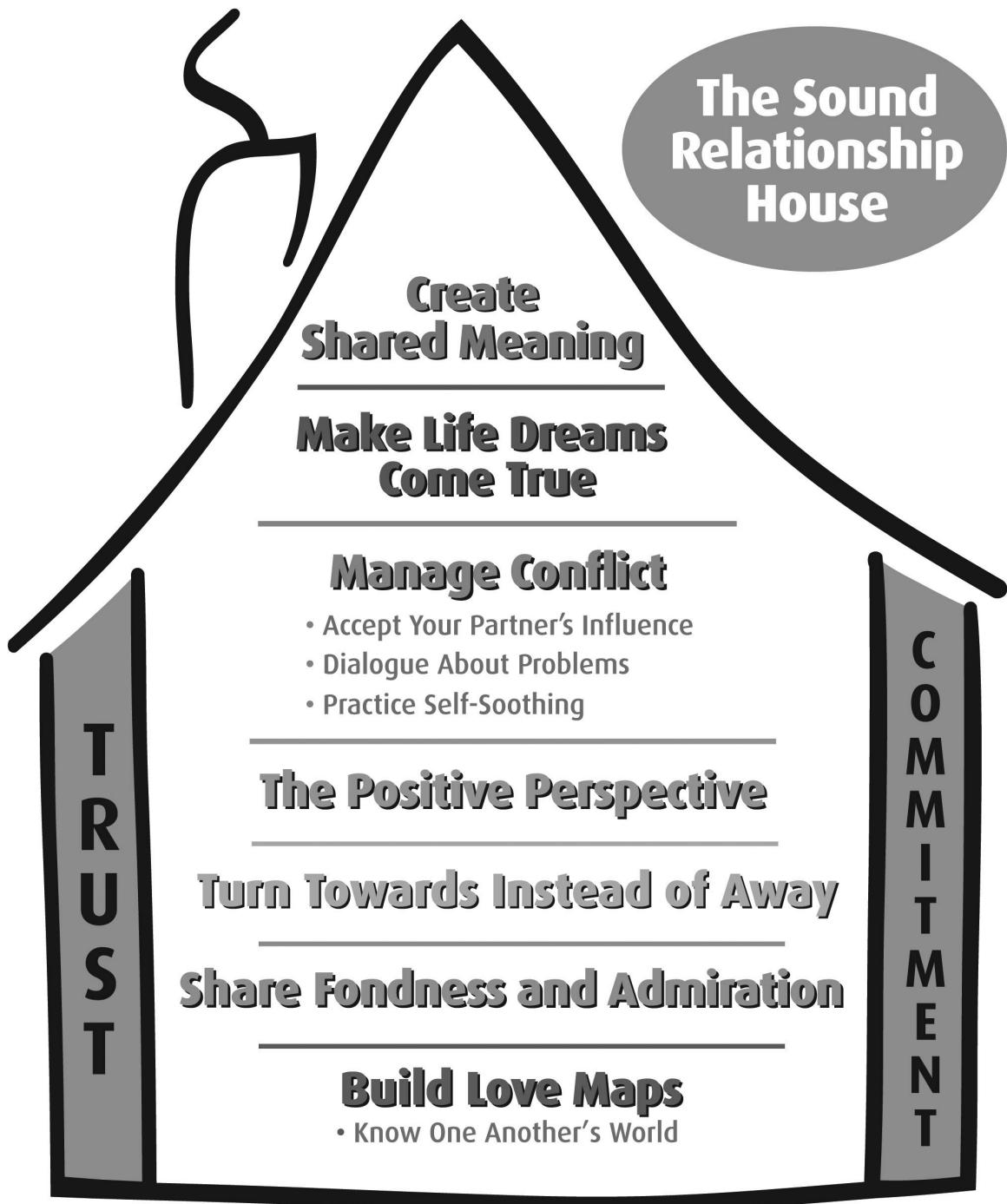
Your goal is to use the questionnaires to obtain a PROFILE of strengths and areas that need improvement for a relationship, rather than a global assessment of happiness (e.g., The Locke-Wallace) or judgment of potential instability (e.g., the Weiss-Cerretto).

Here are some guidelines:

- Look for specific problem items and strengths within each scale for each partner.
- Compare partners to examine discrepancies (for example, does one partner get flooded but the other does not get flooded?).
- Does the clinical examination of the questionnaires support your own clinical interviewing, Oral History Interview impressions, their Narratives, and the videotape you made in your office of their conflict discussion? (and, if you did this as well, their Events of the Day conversation).

- What new information did you learn from the Individual Interviews?
- What new information did you learn from the physiological assessments you did during conflict?
- Put all this together in a summary assessment of the Levels of the SRH for the feedback session.

We have validated the SRH scales for 130 couples we have been following for four years. This means that the questionnaires are not merely the person's perception of things such as Love Maps; they actually are closely related to what someone would actually be scored on the Buehlman Coding of the Oral History Interview for the Fondness and Admiration scale, for example. The SRH scales correlated very well with our Specific Affect Coding of conflict videotapes and Buehlman Oral History Coding. These two scales provide the best longitudinal predictors from the Gottman laboratory of relationship breakup and relationship satisfaction.



4.5.1. *Reliability and Validity of the Gottman Sound Relationship House Scales*

By John Gottman, Ph.D.

The Sound Relationship House (SRH) Scales were designed based on the theory proposed originally in the book The Relationship Clinic (Gottman, 1999). They were designed to measure each of the following 16 constructs of the theory:

Friendship & Intimacy

- Love Maps
- Fondness and Admiration
- Turning Toward or Away
- Emotional Distance and Loneliness

Conflict

- Harsh Startup
- The Four Horsemen
- Gridlock on Perpetual Issues
- Accepting Influence
- Compromise

Conflict Processes

- Flooding
- Negative Sentiment Override
- Effective Repair Attempts

Meaning

- Shared Meaning Rituals
- Shared Meaning Roles
- Shared Meaning Goals
- Shared Meaning Symbols

The enormous difficulty obtaining a PROFILE of relationship functioning

The questionnaires were designed to obtain a profile of a couple's relationship instead of a global satisfaction or happiness score. Beginning in 1938 with Terman et al.'s classic study on marital happiness, sociologists realized that just about any dimension of a mar-

riage that was assessed with self-report measures tended to load on only one single factor. They began to conclude that there were two halo effects creating this global unidimensionality of marital self-report measures. The first halo effect was that people in unhappy marriages tended to endorse almost any negative statement about their partner; the second halo effect was that people in happy marriages tended to endorse almost any positive statement about their partner (Burgess, Locke, & Thomes, 1971). These two halo effects combined to create a one-factor solution for any combination of self-report measures of marital relationships.

Needless to say, a uni-dimensional assessment of a relationship is particularly useless for a clinician. It stands to reason that most couples coming for relationship therapy will not be very surprised by the conclusion that they are unhappy. Nor will such an assessment help to instill confidence in the clinician's powers of observation, deduction, or clinical acumen. Thus, for clinical uses alone, creating a set of self-report measures of a relationship that gave a profile of the relationship was an obvious goal.

The design of the Sound Relationship House theory followed from the longitudinal studies of marriages and same-sex relationships conducted by Gottman and his colleagues over a period of 27 years before the publication of *The Relationship Clinic*. These studies replicated an ability of a particular set of variables to predict the longitudinal course of a relationship, particularly stability and happiness. These variables were obtained from the following data sources: (1) Specific Affect (SPAFF) Coding of a couple's conflict discussion of an area of major continuing disagreement; (2) Buehlman Oral History Interview (OHI) coding of a couple's history and philosophy of their relationship; (3) their autonomic physiology during their interaction.

There were some obvious limitations in the SRH scales. In particular, although the SRH scales appeared to be clinically useful, there was no way of knowing if a profile were simply mapping people's perception of the relationship, or if they were actually valid. Also, the scales contained many items, which made the scales have high Cronbach alpha (internal consistency) reliability (Ryan & Gottman, unpublished). This high number of items is useful for research purposes, and they are helpful in clinical assessment of a relationship, but many of our Relationship Clinics clinicians thought that the scales were unwieldy for clinical use, because they required so much time for the couple to complete, and they also required so much time for the clinician to analyze.

Our First Study

Participants in Study 1 were 51 couples taking a two-day workshop in marital communication. They filled out the Sound Relationship House questionnaires (SRH), the Locke-Wallace, the Symptom Checklist SCL-90 (Derogatis, Lipman, & Covi, 1973), the Weiss Cerreto Marital Status Inventory, which measures persistent thoughts and actions about divorce (Weiss & Cerreto, 1980). They received no subject fees. Husbands were an average of 45.3 years old ($SD = 8.8$), had education college plus .1 years graduate work, earned an average of \$80,800, and wives were an average of 43.7 years old ($SD = 8.5$), and had education of 3.7 years of college, and earned an average of \$67,200. The sample

of husbands was 91.5% Caucasian, 1.5% African-American, 1.5% Asian-American, 3.1% Hispanic-American, and 2.3% Native-American; wives were 92.1% Caucasian, 3.2% African-American, 3.2% Asian-American, 0% Hispanic-American, and 1.6% Native-American. The mean Locke-Wallace scores were: husband 66.69 (SD=15.71), wife 72.16 (SD=16.36).

The following scales were administered to these couples. In the area of friendship Love Maps (20 items, sample item: I know my partner's current worries), Fondness and Admiration (20 items, sample item: I am really proud of my partner), Turning Toward (sample item: My partner is usually interested in hearing my views on things), and Emotional Disengagement (20 items, sample item: Sometimes our marriage feels empty to me).

In the area of Sex, Romance, and Passion (two 6-item scales from the 17-areas scale, the Romance and Passion scale, and the sex problems scale. Sample romance item: The fire has gone out of this marriage; sample sex item: One problem is the amount of love in our love making).

In the area of conflict: Harsh Startup (sample item: I hate the way my partner raises an issue), Accepting Influence (20 items, sample item: I believe in lots of give and take in our discussions), Compromise (20 items, sample item: In discussing issues we can usually find our common ground of agreement), The Four Horsemen (33 items, sample item: I can get mean and insulting in our disputes), and Gridlock on Perpetual Issues (20 items, sample item: The same problems keep coming up again and again in our marriage).

In the area of shared meaning: Shared goals (10 items, sample item: We share many of the same goals in our life together), shared roles (7 items, sample item: My partner and I have compatible views about the role of work in one's life), shared rituals (20 items, sample item: During weekends we do a lot of things together that we enjoy and value), and shared symbols (20 items, sample item: We see eye-to-eye about what a "home" means).

There were also separate scales for Negative Sentiment Override (20 items, sample item: In the recent past in my marriage: I felt innocent of blame for this problem), Flooding (15 items, sample item: I have a hard time calming down), and Repair (20 items, sample item: I can say that I am wrong).

The scales had the following Cronbach alphas for husband and wife, respectively, in the area of friendship: Love Maps (.61, .59); Fondness and Admiration (.91,.91); Turning Toward (.91, .90); and Emotional Distance (.91, .91); Sex, Romance, and Passion (.90, .89). In the area of conflict: Harsh Startup (.93, .91); Accepting Influence (.39, .37); Compromise (.62, .61); The Four Horsemen (.94, .93); and Gridlock on Perpetual Issues (.91, .90). In the area of shared meaning: shared goals (.86, .72); shared rituals (.77, .76); shared Roles (.45, .49), shared symbols (.85, .80). For the scales of Negative Sentiment Override (.92, .92); Flooding (.89, .88); and Repair (.87, .87).

The scales Accepting Influence, and Shared Meaning via Roles were deemed to have reliabilities too low to be useful, unless combined with other scales. For data reduction purposes, data from these scales were combined to form the seven constructs previously described. The friendship score was the sum of the following scales: love maps, fondness and admiration, turning toward, minus emotional distance. Sex, romance, and passion was a combination of two 6-item scales. Destructive-to-constructive conflict was the sum of the following scales: harsh startup, plus the four horsemen, and gridlock, minus accepting influence, and minus compromise; lower or more negative scores on this composite indicate constructive rather than destructive conflict. The shared meaning total score was the sum of the four shared meaning scales, rituals, roles, goals, and symbols. The final Cronbach alphas were, for husband and wife, respectively: Friendship: .95, .94; Sex, romance and passion: .90, .89; Negative sentiment override: .92, .92; Destructive or constructive marital conflict (abbreviated as “destructive conflict”): .94, .94; Repair effectiveness: .87, .87; Flooding: .89, .88; and Shared meaning total score: .93, .90.

The correlations of the SMH variables with SCL-90 total score and the Weiss-Cerreto are summarized in Table 1. As can be seen from the table, as expected, the SMH variables all correlate with these two established scales².

Table 1. Validity check on the seven SMH variables.

	Weiss-Cerreto	SCL-90
Wife Flooding	.33*	-.31*
Wife Repair	-.43**	.35**
Wife NSO	.25*	-.37**
Wife Sex/Passion/Romance	-.42**	.44**
W Shared Meaning	-.42**	.38**
Wife Friendship	-.41**	.48***
Wife Destructive Conflict	.40**	-.48***
Husband Flooding	.27*	-.36**
Husband Repair	-.41**	.31*
Husband NSO	.19	-.24
Husband Sex/Passion/Romance	-.40**	.33*
Husband Shared Meaning	-.37**	.41**
Husband Friendship	-.43**	.45***
Husband Destructive Conflict	.33*	-.38**

*p< .05; ** p< .01; *** p< .001. NSO = negative sentiment override.

Thus, our initial reliability and validity study was conducted by John Gottman with Kim Ryan. We tested the validity and reliability of the long form of the Sound Relationship House Scales, examining their relationships with the Locke-Wallace (1959) Marital Adjustment Test (MAT) – a widely used measure of relationship satisfaction, the Weiss-Cerreto Marital Status Scale (MSI) – a widely used measure of the potential for relationship breakup, and the SCL-90R, a widely-used measure of psychopathology. The Tables below summarize the correlations for summary scores with the Locke-Wallace.

	Husband Lock- Wallace
Husband Flooding	-.42**
Husband Repair	.62***
Husband Negative Sentiment Override	-.47***
Husband Expansiveness	.65***
Husband Shared Meaning	.68***
Husband Friendship	.70***
Husband Conflict	-.71***

*p<.05; ** p<.01; *** p<.001

	Wife Lock-Wallace
Wife Flooding	-.36**
Wife Repair	.58***
Wife Negative Sentiment Override	-.45***
Wife Expansiveness	.67***
Wife Shared Meaning	.68***
Wife Friendship	.70***
Wife Conflict	-.66***

* p<.05; ** p<.01; *** p<.001

Cronbach Alphas (N=61 couples)

Cronbach alpha (α) represents one kind of reliability, called the “internal consistency reliability” of a set of items. It is the most standard type of reliability reported. Low reliabilities can be due to the scale measuring more than one thing (factor), or random error (that is, poor measurement).

Scale	Husband	Wife
Love Maps	.61	.58
Fondness & Admiration	.90	.91
Turning Toward	.90	.89
Negative Sentiment Override	.92	.92
17-areas	.77	.73

Harsh Startup	.93	.89
Accepts Influence	.39	.33
Repair	.86	.88
Compromise	.53	.50
Gridlock	.91	.89
Four Horsemen	.94	.91
Flooding	.89	.86
Emotional Distance & Loneliness	.89	.88
Shared Meaning Total	.92	.89

Individual Shared Meanings Scales: Husband - Rituals .68, Roles .45, Symbols .85; Wife - Rituals .80, Roles .73, Symbols .70.

Accepts Influence: We were worried about the low reliability of the Accepting Influence scale; at the time of the first study. We also did not know if the scale had any validity. Was it measuring anything of value? Was it measuring only how much influence people thought they accepted? There may have been a lot of social desirability response bias in this scale. The second study allayed our fears about that scale.

Our Second Study

Recently, we conducted a study with 130 couples going through the transition to parenthood in which we were able to obtain both SRH self-report data, as well as the predictive domain variables from other methods of measurement (SPAFF and Buehlman Oral History Coding --OHI). In each case specific predictions were made to test the validity of the items. For example, do love maps on the five-item scales correlate with the Buehlman Oral History Interview Coding? The following tables summarize these reliabilities and validities for reduced 5-item scales. Our clinicians were asking for scales that took less time for couples to complete.

Overall 5-Item Scale Score Results Reliabilities (Cronbach Alphas)

We repeat that Cronbach alpha (*a*) represents one kind of reliability, called the “internal consistency reliability” of a set of items. It is the most standard type of reliability reported. Low reliabilities can be due to the scale measuring more than one thing (factor), or random error (that is, poor measurement). The alpha is strongly affected by the number of items. Longer scales usually have larger alphas; however, if the reduced set of items measures a purer construct, the alpha could actually increase with fewer items (but this is not too likely). The following are the Cronbach alpha reliabilities for the SRH scales. In *italics* are the long-scale reliabilities.

Friendship & Intimacy

- Love Maps (H a = .37; W a =.54) (H a = .52; W a =.68)
- Fondness and Admiration (H a = .67; W a =.81) (H a = .83; W a =.87)
- Turning Toward or Away (H a = .67; W a =.74) (H a = .83; W a =.87)
- Emotional Distance and Loneliness (H a = .78; W a =.85) (H a = .81; W a =.88)

Conflict

- Harsh Startup (H a = .76; W a =.75) (H a = .90; W a =.91)
- The Four Horsemen (H a = .70; W a =.76) (H a = .92; W a =.94)
- Gridlock on Perpetual Issues (H a = .65; W a =.72) (H a = .87; W a =.91)
- Accepting Influence (H a = .55; W a =.43) (H a = .75; W a =.75). Much better!
- Compromise (H a = .69; W a =.77) (H a = .75; W a =.73)

Conflict Processes

- Flooding (H a = .73; W a =.81) (H a = .88; W a =.90)
- Negative Sentiment Override (H a = .83; W a =.84) (H a = .92; W a =.93)
- Effective Repair Attempts (H a = .73; W a =.68) (H a = .85; W a =.82)

Meaning

- Shared Meaning Rituals (H a = .34; W a =.63) (H a = .60; W a =.74)
- Shared Meaning Roles (H a = .57; W a =.64) (H a = .49; W a =.68)
- Shared Meaning Goals (H a = .58; W a =.81) (H a = .70; W a =.85)
- Shared Meaning Symbols (H a = .59; W a =.57) (H a = .80; W a =.87)
- (Over all Meaning Scales H a = .87; W a =.93)

VALIDITIES

The following tables present correlations across the entire sample. Only specific tables are presented because these predictions were made in advance of examining the items. (* p<.05; ** p<.01; ***p<.001).

Friendship & Intimacy

- Love Maps. 5-Item Questionnaires Love Maps with Oral History Love Maps

Oral History Interview Coding Love Map Score	Husband	Wife
H Love Maps	.28***	.47***
W Love Maps	.24**	.32***

- Fondness and Admiration. 5-Item Questionnaires Fondness & Admiration with Oral History Fondness & Admiration

Oral History Interview Coding F&A Score	Husband	Wife
H F&A	.38***	.36***
W F&A	.48***	.44***

- Turning Toward or Away. 5-Item Questionnaires Turning Toward with Oral History We-ness

Oral History Interview Coding We-ness Score	Husband	Wife
H Turning Toward	.48***	.49***
W Turning Toward	.49**	.51***

- Emotional Distance and Loneliness.

OHI Overall Negativity	Husband	Wife
H Emot Distance	.37***	.39***
W Emot Distance	.39***	.43***

Conflict

- Harsh Startup

SPAFF Neg/(Neg+Pos)	Husband	Wife
H Harsh Startup	.18*	.24**
W Harsh Startup	.20*	.32***

- The Four Horsemen
- Gridlock on Perpetual Issues

SPAFF:	Hcrit	Hdefens	Hcontempt	HStone
H Four Horsemen	.44***	.29**	.36***	.30***
W Four Horsemen	.37***	.24**	.32***	.30***
H Gridlock	.36***	.24**	.43***	.14
W Gridlock	.40***	.19*	.19*	.21*

SPAFF:	Wcrit	Wdefens	Wcontempt	Wstone
H Four Horsemen	.47***	.26**	.39***	.34***
W Four Horsemen	.35***	.24**	.22*	.32***
H Gridlock	.31***	.18*	.39***	.47***
W Gridlock	.30***	.32***	.12	.15

- Accepting Influence

SPAFF Neg/(Neg+Pos)	Husband	Wife
H Accepting Influence	-.25**	-.26**
W Accepting Influence	.21*	-.40***

The Accepts Influence in its short form – the scale's reliability and validity was demonstrated. This made me feel better about the scale.

- Compromise

SPAFF Neg/(Neg+Pos)	Husband	Wife
H Compromise	-.15	-.22*
W Compromise	-.26**	-.39***

Conflict Processes

- Flooding

SPAFF Neg/(Neg+Pos)	Husband	Wife
H Flooding	.32***	.34***
W Flooding	.23**	.31***

- Negative Sentiment Override

SPAFF Overall Negative/ (Neg+Pos)	Husband	Wife
H NSO	.27**	.32***
W NSO	.25**	.30***

- Effective Repair Attempts

SPAFF Neg/(Neg+Pos)	Husband	Wife
H Accepts Repair	-.15	-.24**
W Accepts Repair	.37***	-.41***

Meaning

- Shared Meaning Rituals
- Shared Meaning Roles
- Shared Meaning Goals
- Shared Meaning Symbols

	OHI Overall Negativity	
	OHI Glorifying	OHI Chaos
H Ritual	.11	-.42***
W Ritual	.09	-.33***
H Roles	.18*	-.26**
W Roles	.13	-.38***
H Goals	.25**	-.37***
W Goals	.10	-.35***
H Symbols	.12	-.33***
W Symbols	.13	-.36***

The table above shows that there is a significant relationship between the shared meaning scales and the Oral History Interview Chaos and Glorifying the Struggle scales.

Specific Processes Were Then Examined

Several process predictions were made to test the validity of the Sound Relationship House Scales. One prediction was that high scores on the meaning scales would be related to lower anger (particularly for men) and lower sadness (particularly for women). The findings were that the meaning scales were related to anger and sadness for both genders, but more clearly for women. The following table presents these results.

Meaning Scale Scores and SPAFF Anger & Sadness

Meaning Scale	H Anger	H Sadness	W Anger	W Sadness
H Rituals	-.12	.01	-.21*	-.24**
W Rituals	.04	.01	-.04	-.38***
H Roles	-.08	.02	-.07	-.19*
W Roles	-.06	.00	-.22**	-.45***
H Goals	-.41***	-.07	-.31***	-.21*
W Goals	.01	.00	-.17*	-.53***
H Symbols	-.23**	-.03	-.16	-.01
W Symbols	-.15	.00	-.26**	-.31***

Sadness and Anger and Emotional Disengagement and Loneliness

The following tables test the prediction that in conflict discussions SPAFF anger is higher when people report also report being emotionally disengaged and lonely. The tables below show that when people report being emotionally disengaged and lonely, both people are more angry, but only the wife is more sad during conflict discussions.

Overall Scale Scores	H Anger	H Sadness	W Anger	W Sadness
H Emotional Disengagement	.18*	.04	.22*	.12
W Emotional Disengagement	.00	-.05	.22*	.38***

The specific item correlations follow:

		SPAFF Anger	
Husband Scale		Husband	Wife
1.	I often find myself disappointed (1)	.28***	.20*
2.	I will at times be quite lonely(3)	.27**	.14
3.	Hard for my deepest feelings to get attention (4)	.04	.15
4.	There is not enough closeness between us (14)	-.08	.13
5.	I have adapted to a lot, not a good idea (17)	.28**	.19*
Wife Scale		Husband	Wife
1.	I often find myself disappointed (1)	.01	.20*
2.	I will at times be quite lonely(3)	.08	.19*
3.	Hard for my deepest feelings to get attention (4)	-.03	.13
4.	There is not enough closeness between us (14)	-.02	.26**
5.	I have adapted to a lot, not a good idea (17)	-.01	.05

		SPAFF Sadness	
Husband Scale		Husband	Wife
1.I often find myself disappointed (1)		.05	.16
2.In will at times be quite lonely(3)		.11	.06
3.Hard for my deepest feelings to get attention (4)		.03	.11
4.There is not enough closeness between us (14)		-.08	.16
5. I have adapted to a lot, not a good idea (17)		.07	-.06
<hr/>			
Wife Scale		Husband	Wife
1.I often find myself disappointed (1)		-.01	.35***
2.In will at times be quite lonely(3)		-.07	.26**
3.Hard for my deepest feelings to get attention (4)		-.04	.28***
4.There is not enough closeness between us (14)		-.05	.25**
5. I have adapted to a lot, not a good idea (17)		-.01	.44***

Physiological Variables

Many will be wondering about physiology. Unfortunately, physiology was not available in this sample for the Time-1 interactions, due to equipment and software problems, but it was available for the Time-3 interactions (when the babies were one year old), using laptop J&J Engineering technology, recorded in couples' homes during conflict discussions and synchronized with the video.

One interesting result was that the husband's Four Horsemen (self-report, reduced scale) at Time-1 was significantly predictive of lower wife vagal tone ($r = -.23$, $p < .05$) and higher wife sympathetic nervous system arousal ($r = .22$, $p < .05$) at Time-3. These variables were both computed from the heart period spectrum at Time-3.

The purpose of this study was to conduct initial reliability and validity analyses for the Sound Relationship House questionnaires.

Specific Item Correlations with Validity Variables

The following tables present the individual item correlations with the SPAFF and Oral History variables.

1. Love Maps

OHI Love Maps		
	Husband	Wife
Husband Scale		
1. I can tell you some of my partner's life dreams (4)	.18*	.27**
2. I can list the relatives my partner likes the least (7)	.13	.25**
3. My partner familiar with my current stresses (10)	.20*	.28***
4. I can list partner's major aspirations and hopes (13)	.13	.29***
5. I know my partner's current worries (14)	.12	.18*
Wife Scale		
1. I can tell you some of my partner's life dreams	.10	.15
2. I can list the relatives my partner likes the least	.16	.28**
3. My partner familiar with my current stresses	.11	.05
4. I can list partner's major aspirations and hopes	.10	.13
5. I know my partner's current worries	.23**	.30***

2. Fondness and Admiration

OHI Fondness		
	Husband	Wife
Husband Scale		
1. My partner really respects me (5)	.30***	.38***
2. I feel loved and cared for (6)	.22***	.28***
3. Romance is something we have (11)	.23**	.24**
4. Come into room partner glad to see me (17)	.21*	.24**
5. Partner appreciates what I do (18)	.22*	.17
Wife Scale		
1. My partner really respects me (5)	.39***	.39***
2. I feel loved and cared for (6)	.37***	.38***
3. Romance is something we have (11)	.32***	.35***
4. Come into room partner glad to see me (17)	.32***	.37***
5. Partner appreciates what I do (18)	.35***	.41***

3.Turning Toward or Away

	OHI We-ness	
Husband Scale	Husband	Wife
1.Really enjoy discussing things (5)	.28***	.32***
2.Always have a lot to say to each other (10)	.23**	.21*
3.We have a lot of fun in everyday lives (11)	.42***	.44***
4.A lot of interests in common (15)	.34***	.30***
5. Like to do a lot of the same things (17)	.32***	.39***
Wife Scale	Husband	Wife
1.Really enjoy discussing things (5)	.30***	.30***
2.Always have a lot to say to each other (10)	.40***	.41***
3.We have a lot of fun in everyday lives (11)	.34***	.39***
4.A lot of interests in common (15)	.36***	.30***
5. Like to do a lot of the same things (17)	.34***	.40***

4. Emotional Disengagement and Loneliness

	OHI Disillusionment	
Husband Scale	Husband	Wife
1. I often find myself disappointed (1)	.37***	.35***
2. I will at times be quite lonely(3)	.39***	.36***
3. Hard for my deepest feelings to get attention (4)	.38***	.38***
4.There is not enough closeness between us (14)	.45***	.45***
5. I have adapted to a lot, not a good idea (17)	.33***	.39***
Wife Scale	Husband	Wife
1. I often find myself disappointed (1)	.40***	.43***
2. I will at times be quite lonely(3)	.29***	.35***
3. Hard for my deepest feelings to get attention (4)	.42***	.39***
4.There is not enough closeness between us (14)	.49***	.49***
5. I have adapted to a lot, not a good idea (17)	.23**	.18*

5. Harsh Startup

SPAFF:	Hcrit	Hdefens	Hcontempt	Hstone
Husband Scale				
Arguments out of nowhere (3)	.25**	.15	.22*	.21*
I get blamed (6)	.18*	.18*	.16	.10
Spouse Crit My Personality (12)	.10	.29**	.24**	.19*
Our Calm Is Shattered (18)	.00	-.03	.07	.11
Partner's Negativity Unnerv (19)	-.02	.00	.05	.31***
Wife Scale				
Arguments out of nowhere (3)	.20*	.12	.03	.13
I get blamed (6)	.34***	.11	.24**	.35***
Spouse Crit My Personality (12)	.31***	.02	.10	.27**
Our Calm Is Shattered (18)	.26**	.13	.08	.27**
Partner's Negativity Unnerv (19)	.24**	.15	.15	.20*
Husband Scale	Wcrit	Wdefens	Wcontempt	Wstone
Arguments out of nowhere (3)	.26**	.21*	.16	.21*
I get blamed (6)	.24**	.05	.15	.19*
Spouse Crit My Personality (12)	.25**	.04	.29***	.33***
Our Calm Is Shattered (18)	.06	.09	.01	.06
Partner's Negativity Unnerv (19)	.12	.04	.20*	.07
Wife Scale				
1. Arguments out of nowhere (3)	.22**	.23**	.11	.05
2. I get blamed (6)	.10	.22*	.13	.04
3. Spouse Crit My Personality (12)	.17*	.28***	.15	-.05
4. Our Calm Is Shattered (18)	.27**	.10	.08	.04
5. Partner's Negativity Unnerv (19)	.24**	.28***	.20*	.07

6.Four Horsemen

SPAFF:	Hcrit	Hdefens	Hcontempt	Hstone
Husband Scale				
1.I have to defend myself (4)	.34***	.23**	.25**	.18*
2.Feel Unappreciated (5)	.36***	.16	.29***	.00
3.Partner Doesn't face issues (19)	.34***	.18*	.26**	.25**
4.I am not guilty but accused (28)	.25***	.30***	.21*	.41***
5.Partner Not Rational(33)	.23**	.14	.20*	.19*
Wife Scale				
1.I have to defend myself (4)	.25**	.08	.17	.11
2.Feel Unappreciated (5)	.36***	.16	.31***	.19*
3.Partner Doesn't face issues (19)	.16	.21*	.16	.07
4.I am not guilty but accused (28)	.25**	.20*	.26**	.44***
5.Partner Not Rational(33)	.30***	.23**	.26**	.27**
Husband Scale	Wcrit	Wdefens	Wcontempt	Wstone
1.I have to defend myself (4)	.42***	.24**	.26**	.21*
2.Feel Unappreciated (5)	.23**	.23**	.18*	.31***
3.Partner Doesn't face issues (19)	.25**	0.04	.23**	.27**
4.I am not guilty but accused (28)	.39***	.18*	.30***	0.17
5.Partner Not Rational(33)	.30***	.20*	.34***	.20*
Wife Scale				
1.I have to defend myself (4)	.28***	.16	.26**	.19*
2.Feel Unappreciated (5)	.24**	.26**	.10	.16
3.Partner Doesn't face issues (19)	.23**	.15	.05	.34***
4.I am not guilty but accused (28)	.19*	.20*	.20*	.27**
5.Partner Not Rational(33)	.34***	.11	.21*	.23**

7.Gridlock on Perpetual Issues

	Hcrit	Hdefens	Hcontempt	Hstone
Husband Scale				
1.We Keep Hurting Each Other(3)	.24**	0.12	.17*	0.09
2. Long List of Unreas Demands (5)	.23**	0.14	.37***	.19*
3. Don't feel respected (9)	.29***	.29***	.34***	-0.04
4. Partner Acts Selfishly (10)	.20*	0.01	.25**	0.06
5. Partner is totally right (20)	0.17	.24**	.28**	.18*
Wife Scale				
1.We Keep Hurting Each Other(3)	.36***	.17	.07	.15
2. Long List of Unreas Demands (5)	.43***	-.01	.20*	.35***
3. Don't feel respected (9)	.36***	.11	.16	.09
4. Partner Acts Selfishly (10)	.26**	.24**	.16	.30***
5. Partner is totally right (20)	.12	.10	.13	.00
Husband Scale				
1.We Keep Hurting Each Other(3)	.06	.02	.10	.25**
2. Long List of Unreas Demands (5)	.38***	.05	.33***	.39***
3. Don't feel respected (9)	.23**	.24**	.29***	.40***
4. Partner Acts Selfishly (10)	.19*	.16	.29***	.23**
5. Partner is totally right (20)	.09	.27**	.26**	.23**
Wife Scale				
1.We Keep Hurting Each Other(3)	.37***	.34***	.11	.08
2. Long List of Unreas Demands (5)	-.03	.16	-.03	-.03
3. Don't feel respected (9)	.18*	.42***	.04	.08
4. Partner Acts Selfishly (10)	.33***	.13	.18*	.06
5. Partner is totally right (20)	.10	.11	.06	.25**

8. Accepting Influence

	Hcrit	Hdefens	Hcontempt	Hstone
Husband Scale				
1.Want partner feel influential (4)	-.38**	-.40***	-.51***	-.12
2. Can listen to partner (5)	-.10	-.14	-.22*	-.15
3.Partner has common sense (6)	-.20*	-.13	-.05	-.21*
4.Don't reject part's opinions (9)	-.17	-.26**	-.14	-.12
5.Partner is great prob solver(15)	-.27**	-.21*	-.24**	-.17
<hr/>				
Wife Scale				
1.Want partner feel influential (4)	.05	.05	.03	.05
2. Can listen to partner (5)	-.25**	-.16	-.24**	-.19*
3.Partner has common sense (6)	-.05	-.27**	-.24**	-.14
4.Don't reject part's opinions (9)	-.12	.01	.25**	.06
5.Partner is great prob solver(15)	-.14	-.11	-.07	-.13
<hr/>				
Husband Scale	Wcrit	Wdefens	Wcontempt	Wstone
1.Want partner feel influential (4)	-.39***	-.13	-.39***	-.90***
2. Can listen to partner (5)	-.23*	-.18*	-.21*	-.14
3.Partner has common sense (6)	-.15	-.14	-.03	-.01
4.Don't reject part's opinions (9)	-.18*	.09	-.09	-.28***
5.Partner is great prob solver(15)	-.09	-.13	-.10	-.18*
<hr/>				
Wife Scale				
1.Want partner feel influential (4)	.02	.10	.03	.03
2. Can listen to partner (5)	-.25**	-.17	-.25**	-.18*
3.Partner has common sense (6)	-.37***	-.03	-.06	-.22*
4.Don't reject part's opinions (9)	-.15	-.08	-.08	-.10
5.Partner is great prob solver(15)	-.24**	-.14	-.08	-.21*

9.Compromise

	Percent Negative SPAFF	
Husband Scale	Husband	Wife
1.Usually Good at Resolving Differences (2)	-.09	-.10
2.Meet each other half way (8)	-.03	-.16
3.Find Common Ground (12)	-.11	-.18*
4.Not difficult for me to yield power (18)	-.10	-.11
5. Give and Take in Decisions not a problem (19)	-.18*	-.19*

Wife Scale	Husband	Wife
1.Usually Good at Resolving Differences (2)	-.20*	-.29***
2.Meet each other half way (8)	-.20*	-.31***
3.Find Common Ground (12)	-.17*	-.26**
4.Not difficult for me to yield power (18)	-.18*	-.32***
5. Give and Take in Decisions not a problem (19)	-.18*	-.23**

10. Shared Meaning Rituals

	OHI Glorifying the Struggle	OHI Chaos
Husband Scale	Husband	Wife
1.Reunions at End of Day are special (3)	.01	-.36***
2.Weekends Do things we enjoy (6)	.06	-.13
3.Enjoy vacations and travel together (10)	.00	-.12
4.Good Time doing Errands together(12)	-.21*	.16
5.Can refresh when burned out or fatigued (13)	.07	-.24**

	OHI Glorifying the Struggle	OHI Chaos
Wife Scale	Husband	Wife
1. Reunions at End of Day are special (3)	-.06	-.09
2. Weekends Do things we enjoy (6)	.08	-.21*
3. Enjoy vacations and travel together (10)	.19*	-.28***
4. Good Time doing Errands together(12)	.08	-.24**
5. Can refresh when burned out or fatigued (13)	.05	-.26**

11. Shared Meaning Roles

	OHI Glorifying the Struggle	OHI Chaos
Husband Scale	Husband	Wife
1. Similar Values as Lovers and Partners (14)	.08	-.14
2. Compatible views about role of work (17)	.04	-.04
3. Balancing Work and Family together (18)	.24**	-.29***
4. Partner supports my basic missions in life (19)	.15	-.12
5. Importance of family and kin (20)	.07	-.13

	OHI Glorifying the Struggle	OHI Chaos
Wife Scale	Husband	Wife
1. Similar Values as Lovers and Partners (14)	.16	-.32***
2. Compatible views about role of work (17)	.12	-.30***
3. Balancing Work and Family together (18)	.08	-.22*
4. Partner supports my basic missions in life (19)	.10	-.30***
5. Importance of family and kin (20)	.02	-.16

12. Shared Meaning Goals

	OHI Glorifying the Struggle	OHI Chaos
Husband Scale	Husband	Wife
1. Old Age View Paths Had Merged Well (22)	.18*	-.19*
2. Partner Values My Accomplishments (23)	.06	-.25**
3. Partner Honors My personal Goals (24)	.13	-.29***
4. We have similar Financial Goals (26)	.23**	-.27**
5. Hopes and Aspirations Similar (28)	.14	-.11

	OHI Glorifying the Struggle	OHI Chaos
Wife Scale	Husband	Wife
1. Old Age View Paths Had Merged Well (22)	.09	-.33***
2. Partner Values My Accomplishments (23)	.18*	-.31***
3. Partner Honors My personal Goals (24)	.04	-.23**
4. We have similar Financial Goals (26)	.01	-.22*
5. Hopes and Aspirations Similar (28)	.07	-.22*

13. Shared Meaning Symbols

	OHI Glorifying the Struggle	OHI Chaos
Husband Scale	Husband	Wife
1. Similar on what a home means (31)	.15	-.20*
2. Similar Views about the role of sex (35)	.01	-.21*
3. Similar Views on Love and Affection (36)	.10	-.28***
4. The Meaning of Money (38)	.04	-.01
5. The Meaning of Autonomy & Independence (44)	.11	-.38***

	OHI Glorifying the Struggle	OHI Chaos
Wife Scale	Husband	Wife
1. Similar on what a home means (31)	.06	-.22**
2. Similar Views about the role of sex (35)	.02	-.24**
3. Similar Views on Love and Affection (36)	.17*	-.21*
4. The Meaning of Money (38)	.13	-.22**
5. The Meaning of Autonomy & Independence (44)	.02	-.22*

14. Negative Sentiment Override

	SPAFF Positive/ (Negative+Positive)	
Husband Scale	Husband	Wife
1. Felt Innocent of Blame (3)	.26**	.19*
2. Felt Unjustly Accused (8)	.26**	.27**
3. Felt Personally Attacked (11)	.14	.29***
4. Felt Unjustly Criticized (19)	.15	.31***
5. Wanted the Negativity to Just Stop (20)	.27**	.20*

	SPAFF Positive/ (Negative+Positive)	
Wife Scale	Husband	Wife
1. Felt Innocent of Blame (3)	.21*	.24**
2. Felt Unjustly Accused (8)	.12	.23**
3. Felt Personally Attacked (11)	.24**	.20*
4. Felt Unjustly Criticized (19)	.18*	.30***
5. Wanted the Negativity to Just Stop (20)	.28**	.22*

15. Effective Repair Attempts

	SPAFF Positive/ (Negative+Positive)	
Husband Scale	Husband	Wife
1. We are good at taking breaks (1)	-.22*	-.27**
2. Maintain Humor when arguing (2)	.06	-.19*
3. Good listeners even when different views (8)	-.04	-.15
4. When things get heated we can pull out of it (9)	-.07	-.14
5. Partner can soothe me when I'm upset (10)	-.17	-.13

	SPAFF Positive/ (Negative+Positive)	
Wife Scale	Husband	Wife
1. We are good at taking breaks (1)	-.08	-.13
2. Maintain Humor when arguing (2)	.02	-.07
3. Good listeners even when different views (8)	-.24**	.37***
4. When things get heated we can pull out of it (9)	-.26**	-.23**
5. Partner can soothe me when I'm upset (10)	-.28***	-.39***

16. Flooding

	Hcrit	Hdefens	Hcontempt	Hstone
Husband Scale				
1. Our Discussions Get Too Heated(1)	.22**	.15	.14	.13
2. Have hard time calming down (2)	.24**	.20*	.20*	.22*
3. One will say something to regret (3)	.34***	.29***	.24**	.22*
4. Why can't we be logical? (9)	.22*	.19*	.09	.13
5. Partner long list unreasonable (15)	.26**	.12	.27**	.07

Wife Scale				
1. Our Discussions Get Too Heated (1)	.26**	.11	.10*	.20*
2. Have hard time calming down (2)	.23**	.17*	.06	.22*
3. One will say something to regret (3)	.34***	.28***	.21*	.20*
4. Why can't we be logical? (9)	.31***	.27***	.14	.12
5. Partner long list unreasonable (15)				

	Wcrit	Wdefens	Wcontempt	Wstone
Husband Scale				
1. Our Discussions Get Too Heated (1)	.12	.11	.18*	.23**
2. Have hard time calming down (2)	.11	.17	.04	.19*
3. One will say something to regret (3)	.38***	.29***	.26**	.23**
4. Why can't we be logical? (9)	.26**	.30***	.25**	.18*
5. Partner long list unreasonable (15)	.26**	.05	.23**	.31**

	Wcrit	Wdefens	Wcontempt	Wstone
Wife Scale				
1. Our Discussions Get Too Heated (1)	.26**	.11	.19*	.20*
2. Have hard time calming down (2)	.23**	.17*	.06	.22*
3. One will say something to regret (3)	.34***	.28***	.21*	.20*
4. Why can't we be logical? (9)	.31***	.27***	.14	.12
5. Partner long list unreasonable (15)	.18*	.11	.13	.34***

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5. Assessment: Sessions 2 and 3

5.1. Session 2: Two Individual Sessions 45 minutes each

Before this session, remember that we will have discussed the ground rules of seeing them individually, both in the disclosure statement, and again, at the end of assessment Session #1. We recommend saying that you will not keep secrets, and that everything that gets said is potentially information for the couples work (see section 3.1. #7).

We always start every session by asking the couple or individual how they are doing, which makes it possible for them to talk about what may be pressing and on their mind(s) at the moment. We begin the individual assessment session by asking the client about his or her own narrative of the reason for coming to therapy. We want to know how he or she feels about the relationship and specifically, about any family history the partner thinks might be pertinent to the therapy and the relationship itself.

Recall that in the individual sessions we are assessing:

- The individual narrative
- Relevant family history
- History of prior relationships
- History of prior therapy
- Each person's commitment to the relationship, and discrepancies.
- Their hopes and expectations for the relationship (including potentially getting out of the relationship) and for the therapy.
- Their personal goals.
- Their Big Cost/Benefit analysis of the relationship. (How do they evaluate the benefits and costs of staying in and working on trying to make this relationship better, versus getting out?)

- The presence of ongoing or previous physical abuse, especially a pattern of using violence to intimidate and control one's partner.
- The presence of ongoing or previous betrayals, especially ongoing extra-relational affairs.
- Psychopathology and other potential resistances (e.g., Depression, anxiety, PTSD, OCD)
- The presence of ongoing or previous sexual abuse.
- The presence of ongoing or previous drug and alcohol abuse, or other addictions.

Many couple therapists beat themselves up when the couple actually is not interested in couple therapy. It is usually not our fault. In our research, we found that couple therapy is a reliable pathway to divorce (our point-biserial correlations are around .50 between going to couple therapy and getting divorced), and this is a general finding (see also Cookerly, 1980). If there are differential commitments to the relationship, to therapy, differential hopes and expectations for the relationship, and a very different cost-benefit analysis about staying in or leaving the relationship, this will affect the decision about whether or not to continue in therapy. As noted earlier, we recommend that you always do individual interviews to assess violence, personal goals, individual psychopathology. Remember to discuss the ground rules of seeing them individually; we recommend that there are no secrets, and that everything that gets said is potentially public information.

At the end of each individual session, tell each partner that your next meeting will be held together. In it, you will share your assessment findings and together with the couples, discuss a treatment plan.

5.2. Session 3: The Feedback Session

One Conjoint Session 1½ hours

In the third 90-minute session we again see the couple together. We begin by asking the couple how they are doing, which makes it possible for them to talk about what may be pressing and on their minds at the moment.

We may ask about how they are experiencing all of these parts of assessment. They may report some experiences or even changes in their relationship.

Then we summarize the assessment, integrating information from the Oral History Interview, conflict sample, Individual Interviews, and assessment questionnaires. We give the couple a copy of the Sound Relationship House drawing and, starting from the bottom, go through each of the salient levels of the House. We follow these steps for each level:

- 1. Define the level of the Sound Relationship House.**
- 2. Tell the couple how they are doing on that level.** Is this level a strength or a challenge? Do *not* provide specific results from the assessment questionnaires such as each individual's numerical scores.
- 3. Give hope.** On levels of the Sound Relationship House where the couple is weak, we tell them that we have exercises that are designed to strengthen these areas. Talk about what our goals would be for the therapy, the order in which we'd like to do things should they decide to proceed, and check with them if these goals make sense to them. We ask them if they also have some goals they'd like to focus on so that we can incorporate these as well into the therapy. Based on the assessment, here are some possibilities for what the couple might need.
- 4. Ask more questions if necessary to get their reactions to what we're saying.** Does the feedback fit and make sense to them?
 - **Initial crisis management.** If the relationship is full of extreme escalating quarrels, both people are highly flooded, and their lives are also high on chaos, then there is a need to immediately down-regulate negativity

in their lives. In that case we discuss the need for a break ritual (from conflict discussions) and self-soothing and instruct them not to discuss “hot button issues”, except in session.

- **Making conflict discussions constructive.** We discuss and work on our “blueprint” for dealing with conflict so that it is more constructive.
- **Improving friendship, emotional connection, and intimacy.** We discuss and work on our blueprint for improving friendship, emotional connection, affection, romance, courtship, passion, and sexual intimacy. We discuss increasing positive affect systems, peacefulness, play, fun, excitement, pleasure, joy, and adventure.
- **Improving the shared meaning system.** We discuss and work on our blueprint for making the shared meaning system intentional by helping the couple create: (1) understanding and meaningful rituals of connection, (2) understanding and support of one another’s life roles, and/or (3) understanding and discussions of their cultural heritages, life goals, missions, legacies, philosophies, ethics, morals, values, and spiritual religious beliefs.

5.2.1. The Importance of the Therapeutic Alliance with Both Spouses

In this discussion, do not assume that they necessarily wish to work with you. Pay very careful attention to the quality of the therapeutic alliance you have been able to form so far with each of them. **Personally, we are convinced that therapy cannot be effective unless there is an atmosphere of caring and respect, even love (humanitarian, not sexual) that the therapist develops for the clients. Only in a caring atmosphere can the couple have enough safety to dive into the work necessary to heal their relationship.**

5.2.2. Clinician’s Checklist for Couple Assessment

The following checklist will guide the clinician through a summary of the assessment phases of the evaluation.

Client ID#: _____ Date: _____

Clinician's Checklist for Couple Assessment

Check the items you see as an issue, and then fill this in with specific notes.

Chaos?

- Is the life of this couple chaotic?
- Can they manage the basic tasks of being a family?

Comments: If their life is very chaotic and emotionally dysregulated, look for addictions, and also think of intervening first in Crisis intervention mode just to down-regulate escalating hostility and try to create some peace and a sense of control in their lives.

Notes:

Are There Fundamental Mismatches

- In preferred influence patterns? (One is an avoider who suppresses, one an engager. Do they have big blowup fights periodically?)
- In meta-emotions? (one is emotionally expressive and values emotions while the other is alexythymic and/or emotion dismissing. They have difficulty connection when one person is sad, or angry, or just needs affection or support).
- Are there attachment injuries as a result of turning away?

Notes:

Betrayals?

- Are there fundamental betrayals they are dealing with? An affair? Addiction (Drugs alcohol, gambling, sex?)? Financial betrayal?
- Attachment Injuries?
- Other Betrayals of the Relationship Contract?

Notes:

Overall, where are they each in the relationship?

- Couple Satisfaction
- Divorce Potential (Weiss-Cerretto)
- Each person's commitment to the relationship (Commitment Scale)

Overall, where are they each in the relationship? (continued)

- Their hopes and expectations for the relationship (including potentially getting out of the relationship)
- Their hopes, expectations, and theory of the therapy
- Their Big Cost/Benefit analysis of the relationship

Notes:

Is Couple Therapy Contra-Indicated?

- An ongoing extra-couple affair (secret or revealed) Ongoing characterological physical abuse (see screening scales)

Notes:

The Couple Friendship

- Positive Affect (Interest, excitement, affection, humor, validation, amusement, pleasure, joy)
- The Fondness and Admiration System
- We-ness
- Love Maps
- How they talk to each other in a non-conflict context
- Signs of emotional disengagement
- What do they see as the strengths of this relationship?
- Feeling one's personality is accepted
- Feeling fundamentally criticized and disliked
- How do they move through time together?
- In Events of the Day discussions and stress-reducing conversations is there requited interest, excitement, humor, affection?
- Map out a typical week day
- Map out a typical weekend day
- Map out a typical vacation
- Map out a typical getaway
- How do they renew themselves and each other when they are fatigued and highly stressed
- What is the nature of their daily rituals of leave taking in the morning, reunion, eating together, and what do these rituals mean to them?
- Positive affect systems: Play, fun, exploration, adventure, sex, romance, passion, courtship

Notes:

Selected Gottman 19-Areas:

- Emotional engagement
- Lifestyle similarities / differences
- Passion and romance in the relationship
- Sexual satisfaction and intimacy
- Fun
- Spiritual connection

Notes:

Sentiment Overrides

- Chip on shoulder?
- Hyper-defensive?
- Hyper vigilant to attack/defend?
- Existence of Negative Sentiment Override
- Existence of Positive Sentiment Override
- The frequency and success of repair attempts during conflict discussions
- How humor and anger get responded to
- How they perceive one another's anger and humor
- Innocent Victim or a Righteous Indignation perception of this moment
- Flooded by the way their partner complains
- Diffuse Physiological Arousal?
- Ability to self soothe
- Ability to soothe partner

Notes:

Regulating Conflict

- Criticism
- Defensiveness
- Contempt (Psychological Abuse)
- Stonewalling or other disengagement
- Emotional Disengagement (look for low levels of positive affect during conflict)
- Softened or Harsh Startup
- Accepting Influence or other disorders of power De-Escalation and Repair
- Compromise
- Dialogue on perpetual problems?
- Accepting Influence or other disorders of power

Regulating Conflict (continued)

- Gridlock on perpetual problems?
- The Four Horsemen (vilification, people seeing one another as enemies, feeling unaccepted and criticized, entrenched positions with polarization, fear of accepting influence)
- Positive Affect during conflict?

Notes:

Gender Issues

- Issues of gender equity in power, respect, and influence
- Perceived Inequity in the division of labor
- Perceived inequity in emotional engagement in the relationship or parenting
- Inequity in access to family resources (money, time, freedom)

Notes:

Meshing Life Dreams and Creating Shared Symbolic Meaning

- Their own life goals, their missions, their dreams. Are these known?
- Are they honored?
- Defensiveness
- Fear of Accepting Influence?
- Have they been able to create shared meaning in:
- Rituals of Emotional Connection. Do they exist at all?
- Informal (leave taking, reunion, bedtimes, "dates," getaways, etc.) Formal (birthdays, anniversaries, holidays)
- Goals Roles Symbols
- Balancing work and family
- Work-aholism?
- Under or unemployment?
- Problems in individuation?
- Balancing independence and connection
- Low tolerance for independence?
- Low tolerance for connection or intimacy?
- Problems in sexuality?

Notes:

Overall progress toward being able to create or maintain shared meaning system

Notes:

Potential Resistances

- Differential commitment to the relationship and
- Different hopes and expectations for therapy
- Betrayals, current or past

Notes:

Psychopathology

- | | | |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Depression | Partner 1 <input type="checkbox"/> | Partner 2 <input type="checkbox"/> |
| <input type="checkbox"/> Antisocial personality disorder | Partner 1 <input type="checkbox"/> | Partner 2 <input type="checkbox"/> |
| <input type="checkbox"/> Borderline Disorder | Partner 1 <input type="checkbox"/> | Partner 2 <input type="checkbox"/> |
| <input type="checkbox"/> Alcohol or drug abuse | Partner 1 <input type="checkbox"/> | Partner 2 <input type="checkbox"/> |
| <input type="checkbox"/> Past Trauma | Partner 1 <input type="checkbox"/> | Partner 2 <input type="checkbox"/> |
| <input type="checkbox"/> Conflict in Values | Partner 1 <input type="checkbox"/> | Partner 2 <input type="checkbox"/> |
| <input type="checkbox"/> Issues of friends | Partner 1 <input type="checkbox"/> | Partner 2 <input type="checkbox"/> |
| <input type="checkbox"/> Issues of community | Partner 1 <input type="checkbox"/> | Partner 2 <input type="checkbox"/> |
| <input type="checkbox"/> Other? Specify: | | |

Notes:

5.2.3. Gottman Treatment Plan

The Treatment Plan serves several purposes including:

- A place to organize and summarize the vast amount of information gained through the assessment process including the Couple's Narrative, Oral History Interview, Conflict Discussion, Individual Interviews and numerous written assessment questionnaires. Of course all the information obtained about a couple cannot be placed on a one page form. This is not intended to replace reviewing notes and specific written questionnaires. This Treatment Plan may be supplemented with additional information. One way to do this is to place a footnote number or a symbol, such as an asterisk, in the appropriate box to reference additional sources of information such as notes obtained during interviews or on specific written questionnaires.
- Supplement other treatment plan formats currently used. Please feel free to adapt this form for your personal needs.
- Organize information for use in the feedback/treatment planning session.
- Guide therapy throughout the course of treatment.
- The content of the Treatment Plan is straight forward. The (+), (o) and (-) symbols on the Sound Relationship House (SRH) diagram, which may be circled, are for indicating whether a level of the SRH is a strength, neutral or a weakness.

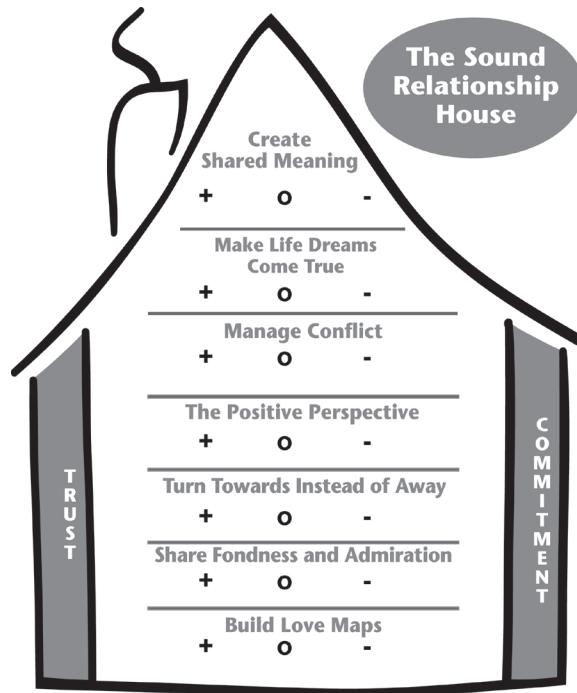
The Treatment Plan is designed to be used in conjunction with the Gottman Assessment Scoring Summary sheet and its accompanying "Interpretation Guidelines".

Client ID#: _____ Date: _____

Gottman Treatment Plan

Areas of Strength

Notable History:
(abuse, trauma, affairs, family origin, relationship)



Co-morbidities

Presenting Problems:

Preliminary Treatment Goals:

6. Intervention

Current Status of Treating Couples' Issues.

We want to begin the intervention section of this workshop by first informing you that the research literature on couples' therapy has now validated five treatments for couples' distress. We assume that you will want to know about all the treatments currently available, and make your own judgments about what interventions to employ in your own practice. As a great guide, we refer you to the recent *Clinical Handbook of Couple Therapy, Fifth Edition*, (2015), edited by Alan Gurman, Jay Lebow, and Douglas Snyder (New York: Guilford Press). The validated treatments described in this book include:

1. **Behavioral Marital Couples Therapy** (Chapter 2), either traditional or acceptance-based, as described by Donald Baucom. This therapy has had the most outcome studies done.
2. **Insight-Oriented Marital Therapy** (Chapter 2). Chapter 2 also includes references to the "insight-oriented" marital therapy, developed by Snyder and Wills. Their therapy was influenced by analytic thinking about relationships.
3. **Acceptance-Based Couples Therapy** (Chapter 3). The late Neil Jacobson and Andrew Christensen developed this "accept your partner as he or she is" therapy as a contrast to behavioral marital therapy, in which asking for change was central to the therapy. The new therapy actually includes asking for change as well as acceptance-based interventions; it also uses Johnson's "softening" anger intervention.
4. **Emotionally Focused Couples Therapy** (Chapter 4) as described by Susan Johnson. Johnson is one of the most important leaders in our field and she brought extensions of attachment theory for adults into the couples' domain.
5. **Gottman Couple Therapy** (Chapter 5) as described by John and Julie Gottman.

The handbook also contains sections on treating couples' problems with co-morbidities such as PTSD, Alcohol addiction, depression, borderline personality disorder, and sexual problems.

Limitations of the Research

There are two limitations to the research literature we would like to cite: Relapse, and limited populations studied.

Relapse. The first is the universal problem of relapse. This problem of people not doing what is beneficial for them is ubiquitous in medicine. The World Health Organization and the Centers for Disease Control have documented that, regardless of medical access, 50% of patients with chronic diabetes, hypertension, and asthma do not take their medicine, and 70% do not make the life-style changes recommended by physicians. This is just one example of what we are calling the Relapse problem. Our late colleague, Neil Jacobson, called our field's attention to the 30 to 50% relapse problem he detected in behavioral marital therapy in the 1970s and 1980s. It is our conclusion that we have not yet solved this problem in couples' therapy. Our 12 assumptions are directed toward helping solve this critical problem.

Limited Populations. It is our view that the current research literature on couples' therapy does not represent the population of clients we see every day in our offices. The most commonly used outcome measures of relationship satisfaction in our field is the Locke-Wallace Marital Adjustment Test, or its slightly modified form called the "Spanier Dyadic Adjustment Scale." For these two scales the mean of the population is 100, and the standard deviation is 15. We typically see couples with relationship satisfaction scores five or six standard deviations below the mean (scores of 25, or 10). Our couples also typically have many co-morbidities. Yet the research literature has primarily served couples with relationship satisfaction scores within one standard deviation from the mean. This is quite unfortunate, and needs to be remedied by future research.

The twelve assumptions of the Gottman Couples' Therapy are designed to deal with these two unsolved problems, relapse and limited populations.

This chapter is divided into the following sections:

1. Philosophy of the Therapy: Assumptions
2. Overview of the Therapy
3. Goals of the Therapy
4. Modify Conflict
5. Enhance Friendship/Intimacy
6. Create Shared Meaning
7. Process
 - Structure of a Typical Session
 - What the Therapist Can Say
 - The Domino Theory of Emotion
8. Summary

6.1. *Philosophy of the Therapy: Assumptions*

We will first describe our basic one dozen assumptions. We do this so that you can decide for yourself what you want to accept and reject as a part of this therapy. We have great respect for the creative clinical process, and for you. You, like every clinician, is simultaneously an artist and a scientist who must tailor your therapy to the needs of each case. So see what fits for you. One organizing principle: everything in the therapy is designed to minimize the possibility of the couple's relapse after therapy.

Assumption #1: The Therapy is Primarily Dyadic.

In this therapy it is the goal to move the therapeutic context from an initial triadic context to a dyadic context in which the therapist acts as a coach. The goal of the therapy is for the couple to have the capability to make their next conversation "better," that is, less like those couples who are on a trajectory toward divorce, and more like those couples who are on a trajectory toward happy, stable relationships. Therapy can end when the couple has the ability to make their interaction (conflict and non-conflict) less divorce- or separation- prone. This cannot be accomplished with the therapist remaining central to maintaining the couple's functional interaction. In the therapy, then, the couple interacts with one another a great deal, rather than talking directly only to the therapist. The therapist then acts to give the couple a tool that they can use in their relationship and make their own.

Assumption #2: Emotion is Central.

Our approach to emotion is directly opposed to the approach of Murray Bowen. We are not trying to insult or to denigrate his contribution. However, our philosophy of the role of emotion in couple therapy is the opposite of that of M. Bowen's in two ways. In Bowen's thinking, rationality and emotion were opposed, and he viewed rationality as designed to inhibit negative affect. Papero (1995), writing about Bowen's theory of emotion, noted:

Bowen described a continuum based on the ability of the person to keep separate the emotional and intellectual systems and to maintain a choice between them, which he called the "scale of differentiation of self." People with no ability whatsoever to separate them, no matter what the conditions, were assigned the rank of zero on the continuum. They had no ability to differentiate between the emotional and intellectual systems and operated continuously under the guidance of the emotional system. From the zero point, individuals could be assigned a position on the continuum based on an assessment of their ability to separate emotional and intellectual systems and to maintain a choice between them. Bowen assigned a number 100 to the opposite end of the continuum, to designate the individual displaying full ability to separate and choose between the emotional and intellectual systems to guide behavior. (p. 13)

Quite prevalent in the early years of psychology was the Yerkes-Dodson law. It attempted to demonstrate how a general dimension of arousal and performance might be related. Now, the view of a dialectic between emotion and intellectual functioning is being replaced by current neuro-physiological thinking (e.g., Damasio, 1994) in which emotion is coming to be viewed as essential to rational thought and rational problem solving. Damasio had a patient whose emotional brain had inadvertently been surgically removed in removing a brain tumor, but whose thinking remained intact. He was, however, unable to solve complex problems because he could not use intuition to prioritize lists of what was relevant and what was irrelevant to the problem at hand. Intuition is based in emotion.

In our research with emotion coaching with children, we have discovered that the magic moments for teaching kids about their feelings and helping them to trust and understand them and also regulate them occurs *when the children are emotional*. The teacher who calmly starts talking to the class about anger and hopes to have a useful and productive discussion about anger while the kids are calm is missing the boat. So is the play therapist who expects kids to bring in their strong feelings through projection in play. This is what Haim Ginott and Fritz Redl discovered in working with kids. The light-bulb moments for kids' learning about anger, sadness, fear, pride, love and affection, shame, and so on, is when kids are actually having these emotions. When kids are emotional and learn to accept and understand these emotions, they have an entirely different experience with emotion, and we believe that their brains are processing these emotions very differently. A parent who sits with a sad or angry child and communicates understanding and acceptance of the emotion is communicating a great deal: (1) Terrible things are not going to result from your having this awful feeling--I have been there and it's all going to be okay; (2) I understand how you feel and it makes sense to me that you would feel that way, so trust your feelings. You have good instincts; (3) You are not alone; (4) You are acceptable even in this emotional state. A parent who patiently problem-solves with a child who has misbehaved also communicates a great deal to the child; (1) You can have good ideas for solving problems; (2) You can be part of the solution, not just part of the problem; and, (3) We are a team working on this issue together.

The same thing is true of a couple therapist sitting with a couple. In this therapy it is important for the therapist to adopt the view that all emotions and wishes are adaptive and acceptable and need to be expressed and understood. Not all behavior is acceptable, however. Emotions do not vanish by being banished, as Haim Ginott was fond of saying. Instead, they may not get expressed to you. They are still there, and the clients are alone with them.

So a philosophical assumption of this therapy is that the therapist should give the couple a "tool" to work with to change their couple interaction patterns when the couple is emotional. This is in contrast to calming the couple down, then providing the insight and the new tool, and then ask-

ing them to continue their interaction. Even if this procedure plays out perfectly well, the couple will probably have less access to the tool when they become emotional again. James Gross's research at Stanford suggests the negative costs to memory that rationality as opposed to emotionality causes; so does the view that positive emotions are a counterweight to negative emotions.

Our research on meta-emotion suggests that people's negative emotions and philosophies about basic negative affects (like sadness, fear, and anger) determine the way they respond to these emotions in themselves and others. In addition, analysis of meta-emotion shows that emotions have their own rationality. Among people who are open to examining the inner meaning of negative affective moments, emotional moments can inform people about themselves and what course of action they should be taking. They are clues to people's paths in life.

What can a therapist do with a kind of alexithymia in clients, that is, a poorly developed language for their emotional experience? The social psychological theory of emotions proposed by Clore, Ortony, & Collins (1988) analyzes what might be called the cognitive "setting conditions" of most affects. It represents a detailed analysis of the appraisal portion of a good deal of emotional experience. As such, it can represent a *guide* for retraining people whose meta-emotion philosophy leads them to avoid processing emotional experiences. The Clore-Ortony-Collins theory can provide a basis for teaching people that emotional experiences can inform them about themselves and lead to productive thinking. Inherent in emotions is a guide for both understanding and action. Eugene Gendlin's work on Focusing can be a useful supplement to the therapy here. Gendlin has a focusing web site and a book. There are several important books with "focusing" in the title. They are guides for helping people put words, metaphors and phrases to their bodily experiences. For example at first a client may say she feels "sad" about her job. With focusing she says she feels like she is being left behind, like a train is pulling away and she is left standing on the platform. She then discusses her perception that she keeps helping people with their work and gets none of the credit while those people advance and leave her behind. That is an example of how focusing works.

In sum, if a therapist is uncomfortable with strong emotions, he or she should take an inward look at his or her own meta-emotions and meta-emotion philosophy to understand what may be making this process uncomfortable; then seek to make changes in order to be more comfortable with emotion.

Assumption #3: State Dependent Learning.

Much of the learning in couple therapy may be state dependent, meaning the best learning takes place during the emotional state to which it applies. Thus, unless we permit a couple to become as emotional in our therapeutic office as they do at home, they may not have access at home to the important learning that we have offered after they've left the office. When therapists are themselves uncomfortable with strong emotions and believe that strong emotions mean that things are "out of control," or "blowing up," they may also think that strong negative emotions prevent people from hearing insights or changing their behavior. On the contrary. It is only by permitting a couple to do what they normally would do and then working with them in these emotional states that transfer of learning becomes possible.

Assumption #4: Strong Emotion and DPA.

Each emotion has been found to have its own "autonomic signature." This work was pioneered by Robert Levenson, in collaboration with Paul Ekman, and Wallace Friesen. Other scientists have also contributed to this view, including Richard Davidson, Nathan Fox, Geri Dawson, who expanded this view to differential brain activation for different kinds of emotion, and Joseph LeDoux, who mapped the subcortical limbic activation in the amygdala during fear conditioning.

This autonomic signature idea means that specific changes occur with each emotion, such as the hands getting hot in anger and cold in fear. Psychologists used to think, according to Schachter & Singer's experiments and Mandler's theory, that in all emotions there was a basic underlying physiological arousal and that cognitive labels were responsible for differentiating this underlying physiological arousal into the various emotions. That is no longer believed to be true. These autonomic signatures are quite different from DPA, in which many physiological systems are activated at once. It is DPA that interferes with information process-

ing, not emotion. The autonomic signature hypothesis is still controversial. Some psychologists subscribe to a dimension view of emotions, rather than a discrete Darwinian view, in which dimensionality enters in only as intensity of a discrete emotion.

Henry-Stephens Model and DPA: What kinds of things cause DPA? Probably the most influential model is the Henry & Stephens model of stress. Henry proposed that there are two axes that are involved, and we can suggest, based on their work, that DPA is involved when both axes are activated together. The two axes are: (1) the sympathetico-adrenalmedullary axis, which involves the sympathetic branch of the autonomic nervous system; we now know that this also involves the withdrawal of vagal tone (a parasympathetic function). The major hormones involved here are the catecholamines adrenaline, noradrenaline, and dopamine. This axis appears to be activated by active coping, anger, aggression, and hostility. (2) The pituitary-adrenocortical axis, which involves the pituitary gland and the cortex of the adrenal glands. The major hormone involved is cortisol. This axis appears to be activated by passive coping, fear, sadness, helplessness, grief, loss or the threat of loss (particularly of figures people are strongly attached to). The combined activation of both axes might be occasioned by such emotion blends as the simultaneous activation of anger and helplessness.

A couple needs to get into a state of Diffuse Physiological Arousal (DPA) to be able to learn the tools of recognizing that state and then being able to self-soothe, soothe the partner, or take a break (and it has to be the right kind of break). It will do no good to give them the tools for dealing with DPA when they are calm, for when they get into DPA they won't have access to these tools. Instead, they will only have access to the usual over-learned DPA behaviors of Fight or Flight. So in order to learn the tools for dealing with DPA, the therapist has to let them get into these states right in the office. Now it is true that people's ability to process information is greatly reduced during DPA, so the intervention needs to be kept short and simple; for example, "BREATHE!" The couple will have to over-learn the tools for dealing with DPA and strong emotions when they are in these states to counter the normal reactions to

run or aggress. Learning the four parts of self-soothing, as well as exercises for soothing the partner, and taking effective breaks when feeling flooded can all be helpful.

Assumption #5: Massing and Fading: the Boegner & Zielenbach-Coenen Study.

We use 1 ½ hour sessions. We do this largely because of a very important study done by Boegner & Zielenbach-Coenen (1984). They were two graduate students who designed a very interesting study that accompanied the Munich couple therapy study. They had three groups, a group that had 14 sessions of therapy just like the Munich study did, and a second group that offered the same number of hours of therapy, but massed most of them at the beginning of therapy and then faded them out with two structured “vacations” from therapy (a 2-week vacation and a 3-week vacation) near the end of treatment. There was homework during the vacations and the therapist called to check up during the vacations. The third group was a waiting list control group. These investigators found that the **massing and fading** group produced much larger effects and there was significantly less relapse 8 months after termination than the standard Munich treatment condition. This is a remarkable finding, and we have patterned our practices after it. We urge you to think of this model of massing treatment at the start and then using structured vacations as the therapy is winding down.

Assumption #6: Affective Neuroscience, Emotion Theory in Other Couple Therapies, and Our Views.

In many couple therapies, you will find that the underlying theory suggests that there is a hierarchical arrangement between the basic emotions; in these therapies, the therapists reframe some emotions in terms of other emotions. For example, the attachment-based theory in Johnson & Greenberg’s emotion-focused therapy suggests that behind anger and contempt there is fear, sadness, and insecurity in general. There is the suggestion that most anger is due to the emotional unavailability of an attachment figure. Jacobson & Christensen suggest a similar kind of reframing of what they call the “harder” emotions (anger, contempt) in terms of the “softer,” more vulnerable emotions (fear and sadness). Hendrix also says that it works to help couples develop an X-ray vision to see “the wound behind the anger.”

In contrast, from the research on emotion we believe that the evidence supports Paul Ekman's view, which is essentially an extension of Darwin's approach to emotion. This view is that there are eight basic, discrete emotions that are not in any hierarchical relationship to one another. These emotions are interest, happiness, fear, sadness, anger, disgust, contempt, and surprise. Levenson has also added that there are dimensional aspects to emotion, the most important being an intensity dimension. For example, anger ranges from irritability to rage, but all intensities of anger probably have the same autonomic signature.

These eight emotions are considered basic to Homo Sapiens and have adaptive value in organizing responses to particular types of stimuli. For example the expression of disgust closes the nostrils against a potentially dangerous odor. The evidence also supports the view that there are cross-culturally universal facial signals of each emotion that are digital and discrete. This view is different from a continuous, dimensional view of emotion, which maps emotions into two or more dimensions and places each emotion in a different part of a continuous space. Peter Lang is an example of a theorist who holds a dimensional view of emotion.

We agree with Ekman that there is a built-in, pre-wired "affect program" for each of these basic emotions. The program has cognitive, physiological, and experiential parts, each of which can activate the emotion. There is strong evidence that the original Schachter and Singer (and later Mandler) view of emotion is wrong, which stated that emotion differentiation occurs only in the cognitive but not the physiological realm. In our view there is adequate evidence of autonomic and other specificities to the basic human emotions. Anger is clearly physiologically distinct from fear, disgust, and sadness. It is different autonomically (the hands get hot in anger and cold in fear, for example). Davidson and Fox's EEG research also established that anger is localized in the left frontal lobe, while fear and sadness are processed in the right frontal lobe. Hence, we do not think that the research evidence supports the idea that "underneath" anger, there is fear or sadness. But usually the basic emotions are very rapid (in the face these expressions last two seconds or less).

In addition, complex cognitions do not drive the emotional system. They are an afterthought. We agree with anthropologist Richard Leakey who described the mainstream view in anthropology that increasingly complex social organizations, and not tool use, drove the development of a larger cortex in primate evolution. We think that this is precisely what happens in human development, too; cognitive development is driven by social-affective development. Ours is an emotion brain that emerged initially from brain-stem mechanisms of homeostatic regulation that linked up with the olfactory bulb to develop into the limbic system, which was then built upon. Jaak Paksepp's important book, *Affective Neuroscience*, elaborates upon these ideas. Theorizing by Richard Davidson, Nathan Fox and Joseph LeDoux is also fundamental to our understanding.

Thus, the primary human emotions of anger, sadness, fear, contempt, disgust, interest, happiness and surprise do not seem to have any hierarchical relationship to one another. They are like the primary colors on an artist's palette. Anger is not "basically" fear or sadness or hurt, or anything else. This is not to say that people may not be experiencing blends of emotion at any time, with anger being a part of the blend. Or that people's prior conditioning history has not paired some emotions with others. Or that people's meta-emotions about anger involve sadness or fear. But, in general, contrary to what Johnson & Greenberg assert in their *Emotion focused couple therapy*, which is based on an attachment theory model, anger is not always the result of insecurity. Nor does it seem to be the case, as Jacobson & Christensen asserted, that more vulnerable emotions underlie hostility. There are good reasons for getting angry, such as unfairness, injustice, or immorality. Yet therapeutically it may be a good and effective therapeutic technique to reframe anger as sadness or fear, or to emphasize the sadness and fear parts of a blend with anger. Also, it may be clinically helpful to reframe hostility in terms of these other emotions. We are simply suggesting that the emotions are not hierarchically organized.

Assumption #7: The Role of Cognitive and Emotional Gender Differences.

Cognitive and emotional gender differences are also part of our evolutionary heritage. It is, of course, very hard to put together a picture of this heritage, but our best anthropolo-

gists have done a remarkable job in painting a picture of us and our hominid ancestors. In this picture, selection favored us through differential gender roles in the division of tribal labor, with cooperative hunting of large game as the male role in most cultures and nurturance of the young and trapping of small game and gathering of food, the female role. The work of Sanday on 186 hunter-gatherer cultures is most illuminating here.

There is also evidence to support the idea that men are more reactive to most stresses than women and take longer to recover from arousal, which in turn, is evidenced in our couple studies of gender differences in the presence of DPA. (See the book, *Gender and Stress*.) There may also be critical gender differences in some cognitive systems, for example differences in attention and memory. We believe that the evidence suggests that women's memories are better than men's, that women are superior to men in memory and language skills, and this is especially true in the interpersonal realm.

Assumption #8: The Role of Meta-Emotions.

By combining psychophysiological research, evolutionary theory, and neuroaffective science, we've come to believe that the human body can be organized in terms of evolutionary adaptation into a small set of "systems" of organization. Panksepp documents these best as seven affect systems that have distinct behavioral and neurophysiological patterns shared by all mammals. They include the *seeking* system, which is involved with exploration; the *lust* system, which is involved with sex and reproduction; the *rage* system; the *appetitive* system (consummatory behavior); and the *attachment and loss, nurturance, vigilance, play*, and *mastery* systems. It is quite likely that there are no gender differences in the seeking, appetitive, mastery, rage, and lust systems. But women are probably more reactive than men in the nurturance, and attachment and loss systems, while men are probably more reactive than women in the vigilance, and play systems.

In Gottman & DeClaire's (2001) book, *The Relationship Cure*, we re-named these systems and called them "emotional command systems." Specifically, we identified them as follows:

1. **The Sentry**, with the primary affects of fear (being vigilant for danger, and its opposite), and the feelings of security and safety;

2. **The Nest-builder**, with the feelings involved in bonding, security, affection, love, connection and attachment, and the opposite emotions of separation-distress/panic, grief, sadness, and loss;
3. **The Explorer**, or the seeking system, with primary affects of curiosity and the joy of learning, exploration, and adventure;
4. **The Commander-in-Chief**, with its primary affects of anger, hostility, rage, dominance, control, and status, and its opposites of submission and helplessness;
5. **The Sensualist**, with affects involving sensuality, sexuality and lust;
6. **The Jester**, with affects related to play, fun, humor, amusement, laughter, and joy; and
7. **The Energy Czar**, which is involved in managing bodily needs concerned with energy, food, warmth, shelter, and so on.

Panksepp found that these seven emotional command systems are the primary colors of affect for mammals. They can operate exclusively, but are often recruited in the service of one another. For example, the Explorer may be recruited in the service of finding a sexual partner. Or the Sentry and Nest Builder may be employed along with the Commander-in-Chief to create a potentially ferocious protector of the young. We believe that these systems form the affective underpinnings for sound relationships. In other words, because every individual possesses these systems to varying degrees, they color the relationships between individuals. Through pure forms or blends, they supply interactions with relative affective richness.

These systems plus environmental factors also create an individual's attitudes, values and feelings about the expression of various emotions, known as "meta-emotion". Our own research also suggests that there is an executive system about emotion, the meta-emotional system. This is how people organize the emotions for themselves, what people's feelings about feelings are, and their own philosophy about each emotion and emotion in general. This meta-emotional system is based on each person's experience with each emotion and can be very complex, perhaps including hatred and denial of one particular emotion while having comfort with another.

People can talk very easily about these meta-emotions. One woman interviewed said she hated sadness because she had a depressed mother and she described her father as a bully. She said that she and her sisters got together when they were still very young and decided to never be sad, to always turn sadness into anger. She said she still did this. She said she loved anger, it was energizing. She was quite a crusader in the community and in tough situations her children might encounter in school. When asked how she responded when her youngest son was sad, she said, "Oh, I feel awful when he is sad. I just go for a run."

Another couple interviewed said that they both had explosive fathers they loved dearly but were afraid of as well, and they decided very consciously to "protect" their relationship from anger. They had banished anger from their interaction, meaning that when it inevitably arose it was cause for major repairs.

An additional couple interviewed said that their parents (both sets) were never very affectionate with them as children, and never expressed any pride in them. This was so powerful for them growing up that they have made it a major part of their relationship to express, at least once, every day in a genuine fashion both pride and love for one another. They did this often by leaving small written notes for one another, or phone messages.

When individuals enter into relationship with one another, they form unique meta-emotion combinations. In the masters of relationship, partners are often well-matched in meta-emotion, or they have found ways to co-exist harmoniously with meta-emotion mismatches. But in couples that experience distress, meta-emotion mismatches have often disrupted their relationships (Gottman, Katz, & Hooven, 1996). Thus, couples often present in therapy with meta-emotion mismatches. According to Gottman and his colleagues plus Panksepp's work, to help couples deal with meta-emotion mismatches, down-regulating negative conflict is not enough. Positive affect must be created or enhanced as well. The theory-based therapy that we will present does both.

Rapprochement Between Gottman Method Therapy and EFT: Our thinking is entirely compatible with Johnson's Emotionally Focused Therapy (EFT; e.g., Johnson, 2004), and compatible with its attachment theory basis. We embrace the EFT focus on emotion; it has helped guide our work. However, Jaak Panksepp's 7 emotional command systems are critical for creating a complete theory of the role of emotion in couples' relationships. Toward explaining this point, we now undertake a brief and friendly critique of attachment theory as a basis for a complete emotionally-focused couples' therapy. We say "friendly" because there is no doubt in our minds that Johnson's EFT is a powerful basis for a couples' therapy that recognizes the key role that emotion plays in the development and maintenance of intimacy. As the great physicist Isaac Newton said, "If I have seen far, it is because I have stood on the shoulders of giants." Johnson is our giant; the conceptual and empirical contributions of EFT are invaluable.

What Are the Contributions of EFT? The validity of the experiential-emotional basis that EFT has been demonstrated in empirical research as a guide for the couples' therapist for healing attachment injuries, dealing with trauma, and creating secure bonds. Its contributions to couples' therapy are vast. At least two of these contributions are: (1) the focus on emotional reprocessing to heal attachment injuries; and (2) the legitimization of dependency in human relationships. Let us consider each contribution in turn.

First, in our view the EFT focus on emotional reprocessing of attachment injuries provides the tools necessary for healing deep injuries in secure connection, some of which have their roots in the current relationship, and some of which have their roots in the family relationships of childhood. In our language, these are the injuries that have come from important attachment figures turning away from or against bids for emotional connection during times of great need. Second, in our view the focus on the legitimization of dependency in human relationships corrects Bowen's misguided emphasis on what he called "differentiation." To understand the immense importance of Johnson's contribution, let's first understand what Johnson was confronting and correcting: Bowen's concept of differentiation.

The concept of “differentiation” has two components. As Papero (1995) stated, “differentiation” was envisioned by Bowen as a scale that ranged from zero to 100; at zero there was no differentiation, by which Bowen meant that emotion was uncontrolled by reason; at 100 was full differentiation, by which Bowen meant that reason controlled emotion. Bowen was fond of saying to a couple in therapy, “Don’t tell me what you feel, tell me what you think” (personal communication, Michael Kerr, 2001). Bowen followed a limited view of McLean’s (1990) model of the triune brain; McLean viewed the brain in evolutionary terms as having reptilian (brain-stem), mammalian (limbic), and primate (developed cortical) parts. Bowen chose to view McLean’s triune brain as suggesting that emotions were evolutionarily more primitive, limbic, impulsive, out-of-control, and antithetical to a more cortical highly evolved rationality. This view is outdated by modern neuroscience; research and neurological practice shows that there is an integration of reason and emotion in the prefrontal cortex, as well as bi-directional feedback with limbic areas (LeDoux, 1996; Siegel, 1999). For example, Damasio’s work in *Descartes Error* (1994) with a patient who had a tumor removed from the prefrontal area demonstrated his inability to process emotions, as well as an inability to use intuition, a central emotional component of problem-solving or prioritizing information. The man had lost his job and his relationship. In his initial evaluation of the patient, Damasio discovered that the man could solve puzzles and mazes well. Damasio was puzzled until he went to make another appointment with the patient. The patient was able to list his available times in the following week, but unable to prioritize those times and select a best time for the next appointment. Without emotion and intuition, he was incapable of prioritizing his needs and making fundamental decisions for himself. This demonstrated what we now know that contrasts with Bowen’s view: Rational thought is fundamentally intuitive and emotional as well as cognitive, and during emotional moments people can think. The distinctions between reason and emotion are not part of the brain’s evolution, structure, or functioning.

The second component of Bowen’s differentiation was interpersonal. It proposed a developmental theory that high levels of interdependence and interconnection in a couple amounted to pathological “enmeshment” and “symbiosis,” a

kind of biological host-parasite relationship. On the other hand, high levels of independence, and the creation of boundaries were viewed by Bowen as highly developed, and the basis of healthy relationships. Bowlby and others criticized this view. For example, the eminent psychiatrist Lewis (1989) in his work on the birth of families, suggested that every couple finds its own balance of independence and interdependence. He suggested that it is not helpful to pathologize strong needs for connection, and also it is not helpful to pathologize relationships that select greater emotional distance and independence. Lewis suggested that there is no optimal amount of interdependence or independence. Our research findings support Lewis. In our typology of couples' relationships we found that there is also no optimal amount of emotional expression, nor is there an optimal amount of conflict engagement or avoidance. Raush's classic (1974) observational and sequential analytic work on the transition to parenthood suggested that both bickering couples and conflict-avoiding (and disinterested in psychological insight) couples were dysfunctional, and that only a middle-ground "harmonious" couple was psychologically healthy. However, our typological longitudinal research found that, despite his monumental contributions, Raush was wrong on this point. So long as partners are matched on the amount of conflict they desire or wish to avoid, the amount of emotional expression and exploration they wish, and the amount of intimacy, passion, interdependence or independence they desire, everything is fine – their relationships turn out to be happy and stable, and their children are also fine on measures of cognitive and affective child outcome. The problems occur when there are mismatches between partners, and these mismatches create central perpetual issues for the relationship.

Johnson used attachment theory as the foundation for her research and therapy. Attachment theory has demonstrated that a developmental theory of increasing independence in close relationships is entirely misleading. Johnson understood that attachment theory correctly normalized dependency in close relationships.

In addition, research has demonstrated that relationships are all about being emotionally connected, and that the amount of connection and the amount of emotion are matters of personal choice and comfort. Both low levels of emotional connection and high levels of emotional connection have their own risks and their own benefits; neither

choice is perfect. Our work (Gottman, 1994) reported that as long as the ratio of positivity to negativity during conflict is 5 to 1, all relationships (passionate, validating, and conflict-avoiding) are stable. However, when the ratio of positivity to negativity during conflict falls to 0.8, all of these relationships are unstable. Bowlby's theory (e.g., Bowlby, 1988) has also been supported by basic research on attachment in non-human primates (e.g., see Blum, 2002). Harlow's groundbreaking research showed that love in baby rhesus monkeys is based on secure attachment, comfort, nurturance, emotional availability and responsiveness, touch, affection, and contact. It is not based on providing milk delivered by a nipple, no matter how readily available the nipple is. Johnson understood this, too, and based her EFT on the need for secure attachment, not the alleged need for differentiation.

The implications of this work are dramatic for the couple therapist. Rather than differentiation being the therapist's royal road to intimacy, the royal road is emotional availability and responsiveness. Instead of fostering a process in clients of controlling emotion with reason, couple therapy needs to focus on the integration of emotion and thinking, the understanding of emotional connection, couples' negative cycles, and the dynamics of emotional connection, turning away or against, and the dynamics of attachment betrayal. EFT has shown us the pathway. Yet, we maintain that there is still more distance to go along this road, and Panksepp's work provides us with the roadmap we need.

The Limits of Attachment Theory: Only two of Panksepp's seven emotional command systems are central to attachment theory, the Sentry and the Nest Builder. It was Bowlby's contention that once an infant was safe and securely attached, the baby would naturally explore and play, occasionally returning to the mother's secure presence for comfort. Ainsworth (e.g., Ainsworth, Blehar, Waters, & Wall, 1978) and Campos' (e.g., Campos, Frankel, & Camras, 2004) research supported these contentions for mothers and infants. Johnson has written that adult attachment differs from the parent-child system in being far more reciprocal and also sexual. We agree with her, but we also believe that were Bowlby alive today he would agree with Panksepp that each of the seven emotional command systems can and often do operate independently and are also essential to ensure healthy adult couples' relationships.

This idea of including all seven emotional command systems (and not just two) is critical for couple therapists. It suggests that a secure attachment does not necessarily result in a well-working match across partners in the emotional command system for lust, romance, passion, sex and intimacy (the Sensualist), nor for play and fun (the Jester), nor for exploration and adventure (the Explorer), nor for balancing energy inputs and expenditures (the Energy Czar), nor for managing power and anger (the Commander-in-Chief). While Bowlby may have suggested that all these emotional command systems will work well by themselves once there is secure attachment, we disagree. It is our contention that every emotional command system needs special attention by the couple therapist. For example, the entire world of positive affect (the Sensualist, the Jester, the Explorer, the Energy Czar) needs to be built intentionally, and the therapist cannot assume that these command systems are activated, functioning well, or matched across partners once conflict is managed or attachment is secure. We are confident that, if John Bowlby were alive today, since he was a great observer, he would agree that these positive affect systems do not automatically emerge in adult relationships once people feel safer and more secure with one another. Courtship, romance, passion, good sex, play, fun, adventure, humor, interest, excitement, joy, curiosity, all these positive affects need to become a priority in a couple's life. They need to be built intentionally with the therapist's help.

In addition, we agree with Darwin (1873) that all the emotions are functional and serve adaptive values. For example, as Darwin pointed out, the disgust facial expressions close the nostrils against potentially noxious odors. In fact, contempt and disgust might have been the basis for the evolution of morality. Anger and rage can be in the service of justice, or the establishment of specialization, leadership, and fair and equitable dominance relationships in couples (research has shown that a dominance structure is neither bad nor good.). Sadness and grief are the opposite side of the coin of attachment and connection. Since the emotional command systems, when paired with negative affects, are also quite capable of operating independently, it is not the case that "behind" anger and rage there is necessarily a primary emotion such as fear. Johnson (2004) suggested that anger is often a natural reaction to an unavailable attachment figure. We agree. However, many contexts (such

as a frustrated goal – Ortony, Clore, & Collins, 1988) also generate anger. Anger can be just anger, it need not be related to the attachment system. We especially draw attention to anger here as a way of dramatizing the need for the therapist to consider all of Panksepp's emotional command systems. The therapist needs to be able to understand all the affects and not assume that any need is necessarily hierarchically related to insecurity; in other words, none should be dismissed. The expression and understanding of pure anger (unblended with fear), for example, can be the basis for greater understanding, fairness, emotional connection, and bonding for partners.

In summary, we believe that attachment theory deals with only two out of seven of Panksepp's emotional command systems. We agree with Johnson that the couple therapist needs to be an emotion expert. However, that expertise must be based on the therapist's being aware of all seven emotional command systems.

Assumption #9: The Therapist's Role Is Not to Soothe.

Bowen viewed the therapist's role as similar to that of a control rod in a nuclear reactor, to intervene and soothe the couple. In this view it is the therapist's role to do the soothing in the couple system. Our view is opposite to this. The danger in Bowen's view is that it makes the therapist irreplaceable, and it may maximize the couple's relapse once therapy terminates. Particularly given what we now know about state dependent learning, the therapist, in our view, ought to allow the couple to get very upset, even entering states of DPA, and then have *them* learn how to self-soothe and soothe one another.

Assumption #10: Interventions Should Have Low Psychological Cost.

Interventions should seem easy to do. They should not be costly psychologically or appear to be foreign to people. The reaction to interventions should overwhelmingly be, "Oh, is that all there is to this? I can do that." We hope actually that this is the reaction of therapists who learn this new couple therapy; "I can do this. This is easy."

Assumption #11: Couple Therapy Should Primarily Be a Positive Affective Experience.

Individual psychotherapy is often a very positive experience. The client is central, and the exploration of the client's past life is the core of the therapy. The client is loved and accepted, and the client's growth and development are the fundamental concern of the therapy. The therapist is the client's ally. In some ways, individual therapy is a positive growth experience, an island in time and space that is special, where the client is central. It can even be fun.

For some reason, in most couple therapies an opposite state of affairs exists. Clients come to couple therapy only to have their flaws pointed out to them. Their dysfunctional thought and behavior patterns are illuminated by the brilliant, insightful therapist. They are each exhorted to change, to stop being so narcissistic and to become more giving, more empathic, and less defensive. The very basis of their own legitimate complaints about their partner and their own visions of their own blamelessness are attacked by the therapist. The fundamental attribution error is laid bare by him or her: "You think it is not your fault," says the therapist, "that you are perfect, but this is an illusion. You are mistaken. You are a big part of the problem. Your worst nightmare is true. What your partner has been saying about you all along is partly true. I, the therapist, am as much on your partner's side as on yours, so don't think you have an ally here against your partner."

Clients in couple therapy are urged to take responsibility for the problem and to do something about it. In some sense, clients get beaten up by the therapy for their own dysfunctional behavior. They focus on problems and solving them (and doing it fairly quickly--the average couple therapy is about 11 sessions) and getting on with their lives.

The very beginnings of General Systems Theory was a set of books written by very intellectual people like Gregory Bateson, Paul Watzlawick, Don Jackson, and Jay Haley. Their dazzling analysis of human communication and its foibles helped set up the culture of nailing people. Bateson was inspired by the writings of the great mathematician David Hilbert, who attempted (and failed) to put mathematics on a foundation of logic by suggesting that there were different levels of analysis, one of which was the "meta"

level. Bateson thought that interpersonal communication could also be analyzed in the same manner, and by spending hours in the zoo filming the play of animals, he discovered the specific meta-communication that tells another animal, “this is play, it’s not real fighting.” Watzlawick’s exciting book *The Pragmatics of Human Communication* suggested that people do not check out communication but instead they “mind read;” they engage in the “punctuation fallacy.”

The concept of “games” people play in communication was another such concept. When Albee’s play, *Who’s Afraid of Virginia Wolf*, was analyzed so that George and Martha’s pathology could be laid bare by intellectual analysis of the “games” they played, principles of communication and pathology were suggested. It was impossible to not communicate. The whole was greater than the sum of its parts. Families were cybernetic systems, with “inputs” and “outputs,” “homeostasis,” “rules,” and “feedback.” A whole series of dysfunctional interaction patterns were identified and named, like “kitchen-sinking.” Suddenly, a whole method of analysis was available for thinking of family interaction, and for analyzing one’s own pathological family. The new knowledge was heady and thrilling. It led to many insightful conversations late at night about one’s own family pathology.

Modifying an Unfortunate Heritage: The original general systems theorists of families were inspired by a book written by von Bertalanffy (1968) called *General System Theory*. In this book, von Bertalanffy argued that all systems, biological, organizational, interactive were the same and followed some general principles. He had little idea what these principles might be, but he supposed that they would include some mathematical relationship between the parts of the system, a relationship that governed the system’s dynamics. He suggested that every system acts to maintain its homeostatic balance, or stable steady state. Like a thermostat, the stability of systems is maintained by feedback mechanisms that bring the system back to its steady state if it were perturbed.

In a relationship, this meant to von Bertalanffy that it would be possible to write down equations that told us precisely how change in each person over time was affected by the other person. This led to the idea of “circular causality,” that each person’s behavior is affected by the other. Instead

of labeling one person as pathological, each person's pathology could be viewed as a reaction to the other's. In families, this point of view called attention to *patterns of interactive behavior*, rather than to the personality of individual people.

Von Bertalanffy did not know how to write down these equations, nor did the family general systems theorists, so this vision never became a scientific reality. Eventually, the idea of actually creating a mathematical model for families was abandoned. All that remained were the metaphors that von Bertalanffy had suggested.

Unfortunately, as Wile (1993) pointed out, these metaphors have put therapists into an adversarial position against families. Wile wrote:

Practitioners from all major schools of systems theory start with the assumption that they must find some way of dealing with family homeostasis--that is, the tendency of families to maintain their pathological patterns and resist the therapist's constructive efforts. The major disadvantage of the concept of homeostasis is its assumption of an adversary relationship between therapist and family. Individual family members are viewed as active proponents of the family system, willing victims of this system, or both. Since the aim of systems oriented therapy is to challenge the family system, a task that requires disrupting the family's homeostatic balance, these therapists often see their goals as directly opposed to those of the family (p. 28)... [there is] the tendency of some to see family members as being duplicitous and manipulative, as using "ployes" (Jackson, 1959) or Eric Berne type games to get what they want. The systems approach thus appears to lead to a picture of the conjoint therapist struggling gallantly against great odds--against concerted family efforts to maintain homeostatic balance, against family forces sabotaging all attempts to change the family system, and against subtle maneuvers and deceipts employed by family members. (p. 29)

Wile goes on to point out that this adversarial position has led to particular approaches to family therapy. Wile wrote:

Thus Ackerman (1966) deliberately charms, ridicules, and bullies family members; Haley (1963) and

Watzlawick, Weakland, and Fisch (1974) strategically manipulate them with paradoxical instructions; Jackson and Weakland (1961) tactically place them in therapeutic double binds; Haley (1977) systematically browbeats certain partners who fail to do the tasks he assigns them; Minuchin and his colleagues (1967) “frontally silence” overbearing wives to “rock the system” and show their passive partners how to stand up to them; Speck (1965) openly engages in “power struggles” with families; Satir (Haley and Hoffinan, 1967) forcefully structures the therapeutic session and undercuts all attempts to challenge her control; and Zuk (1968) intentionally sides with one family member against another, challenges the whole family, and does so in inconsistent patterns in order to shake them up, keep them guessing, and “tip the balance in favor of more productive relating.”... It is perhaps surprising, considering the dramatic nature of these methods, that they have been incorporated into the couples and family therapy traditions with so little discussion and debate ...An entrant into the field is often taught his general adversary orientation as if it were the only possible way of doing family and couples therapy. (p. 29)

These adversarial consequences are an unfortunate result of not actually doing the scientific work of writing real equations. This has led to us having inherited an incorrect view of what homeostasis is in family systems.

The Mathematics of Relationships: Seven years ago I began a project with the world famous mathematician and biologist James Murray to model couple interaction with the kinds of equations von Bertalanffy envisioned, except that they turned out to be nonlinear. These equations reveal that homeostasis in couples is a dynamic process in which the couple has its own mechanisms of self-correction and repair when the interaction becomes too destructive. This view of repair provided by the mathematical modeling has an interesting result. It puts the therapist on the side of these mechanisms of repair that are natural in couple interaction, rather than in an adversarial position against pathological processes.

In our research we also gathered data from three domains of human experience: behavior, perception, and physiology. These three domains are not independent; rather, they are

intricately linked in a relationship called the “core triad of balance.” The idea is that every relationship establishes a steady state, and the “system” of the relationships is repeatedly drawn to this stable steady state. Also, each couple system is capable of repair when this is needed.

To review the classic concept of homeostasis, or “stable steady state,” in biological and behavioral systems, consider body weight. By controlling metabolism, the body will act to maintain a particular weight so that the person will either temporarily stop eating or get very hungry and begin eating, regardless of his or her weight. This principle holds true even if the person is anorexic or grossly overweight. When we try to change our weight away from that stable steady-state weight, the body will act to maintain the status quo, a constant internal milieu, a stable homeostasis, even when this stable steady state is not a healthful one. Recently, we had the example of the young man who weighed 1,000 pounds when he died and whose body had to be lifted out of his apartment with a crane. Many people (Dick Gregory, for example) had worked with this man on diets, and he lost a lot of weight at one time, only to gain it back again. When his weight fell, he got very hungry. This was his body’s attempt to maintain what was ultimately a very dysfunctional stable steady state for him.

In our work we were led to a model that posited that every relationship has **two steady homeostatic states, a positive and a negative one**. Every relationship has the potential of being heaven or hell. In treatment, we seek to increase the attractive force of the positive steady state and decrease the attractive force of the negative steady state. A couple may come in with the negative steady state like the attractive force of Jupiter and the positive steady state with the attractive force of Mercury. Our goal in therapy is to reverse this. With this addition, the therapist becomes aligned with the couple’s desire to make their relationship more characteristically positive than negative.

Couple Therapy Could Be Primarily a Positive Experience:

There is really no need to beat clients up about their own dysfunctional behavior. In fact, the entire problem-solving process can be recast as primarily people’s basic life dreams in conflict. This is actually usually the case when conflicts become gridlocked and hard for couples to solve on their own. Then, during problem-solving in couple therapy the

focus becomes exploration and understanding, and using the couple friendship to help make one another's life dreams come true. Much of conflict resolution is then an exploration in meaning and understanding. It can have that self-indulgent quality that is so wonderfully attractive about individual therapy.

In fact, it can be better than individual therapy. Couples love the Oral History Interview. They love talking about how they met, and telling the dramatic story of how they created a relationship and a family. Couples love talking about their own past lives and how it has shaped them to have these particular philosophies and attitudes. They enjoy discussing their life search for meaning and the added challenge of finding shared meaning together. Much of the resolution of conflict can have this same quality of a journey through the photo album of the mind. It can be a growth experience in which the travel is not lonely. It is not lonely because one's partner is there as well.

Everyone is a Philosopher: This is very clear from the writings of Studs Terkel, in all of his books where people from all walks of life comment on the meaning of work, and war, and getting through hard times. In her classic book on blue collar relationship, Mirra Komoravsky talked about a couple. The interviewer talked to them about an important event that had just happened. They had made the last payment on their home. This was especially significant because they were the "runts" of each of their families. Their families thought it amusing that the two dummies had found one another, and this family rejection was clearly a painful part of both of their childhoods. But, they said, their children were doing well, in contrast to their brothers and sisters, and their relationship was the only one still intact. The two runts had banded together and done very well indeed. This shared meaning they created of a crusade to show the world how well they could do and their great strength in union was a dramatic example of how a couple could develop a strong friendship based on a common shared meaning system. Everyone is an existential philosopher, not just the French. And we believe that therapists are in a great position to help couples in their search to create shared meaning. Furthermore, the creation of this shared meaning system, this uncovering and blending of dreams is the way out of the negativity of gridlocked conflict.

It is the way to make the whole process one of honoring each person's dreams and developing a system of shared meaning.

We discovered in some of our training as therapists an elitism has developed in which we tend to believe that a college education or some advanced degree is necessary before people live an examined life. Nothing could be further from the truth. Even very young children begin asking questions about death, become aware of their own death, and start wondering about what it all means. Conversations among friends of all ages and all walks of life are filled with trying to understand life in all its possibilities, and to create some meaning out of the everyday routines of life. It is the creation of this shared meaning that is at the heart of the creative resolution of couple conflict. In helping a couple to explore what shared meaning they can create and have already created with one another, the therapist is tapping into a natural system that is a very important ingredient in the couple's friendship, that is, how they make life meaningful together. This factor, ultimately, is what can make the therapy most positive of all.

Assumption #12: We Are Not Idealistic About Relationships and Their Potential.

There are many couple therapists who have high expectations for what is possible in relationships. David Schnarch has high expectations for what true intimacy can be, and Harville Hendrix believes that a relationship can be therapeutic and heal the people's childhood wounds. These are lofty goals, and these people may be right in espousing that people try to aspire toward these heights. We are not opposed to these views, but they are not the view we are offering you.

We take a different view. We are more like plumbers, not idealists or theologians. What we mean by that is that we have studied the range of relationships, both terrific and pathological, and we have a great deal of respect for the good ones. We call our approach to couple therapy building the "good enough relationship." The relationships we have studied that are stable and satisfying to the people in these relationships are usually very good environments for the development of both people, and for raising kids as well.

We are only interested in helping people to have the kind of relationships we have seen when relationship seems to be at its best. So we don't judge relationships based upon some theory of individual or group development. We celebrate the things we have seen that work, and we appreciate what we have observed.

Hence our view of relationships and what works well in relationships has been to discover what real people in all walks of life in the United States, in all socioeconomic, ethnic and racial groups we can get the funds to study, do to have stable and satisfying relationships. We are very impressed by many of the relationships we have had the privilege to observe and get to know.

That is why we call this therapy building the "good enough relationship." We are likely to think a relationship is a good relationship if the two partners choose to have coffee and pastries together on a Saturday afternoon and really enjoy the conversation, even if they don't heal one another's childhood wounds, or don't always have wall socket, mind blowing, skyrocket sex. Not that we are opposed to that. But this "good enough" approach is part of the bias we bring to the research that has developed this kind of couple therapy. We lay out these assumptions to you and you can personally decide if you agree or disagree. Every therapist actively selects her or his own therapeutic orientation, and this discussion of our own assumptions is designed to give you clear choices.

6.2.

Overview of the Therapy

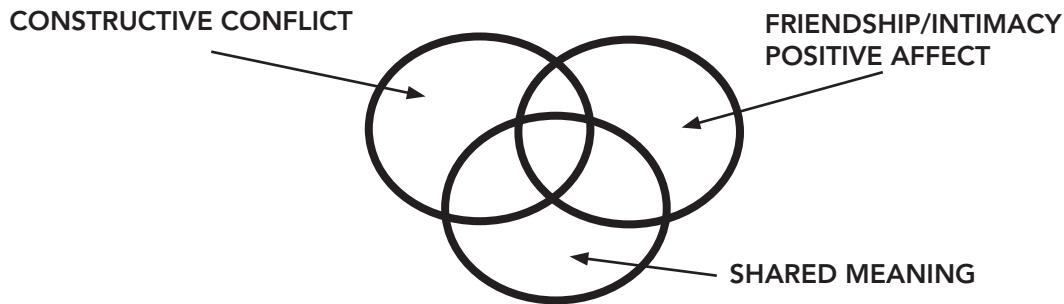


Figure. The three domains for therapeutic goals, showing bi-directional influences

The above diagram is a simple illustration of our view of this therapy. All three domains must be worked on to facilitate the couple's building of a successful relationship. Learning to manage conflict constructively, of course, is very important. But so is working on creating deeper friendship, intimacy, and positive affect in the relationship. Underpinning both of these is a focus on shared meaning, that is, couples exploring what hidden dreams underlie their conflicts, and what visions they each have for friendship and intimacy. Increasing positive affect is central here. Finally, deepening the partner's awareness of what gives their lives meaning and purpose provides the ultimate linkage between them. The three circles all intersect. The diagram thus implies that a therapist cannot improve on conflict skills without understanding meaning and deepening the friendship of the couple. Likewise, friendship cannot be expanded without there being improvements in the management of conflict. And awareness of shared meaning underscores both intimacy and constructive conflict and also, in itself, supplies depth to the relationship. Our therapy works by focusing on and strengthening all three spheres.

6.3. *Goals of the Therapy*

As we have stated in our assumptions, our first goal in therapy is to assess and understand the concerns and emotions that a couple brings into the therapeutic hour, building the relationship by using these emotions in the context of an empathic and accepting therapeutic alliance. So, like Johnson's Emotion-Focused Therapy, our therapy also is emotion-focused, experiential and centered in the here-and-now. But we also explicitly provide the couple with "blueprints" we have gleaned from the masters of relationship for down-regulating negative conflict, enhancing positive affect, and creating shared meaning in the relationship. From these "blueprints", the therapist and the couple have a guide that makes explicit the skills necessary to accomplish therapeutic goals. In addition, the therapist makes the therapy process as dyadic as possible, serving as a validating, compassionate emotion coach and, when necessary, a "translator" of the feelings and needs of each person in the interaction (see Wile, 1993). The therapist also explains and teaches constructive conflict management skills, and provides methods for the couple to deepen their friendship and intimacy.

Following the three assessment sessions described earlier, we begin each intervention session with whatever the couple brings in, be it a fight, the need for one, or the problem of emotional distance between them. In other words, the issue raised by the couple generates which alternatives to the couple's ineffective patterns of interaction will be the focus for the session. Thus, this is not a prescriptive therapy. The couple controls the road followed. However, the therapist has the building blocks of bridges the couple can use to grow both closer to one another and more contented with each other.

6.3.1. Modify Conflict

The couple will create constructive ways of managing conflict that create intimacy and understanding from conflict.

Part of the recognition of how to accomplish this goal involves recognition that not all conflict is the same. These are the sub-goals in conflict:

- **Have each person understand their partner's point of view.** Introduce and use the Gottman Conflict Blueprint to summarize steps of managing conflict, beginning with Gottman-Rapoport intervention.
- **Eliminate the Four Horsemen and replace them with their antidotes.** This down-regulates escalating quarrels.
- **Move from gridlock to dialogue on existential conflict.** Most conflict is around perpetual issues. In these cases the couple has either established a state of "dialogue" with the issue, or they are in a state of "gridlock" around the issue. To move the couple from gridlock to dialogue, we use the Dreams Within Conflict intervention, which recognizes the existential nature of the conflict.
- **Develop six skills.** In all conflict the creation of constructive conflict management includes the development of the following skills:
 1. Gentle Start-up
 2. Accept Influence
 3. Make Effective Repairs During Conflict
 4. De-escalate Quarrels
 5. Compromise
 6. Do Physiological Soothing of Self and Partner
- **Process fights and regrettable incidents.** The couple will be able to process fights and regrettable incidents using the Aftermath of a Fight or Regrettable Incident intervention.

The most common perpetual issue. We have found that a great deal of perpetual conflict involves bridging meta-emotion mismatches. What works best is using emotion coaching, and also healing attachment injuries that have resulted from betrayals or turning away or against bids for emotional connection. In every conflict there is a conversation the couple needed to have, but the fight occurred instead. This conversation, one in which the emotions and underlying meanings are focused on during a conflict discussion, creates the bridge between conflict and friendship/intimacy. The most powerful tool to create this bridge is the Dreams Within Conflict Intervention.

6.3.2. Enhance Friendship

The couple will build and maintain their friendship, intimacy, and positive affect systems (play, humor, affection, courtship, romance, passion, sexual intimacy, adventure).

- **Turn Towards Bids.** The couple will be able to talk to one another about their feelings and needs, and increase awareness for how the partner makes bids and turns toward bids for emotional connection (instead of turning away and against). The couple will build their “emotional bank account.” This, in turn, leads to positive sentiment override.

Subskills also include:

- **Building Love Maps**
- **Building a Culture of Fondness and Admiration**
- **Process Failed Bids.** The couple will be able to process failed bids for emotional connection and heal injuries of safety and attachment.
 - Intentionally build the positive affect systems.
 - Stress reduction.
 - Learn ways to build affection, romance, passion, good sex.
 - Restore the couple’s sense of adventure, play, fun, humor.

6.3.3. Create Shared Meaning

The couple will build and maintain a system of shared meaning.

- **Rituals of Connection.** The couple will intentionally create central rituals of emotional connection, both informal & formal.
- **Shared Purpose in Building a Life Together.** The couple will build their shared meaning system by making intentional their shared goals, narratives, mission, symbols, cultures, & legacies.

6.4. **Modify Conflict Details**

6.4.1. Conflict—Goal #1: Understand Your Partner’s Point of View.

Overview

About six years ago Paul Watzlawick suggested that John Gottman consider applying Rapoport's ideas to the couples' area. Rapoport had been primarily interested in international conflict during the Cold War. However, Watzlawick suggestion was helpful. Rapoport's ideas were quite general and they fit with the sound relationship house theory. There were some startlingly creative insights in Rapoport's work. John was motivated to develop an approach that consolidated the many Gottman Method interventions and concepts that were developed over the years into a single over-arching intervention that could be very simple for couples to remember and work on over time, in a variety of contexts.

So how do we apply Rapoport's ideas to couples? The couple has to see that disputes can be dealt with and managed through understanding, cooperation, and persuasion. If they don't ever subscribe to that idea, then couples' therapy will have little chance of being successful. One way is to get them to agree to the belief that it is in their best interests to slow things way, way down and stabilize rituals of interaction that minimize escalating negativity, and maximize positive affect. This will require dealing with Flooding. To maximize cooperation it is necessary to reduce threat. To minimize threat and maximize the possibility of cooperation. That means we want, to the extent possible, for both people to stay in "WHAT'S THIS? Mode" instead of "WHAT THE HELL IS THIS?" Mode. A 3-month-old baby in WHAT'S THIS mode shows: pupil dilation, heart rate reduction, behavioral stilling, and the baby stops sucking (stops self-soothing). A 3-month-old baby in WHAT THE HELL IS THIS mode shows: pupil constriction, heart rate increase, behavioral activation, and the baby starts sucking (seeks self-soothing). The same is true for partners. Here are the principles that make that possible.

1. They must agree that in every interaction there are **two valid realities**, not just one. That means that each person focuses not on facts but on **perception**. The goal of

each person is to try to understand the partner's reality, the partner's perception, with a agreeable frame of reference.

2. **It is necessary to convey to the partner that he or she has been heard and understood.** "Understood," means affectively, not just cognitively. For couples who do not want to be adversaries, this means **postponing persuasion** until each person can **state their partner's position to their partner's satisfaction.**

The Assumption of Similarity

This is a brilliant point that Rapoport's made. The point was that during conflict people will see their partner ("opponent") as dis-similar to them, and tend to see themselves as having all the positive history, traits, and qualities and their partner ("adversary") as having very few of these, and they may see their partner as having several negative traits as well. This is related to Fritz Heider's Fundamental Attribution Error, "I'm okay, you're defective." Such is human nature. We all think we are the central character of the Great Play of Life. Everyone else is a minor player. We each think we are being watched very sympathetically by Kurt Vonnegut's Great Eye in the Sky. As a result, most humans (not the guilt ridden, self-critical people) are very forgiving toward their own mistakes, but less forgiving of the mistakes of others. They also tend to see themselves as having very few negative traits, little negative history with their partner, and few negative qualities. But they tend to see their partner/adversary as having most of these negative qualities and few positive qualities. Hence, Rapoport suggested two things. First, when we identify a negative quality in our partner (or adversary), we try to see that very quality in ourselves. That is a truly amazing suggestion. Second, he suggested that when we identify a positive quality in ourselves, we try to see that very quality in our partner (or adversary). Another truly amazing suggestion. To facilitate these suggestions we may try thinking, "The two of us want the same things," or "He is a great father," or "She was very nice to me when I was last sick," or "It's true that I think she is being selfish right now, but so am I right now, maybe we both need to be a little selfish for this to be a fulfilling relationship," and so on.

The Gottman Conflict Blueprint

The Gottman-Rapoport Intervention: Listening & Validation

Our modification of Rapoport for couples consists of hearing the position, feelings, and needs of the partner. Each person takes turns as speaker and listener. You can give the couple the Rapoport Intervention hand out, which lists bullet point reminders for both the speaker and the listener. Give each person a pen and a clipboard so they can take notes when they are the listener. All this slows things down, which is very good. Ask the person who starts as the speaker to “wait and contemplate” for a moment so that the speaker follows the bullet points. There are:

Speaker’s Job. The speaker is asked to make a mental transformation. The speaker must state complaints as his or her wishes, hopes, and needs in a positive manner, recalling that behind every complaint is a longing or need, and within every need is a recipe. That recall may require a mental transformation from blaming and criticism so that the complaint is transformed to a stated positive need.

- No blaming, criticism, or contempt.
- No “You” statements.
- Only use “I” statements about a specific situation.
- Talk about your feelings.
- State a positive need using a gentle start-up. Within every complaint there is a longing. When that longing is expressed, a recipe for how to fulfill it may emerge.

The first four bullet points are familiar to every couples’ therapist. It may help to realize that it is a natural human endeavor for people to seek an explanation for their *negative* affective states, and not for their positive affective states. Therefore it is natural for people to develop a negative habit of mind, searching for why they feel so bad. Then they naturally develop the habit of mind to scan their environment for other people’s transgressions and mistakes to account for their own annoyances or disappointments. It is also natural for people to stockpile these partner mistakes in the service of avoiding conflict. When they stockpile

they then search for underlying patterns in these irritating partner habits, and they come up with an “explanation” that is their final “you statement.” To do these first few bullet points people also have to let go of grudges and bitterness. Their complaints need to permit a consolable quality, that there is actually something that the partner could do that might make a difference. Psychologist Thomas Gordon was the first to notice that people generally became more defensive when they received “You statements” than when they received “I statements.” You can do a simple experiment with clients about “you statements” by telling them you are going to do a small and simple experiment and for them to tune into their own internal state. Point your finger at each of them, get an angry facial expression on your face, and repeat “You” louder and louder, shifting the pointing finger to each of them in turn. Ask them how they feel. They will almost always report some physiological arousal during that experiment and agree that the speaker bullet points make sense.

The final bullet point for the Speaker is the hardest, because people don’t think usually about what they need, or what will remedy the situation. They think negatively about what their partner should stop doing to ease their own irritation or disappointment. But the **positive need is a way that their partner can shine for them**. That’s the critical defining feature of a positive need.

The Therapist Can Say: Here are examples of a negative need and a positive need:

Negative need: You talked about yourself all the time during dinner.

Positive need: I need you to ask me about my day.

In the positive need the partner can say “Okay. Good point. How was your day?” and presumably that will make the speaker happy. Another thing that is difficult about the speaker positive need bullet points is that people don’t always know what they need. Or, as Dan Wile suggests, sometimes the speaker doesn’t even feel entitled to the complaint. So the therapist may need to facilitate that quest by asking questions like:

The Therapist Can Say: What do you wish for here? It’s okay to have needs. That’s what relationships are all about,

people being inter-dependent. It's legitimate to have needs in a relationship. Relationships work best if both people are willing to meet their own and one another's needs. What would be your fantasy about what would be ideal here? If I could wave a magic wand and the situation would be different, the frog would turn into the Prince, what would the Prince do differently?

And so on. Be careful as a therapist to transfer this question-asking to the partner as soon as you can. You don't want to have their relationship for them.

The Listener's Job. The listener has to agree to be willing to meet the speaker's needs, at least to some degree. The listener must take notes and repeat the speaker's position to the speaker's satisfaction. This implies four things for the listener:

- Hearing the content of the speaker's needs and perspective, the narrative
- Hearing the speaker's affect (being able to label the affects, and feel a bit of them)
- Summarizing to the speaker's satisfaction the speaker's content and affect
- Validating the speaker by completing a sentence like "It makes sense to me that you would feel that way and have these needs, because..." Prior to validating, the listener may need to ask some questions that begin with the sentence, "Help me understand why this is so important to you. Is there a story behind this need?" In being flexible, the speaker may talk about the "region of validity" of the speaker's point of view, that is, the conditions under which the speaker's point of view is correct.

Don't let them skip validating. Summarizing is not enough. Remember listening must be empathetic and to the partner's satisfaction. As the therapist, it may be helpful to say something like the following:

The Therapist Can Say: Psychologists have studied babies' orientation to things and noticed that a baby is in one of two modes of responding to information and energy. The first mode can be called "What is this?" mode. The Russian psychologist Sokolov called it the orienting reflex.

For a young baby it means behavioral stilling (they stop moving and stop sucking the nipple) and a heart rate reduction. They are taking in stimulation, or taking in information and energy. The second possible mode can be called “What the hell is this?” mode. This is a defensive mode, in which motion increases and heart rate accelerates. There may be some alarm or wariness, and rejection of the information and energy. Many of us are in “What the hell is this?” mode when we are trying to listen to our partner. That’s because as we are listening, we are formulating our rebuttal. So we are listening with only half of our mind. We are defensive, or “What the hell is this?” mode. Our conflict blueprint is designed to put you into “What is this?” mode instead of “What the hell is this?” mode. This “taking in” of the information and energy of our partner is even more important in intimacy and sex than in conflict, so it is the most important mode to cultivate. That’s hard to do, because naturally in conflict we want to get our leading edge feeling across, so we are in persuasion mode, which has to be a “What the hell is this?” mode. By postponing persuasion and your agenda for a while, we are going to try for the “What is this?” mode of listening and information processing. That’s the goal.

How Is This Different From Active Listening?

In active listening the goal is also listening and validation. First, we control the speaker’s behavior so that it follows softened startup. Second, the goal in the first step of this intervention is MORE MACRO than active listening. It is to understand and validate an entire perspective on an issue, not just one statement. Third, the Gottman-Rapoport intervention also has a constructive goal, responding a to a *positive need*, which is a way for the listener to shine for the partner, a recipe to earn points in the emotional bank account. Fourth, Gottman-Rapoport is strongly emotionally-focused, rather than cognitive and behavioral. The primary emotional emphasis for Gottman-Rapoport was emotional safety through reduced threat and respect.

Dreams Within Conflict

Typically the first step in talking about an area of conflict is to use the Gottman-Rapoport intervention which includes listening and validation. This sets a positive base for going to the next step of increasing understanding of each other's underlying history, meaning and dreams within each other's position.

After the Dreams Within Conflict intervention is concluded, the next step is to move on to the Compromise intervention.

Compromise and Problem-Solving

This section of the blueprint is problem-solving and compromise. This is the place for persuasion. Once again, reducing threat and increasing safety is the ticket. To make people feel safe in compromise, they need, perhaps paradoxically, to state what part of their stated needs they can not compromise about. They have to first identify what is "core" as a need, and they have to explain why that is core to them. That usually involves a story, a narrative. Once again, partners have to listen and validate their affective understanding of these core needs. Next they each identify their areas of flexibility. Then they respectfully negotiate a compromise. The two-oval method of reaching compromise is then employed.

The Two Oval Method of Problem-Solving and Compromise

The Therapist Can Say: To compromise on your issue follow three steps:

- First, define the minimal core need that you cannot yield on. You can not compromise unless you feel safe, which means that you are confident that you will not have to give up what you really need at your core sense of who you are on this issue. Get your partner to see why this is a core need for you. The therapist can help.
- Second, define areas of greater flexibility for you that are not so "hot." The therapist can help. How fast something happens, identifying common ground and common goals, how much investment is required, when it happens, how it happens, whether

it's a temporary experiment or not, and so on are keys the therapist can help find those areas of flexibility.

- Third, come up with a temporary compromise. There are different levels of compromise. Talk about what you can and cannot do on this issue in terms of respecting your spouse's position, needs, and style right now. Use the "Getting to Yes" questions below to guide your discussion.
- You may need a third circle that describes your common goals and common ground. You may need to talk about your fears, or nightmares about accepting influence. The therapist can help the couple arrive at a temporary compromise by talking about these areas as needed.
- [Yield To Win: Compromise With Me Like I Am Someone You Love](#). For this to work, you must use the Aikido principle: Yield to Win. In the Japanese martial art, Aikido, the idea is that direct opposition, i.e., two forces opposed, is a big mistake. We must yield to win. The truth for relationships is this:

**YOU CANNOT BE INFLUENTIAL
UNLESS YOU ACCEPT INFLUENCE**

"Getting to Yes." Questions to Ask Your Partner

For issues where a Dreams Within Conflict exercise has not been used:

- Help me understand why your inflexible area is so important to you.
- What are your core feelings, beliefs, or values about this issue?

For all compromise issues:

- Help me understand your flexible areas.
- What do we agree about?
- What are our common goals?
- How might these goals be accomplished?
- How can we reach a temporary compromise?
- What feelings do we have in common?
- How can I help to meet your core needs?

GOTTMAN

Conflict Blueprint

GOTTMAN RAPOPORT INTERVENTION: LISTENING & VALIDATION

No one can engage in persuasion until both of you can state your partner's position to your partner's satisfaction. Slow down. Take turns as:

Speaker:

- No blaming, criticism, or contempt.
- No "You" statements.
- Use only "I" statements about a specific situation.
- Talk about your feelings.
- State **positive** need using a gentle start-up. Within every complaint, there is a longing. When that longing is expressed, a recipe for how to fulfill it may emerge.

Listener:

- Postpone your own agenda. Hear and repeat the content of the speaker's needs and perspective (the story).
- Hear the speaker's feelings (name emotions, feel them). Ask open-ended questions or questions for clarification or elaboration that deepen your understanding of your partner's needs.
- Summarize and reflect back what you hear. The goal is to be able to summarize the Speaker's position to the Speaker's satisfaction.
- **Validate and communicate understanding and empathy** to the speaker by completing the sentence, "It makes sense to me that you would feel that way and have these needs, because..."

Rapoport's Assumption of Similarity

When you identify a negative quality in your partner, try to see that very quality in yourself. When you identify a positive quality in yourself, try to see that very quality in your partner.

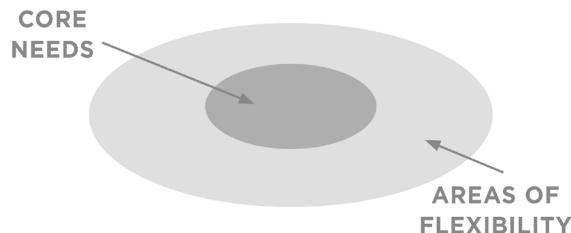
DREAMS WITHIN CONFLICT

For gridlocked, perpetual problems:

Postpone Persuasion. Explore the history and meaning within each person's ideal dream. Honor one another's dreams. The goal here is dialogue, understanding, and the acceptance of enduring personality differences.

COMPROMISE & PROBLEM-SOLVING

This is where persuasion belongs. To feel safe, first identify your core need and help your partner understand why it is core. Then compromise on areas of flexibility.



THE AFTERMATH OF A FIGHT OR REGRETTABLE INCIDENT

For repairing past emotional wounds:

Process the incident. Don't get back into it. There are two valid realities. Understand and validate your partner's reality. Use the Aftermath of a Fight or Regrettable Incident booklet in the Relationship Guide series.

FLOODED?

Take a break, self-soothe.

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Gottman-Rapoport Intervention

Goal

Discuss a topic in a manner where you both feel understood by each other.

Principle

Before you can engage in persuasion, you each have to summarize your partner's position to your partner's satisfaction. This is a far deeper process than an Active Listening exercise in that it requires each of you to interview your partner extensively about your partner's position, to ask questions, and to summarize and validate your partner's position.

The Assumption of Similarity

If you find yourself attributing a positive trait to yourself, try to see some of that trait in your partner. If you find yourself attributing a negative trait to your partner, try to see some of that trait in yourself as well.

Taking Notes

For the Listener, it is often helpful to take notes to aid in accurately reflecting back to the Speaker your understanding of the Speaker's position.

Rules for the Speaker

Your task is to honestly talk about your feelings and beliefs about your position on this issue.

Do not argue for or try to persuade your partner of your point of view; just explain how you see things. Tell your partner your thoughts and feelings about your position on this issue.

- *No blaming, criticism, or contempt.*
- *No "You" statements.*
- *Only use "I" statements about a specific situation.*
- *Talk about your feelings.*
- *State a positive need using a gentle start-up. Within every complaint there is a longing. When that longing is expressed, a recipe for how to fulfill it may emerge.*

Rules for the Listener

Building love and trust involves really listening to your partner, which is not as easy as it sounds. Below are four steps* to help you listen to your partner and gain understanding of your partner's position. *Remember, do not argue for your point of view. Your task is to listen and ask questions.*

* More information on building listening skills can be found in the "**How to Be a Great Listener**" booklet in The Relationship Guide series.

STEP 1 Prepare Yourself

- *Postpone your own agenda.*
- *Tune into your partner's world.*
- *Hear your partner's pain, even if you don't agree with the details.*
- *Try to understand your partner's world from her or his perspective, not your own.*

STEP 2 Attune

Hear the Speaker's feelings and be present with your partner. Your goal is just to understand.

DO:

- *Ask open-ended questions (i.e. questions that can't be answered with a yes or no). These open the heart.*
- *Ask questions for clarification and elaboration that deepen your understanding of your partner's needs, such as "Tell me the story of that," "What do your values tell you about this?" and, "How does this situation affect you?"*

DO NOT:

- *Be critical, judgmental, or defensive.*
- *Minimize your partner's feelings.*
- *Take responsibility for your partner's feelings, try to make your partner feel better, or cheer your partner up.*
- *Engage in put downs or approach the discussion from a place of superiority.*

STEP 3 Summarize and Reflect Back What You Hear

A big part of listening is witnessing and being present for your partner so that your partner doesn't feel so alone. A powerful way to "be there" for your partner is to identify and reflect back their feelings, and to restate what you heard your partner say using your own words. The goal is to be able to summarize the Speaker's position to the Speaker's satisfaction.

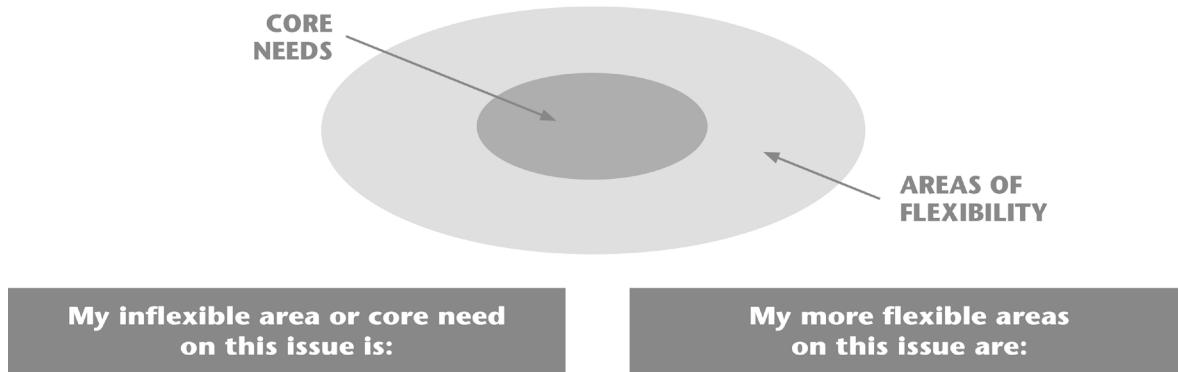
STEP 4 Validate, Communicate Understanding and Empathy

Validation doesn't mean that you agree, but that you can understand even a part of your partner's experience. For example, you can validate and express empathy by saying something like, "It makes sense to me how you saw this and what your perceptions and needs were. I get it. I can see why this upset you."

Ask your partner if she or he feels understood. If so, switch roles. If not, ask, "What do I need to know to understand your perspective better?" After summarizing and validating, ask your partner, "Did I get it?" and, "Is there anything else?"

The Art of Compromise

Yield to Win: Compromise with me like I am someone you love.



Getting to “Yes”
Discuss these questions with your partner:

For issues where a Dreams Within Conflict exercise has not been used:

- Help me understand why your inflexible area is so important to you.
- What are your core feelings, beliefs, or values about this issue?

For all compromise issues:

- Help me understand your flexible areas.
- What do we agree about?
- What are our common goals?
- How might these goals be accomplished?
- How can we reach a temporary compromise?
- What feelings do we have in common?
- How can I help to meet your core needs?

Our compromise that honors both our needs and dreams is:

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6.4.2. Conflict—Goal #2: Eliminate the Four Horsemen and Replace Them With Their Antidotes.

Make Sure You Label Destructive Patterns: Don't ignore them! Build in the antidotes.

This down-regulates escalating quarrels. When labeling each of the four horsemen build in its ANTIDOTE.

One of the first things that we think you need to do is to label and try to stop destructive interaction patterns. This means directly telling people about the Four Horsemen of the Apocalypse, helping them to identify these behaviors, and explaining to them that these behaviors are consistent predictors of divorce. It also means not proceeding with the work of therapeutic change while ignoring these behaviors. That is, for example, do not ignore a partner's contempt and try to empathize with the disappointment and hurt that may underlie the contempt. We suggest that you call it contempt, and tell the couple that this behavior is unacceptable. Here are the four horsemen and their antidotes:

Criticism. The definition of criticism is stating one's complaints as a defect in one's partner's personality, that is, giving the partner negative trait attributions. *The antidote is to use Gentle Start-up, i.e. to talk about one's feelings using I-statements, and then express a positive need.* A positive need is the hope, wish, desire, and the positive recipe that can help the partner to be listened to. Clients should be given the following structure: First, the partner talks about what s/he feels, then what the feeling is about, described in a neutral, objective and factual fashion without blame. Then the client states his or her need. In summary, the antidote is:

- I Feel
- About What
- I Need

Example: You always talk about yourself. You are so selfish. Antidote: I'm feeling left out by our talk tonight. Would you please ask me about my day?

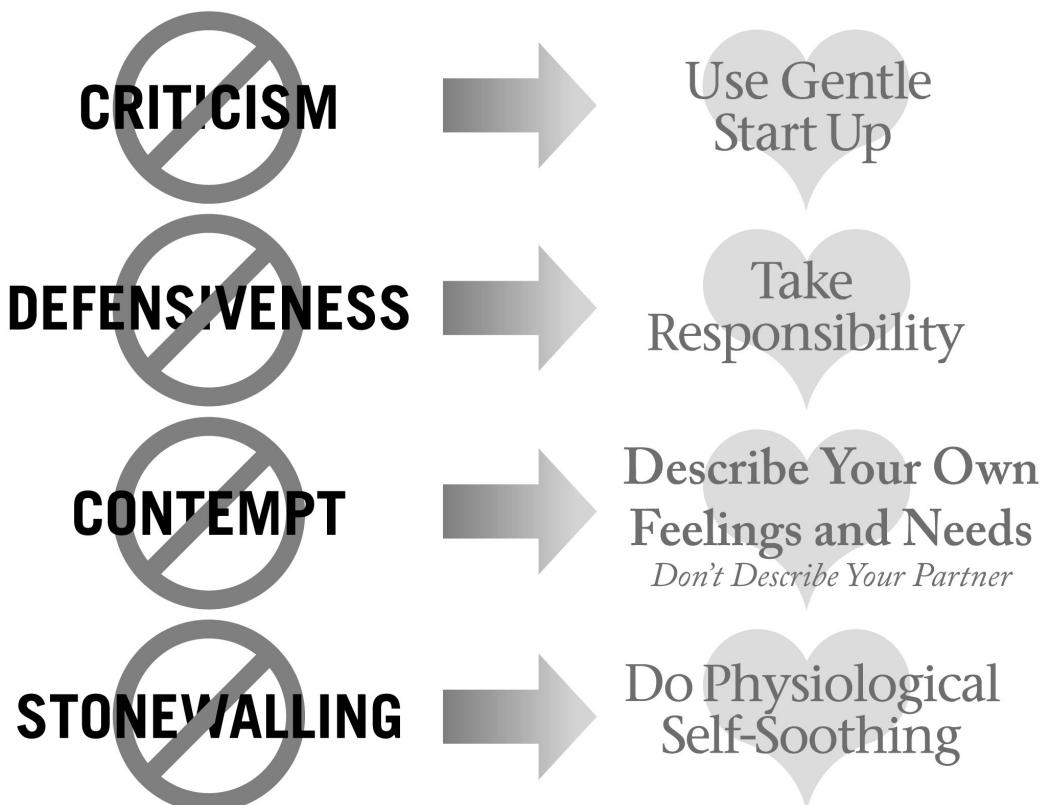
Defensiveness. Self-protection in the form of righteous indignation or innocent victim-hood. Defensiveness

wards off a perceived attack. *The antidote is accepting responsibility for even a part of the problem.* Example: It's not my fault that we're always late, it's your fault. Antidote: Well, part of this is my problem, I need to think more about time.

Contempt. Statements that come from a relative position of superiority. Contempt is the greatest predictor of divorce and must be eliminated. *The antidote is for the couple to build a culture between them of appreciation and respect, and to describe your own feelings and needs.* Example: You're an idiot. Antidote: I felt hurt about not being included in your conversation with our child's teacher. I need to be given an opportunity to express my views.

Stonewalling. Emotional withdrawal from interaction, for example, the listener not giving the speaker the usual nonverbal signals that the listener is tracking the speaker. *The antidote is for the partner to self-soothe in order to stay emotionally connected to their partner.*

Stop the Four Horsemen with their Antidotes



What follows are examples of the wrong way versus the right way to handle the Four Horsemen in couple therapy:

Wrong Way

Therapist: Why don't you each tell one another right now what your major complaints are. Mike, why don't you go first.

Mike: I don't even want to be here. All right, here goes. I am enraged about all the stuff I have to put up with. Jane wants to go to school to become a nurse. That will take two years of education. Two years in which she is away from our kids. She is being a god damned selfish bitch and I wouldn't put up with it. She can just take a hike. She will never get custody of her kids, I will see to it that she just loses her precious kids.

Therapist: You are very disappointed in this plan. You sound hurt.

Mike: Damn right I am. I am not going to take this crap from her. I work hard all the time and sacrifice in this awful job and I get no thanks at all. I am not going to be the only one sacrificing in this family.

Therapist: Tell me and Jane what you have been going through.

Mike: Jane is an irresponsible mother and a slut throughout all of this. I come home and the house is a mess, the kids are yelling and out of control. All I ask for is a little empathy and what do I get instead? She is constantly demanding. She wants to spend time with her girlfriends. She is spoiled rotten, if you ask me.

Therapist: Jane, why don't you tell Mike what you hear him saying. Can you reflect back the feelings you hear? Then we will switch roles and Jane will get her turn, with Mike as listener.

Commentary: What is wrong with this scenario is that the therapist is ignoring Mike's contempt and belligerence.

Mike's threats are also being ignored. This ignoring has the

potentially negative effect of the therapist covertly sanctioning this destructive psychologically abusive behavior. Instead, the therapist needs to react to the behavior as a parent would during a child play date arranged with another kid who turns out to be a bully and is physically aggressive. The parent might say something like, "In this house we don't hit. We use our words." Here, the therapist needs to label destructive contemptuous or belligerent behavior, and tell the couple that it is corrosive of love. Then offer alternatives.

Right Way

Therapist: Why don't you each tell one another right now what your major complaints are. Mike, why don't you go first.

Mike: I don't even want to be here. All right, here goes. I am enraged about all the stuff I have to put up with. Jane wants to go to school to become a nurse. That will take two years of education. Two years in which she is away from our kids. She is being a selfish bitch and I wouldn't put up with it. She can just take a hike. She will never get custody of her kids, I will see to it that she just loses her precious kids.

Therapist: Let me just stop you here, Mike. Research has shown that there are some patterns of interaction in relationships that are very destructive of love. One of these patterns is being contemptuous and insulting, and being threatening. Calling Jane a bitch expresses contempt towards her, and threatening to take her kids away doesn't work either. Using words like these will sabotage your getting listened to, and will hurt the relationship, too. This won't work at home either. In fact, contempt and threats are part of a pattern of psychological abuse. Nothing is more destructive to love. So, let me help you try to rephrase your complaints and give you ways to express yourself that are clearer and less destructive and will help you be listened to.

Try to state what YOU feel, rather than describing Jane's character. Start with "I feel.... what?"

- Mike: Okay. Let me try. I am angry about Jane's desire to go to school to become a nurse. That will take two years of education. Two years in which she is away from our kids. I think this will harm the kids. They need a mother, and who will cook dinners?
- Therapist: So you need her, too? It sounds like Jane's plan means lots of loss for you.
- Mike: I feel like I am losing my partner here, and there's nothing I can do about it..
- Therapist: So, for you this is partly an issue of feeling helpless to stop Jane. Maybe you are also concerned about who is in charge?
- Mike: It's that, and it's about the commitment we made to raise the kids ourselves and not farm them out. Jane needs to stay home to do that.
- Therapist: OK. Let's hear from Jane now.
- Jane: We had an agreement that things could change when all the kids were in school full time, and now they are. I am just bringing this up for discussion. I really want to go to school and become a nurse, and I think I can do it without hurting the kids. Mike is the one being selfish here.
- Therapist: Jane, by calling Mike selfish, you are criticizing his character. That may sabotage you getting listened to. Try describing you and your feelings, not Mike's character.
- Jane: Yes, we both get critical. Sorry, Mike. I have always wanted to be a nurse, and I figure, with the kids both in school, now's the time. I don't want to sacrifice my dreams anymore.

Mike: Yeah, but I work hard all the time and sacrifice in this awful job and I get no thanks. If you go to school, I'll end up being the only one sacrificing in this family. That doesn't feel fair to me.

Commentary. There is not ostensibly a great deal of difference between these two dialogues. However, in the second instance the therapist is calling the couple on patterns of dysfunctional behavior instead of ignoring these patterns and thinking that by getting at underlying feelings, the patterns will go away. They won't go away. The patterns have to be directly focused on in order to change them.

6.4.3. Conflict—Goal #3: Move from Gridlock to Dialogue on a Perpetual Issue. Help the Partner Understand their Partner's Underlying Dreams. The Dreams Within Conflict Intervention.

This intervention creates initial rapid and dramatic change. Couples typically come into therapy with a gridlocked conflict on one or more perpetual issues. The partners are unable to get over these issues or to discuss them calmly. Usually, they have had the issues for some time without being able to make any headway on them. These issues are damaging the relationship and undermining the couple's confidence in the relationship. The partners feel somewhat desperate about them. In their assessment, typically one or both partners will score below 85 on the Locke-Wallace couple satisfaction scale, and one or both partners may score 4 or above on the Weiss-Cerretto scale of divorce potential. During their first assessment 10-minute interaction, they are often in one of two states: either the Four Horsemen are present and repair is ineffective, or, there is great emotional distance and isolation with lots of tension, underlying sadness, and no positive affect. Then at the beginning of their first intervention session, they will often present with one of these states as well.

The goal is not to solve their issue, or resolve their conflict. The conflict will probably always be there for the life of the relationship. *The goal is to help them move from gridlock to dialogue on their issue.* Keep this in mind. What is important here is the affect around which they *dialogue* about the problem.

Accomplishing this goal is a two-step process. The first step is to surface their hidden dreams. That means each partner has to identify and disclose the dream he or she has that underlies his or her position on the conflict issue. For this to happen both partners have to feel understood and supported by you and by each other. And the relationship has to feel safe enough for these tender dreams to emerge. One issue we often encounter is that partners do not know their own dreams related to their entrenched positions in the gridlocked conflict. This is most commonly true for women. We have found that women have usually been socialized to not honor any dream for themselves that isn't about relationships. Dreams related to being a good mother, partner, daughter, sister, helper, or friend are okay. Thus, many women are conflicted internally. On the one hand they believe that they are entitled to develop as separate autonomous individuals, and that any dream is okay as long as it is consistent with their moral choices. On the other hand, they have been raised to believe that fulfilling their own dreams is selfish and bad. Hence, we find many women who end up suppressing their own dreams. They need help to identify and hold on to their dreams.

The second step in this process is helping the couple "honor" one another's dreams. We use the word "honor" very deliberately here. Honoring implies a hierarchy in the extent to which one partner can support the other's dreams. At the lowest level there might be interest, respect, and words of encouragement. At the highest level there is a joining in the partner's dream and teamwork to fulfill it. But honoring need not be a fixed state. Partners may want their own autonomy in their pursuit of a dream, not a joining together to fulfill it. That is fine. It may change over time, although it doesn't have to. But each partner, at the least, has to respect their partner's dream, and each partner has to arrive at this independently. You can't do it for them any more than you can clear up their existential questions about God. In other words, you can create the conditions for them to be able to do this themselves, but ultimately they have to do it. Honoring their dreams and each other's dreams is not your responsibility. Getting them to any level of honoring one another's dreams is the goal. They may not stay there, but our experience is that as they talk about this issue over time, they will find new ways of honoring one another's dreams.

Sometimes this whole process will take years. So all you are doing is starting them on a new trajectory. They will do the work necessary to move along that path in a way that is consistent with their personalities. Remember, they will not solve the problem, they will just move off gridlock and onto a path toward dialogue with this perpetual problem.

This second step may require changing the couple influence patterns on their perpetual issue. This is not difficult to do for a short time, but it is hard to maintain these changes. The Dreams Within Conflict intervention may need to be repeated multiple times.

Dreams within Conflict

*Work on a Gridlocked
or Perpetual Problem:
Help Your Partner Understand
the Underlying Dreams, History,
Beliefs or Values in Your Position
on This Issue.*

SPEAKER'S JOB

Your task is to honestly talk about your feelings and beliefs about your position on this issue. Explore what this position means to you, what the **dream** might be behind your position, tell the story of the source of this dream or this belief: where it comes from and what it symbolizes. You must be clear and honest. What do you really want on this issue? Why is it important to you? Try to make your partner understand.

Don't argue for nor try to persuade your partner of your point of view; just explain how you see things. Tell your partner your thoughts and feelings about your position on this issue.

You may want to look over the list on the following page for a sample of dreams that people sometimes have (or have lost) that could underlie the position you have taken on this issue.

LISTENER'S JOB

Your job here is to make your partner feel SAFE enough to tell you what's behind their position on the issue: their belief, dream or story. Toward this end, you will *LISTEN*, the way a friend would listen. **Ask the questions** that are listed on the next page as sample questions for the dream catcher which draw out your partner and his or her point of view. You can contribute to this climate if you **suspend judgment** and don't act like a judge but like someone who wants to hear your partner's story, and the dream behind the story. Just hear it and don't judge it.

Don't try to solve the problem. It is much too soon for that. You first need to end the opposition of dreams and become one another's friend instead of one another's foe. Try to understand the meaning of your partner's dream. Be interested.

It is important to realize that the goal is not to solve these problems. The goal is to move from gridlock to dialogue, and to understand, in depth, their partner's position.

**Do not argue for your point of view!
Just listen and ask questions.**

SAMPLE QUESTIONS for the Dream Catcher (*the Listener*):

1. Do you have any core beliefs, ethics or values that are part of your position on this issue?
2. Is there a story behind this for you, or does this relate to your background or childhood history in some way?
3. Tell me why this is so important to you.
4. What feelings do you have about this issue?
5. What would be your ideal dream here?
6. Is there a deeper purpose or goal in this for you?
7. What do you wish for?
8. What do you need?
9. Is there a fear or disaster scenario in not having this dream honored?

SAMPLE DREAMS for the Dream Speaker

1. A sense of freedom
2. The experience of peace
3. Unity with nature
4. Exploring who I am
5. Adventure
6. A spiritual journey
7. Justice
8. Honor
9. Unity with my past
10. Healing
11. Knowing my family
12. Becoming all I can be
13. Having a sense of power
14. Dealing with my aging
15. Exploring a creative side of myself
16. Becoming more powerful
17. Getting over past hurts
18. Becoming more competent
19. Asking God for forgiveness
20. Exploring an old part of myself I have lost
21. Getting over a personal hang up
22. Having a sense of order
23. Being able to be productive
24. A place and a time to just "be"
25. Being able to truly relax
26. Reflecting on my life
27. Getting my priorities in order
28. Finishing something important
29. Exploring the physical side of myself
30. Being able to compete and win
31. Travel
32. Quietness
33. Atonement
34. Building something important
35. Ending a chapter of my life
36. Saying goodbye to something
37. Love

The bottom line about dreams is this:

You don't want to have the kind of relationship in which you win and are influential in the relationship but wind up crushing your partner's dream. You want the kind of relationship in which each of you support one another's dreams. If your dreams connect, so much the better.

6.4.4. Conflict—Goal #4: Develop Six Skills.

In all conflict, the creation of constructive conflict management includes the development of the following skills:

1. Gentle Start-up
2. Accept Influence
3. Make Effective Repairs During Conflict
4. De-escalate
5. Compromise
6. Do Physiological Soothing of Self and Partner

In the process of dealing with conflict by having the couple talk about what they feel and need on a particular issue, you will be working on the six skills listed above. We will introduce you to these skills.

Gentle Start-up.

This skill involves how a partner raises an issue in the first three minutes of the conversation. You coach the partner to speak in terms of “I”, not “you”. The partner needs to state what he or she feels, then the facts about the situation engendering his or her feelings, and finally, what he or she needs or wishes to correct the situation. This method of beginning a problem discussion replaces old patterns of harsh start-up which usually involve criticism or contempt. Example: Harsh start-up: “You’re such a slob. Why don’t you clean up after yourself?” Gentle start-up: “I’m upset that there are dirty dishes all over the counter. Would you please wash them?” See the **Gentle Start-up** rules (the antidote to Criticism) on page 6-41.

Accept Influence.

This skill is based on one partner being helped to accept influence from his or her partner. This can look as simple as teaching the partner to say, “Good point.” It also helps to support each partner to fully listen to the other before offering his or her own point of view.

Make Effective Repairs During Conflict.

Here, you aid the couple to keep their conflict conversations on the right track through a list of particular phrases designed to repair things when the discussion starts to deteriorate. See the **Gottman Repair Checklist** on page 6-52a.

De-Escalate.

You help the couple to de-escalate their quarrels through a series of methods including techniques created by Dan Wile, analyzing the anatomy of the fight, using video-playback, and helping the couple to understand each of their own internal working models.

Compromise.

You guide the couple through a technique for reaching compromise using the two-oval method. This method helps each partner identify both the aspects of each point of view that are core to each partner and cannot be compromised on and the aspects that are more flexible and can be subject to compromise. See the **Art of Compromise** exercise on page 6-40c.

Do Physiological Soothing of Self and Partner.

You teach the partners to recognize when they are beginning to move into diffuse physiological arousal or flooding, and how to soothe themselves and/or each other through taking breaks and relaxing themselves. Biofeedback techniques, guided muscle relaxation, and visualization can be very helpful here. See the **Guided Relaxation Exercise** on the page 6-53.



Gottman Repair Checklist

I Feel

1. I'm getting scared.
2. Please say that more gently.
3. Did I do something wrong?
4. That hurt my feelings.
5. That felt like an insult.
6. I'm feeling sad.
7. I feel blamed. Can you rephrase that?
8. I'm feeling unappreciated.
9. I feel defensive. Can you rephrase that?
10. Please don't lecture me.
11. I don't feel like you understand me right now.
12. Sounds like it's all my fault.
13. I feel criticized. Can you rephrase that?
14. I'm getting worried.
15. Please don't withdraw.

Sorry

1. My reactions were too extreme. Sorry.
2. I really blew that one.
3. Let me try again.
4. I want to be gentler to you right now and I don't know how.
5. Tell me what you hear me saying.
6. I can see my part in all this.
7. How can I make things better?
8. Let's try that one over again.
9. What you are saying is...
10. Let me start again in a softer way.
11. I'm sorry. Please forgive me.

Get to Yes

1. You're starting to convince me.
2. I agree with part of what you're saying.
3. Let's compromise here.
4. Let's find our common ground.
5. I never thought of things that way.
6. This problem is not very serious in the big picture.
7. I think your point of view makes sense.
8. Let's agree to include both our views in a solution.
9. What are your concerns?

I Need to Calm Down

1. Can you make things safer for me?
2. I need things to be calmer right now.
3. I need your support right now.
4. Just listen to me right now and try to understand.
5. Tell me you love me.
6. Can I have a kiss?
7. Can I take that back?
8. Please be gentler with me.
9. Please help me calm down.
10. Please be quiet and listen to me.
11. This is important to me. Please listen.
12. I need to finish what I was saying.
13. I am starting to feel flooded.
14. Can we take a break?
15. Can we talk about something else for a while?

Stop Action!

1. I might be wrong here.
2. Please let's stop for a while.
3. Let's take a break.
4. Give me a moment. I'll be back.
5. I'm feeling flooded.
6. Please stop.
7. Let's agree to disagree here.
8. Let's start all over again.
9. Hang in there. Don't withdraw.
10. I want to change the topic.
11. We are getting off track.

I Appreciate

1. I know this isn't your fault.
2. My part of this problem is...
3. I see your point.
4. Thank you for...
5. That's a good point.
6. We are both saying...
7. I understand.
8. I love you.
9. I am thankful for...
10. One thing I admire about you is...
11. I see what you're talking about.
12. This is not your problem, it's OUR problem.

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Guided Relaxation Exercise

Instructions

Couples can either use this exercise to self-soothe by reading the text below to themselves, or read to one another while the listener follows along and relaxes.

If you are doing this exercise with your partner, the reader should keep his or her voice relaxed and even, speaking in a soothing monotone. Be sensitive to facial expressions that may indicate the listener's discomfort, and respond to these cues, trying to make the listener as comfortable as possible. Over time, you can make these instructions more personal. Speak SLOWLY and EVENLY.

1. Find a nice comfortable place to sit with your feet resting flat on the floor and your back supported by a back rest either on a coach or chair.
2. Turn off any noise or distractions in the room, such as a television, radio, or cell phone.
3. Close your eyes if it is comfortable for you.
4. Please hold the tension in each part of your body for at least 10 seconds before releasing.

* More information on learning self-soothing skills and reducing stress can be found in the "***Relaxation***" booklet in The Relationship Guide series.

Relaxation Exercise



The first thing you need to do is to focus on your breathing, put your hand on your belly and as you take a nice deep breath in, push your hand out with your belly. As if your belly was a balloon filling up with air. Then as your exhale, push your hand back down against your belly and feel your belly deflating. Take another nice deep breath in, inhale and push your hand out. Then, as you exhale push your hand back down against your belly. Every time you take a nice deep breath in, just feel your hand pushing out as your stomach expands, and then as you exhale you are just gently pushing against your stomach as the breath leaves your body.

Continue to breathe this way. Take another nice deep breath in and exhale, another and exhale, and then a last nice deep breath in and exhale. Now, as you continue to breathe normally, you should be sitting either on a sofa or in a chair. Lift your left leg up straight in front of you, pull your toe up towards your knee, and tense all the muscles in your left leg. Feel them tense, including your quadriceps and your calf muscles and now release your leg and drop your leg back down. Take another nice deep breath in. That's it, good.

Now, do the same with your right leg. Raise your right leg straight ahead of you. Pull your toe up towards your knee flexing your foot, and tighten all the muscles in your right leg. Feel really, really tight in your calves and quadriceps, hold it and then release your leg back down. Relaxing both legs and taking another nice deep breath in.



Next, move to your lower back. Arch your lower back by pushing your belly out towards the opposite wall and pulling your shoulders back. Creating a nice arch in your back and feel the tension in that lower back—feel it tighten. And now, release back down and allow your back to just rest against the back of your chair or sofa. And just relax; let that chair really support you.

The next step is raise both arms straight ahead of you and tense all the muscles in your arms by first clenching your fists really tightly, both fists. Then, stretch your fingers out towards the opposite wall, reaching for that opposite wall with all your strength. Good. Now, drop your arms back down to your lap. Take another nice deep breath in. Good.



Now, raise your shoulders up shrugging your shoulders way up way towards your ears. Higher, higher, this is where you are holding lots and lots of pressure and burdens. Feel those shoulders lifting even higher and now drop your shoulders and circle them first one direction, and then circle them in the opposite direction. And just feel the relaxation in your shoulders as you take another nice deep breath in.



Now move to the lower jaw. Clench your teeth tightly together, very tight, that's it—that's where we all hold lots of frustration. And now release, circling your lower jaw first one direction, and then the other direction. Good. Now, relax your jaw and simply drop your head to the side so that you are moving your right ear towards your right shoulder—giving your neck some stretch. That's good, and now straighten your head up and drop the left ear towards the left shoulder. Stretching the other side of your neck now. That's it. And now, returning your head to a straight position up and just relaxing your head now. Taking a nice deep breath in.

And finally, close your eyes tightly shut, squeeze them tightly shut—as if you are shutting out the world and saying “no”—tight, tight. Very good. And now, simply relax your eyes, keeping your eyes lightly closed. Take another nice deep breath in, and imagine yourself under a warm waterfall. The water is pouring down over your head and body and rinsing away any remaining stress, any remaining tension in every little nook and cranny of your body. The water is flowing down, carrying all the remaining tension in your body down towards the earth, down over your head, down over your shoulders, down over your arms and the trunk of your body, down through your legs, down through your feet and down into the earth. Leaving you feeling very warm, and relaxed and comfortable. Another nice deep breath in. That's it.

Now imagine yourself going to a place where you feel completely at peace. It might be a place outside, or perhaps one that's inside. It's a place where you can be completely safe, where it's beautiful, where it's quiet, where it really feels like a sanctuary—where you can feel completely at peace. Notice the colors in this place, the shapes, look around you—see what's in this place around you. Listen for any sounds that might be there in this place—are there any sounds? Feel the air on your skin, does it feel warm or does it feel cool? What feels best to you? Allow yourself to savor every bit of this experience—is there a fragrance with this place? Enjoy every aspect of this place. This is your sanctuary; this is your special place where you can always take yourself. Going deep inside, following your breath and letting yourself be completely relaxed and comfortable and at peace. Just enjoy now. And when you are ready, you can come back to the place where you are now, sitting. Slowly, when you feel ready, open your eyes, look around you and return to the here and now.

6.4.5. Conflict—Goal #5: Process Fights and Regrettable Incidents.

The couple will be able to process fights and regrettable incidents using The Aftermath Of A Fight Or Regrettable Incident exercise (see 6-58).

Processing Arguments.

By using the *Aftermath of a Fight* as an aid for couples, you help the partners to process a fight or regrettable incident they've just had. After each partner describes the anatomy of the fight, the exercise focuses on the following:

I felt. What was each person feeling? What are the unstated “I statements”? You can help people to identify these by using the “I feel” checklist, or teaching them focusing if the Aftermath Questionnaire feelings list isn’t adequate for them.

Each partner describes his or her own subjective reality. The couple needs to subscribe to the notion that there are always two valid subjective realities. So an important goal for you is first getting both people to realize that there are always at least two valid ways of seeing any interaction. Then you help each partner to describe the following: What were each person’s perceptions and needs in this situation? How did they express their needs? Partners take turns being speaker or listener. The speaker presents their point of view or subjective reality about what happened, while the listener just listens. Then they trade roles. You help the partners to transform negative attributions of their partner into statements about their positive needs; this is the recipe for their success. You can help the partners to describe their needs by asking questions like “What did you wish for?” “What would have been ideal?” “What did you hope for?” “If you could have waved a magic wand and everything would have been perfect suddenly, what would that have looked like?”

Summarizing & validating two subjective realities. After one partner is the speaker, the listener then summarizes what their partner just said. You should make sure that the speaker gently makes corrections if the listener didn’t reflect the speaker’s most salient points. You may also need to use a Dan Wile

intervention to help include in the summary the affective part of what was said, not just the content. Then you guide each partner to state some validating words, like “I can understand and see why you’d have these feelings and needs. It makes sense to me...” This validation is not simply cognitive; it is an affective validation and reflects acceptance of the partner’s needs and feelings hopefully from a place of compassion and empathy. You should check with the speaker to ensure that he or she has felt heard while trying to keep this process from becoming mired in past grievances.

Identifying the triggers. To deepen understanding of underlying dynamics of the fight, you may choose to help each partner to define what set off each person’s defensive, sad, hurt, or angry (and so on) feelings? Are these familiar triggers for that person? Where do they come from?

Why these triggers? Faulkner once said, “the past is not dead. It is not even past.” You can use a narrative approach to have each person tell the story of why this trigger was a trigger for escalation or withdrawal.

Taking responsibility. Each person acknowledges their role in the miscommunications, accepts responsibility, expresses regret and apologizes.

Constructive Plans. Can they come up with one idea for making this continuing dialogue on this issue better next time? What is one thing they would like their partner to do differently next time? What is one thing they can do differently next time?

In sum, couples need to understand the fights they’ve just had. How did they get into this muddle? Why didn’t it go well? What is the meaning of the issue to them? What are the sources of their gridlock on the issue? In Wile’s terms, **“What was the conversation they needed to have, but didn’t?”** We maintain a Susan Johnson emotion focus in this overview of a fight and in their movement from what Wile calls an adversarial mode, to an admitting mode, to a collaborative mode.

The adversarial mode is one in which they are in attack-defend mode, that is, the Four Horsemen are present.

The admitting mode is one in which they can start seeing their responsibility in the problem and the argument. The Aftermath of a Fight Questionnaire helps here. Also, Video-tape playback is useful for moving many couples from attack-defend to admitting modes.

Moving to collaborative mode is a greater challenge. It is easier to do after the fight than during it, partly due to DPA. Soothing is very important in partners moving themselves to collaborative mode, as are the earlier steps of the Sound Relationship House, those that are related to Negative Sentiment Override.

The next step is to get the couple to be able to have a dialogue about this issue. In this dialogue, they actually use how they feel about the issue as a way of indexing the first three levels of the Sound Relationship House. For example, suppose a partner tends to get angry with her partner because she thinks he is paying too much attention to the children. After many *Aftermath of a Fight* conversations, she eventually learns that this issue is reminiscent of her conflicts with her sister for her parents' attention. The problem doesn't go away, but it becomes an index of her not asking for what she needs from her partner. She begins to have more insight into the issue.

Many fights and regrettable incidents are about failures of emotional connection, too, like having turned away from or against bids. Processing these regrettable incidents not only helps with conflict management—it also aids in building the friendship system.

Aftermath of a Fight or Regrettable Incident

This exercise is for “processing” past fights, regrettable incidents or past emotional injuries.

“Processing” means that you can talk about the incident without getting back into it again. It needs to be a conversation – as if you were both sitting in the balcony of a theater looking down on the stage where the action had occurred. This requires calm and some emotional distance from the incident.

Before you begin

Keep in mind the GOAL is greater understanding — addressing the process and how the issue was talked about, without getting back into the fight. So, wait until you’re both calm.

We assume that each of your realities has validity. Perception is everything. Don’t focus on “the facts.”

Pay attention to the common barriers to communication and their antidotes as you move through the process. Keeping the “Four Horsemen” diagram handy can help.

Work through the following five steps together.

The Five Steps

1. Feelings: Share how you felt. Do not say why you felt that way. Avoid commenting on your partner’s feelings.
2. Realities: Describe your “reality.” Take turns. Summarize and validate at least a part of your partner’s reality.
3. Triggers: Share what experiences or memories you’ve had that might have escalated the inter-action, and the stories of why these are triggers for each of you.
4. Responsibility: Acknowledge your own role in contributing to the fight or regrettable incident.
5. Constructive Plans: What is one thing your partner can do differently to avoid an incident like this from happening again?

STEP 1

Feelings: Share how you felt. Do not say why you felt that way.
Avoid commenting on your partner's feelings.

I felt...

- | | | |
|------------------------------------|---|--------------------------------------|
| 1. defensive | 19. out of control | 38. my opinions didn't even matter |
| 2. not listened to | 20. frustrated | 39. there was a lot of give and take |
| 3. feelings got hurt | 21. righteously indignant | 40. I had no feelings at all |
| 4. totally flooded | 22. morally justified | 41. I had no idea what I was feeling |
| 5. angry | 23. unfairly picked on | 42. lonely |
| 6. sad | 24. unappreciated | 43. alienated |
| 7. unloved | 25. disliked | 44. ashamed |
| 8. misunderstood | 26. unattractive | 45. guilty |
| 9. criticized | 27. stupid | 46. culpable |
| 10. took a complaint personally | 28. morally outraged | 47. abandoned |
| 11. like you didn't even like me | 29. taken for granted | 48. disloyal |
| 12. not cared about | 30. like leaving | 49. exhausted |
| 13. worried | 31. like staying and talking this through | 50. foolish |
| 14. afraid | 32. I was overwhelmed with emotion | 51. overwhelmed |
| 15. unsafe | 33. not calm | 52. remorseful |
| 16. tense | 34. stubborn | 53. shocked |
| 17. I was right and you were wrong | 35. powerless | 54. tired |
| 18. both of us were partly right | 36. I had no influence | |
| | 37. I wanted to win this one | |

STEP 2

Realities: Describe your "reality." Take turns. Summarize and validate at least a part of your partner's reality.

Subjective Reality and Validation

- a. Take turns describing your perceptions, your own reality of what happened during the regrettable incident. Describe yourself and your perception. Don't describe your partner. Avoid attack and blame. Talk about what you might have needed from your partner. Describe your perceptions like a reporter, giving an objective blow-by-blow description. Say "I heard you saying," rather than "You said."
- b. Summarize and then validate your partner's reality by saying something like, "It makes sense to me how you saw this and what your perceptions and needs were. I get it." Use empathy by saying something like, "I can see why this upset you." Validation doesn't mean you agree, but that you can understand even a part of your partner's experience of the incident.
- c. Do both partners feel understood? If yes, move on. If no, ask, "What do I need to know to understand your perspective better?" After summarizing and validating, ask your partner, "Did I get it?" and "Is there anything else?"

STEP 3

Triggers: Share what experiences or memories you've had that might have escalated the interaction, and the stories of why these are triggers for each of you.

- As you rewind the video tape of your memory, stop at a point where you had a similar set of feelings triggered in the past. Now tell the story of that past moment to your partner, so your partner can understand why that is a trigger for you.
- Share your stories – it will help your partner to understand you. As you think about your early history or childhood, is there a story you remember that relates to what got triggered in you, your “enduring vulnerabilities”? Your partner needs to know you, so that your partner can be more sensitive to you.

Examples of triggers

- | | |
|--|----------------------------|
| 1. I felt judged. <i>I'm very sensitive to that.</i> | 6. I felt lonely. |
| 2. I felt excluded. <i>I'm very sensitive to that.</i> | 7. I felt belittled |
| 3. I felt criticized. <i>I'm very sensitive to that.</i> | 8. I felt disrespected. |
| 4. I felt flooded. | 9. I felt powerless. |
| 5. I felt ashamed. | 10. I felt out of control. |
- Other:

Validation

Does any part of your partner's triggers and story make sense to you?

STEP 4

Responsibility: Acknowledge your own role in contributing to the fight or regrettable incident.

Under ideal conditions, you might have done better at talking about this issue.

1. What set you up for the miscommunication? What was your state of mind?

Share how you set yourself up to get into this conflict.

Read aloud the items that were true for you on the following list:

What set me up:

1. I'd been very stressed and irritable lately.
2. I'd not expressed much appreciation toward you lately.
3. I'd taken you for granted.
4. I'd been overly sensitive lately.
5. I'd been overly critical lately.
6. I'd not shared very much of my inner world.
7. I'd not been emotionally available.

What set me up (continued):

8. I'd been turning away more.
9. I'd been getting easily upset.
10. I'd been depressed lately.
11. I'd had a chip on my shoulder lately.
12. I'd not been very affectionate.
13. I'd not made time for good things between us.
14. I'd not been a very good listener lately.
15. I'd not asked for what I needed.
16. I'd been feeling a bit like a martyr.
17. I'd needed to be alone.
18. I'd not wanted to take care of anybody.
19. I'd been very preoccupied.
20. I hadn't felt very much confidence in myself.
21. I'd been running on empty.

2. Specifically what do you regret, and specifically, what was your contribution to this regrettable incident or fight?**3. What do you wish to apologize for?**

(Read aloud) I'm sorry that:

1. I over-reacted.
2. I was really grumpy.
3. I was defensive.
4. I was so negative.
5. I attacked you.
6. I didn't listen to you.
7. I wasn't' respectful.
8. I was unreasonable.
9. Other:

**4. If you accept your partner's apology, say so.
If not, say what you still need.**

STEP 5

Constructive Plans: What is one thing your partner can do differently to avoid an incident like this from happening again?

Share one thing **your partner** can do to make a discussion of this issue better next time.

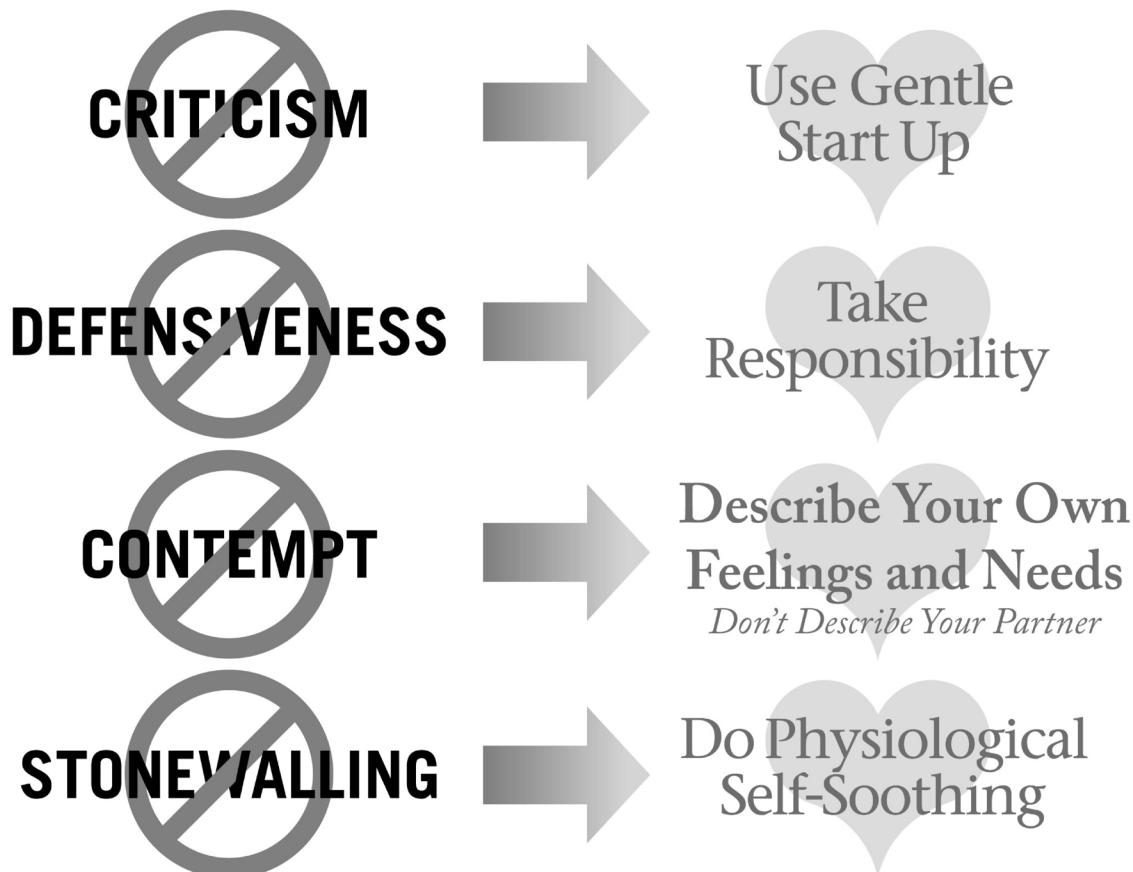
(It's important to remain calm as you do this.)

Then, while it's still your turn, share one thing **you** can do to make it better next time.

What do you need to be able to put this behind you and move on? Be as agreeable as possible to the plans suggested by your partner.

Write your plan to make it better:

Stop the Four Horsemen with their Antidotes



6.5. *Enhance Friendship/Intimacy*

There are many interventions that help to build friendship and greater intimacy. Here are the ones we consider most important:

- 6.5.1. Friendship—Goal #1:
Build Love Maps.

The Gottman Love Map Exercise

Purpose: The couple establishes a baseline in their knowledge of one another, and each partner begins to become very well-known to the other. Cognitive room begins to be allocated for each partner. Our research has revealed that a very powerful predictor of relationship stability is whether couples allocate cognitive room for their relationship and for the world of their partner. It is as if the masters of relationship have developed a map of the world of their partners, a cognitive map of their relationship and its history, and a map of their partner's history, concerns, preferences and the current world of their partner. Love Maps are created by asking open-ended questions. An open-ended question is a question that can't be answered by a simple "yes" or "no." It is a question such as, "How would you like our life to change in the next five years?"

The goal is to change the way couples move through time together.

The Gottman Love Map Exercise

Instructions

Have the couple sit facing each other with Partner 'A' holding the Love Map Card Deck with the title facing up. Have Partner 'A' pick a card, read the back of it out loud, and answer it in terms of Partner 'B's' world. Then Partner 'B' can say, "Yes, that's right," or "No, good try. Here's the right answer...." Then have the partners trade roles. It's then Partner 'B's' turn to pick up a card, read the question on the back, and answer it in terms of Partner 'A's' inner world. Have them keep alternating, taking turns to draw cards. This is a great way for them to get to know more about each other. Suggest that they be gentle with each other and have fun.

If you do not own The Gottman Love Map Card Deck, you can have your couples use the questions on these pages. These are the same questions used in the card deck. If you would like to purchase the card deck, you can order it online in The Gottman Institute's store at www.gottman.com.

The Gottman Love Map Exercise



1. Name your partner's two closest friends.
2. What is your partner's favorite musical group, composer or instrument?
3. What was your partner wearing when you first met?
4. What are your partner's hobbies?
5. Where was your partner born?
6. What stresses are facing your partner in the immediate future?
7. Describe in detail your partner's day, either today or yesterday.
8. When is your partner's birthday?
9. What is the date of your anniversary?
10. Who is your partner's favorite relative?
11. What is your partner's fondest dream, as yet unachieved?
12. What is your partner's favorite flower?
13. What is one of your partner's worst fears in life?

14. What is your partner's favorite time for making love?
15. What makes your partner feel most competent?
16. What turns your partner on sexually?
17. What is your partner's favorite food?
18. What is your partner's favorite way to spend an evening?
19. What is your partner's favorite color?
20. What personal improvements does your partner want to make in his or her life?
21. What kind of present would your partner like best?
22. What was one of your partner's best childhood experiences?
23. What was your partner's favorite vacation?
24. What is one of your partner's favorite ways of being soothed?
25. Who is your partner's greatest source of support (other than you)?
26. With whom does your partner currently have a conflict?
27. What is your partner's favorite sport?
28. What does your partner like to do with time off?
29. What is one of your partner's favorite weekend activities?
30. What is your partner's favorite getaway place?
31. What is your partner's favorite movie?
32. What are some of the important events coming up in your partner's life and how does he or she feel about them?
33. What are some of your partner's favorite ways to work out?
34. What is your partner's favorite cologne or perfume?
35. Who was your partner's best friend in childhood?
36. What is one of your partner's favorite magazines?
37. Name one of your partner's major rivals or "enemies."

38. What would be an ideal job for your partner?
39. What is your partner's major fear?
40. Who is your partner's least favorite relative?
41. What is your partner's favorite holiday?
42. What is your partner's favorite kind of reading?
43. What is your partner's favorite TV show?
44. Who is your partner's favorite poet?
45. What is your partner's favorite side of the bed?
46. What is your partner currently most sad about?
47. What is one of your partner's concerns or worries?
48. What medical problems does your partner worry about?
49. What was your partner's most embarrassing moment?
50. What is your partner's worst childhood experience?
51. Which people does your partner most admire in the world? Name two.
52. Who is your partner's least favorite person you both know?
53. What is one of your partner's favorite desserts?
54. What is your partner's social security number?
55. What is one of your partner's favorite novels?
56. What is your partner's favorite romantic restaurant?
57. What are two of your partner's aspirations, hopes, or wishes?
58. Does your partner have a secret ambition? What is it?
59. What foods does your partner hate?
60. What is your partner's favorite animal?
61. What is your partner's favorite song?
62. What is your partner's favorite tree?

6.5.2. Friendship—Goal #2: Turn Towards—The Stress-Reducing Conversation.

In this exercise, you teach the couple how to have a conversation in which they take turns disclosing what is stressful in their lives outside their relationship. Neil Jacobson, when studying relapse, found that the greatest predictor of relapse was how a couple handled external stress. So the strength of this exercise is to buffer the couple both from stresses any couple encounters in the world today and from the loneliness that can come when experiencing those stresses alone. It is the loneliness that most likely induces relapse later in the relationship. Here is how this exercise is conducted:

First, ask each partner to think of something outside the relationship that is stressful for each person right now. It might be job-related, or related to extended family, physical problems, or any number of things. Explain that the best way to be supportive during stressful times is to be their partner's ally. That entails listening non-judgmentally, asking their partner questions, especially about their feelings, and then empathizing with those feelings. It does not work to problem-solve for the partner, for this makes the partner feel as if he or she is viewed as too ignorant or dumb to figure out his or her own solution. Structure the conversation as follows by giving these instructions:

The Speaker's Job: Present what is stressful to you. Try to be as open as you can about it. The source of stress needs to be something that is happening outside the relationship, like a job stress or stress in your family of origin. It can also be a worry about your health or some other internal worry. Do not talk about any stress you may feel inside the relationship. Try to be as responsive as you can to your partner's questions, interest, and empathy. This is your chance to not be so alone with your problem. It may feel risky and vulnerable to talk about what's bothering you, but your partner will have specific ways that he/she can really be there for you. Try not to move too quickly to problem-solving. Wait until you feel your partner fully understands your issue first. In addition, it will be helpful to also say one thing that happened during your day that was good and perhaps one thing you are looking forward to in the coming days. This might take as long as 30-60 minutes; take your time. You deserve it.

The Listener's Job: As your partner is sharing what is stressing them, try to use any one of the skills below that I'll describe for you. Do not problem solve for your partner:

SHOW INTEREST: Ask your partner questions about their stress, for this shows you care enough to be curious, and you want to know as much as you can about their difficulties. Questions can be like, "What's this like for you?" "What do you feel about this?" "What is the worst part about this for you?" or "What's most upsetting to you about this?"

EXPRESS EMPATHY: This is the most important way to support your partner: empathizing with their feelings. This means that you try to put yourself in their shoes, feel at least a part of what they're feeling, and express your compassion for them. Statements of empathy sound like this: "You must be so upset about that," "I'd be worried about that, too." "That sounds so sad for you." "That sounds scary." I'd be so angry, too." "What a bummer." That's such a drag. I'd be down, too." "How irritating!" "How annoying!"

It's statements like these that help your partner to feel less alone, and like you really GET where they're living with this stress. It may feel artificial at first to say things like these. After all, they're stock phrases and not your words. But when learning any new communication skill that you haven't tried before, the words will sound fake until you get the hang of it. Then your own words will come naturally to you, which is best of all.

SIDE WITH YOUR PARTNER, NOT WITH THE ENEMY: When your partner complains about someone else, do not choose this time to side with that "other!" This would only make your partner feel ganged up on, attacked, and like a fool for being open with you. Later, your partner would be much less likely to confide in you. Instead, take your partner's side. Even if you agree with the issue the "enemy" has raised, like your partner always being late, for example, you can empathize with your partner being chastised publicly for being late, and save your own issues with your partner's lateness for discussion another time. That way, you're not being dishonest about their lateness

being just fine with you, and you're also being honest in empathizing with your partner's feelings – after all, if their boss publicly humiliated them, that's not fun for anyone. Choose this moment, then, to be empathetic, rather than siding with "the boss", and joining in on the criticism. You can always empathize about feelings, even if not about the issue itself.

DON'T RUSH TO PROBLEM SOLVE: Most partners want to solve their own problems, so they can feel in control of their situation, and proud of themselves that they've thought of the right solution. So don't jump in with a solution. That is what many of us want to do when we feel our partner's distress and want to help them with it. More often than not, it's the man who's rushing in to problem solve. Don't do it! It will give your partner the feeling that they're not smart enough to think of their own solutions. Instead, hang back, listen, ask questions, empathize, and wait for your partner's cue that they actually want help in problem solving. This will look like, "What do you think I should do?" or "I really need your advice on this." Then, it's OK to jump in and offer suggestions, but not before then.

DON'T MAKE IT 'OUR PROBLEM' UNLESS YOUR PARTNER WANTS IT TO BE SO:

Sometimes our partners want to confide in us about the problem, but ultimately, they want to handle it themselves. It's an autonomy issue. Partners may feel more self-respect when they handle their own problems rather than handling them together with you. But if your partner indicates that they want your help by the problem being shared by both of you, then it's fine to indicate to your partner that this can be your problem, too.

Now that you understand each of your jobs of speaker and listener, take turns being either one. One of you can be the speaker and talk about your stress while your partner practices the listening skills I've described. Then switch roles. The speaker can now be the listener while the other partner describes their own stress. So you'll each get a turn practicing listening skills and experiencing your partner as a good friend to you.

The following is an example of a conversation between partners/spouses demonstrating the 'Wrong Way' and the 'Right Way' to have a Stress-Reducing Conversation:

Wrong Way:

- P1: I had another terrible meeting with Ethel today in which she challenged my knowledge, and she has been going to the boss telling him that she doubts that I am competent. I hate her.
- P2: I think this is another example of you flying off the handle and over reacting. I have seen her be very constructive and reasonable. Maybe you are just not being sensitive to her concerns.
- P1: The woman is out to get me.
- P2: This is the paranoid streak you have coming out. I've told you to try to control that.
- P1: Oh, forget it.

Right Way:

- P1: I had another terrible meeting with Ethel today in which she challenged my knowledge, and she has been going to the boss telling him that she doubts that I am competent. I hate her.
- P2: I can't believe that woman! She is the meanest fighter and a terrible gossip. What did you say?
- P1: I told her she is just out to get me. And that she's not going to succeed.
- P2: She can make anyone become paranoid. I'd like to get even with her.
- P1: So would I, but I think it'd be better to just forget it. Just ignore her.
- P2: Your boss knows what she's like. Everyone does.
- P1: That's true. He doesn't share her opinions of me, and she goes around saying everyone is incompetent but her.
- P2: That's bound to backfire.
- P1: I hope so, or she will give me an ulcer.
- P2: She's given her partner one.
- P1: He has an ulcer?
- P2: I just heard about it.
- P1: Good Lord!

The Stress-Reducing Conversation

Instructions

The purpose of this process is to assist couples in the management of daily external stress, stress that comes from OUTSIDE the relationship, like job stress.

In this exercise you will discuss a recent or upcoming stress in each of your lives like an upcoming job deadline, or a future event (outside of your relationship) that may prove stressful. In addition, it will be helpful to also say one thing that happened during your day that was good and perhaps one thing you are looking forward to in the coming days. Each of you will have take turns as a speaker (about your own stress) while your partner listens.

The motto, "Understanding First, then Advice," means that emotional connection should be honored before moving to problem-solving. Empathy with emotions and problem solving are like two pieces of a jigsaw puzzle: they fit together, and each is invaluable.

Speaker

Talk about your stress with as much detail and depth as possible. Also include one good thing that happened that day for you and maybe one thing you are looking forward to in the coming days, but spend the most time talking about what was stressful for you.

Listener

Offer support to your partner using the methods listed below. Be sure to avoid problem solving unless your partner wants your help doing so. Just do your best to listen and understand your partner's thoughts and feelings. Remember: Understanding First, Then Advice

Giving Support Means:

- SHOW GENUINE INTEREST: Maintain eye contact. Ask questions.
- BE AN ALLY FOR YOUR PARTNER: Show empathy.
- COMMUNICATE UNDERSTANDING: What a bummer! I'd be stressed out too.
- 'WE' AGAINST 'OTHERS'. DON'T SIDE WITH THE 'OTHER': Even if you agree with the enemy, empathize with your partner's emotions. Focus on what your partner is feeling, not what your partner is perceiving.
- SOLIDARITY: This is our problem and we'll face it together.
- PROVIDE AFFECTION AND COMFORT: Come here and let me hold you. I am totally on your side.

Listener

Share Emotions:

- INTEREST: Tell me more about that. Ask questions.
- EXCITEMENT: Wow! This is really hot stuff! Let's do it!
- SADNESS: That's so sad.
- FEAR: That is something that would have me worried too.
- IRRITATION and ANGER: I can see why you'd be annoyed here.
- DON'T: Stonewall; Ignore your partner; Fail to respond; Get Defensive, Criticize.

Don't side with the enemy.

Questions to Ask Your Partner

First, ask your partner, "Do you feel understood yet?"

1. If she or he answers "No," then ask questions to help increase your understanding:
 - a. What is most upsetting to you about this?
 - b. What is it that you don't like about this situation?
 - c. What is the worst thing that could happen in this situation?
 - d. What is this like for you?
 - e. Is there anything I can do to support you in this?
 - f. What do you need?
2. If she or he answers "Yes" and does feel understood, then ask "Are you interested in receiving advice or problem solving?" If the answer is "Yes," then move onto advice and/or problem solving suggestions. See if your partner has ideas before suggesting some ideas of your own.

REMEMBER

there is no such thing as
an "over reaction" emotionally.
Try not to judge your partner's emotions.

It would be great if you could commit to having a conversation like this one for about twenty minutes at the end of each day. Write here how you and your partner have agreed to build the Stress-Reducing Conversation into your daily schedule.

6.6. Create Shared Meaning

6.6.1. Shared Meaning—Goal #1: Build Rituals of Connection.

Intentionally create central rituals of emotional connection, both informal & formal.

We work with the couple to identify shared meanings of importance.

It is a sad state of affairs that most (67%) USA families do not eat dinner together regularly, and of the 1/3 who do, half of these have the television on during dinner, effectively ending conversation. Consider this fact and the fact that many couples do not make time to be together to build in what Bill Doherty (in his book, *The Intentional Family*) and we (in our Meanings Interview) call “Rituals of Connection.” Rituals of Connection can be as simple as the informal rituals like leave taking, reunions, dinners, and bedtimes. Or they can be more structured, like the Stress Reducing Conversation, the Relationship Date, or Scheduling Sex and Romance. They can also include more formal rituals such as birthdays, anniversaries, entertaining friends and colleagues, Thanksgiving, and other holidays (Passover, Christmas, etc.).

Help the couple to build these rituals by first creating a safe climate and then leading the partners through exercises in which they prioritize what matters to them in their own lives and what provides them with meaningful connection.

Doherty recommends scripting the ritual so everyone knows what they are supposed to do to enter into the ritual, to carry it out, and to exit from it. So, for example, he knows that after they do the dinner dishes together, he makes coffee while she gets the kids playing or doing homework, and then he brings the coffee into the living room and she is waiting there for them to talk about their day (or anything else) for at least 30 minutes. Then they put the kids to bed.

The ritual gives them something that the couple looks forward to—a way for them to connect with each other in ways that are meaningful to them.

6.6.1.1. Five Essential Rituals of Connection

We recommend that you not terminate with a case without considering having the couple add some form of the following five essential rituals of connection.

1. **The Daily Stress-Reducing Conversation.** At least 30 minutes, in which they each get to be the speaker for at least 15 minutes.
2. **The Weekly one hour “State of the Union” conversation.** The structure of this meeting is: (1) Begin by talking about what has gone right this week in the relationship, (2) Give one another 5 appreciations each that you haven't uttered yet this week (see the Expressing Appreciations Card Deck, or app), (3) If a problem exists use the Gottman-Rapoport Intervention to discuss the problem, or if a regrettable incident occurred, use the Aftermath of a Fight to process it, and, (4) End the meeting by asking one another the question, “What can I do next week to make you feel loved?”
3. **The Weekly Date,** in which there is at least one hour for talking and checking in emotionally with one another. The conversation can begin with a question like, “How are you doing? What's on your heart and mind?” As tools for this date couples can use the Open-Ended Questions Card Deck or app, and The Intimate Conversation Exercise in GottSex.
4. **Daily Cuddle Time.** Every evening couples should spend some time cuddling, touching one another, putting their arms around one another, holding hands, and kissing while they either talk, or watch TV, or a movie. The book *The Normal Bar* (by Chrisanna Northrup, Pepper Schwartz, and James Witte), which studied 70,000 people in 24 countries, found that of all the couples who did not cuddle, only 6% said they had a satisfying sex life. Also, see the book *The Science of Kissing* by Sheril Kirshenbaum, which reported a German study that showed that men who kissed their wives as they left for work lived 5 years longer than men who didn't.
5. **Rituals about sex.** See John & Julie Gottman's book *The Art and Science of Lovemaking* (or the website GottSex.com). In many subcultures in the USA people are uncomfortable talking about sex. These rituals can help a couple have a more satisfying sex life. The magical window into a satisfying sex life is kissing. Of course, for those lips to feel desirable, it's important that we help a couple

build friendship. The book *The Normal Bar* found that everywhere on the planet couples who reported having a satisfying sex life had a weekly date, kissed one another passionately every day, sincerely said “I love you” every day, gave compliments, surprise gifts, and cuddled. That is, they made courtship a priority. They didn’t take it for granted.

- a. **A way for initiating lovemaking.**
- b. **A way of saying no to sex that works for the couple.**
One response that can work is, “Thank you for telling me that you’re not in the mood for sex. What are you in the mood for? Would you like to talk? Would you like to take a walk, or watch a film?” Accepting a partner’s no to sex need not end emotional connection.
- c. **A way to talk about sex.** Couples who can talk about their sex life have a better sex life.

Relapse Prevention

Relapse prevention has proven itself very effective for many psychological issues. We recommend that you read *Relapse Prevention* by G. Alan Marlatt and Dennis Donovan (2007, Guilford Press). It is helpful to discuss relapse as a real possibility for many couples trying to change. There will be moments when they revert back to old patterns. Normalize this kind of event by explaining that change isn’t always a straight line, that setbacks are a part of learning anything new. It takes time to practice any new skill. Just don’t give up and proclaim, “I’m done!” The important thing to remember is that one should expect times when these methods will not work. It’s not the end of learning, it’s a natural part of the process of change.

To apply these relapse prevention ideas, we recommend ending every session by asking your clients what they will take from this session into their week, and checking in with them the following week. Using the advice from Marlatt and Donovan’s work, the therapist can ask the clients to identify situations in their daily lives when it would be very difficult for them to actually use interventions like the ones you used today in your office (for example, the Gottman-Rapoport Intervention). Then discuss each situation and problem-solve with them about ways to actually use the interventions in each of these difficult situations.

6.6.1.2. Examples of Rituals of Connection

Here are some examples of informal Rituals of Connection you might work on with a couple (they need to be important to the couple):

Leave Taking. Don't leave without knowing at least one thing that is going to happen in your partner's life that day.

Reunions. When coming back home there is an affectionate greeting. There is a loving kiss that lasts at least several seconds (not a peck on the cheek).

Mealtimes. Come together at meals and share the events of the day. Each person gets a chance to talk. Make meals an environment of peace, affection, support, and attention. Avoid conflict during dinners.

Eating Out. Eating out can be a special event that can turn an ordinary end of a day into a celebration or romantic event. Eating in a favorite restaurant can become a family tradition and ritual with considerable meaning.

After-meal (or after kid bedtime) Coffee or Tea. Doherty and his partner Leah created a tradition after dinner in which their children played or did homework while the two of them talked. They all cleaned up after dinner and then Bill made the coffee and brought it out to Leah in the living room, and they talked for about an hour. It was a time of peace and connection.

The Reunion Stress-Reducing Conversation. Each person gets a turn to talk about what was stressful that day (not about the relationship), and to receive support.

Bedtimes. Going to bed is a time when there can be cuddling, physical affection, letting go of tension and irritability. Don't go to sleep without a kiss (not a perfunctory one).

Morning Rituals. For many families mornings are chaotic times, but this need not be the case at all. They can be times of connection when everyone is sent off with positive wishes and a good spirit.

Dates and Getaways. These are times when the couple gets a baby sitter and does something alone, on their own, including talking to one another. No kids are to be present. In our child-centered families these dates and getaways (like for a weekend to a bed and breakfast inn) become very rare.

We recommend a weekly date and weekend getaways 3 times a year.

When One Person is Sick. Rituals surrounding getting sick and being taken care of can be very important to people. Often spouses have very different ideas about how they want to be treated when they are sick.

Celebrations of a Triumph. How does this family deal with pride and praise, celebrate successes, and acknowledge and reward achievement? We recommend that the family build what we call a culture of praise. By this we mean that it is possible to search for things to be thankful for and pleased about, even if these are only small and everyday things.

Rituals Surrounding Setbacks, Bad Luck, Failures, Fatigue, or Exhaustion. How does this family heal, support, or renew itself?

Rituals Surrounding Entertaining. Again the idea of a home and bringing friends into it can lead to important rituals of connection for a couple and for children.

Rituals Surrounding Keeping in Touch with Kin and Friends. Family events, reunions and so on can play a vital role in families.

Rituals Surrounding Initiating and Refusing Love Making, and Talking About Lovemaking. These are often very important events that get left for the very end of the day when everyone is exhausted and has little left for tenderness, or for facing potential rejection. The famous sex therapist Lonnie Barbach says that couples often think these events should be “spontaneous,” and so they avoid any scripting or planning. However, if they think back to their courtship they recall that romantic dates were often planned, even the attire, perfume, place to go to, music and wine for the return to his or her apartment, and so on. Once married, suddenly these events become an after-thought, and hence a casualty of being married. This has led to the old saw that relationships are the cure for lust.

Vacations. The way people introduce a need for a vacation, an idea for a vacation, how they plan the trip, and what the vacation itself is like (do people take work to do? Are they available to the office? How separate are they, how together? Etc.)

There are also rituals of connection that surround somewhat more formal events, such as anniversaries, birthdays, and so on. Then there are the more formal events and holidays that tend to be rich in emotional significance. They may involve extended family or community. These often constitute a yearly Holiday Cycle which can be imbued with profound meaning. Have the couple talk about their holiday cycle and what each of these events mean. Doherty also talks about rituals of passage like circumcisions, bat mitzvahs, weddings, and funerals. These meaningful events are often landmarks in the family life cycle and may be community events as well. Here is how to support the couple's exploration of these rituals:

The Primary Family. We have found it helpful to go back to each person's primary family and ask about the rituals of connection surrounding these events. Try to elicit rich narratives about these events. Ask about the typical ritual, and then ask about the worst and the best such event. For example, ask people to recall their worst birthday experience growing up. One reason to ask these questions is that there are often unresolved conflicts or traumas surrounding these events and these get played out later in the relationship and keep leading to disappointment, defensiveness, and hurt. For example, there may be projections onto a hapless spouse, but the supposed feelings are attributed to that spouse's character. In this exploration also try to uncover the central elements that each person needs for these rituals to have meaning and for becoming pleasant events that they can look forward to.

Rituals for Now. Have the couple describe what elements they want to retain from historical experiences of the event, and what elements they would like to add or change. Support the couple to identify these as concretely as possible and to compromise if needed in order to construct a ritual that is satisfactory for both of them.

Have the couple use the following questions to discuss the details of how they would like to do this ritual together, including getting very specific about the details of their ritual.

Questions

- a. What is meaningful about this for you?
- b. When will this be done?
- c. How often will it be done?
- d. How long should it last each time?
- e. Who will initiate it?
- f. Who will do what in this ritual?
- g. What will happen next?
- h. How will it end?
- i. How can we integrate this into our lives so we can count on it?

6.6.2. Shared Meaning—Goal #2: Create Shared Purpose in the Couple Building a Life Together.

Building the shared meaning system by making intentional their goals, narratives, mission, symbols, cultures, and legacies, and which of these they hold in common.

In building this goal, have each person write their own mission statement, then have them share this with one another. This exercise is a very rich part of the shared meaning system. The partners can also be encouraged to bring in photo albums and to talk about their heritage and legacy from their families, plus their beliefs, values, religious practices, and so on. You may also want to help the partners to write a mission statement for this family that includes what they want to take from their past and what they want to create anew.

In your lifetime:

- What are you trying to accomplish?
- What is your dream?
- What is your life mission?
- How do you want to be remembered when you're gone?
- What changes might you make in your relationship to accomplish your dreams/life's mission?

6.7. Process

6.7.1. Structure of a Typical Session

Starting a Session with Catch Up. It is quite important that the couple doesn't feel that you have a "curriculum" or a prescribed "agenda" that prevents them from bringing into the session their major concerns of the previous week. You should also track where the therapy is going; this will emerge from illuminating the couple's emotional process as it unfolds. You may want to catch up on the events since the last session, especially checking up on any assigned homework from the last session. Ask them how they are, how the week (or other time period) went since you've last seen them. This can sometimes be done by having the couple talk to one another about the week, instead of reporting to you. If they feel safe with you, they will most likely tell you their most burning area, how they are stuck.

Processing: Have the Couple Talk to Each Other With Empathy. They will start off catching you up about their most pressing issue. After talking a bit with them about it, ask them to talk to one another rather than narrating the incident to you. Use the aftermath format if a fight, regrettable incident, or failed bid has occurred. Now they are talking about what they feel and needed (positive need). They may need your help to stay on track.

When someone tells you how they are feeling instead of talking to their partner, ask, "Can you tell him (her) that?" and then, if necessary, help each person to speak with their emotions so that they can be understood. We often use Dan Wile's methods to do that (see Dan Wile, *After the Fight*). You can also use the methods Susan Johnson developed to create a bonding moment instead of an injury created by the fight or by the turnings away or against.

Use Video Taping & Replay. When a couple is really stuck on an issue and unable to process it, you can have them engage in a bit of the fight or regrettable incident, recreating it in your office for a few minutes. You can videotape this for replay if you wish. We will sit behind the video camera and have them put on a pulse oximeter before they begin. Afterwards, we will watch the last interaction on the video monitor before processing what happened. The reason

this process is so powerful is that for most couples, it moves them from an attack/defend mode to an admitting mode, where they can admit their role in the discussion, without starting the fight all over again. Admitting is part of processing interaction.

We recommend that, as the therapy proceeds, you do not dominate during this processing discussion, but instead, think of an intervention, preferably one that will provide the couple with one tool they can use in their interaction. When they talk to you about their partner, try to get the interaction to be dyadic instead of triadic. “Can you tell him (her) that?” or “Talk to each other.” We think of the model of a boxing coach, who after the bell goes off signaling the end of a round gives the boxer one very simple suggestion that can be used in the next round. The boxer can hear only simple and clear direction, because he has been getting hit on the head in the past round. Generally, at any particular stage of treatment the therapist is working on specific processes of the Sound Relationship House. Video playback is very powerful in getting people to move away from an attack-defend mode.

Homework: Make the Therapy Last All Week. Before the session ends (maybe during the last 10 minutes) ask them to tell you and one another what they think they have been working on in this session, and what unfinished parts remain. Talk about these unfinished parts. Then have them design a homework task that will generalize the intervention to their everyday life outside the therapy. Ask them, “What is one thing you can take from this session into the week?” Ultimately you are trying to change the way they move through time together. That is the ultimate generalization of the changes that occur in your office.

6.7.2. What the Therapist Can Say

OUR GOALS ARE:

- Stay in the present and stay focused on the emotions in the room.
- Make the therapy dyadic instead of triadic. The intention is that the couple will learn how to do this type of emotion processing themselves.

Take your time with this process of staying in the present and focusing on self-disclosure, emotional expression, and responsiveness. Build empathy and understanding. Be patient with the process. You may need to be very active at first and model a lot of this. It will lead to greater understanding, safety, and intimacy. Here are examples of some things you can say as a therapist to facilitate these processes in your therapy.

Goal #1:

Articulate The Emotions That Are In The Room. What Do They Feel? What Do They Need?

- Talk about what you are feeling right now.
- What do you wish for here?
- If I could wave a magic wand and you would suddenly, like Cinderella (or Prince Charming), have everything your heart desires, what would that be?

Concepts From Dan Wile. Drawing on ideas from our work and from Dan Wile and Susan Johnson, the therapist, at times, speaks emotionally for a client, and checks this out with that client by saying, *“Let me see if I can help here, I will try speaking for you. Okay? Correct me if I get this wrong.”*

Dan Wile softens the negativity by speaking for the client empathetically to the partner. Sometimes Wile adds the unspoken positive feelings he knows are there, and articulates the inner dialogue the person is probably having within himself or herself, but which is also not getting articulated. He always checks out this “speaking for” the client to make sure the client thinks the therapist is being accurate.

Wile is trying to turn attacks, defensiveness, and withdrawals into self-disclosures. Here is an example:

He: Sheila, I think you're being unfair to Elizabeth, our daughter, especially when you're drinking, and I just can't take this anymore. I'm thinking of leaving.

She: Well, Harry, that's just great. Just check out like you always do.

Therapist: *"Let me see if I can help here, I will try speaking for you. Okay? Correct me if I get this wrong."*
 [speaking as Harry] "Sheila, on the one hand I know you've been a great mother and that it's true that I have been checked out a lot as a father. I'm real sorry about that. But now that I'm getting closer to Elizabeth I get worried that she's not being treated right. I get angry and I don't know how to tell you."

He: Yeah, that's it, that's exactly what I said.

The therapist directly reflects what he or she is hearing by saying it out loud to the partner, checks it for accuracy with the client, and then asks the client to say this in his or her own words to the partner.

When the client is trying to articulate what he or she feels, the therapist may probe the client to elicit what the client is feeling and create a bonding between partners.

Examples follow, in broad categories.

**Goal #2:
 Therapist Articulates the Emotions, Then Has Client
 Talk To Partner**

Preface your statement to put the emotions in italics by saying something like:

- What you're saying is very important. Let me see if I got it...
- Let me see if I can speak for you right now, and correct me if I get it wrong.

Then, depending on the emotion, say:

- So what I am hearing is that you feel that you will always disappoint your partner and fail. Can you tell him (her) that?
- You want to respond to her (his) pain, but right now you feel so attacked and are so angry that you can't do it. Can you tell her (him) that?
- Sounds like you feel you can't do anything right, so why even try? Can you tell him (her) that?
- There is an unbelievable sadness here as if you might be destroyed and left totally alone. Did you know that he (she) felt that way? Can you tell him (her) that?
- Can you tell him (her) what happens to you when you feel unsafe? What do you need from him (her)?
- Now that he (she) is able and willing to be there for you, you're not sure that you can risk or trust enough for that to happen, to get that close.
- You have been let down so many times before that you're not sure this time will be any different. Can you tell him (her) that?
- You just wanted the fights to stop. But talking like this with this kind of vulnerability is terrifying. Can you tell him (her) that?
- It is very difficult for you to feel safe enough to take in his (her) comfort. Can you tell him (her) that?
- It is very difficult for you to feel safe enough to take in his (her) affection. Can you tell him (her) that?
- It is very difficult for you to feel safe enough to take in his (her) empathy. Can you tell him (her) that?
- It is very difficult for you to feel safe enough to take in his (her) reassurance. Can you tell him (her) that?

- It is very hard to be positive when you've been through so much.
- What events can not be forgotten? What hurts here and now cannot be left behind? Can you tell him (her) about that?
- So is this true? When you reach out for empathy she (he) is just not there for you and you are left completely alone. Can you tell him (her) that? Can you also try to say that as a positive need? ["What I need from you is..."]
- Can you turn that complaint into a positive need? Can you tell him (her) that?
- So when he (she) talks about what he (she) needs, you are left feeling attacked, hopeless, and inadequate. It makes you want to run away. Did I get that right? Can you tell him (her) that now?

While processing and getting at a self-disclosure, to make interaction dyadic, say: Can you tell him (her) that?

- When he (she) says what he (she) needs, you feel a total sense of despair. Am I getting that right? Can you tell him (her) that?
- When he (she) becomes angry, you see it as huge, you feel blamed and attacked, and have no idea what to do. Is that right? Can you tell him (her) that?
- It is hard to realize that when he (she) needs you this much, it means you are enormously important to him (her). Is that right? What does it feel like to know you are that important? Can you tell him (her)?
- When he (she) reaches out for you, you get your armor on and fire off a hostile comment so he (she) will back off and it will be less scary. Is that right? Did you know he (she) felt that way?
- So when you hear him (her) say that it makes you feel needed and important? Can you tell him (her) that?
- Feeling safe and loved the way you feel now is what you've been searching for all along, isn't it? Can you tell him (her) that?

- All along you have wanted to become aware of his (her) active interest in you. Is that right? Can you tell him (her) that?
- When he (she) calls you “too needy” it makes you feel foolish and ashamed as if you are bad for having needs. Can you tell him (her) that?
- You want him (her) to need you less and be more independent. And what you are feeling is that you will never be able to meet his (her) expectations that you will be there. Is that right?
- You just don’t feel that she (he) needs you at all, and it makes you feel so alone to realize that. Can you say that?
- She (he) doesn’t seem so dangerous anymore now that you know what to do when she (he) gets angry. Is that so?
- So what you’re saying is that on the one hand you feel... but on the other hand you also feel...Is that right? Can you tell him (her) that?
- So even though the two of you are very different on this dimension, you can now live with these differences. Is that what you’re saying?
- It’s natural to look for explanations about why he (she) acts that way. But when you give that explanation him (her) it feels to him (her) like a put down. Is that right?
- It feels to you that he (she) is detached and judging you when he (she) criticizes your personality. Is that right? Can you tell him (her) that?

Eliciting Validation

- Does the way he (she) is feeling make any sense to you? Can you tell him (her) that?
- Does this need that he (she) is expressing make any sense to you? Can you tell him (her) that?

- Now try completing a sentence like this one: "I can understand why you have these feelings and needs, because..."
- It's okay to ask questions if you don't get it.
- Make sure he (she) has really heard you. Do you feel understood here?

Therapist Probes

- So what image comes to your mind as you are feeling this way? Can you tell him (her) that?
- What do you see as your choices here?
- How would you evaluate the choices you have right at this moment? Can you tell him (her) that?
- Tell me the story of that.
- Rewind the videotape of your memory and stop at the first moment that comes to mind. Tell me the story of that.
- Are you thinking that you are sure you will let him (her) down and not be enough?

Mixed Feelings

- Now as you start this intimacy and closeness part of the therapy, you're not so sure you want this. Is that right? Can you tell him (her) that?
- A lot of times we have mixed feelings about a situation. One the one hand you feel like approaching her (him) and being close physically, but on the other hand doing that is frightening. Is that right?

Reactions, Facilitating Responsiveness

- What is happening inside you as you hear this from him (her)? Can you tell him (her) that now?
- I can see that you have a reaction to what he (she) is saying. Can you put that in words?
- You're having trouble putting what you feel into words. Let's see if I can help. Correct me if I get it wrong.

Let Me Tell You A Story About Another Couple I Know

- I want to tell you a story about another couple who faced something very similar to what you're going through right now.

Congratulations

- So you're saying that you have been able to stop feeling out of control with [name an emotion – sadness, anger, fear, crying] That's great! How have you managed that?
- It's amazing that you have survived that. How have you managed to accomplish that?
- You wanted to run away but you didn't, you stayed here and remained present. That was amazing. How did you manage that?
- I just noticed that you both really listened to one another. That was amazing. How do you feel right now?
- This is a new positive thing that is replacing the negative pattern. Great job, you two!
- This feels to me like it's working out much better. How do each of you feel right now?

The Domino Theory: Ask “Is There Anything Else You’re Feeling?”

We have a theory about processing emotions we call the “Domino Theory.” The idea is that in an emotional event there are usually a small set of emotions, lined up, like dominoes. The leading emotion might be anger, and we tend to process that lead emotion. Behind the lead emotion, there may be another emotion, for example, sadness that anger was aroused, behind the sadness there may be insecurity about the relationship, and so on. So, as a result of this theory, it is always a good idea to teach clients to ask their partner, after processing the lead emotion, “Is there anything else?” The therapist can model this process, asking about whether the listener feels completely understood, or finished, asking about other feelings and needs. We directly explain the domino theory to clients and offer it as an explanation of why people sometimes recycle back to discuss an emotional event. The reason is that they haven’t really finished with all the dominoes.

So, the therapist can ask:

- “Is there anything else?
- Do you have other feelings or needs that need to be understood here?”

The therapist can also teach the clients to ask this question as part of processing an emotional event, or regrettable incident.

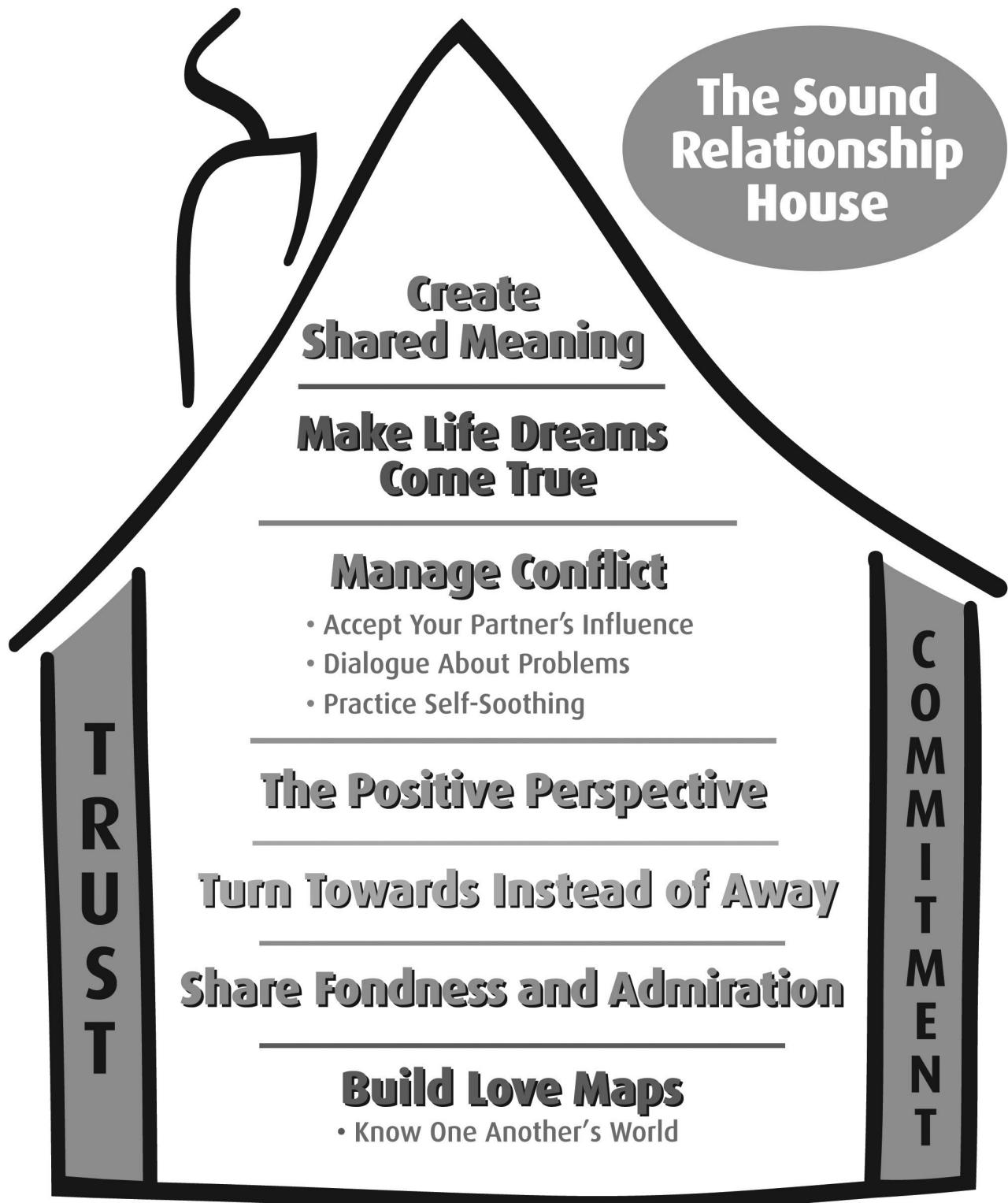
6.8. Summary

In this chapter, we have described our assumptions and goals of therapy, and then given you a number of tools to strengthen each fundamental system of the relationship:

- Manage Conflict
- Build Friendship
- Create Shared Meaning

These three domains encapsulate what more than 3,000 couples in our research have taught us about what strengthens their relationships. Our interventions create the conditions for what couples do to succeed.

These tools can be used as you see fit. They are not meant to be conducted in any specific order. It will be your sensitivity as a therapist to determine which tool best fits the needs of your clients at any given moment. This also is only an introduction to a great number of therapeutic interventions we have developed over the years. Hopefully, they will give you a taste of this work and a place to start to both heal and enhance the relationships of the couples you see.



7. Additional Training and Services Offered Through The Gottman Institute

7.1. Level 2—Assessment, Intervention & Co-Morbidities



LIVE WORKSHOP

Deepen your understanding of Gottman Method Couples Therapy. Expand your strategies and interventions in your work with couples! Presented by Dr. John Gottman & Dr. Julie Schwartz Gottman, and Certified Gottman Trainers.

For a list of LEVEL 2 workshop dates, locations, and information about continuing education credit, visit www.gottman.com

HOME STUDY

Experience the workshop at your own pace or in a group with this 13 DVD set. You will receive the same manual used in the live workshop with an Assessment of Knowledge Test for Continuing Education credit. All the lectures, films and role play demonstrations by the Gottmans are included.

To order, visit www.gottman.com. For group rates, contact the Products Department at 888-523-9042 ext. 3



What Can You Expect in the Level 2 Training?

During this training you will have the opportunity to practice and integrate Drs. John and Julie Gottman's Assessment and Intervention Methods. The goal of this training is to immerse you in the Gottman Methods in order for you to gain confidence in using the techniques in your own clinical work. In this workshop you will:

- Refine your clinical skills during this valuable clinical training.
- Learn to internalize and integrate the powerful, research-based Gottman Method Assessment and Intervention techniques in your work with couples.

- Gain insight as to when to use these methods and when couples therapy is contraindicated.
- Become skilled in using our newly updated and re-designed Level 2 Clinical Manual, that now includes revised Gottman Core Assessments, Gottman Supplemental Assessments and 50+ Gottman Interventions.
- Take part in presentations with the Gottmans and Certified Gottman Trainers, practice using Assessments and Interventions in group role-plays, view demonstration films, and participates in extensive discussions with Senior Certified Gottman Therapists and clinicians from around the world
- Learn how the Gottman Method can be applied to the most difficult cases including those with co-morbidities of PTSD, domestic violence, affairs and substance abuse.
- Receive supportive coaching from Drs. John and Julie Gottman, Gottman Consultants and Senior Certified Gottman Therapists as you engage in vital dialogue and participate in experiential exercises.

The Intervention Library

What specific interventions can make it easier to facilitate clinical processes with your couples? We have developed a wide variety of therapeutic tools for your clinical use. In most cases the idea for the intervention emerged from research on over 3,000 couples. We currently have 50+ interventions in our Intervention Library. We have listed these for you in the table below. They are organized according to the stages of the Sound Relationship House. In the Level 2 workshop we cover many of these interventions in greater detail, while using role-plays, showing demonstration films, providing feedback and working in small groups.

Gottman Method Interventions Taught at Level 2

Sound Relationship House Level	Intervention	Page
Share Fondness and Admiration	“I Appreciate . . .” Adjective Checklist	11-9
Turn Towards vs. Turning Away	Stress Reducing Conversation	11-15
Manage Conflict	Gentle Start-up	11-23
	Labeling and Replacing the Four Horsemen with their Antidotes	11-31
	Physiological Soothing and Relaxation Exercise	11-37
	The Gottman-Rapoport Exercise	11-45
	Dan Wile Intervention	11-49
	Internal Working Model	11-53
	The Art of Compromise	11-55
	Dreams Within Conflict - Releasing the Dreams	11-63
	Aftermath of a Fight or Regrettable Incident	11-69
Create Shared Meaning	Build Rituals of Connection	11-81

Additional Gottman Method Interventions

Sound Relationship House Level	Intervention	Page
Build Love Maps	The Gottman Love Map Exercise	12-5
	Build a Map of Your Partner's Everyday Life	12-9
	Injury and Healing	12-13
	Ask Open-Ended Questions	12-17
Share Fondness and Admiration	Thanksgiving Checklist	12-23
	7-Week Guide for Creating Fondness and Admiration	12-27
	Fondness and Admiration in Everyday Life	12-31
	An Exercise in Thanksgiving	12-35
Turn Towards	Behavior Exchange	12-39
	Working as a Team: Building the Paper Tower	12-43
	Negotiating Power: Who Does What in the Relationship?	12-47
	The Aftermath of Failed Bids	12-53
	How Do You Change Your Relationship?	12-59
	The Emotional Communication Game	12-63
	Sex, Romance, and Passion (Salsa Cards)	12-73
Manage Conflict	Three Skills of Intimate Conversation	12-81
	Choosing One Gridlocked Issue and One Solvable Issue	12-89
	Ending Gridlock: Fears of Accepting Influence	12-95
	Accepting Influence: Find Common Ground	12-97
	Consensus Decision-Making Task: Mountain Survival Problem	12-99
	Working Together as a Team: The Island Survival Task	12-105
	Accept What You Cannot Change: Accept One Another	12-113
	Find Dreams in Each Other's Gridlock	12-117
	Video Playback	12-135
	Repair Checklist	12-137
	Meta-Emotion Interview	12-141
Dealing with Meta-Emotion Mismatch	12-151	
Create Shared Meaning and Build Rituals of Connection	Which Relationship Style Do You Prefer?	12-155
	The Meanings Interview	12-161
	Build Shared Meaning	12-169
	Mission and Legacy	12-175
Relapse	Triumphs and Strivings	12-179
	Relapse and Resetting the Negativity Threshold: The Relationship "Poop Detector"	12-185
	Preventing, Assessing and Managing Relapse: Relapse Questionnaire	12-189
	Expect Relapse: Follow-up Sessions	12-193
	The Magic Five and One-half Hours a Week	12-195

POST-LEVEL 2 TRAINING TELECONFERENCES

Many questions arise for clinicians after the Level 2 Training as they expand their integration of the assessments and interventions into their work with couples. The Gottman Relationship Institute offers a series of Post-Level 2 Training Teleconferences designed to support the training and answer your questions. The training is facilitated by Dr. David Penner, Clinical Director.

7.2. Level 3 - Practicum Training

*Presented By Dr. Julie Schwartz Gottman and Dr. John Gottman,
and by Certified Gottman Trainers*

For a list of LEVEL 3 workshop dates, visit www.gottman.com.

COURSE DESCRIPTION AND OVERVIEW

Fine-tune and master your skills using Gottman Method Couples Therapy. Participants in the Level 3 Practicum Workshop, together with Drs. Julie and John Gottman, or with Certified Gottman Trainers, examine actual videotaped cases of couples brought in by workshop colleagues. These videotaped cases are used as teaching and learning tools to help deepen understanding of when and how to use various Gottman Method approaches and interventions, and how to break destructive patterns and replace them with meaningful interactions.

During this workshop, Drs. John and Julie Gottman and Certified Gottman Trainers lead discussions, demonstrate techniques and provide guidance in developing a road map for clinical decisions. Participants have the opportunity to practice and refine their use of Gottman Couples Therapy through participation in role-plays, demonstrations and discussions in a small group setting, and receive personalized guidance and supportive coaching from the Gottmans and Gottman clinical staff.

PRE-REQUISITES

- A minimum of a Master's degree in a mental health-related field OR current enrollment in a graduate program within a mental health-related field
- Completed Level 1 Live Training or DVD Home Study
- Completed Level 2 Live Training or DVD Home Study
- Therapy experience highly recommended, but not required

VIDEO PARTICIPATION

Participants are highly encouraged (although not required) to bring a video tape of a couple from their practice to the Practicum, to share for teaching and role-play experiences. The purpose of the video tapes is not to critique the therapist but to view actual couples and learn how the Gottman Method can be applied to each case.

REGISTRATION PROCESS

Please go to www.gottman.com to find the course registration form.

FEES

The fee for the Level 3 Practicum Training is \$1,250.

7.3. Gottman Certification Track

CONSULTATION AND VIDEO REVIEW

Following the Level 3 Certification Practicum workshop, clinicians in the Certification Track have the opportunity to work with a Consultant to guide them in applying the Gottman Method with their couples. There will be ample opportunity to ask questions and receive input about all phases of working with couples, from assessment and treatment planning through selecting and implementing appropriate interventions for each client's unique needs. Consultants will provide feedback on video tapes of therapy sessions and will assist the therapist in becoming proficient in the core intervention skills necessary for certification. A minimum of eight individual or twelve small group consultations are required for certification.

Those who qualify and are interested may continue their training with a Gottman Consultant following the Level 3 Practicum Workshop.

Minimum requirements for the Certification track include:

- Level 1: Bridging the Couple Chasm (Live or DVD home study)
- Level 2: Assessment, Intervention & Co-Morbidities Training (Live or DVD home study)
- Level 3: Practicum
- Masters or doctoral degree in a mental health-related field
- Licensure or certification in a mental health-related field
- Minimum 1000 hours of post degree therapy experience

FEES

There is a one-time administrative fee of \$675 payable to The Gottman Institute. This fee includes the cost of evaluating tapes submitted for certification after the completion of the consultation process. Fees for Consultation are additional and will be paid directly to your Consultant. Consultation fees are \$140 per 45–50 minute individual consultation and range from \$85 to \$100 for 50–90 minute small group consultations, depending on the size of the group. In addition, the cost for the Consultant's time reviewing video tapes is prorated at the rate of \$140 per 45–50 minutes. A minimum of three 15-minute video segments are required for Consultant review but typically additional tape reviews are necessary.

TO REQUEST A "HOLD" FOR YOUR ATTENDANCE OR FOR MORE INFORMATION, CONTACT:

Professional Development
888-523-9042 ext 2
training@gottman.com

7.4. *The Art & Science of Love Weekend Workshop for Couples*

in Seattle with Drs. John and Julie Gottman

Now Offering 12 Continuing Education Credits

Eager to understand Gottman Method from the inside out? A terrific way to enrich your professional and personal educational experience is to attend a live couples workshop in Seattle with Drs. John & Julie Gottman. Twelve (12) Continuing Education credits are available for this workshop (please visit www.gottman.com for more details).

We also welcome your referred clients. If you know that they cannot afford the entire registration fee, contact our Couples Department, and they can work out financial options and/or partial scholarships.

Professionals who have completed Level 1, Level 2, or a Gottman Educator training are eligible to receive a discounted rate.

*To learn more about this opportunity, please refer to the program flyers
located at the front of your training manual.*

Note: Certified Gottman Therapists may attend a complimentary couples workshop with their spouse or partner. Level 3 Certification candidates may attend with their spouse or partner for \$99.

Contact the Couples Department for more details or for information regarding Couples Weekend Workshops in Seattle, WA, by phone 1-888-523-9042 ext. 1 or email couples@gottman.com.

**For a list of THE ART & SCIENCE OF LOVE workshop dates,
visit www.gottman.com**

7.5. Professional Opportunities for Certified Gottman Therapists

- You will be able to present yourself to your clients and to your community as a Certified Gottman Therapist. When couples, the media and professional groups in your area hear or read about The Gottman Institute and/or Drs. John and Julie Gottman, they may seek a therapist or speaker certified in Gottman Method Couples Therapy.
- You may join The Gottman Referral Network and advertise yourself as a Certified Gottman Therapist:
 - On The Gottman Referral Network website, www.gottmanreferralnetwork.com, with the option of including your photo, bio and link to your website.
 - In our Provider Directory, distributed to over 2,000 individuals per year who participate in *The Art & Science of Love Weekend Workshop for Couples*.
- You will receive an invitation to attend a complimentary workshop of *The Art and Science of Love Weekend Workshop for Couples*, with your spouse/partner, led by Drs. John and Julie Gottman in Seattle, WA.

**For a list of THE ART & SCIENCE OF LOVE workshop dates,
visit www.gottman.com**

- You will receive priority status to serve as a paid “Roving Therapist” at *The Art and Science of Love Weekend Workshop for Couples* in Seattle with Drs. John and Julie Gottman or throughout North America with other Certified Art & Science of Love Workshop Leaders. Couples workshops facilitated by John and Julie Gottman attracts an average of 200 couples and requires the help of 25 Certified Gottman Therapists to assist couples at the workshop. Once you have served at one Seattle-based workshop as a “Shadow” you are eligible to serve as a paid “Roving Therapist.”
- You may receive training to become a Certified Art & Science of Love Workshop Leader. Workshop Leaders are now offering *The Art and Science of Love Weekend Workshop for Couples* in many locations throughout the United States and Canada.
- You will receive an invitation to attend new and special events sponsored by The Gottman Relationship Institute to further your ongoing clinical skills development within a warm, supportive professional community of like-minded clinicians.

7.6. *The Gottman Referral Network*



The primary resource for couples seeking professional help from Gottman-trained therapists.

The Gottman Referral Network (GRN) is The Gottman Institute's primary resource for couples worldwide who are seeking Gottman Method Couples Therapy. The GRN is a new, easily navigable online system that allows Gottman trained clinicians to post their clinical practice profiles and specialties for access by couples needing help.

The GRN is open to licensed clinicians who have completed Level 2: Assessment, Intervention and Co-Morbidities, and Level 3: Practicum Training, and Certified Gottman Therapists.

We encourage you to complete your Gottman Method training to reach a higher level of competency in using this method with your clients. Since couples are seeking therapists trained in our method, the GRN will doubtless contribute to your couples' referrals, supporting the expansion of your skills and practice.

To learn more about this service, please refer to the program flyers located at the front of your training manual.

7.7. The Gottman Relationship Checkup

www.checkup.gottman.com

You can now invite your couples to use the Gottman Assessment Questionnaires in a digital format! Our new, online relationship assessment tool not only automatically scores your couples' strengths and challenges, it also provides you with detailed clinical feedback and a suggested treatment plan with specific recommendations for intervention.

To learn more, please refer to the program flyers located at the front of your training manual, or visit checkup.gottman.com.



7.8. What Are Clinicians Saying About Our Training?

Beginning therapists often ask, “Do Gottman therapists really use all these tools?” and “How do clients react to these questionnaires and heart rate monitors?” I am here to say “Yes” and “With relief!” I use every tool, gratefully (because they work)! Working toward and achieving certification has been one of the very best self care investments of my professional life. Getting certified was a pretty large undertaking, but The Gottman Relationship Institute provides the perfect blend of intellectual stimulation and support for me as a clinician.

—SUZANNE PRATT, LCSW, SALT LAKE CITY, UT

When I’m working with couples I now have much more confidence that I’m offering them the best treatment available. This makes my work day much more alive and creative. No “stuck” moments where I have no idea what to do.

—DAVID BRICKER, PH.D., NEW YORK, NY

Through the professional training, encouragement, and opportunities provided by The Gottman Relationship Institute, I’ve expanded my potential as a trainer, leader, and presenter. I highly recommend the Gottman Relationship Institute’s training programs as a way to discover one’s full professional potential.

—NINA GRUENEBERGER, LCSW, CARMICHAEL, CA

As a Certified Gottman Couples Therapist, I have found new creativity and energy in my practice. I have become known for my expertise in working with couples from this research-based approach and have a steady stream of referrals from colleagues.

—LYNDA VOORHEES, LMFT, SAN FRANCISCO BAY AREA, CA

This certification has boosted my visibility and credibility in the community and increased referrals to my practice a great deal.

—VAGDEVI MEUNIER, PSY.D., AUSTIN, TX

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9. Couples Therapy: A Research-Based Approach

**Level 1 Clinical Training
Bridging the Couple Chasm
Gottman Method Couples Therapy:
A New Research-Based Approach**

1

**Chapter 1:
Research and Theory
What is New in this Workshop:
The Need for Theory**

Chapter 1

2

FILM
**Monty Python's Flying Circus
The Argument Clinic Film**

3



What is Different about Gottman Method Couples Therapy?

- New approach to Conflict Management versus Resolution
- Not all Conflicts are the Same: Hidden Agendas – Existential

Section 1.1.1

4



FILM

Couple's Argument: The Picnic

5



What Is Our Focus?

- Our Focus is on Emotion
- Build Skills for Managing Conflict
- Build Skills for Friendship
- Create Shared Meaning

Section 1.1.2

6



Our Research Methods

- Over 40 years of Research, Representative Samples
- Happy-Stable, Not Only Ailing Relationships
- Multi-Method: Physiology, Self-Report, Behavior
- Multi-Situational: Conflict, Events, Apartment Lab
- Longitudinal (Up to 20 Years) and Developmental (Babies, Children)
- Gay, Lesbian, as well as Heterosexual
- Domestic Violence
- Transition To Parenthood
- Theoretical and Mathematical
- Intervention and Prevention Research
- Extension to Lower-Income Population

Section 1.2

7



FILM

The Love Lab

8



What is “Dysfunctional” in Relationships?

- Busting a Few Common Myths
- What is True, Based on Research?
 - More negativity than positivity
 - Escalation of Negative Affect
 - The Four Horsemen

Section 1.3

9



The “Four Horsemen of the Apocalypse”

1. Criticism
2. Defensiveness
3. Contempt
4. Stonewalling

Section 1.3.2

10



FILM

The Four Horsemen, What Predicts Divorce?

11



What is True, Based on Research? (Continued)

- Emotional Disengagement and Withdrawal
- Failure of Repair Attempts
- Negative Sentiment Override
- Physiological Arousal
- Failure of Men to Accept Influence

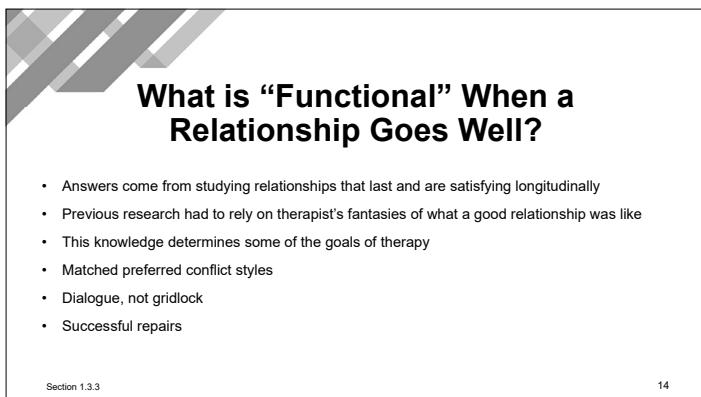
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FILM

Husband Accepts Influence from Wife

13

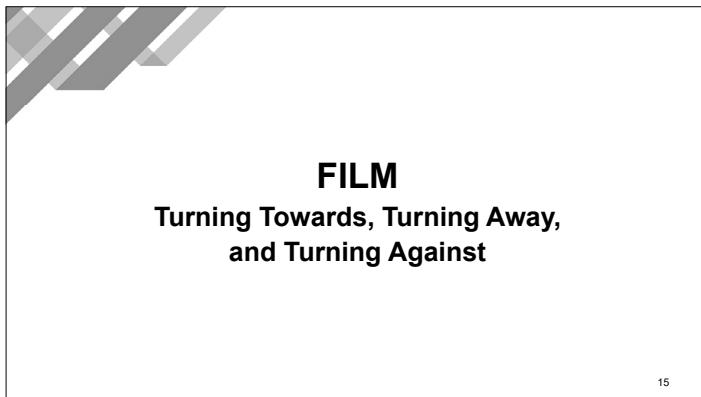


What is “Functional” When a Relationship Goes Well?

- Answers come from studying relationships that last and are satisfying longitudinally
- Previous research had to rely on therapist's fantasies of what a good relationship was like
- This knowledge determines some of the goals of therapy
- Matched preferred conflict styles
- Dialogue, not gridlock
- Successful repairs

Section 1.3.3

14



FILM

Turning Towards, Turning Away, and Turning Against

15

Summary Checklist

- Positive affect serves to down-regulate negativity and soothe physiologically (But, how does one create positive affect – e.g., humor during conflict?)

Section 1.4

16

Beyond Checklists

- We need a theory to individualize couples therapy
- Our theory is the Sound Relationship House Theory

Section 1.5

17

Three Domains:

- Constructive Conflict
- Friendship/Intimacy/Positive Affect Systems
- Shared Meaning

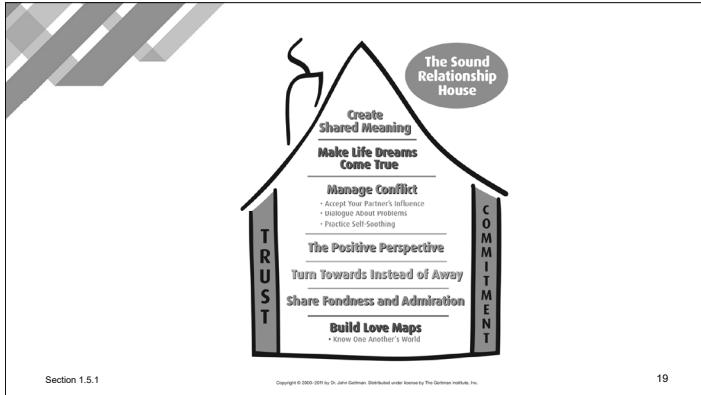
CONSTRUCTIVE CONFLICT

FRIENDSHIP/INTIMACY
POSITIVE AFFECT

SHARED MEANING

Section 1.5.1

18



Chapter 2 Assessment: Overview

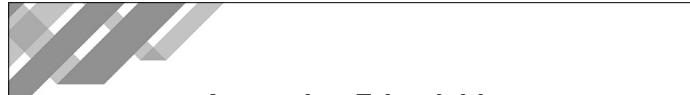
- The Couple's Experience of Assessment
- Multi-Method Assessment in Three Sections
 - Session 1: Conjoint
 - Session 2: Individual Sessions
 - Session 3: Feedback Session

Chapter 2 20

When is Couples Therapy Contra-Indicated?

- Ongoing Affair
- Characterological Domestic Violence
- May need to add or refer for individual treatment which must be highly coordinated with the couple's therapy

Section 2.4 21



Assessing Friendship

- Oral History Interview
- 19-Areas Checklist

Section 2.5

22



Assessing Sentiment Override

- Conflict Discussion
- Flooding Questionnaire

Section 2.6

23



Assessing Conflict

- Conflict Discussion
- Sound Relationship House Questionnaire

Section 2.7

24

Assessing Meaning

- Narrative
- Oral History Interview
- Shared Meaning Questionnaire
- During Interventions

25

Chapter 3 Assessment: Session 1 Summary

- Welcome
- Office Disclosure Statement
- The Couple's Narrative: What We Look for in Their Story and How They Tell It
- Oral History Interview
- Video Tape a Conflict Discussion
- Instructions for individual Sessions
- Questionnaires

Section 3.1 – 3.2

26

The Couple's Narrative

- Both partners are probably anxious.
- Ask, "What brings you here? What can I help you with?"
- Empathize equally with both partners.
- Focus on emotions.
- Reflect what you hear by saying, "This is happening between you." Don't "nail" either partner.

27



The Oral History Interview

- The Buehlman Dimensions We Assess
- The Questions We Ask

Section 3.3

28

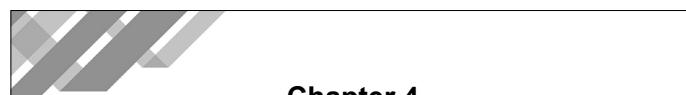


Assessment: Session 1 Sampling Couple Conflict Interaction

- Setting Up the Conflict Discussion
- Critical Behaviors to Observe
 - Escalation: The Four Horsemen
 - Emotional Engagement or Disengagement
 - Accepting Influence
 - Repair (Pre-Emptive or after Negativity)
 - Positive Affect (Humor, Affection, Empathy)
 - Use of Video Tape
 - Physiological Arousal
 - Compromise

Section 3.4.1 – 3.4.3

29



Chapter 4 Assessment: Questionnaires

- Locke Wallace: Relationship Satisfaction
- Weiss-Cerretto: Breakup Potential
- The Sound Relationship House Questionnaires

Chapter 4

30



Sound Relationship House Questionnaires

- Love Maps
- Fondness and Admiration
- Turning Towards
- Negative Sentiment Override
- Harsh Startup
- Accepting Influence
- Repair Attempts
- Compromise
- Gridlock on Perpetual Issues
- Four Horsemen
- Emotional Disengagement and Loneliness
- Sex, Romance, Passion
- Shared Meanings
 - Rituals
 - Roles
 - Goals
 - Symbols
- Trust
- Commitment
- Flooding

pp. 4-7 – 4-16

31



19-Areas Checklist for Solvable and Perpetual Problems

- Emotional Connection
- Handling Stress
- Disagreements
- Romance and Passion
- Sex
- Critical Incident
- Children
- In-laws
- Jealousy
- Affair(s)
- Unpleasant Fights
- Values and Goals
- Hard Times
- Teamwork
- Power Struggles
- Finances
- Fun
- Community
- Spirituality

pp. 4-17 – 4-26

32



Three “Detour” Scales

These scales provide additional clinical information

- Chaos
- Meta-Emotion
- Family History

pp. 4-27 – 4-33

33

Additional Questionnaires

- Gottman Emotional Abuse Questionnaire (EAQ)
- Control, Fear, Suicide Potential, and Acts of Physical Aggression Questionnaire
- SCL-90: Psychopathology Screen
- CAGE AID
- Brief Michigan Alcohol Screening Test (b-MAST)

pp. 4-35 – 4-41

34

**After doing trainings for more than 20 years,
we heard the same concern over and over
from clinicians:**

"How will I ever find enough time in my busy practice to
complete a thorough assessment?"

35

FILM

The Gottman Relationship Checkup Demo

36



Chapter 5 Assessment: Session 2 Individual Sessions

Assess:

- Individual Narratives
- Commitment to Relationship
- Hopes, Expectations, and Fears
- Prior Therapy
- Cost/Benefit Analysis
- Potential Co-morbidities (Domestic Violence, Depression, Addictions, Ongoing Affair, Psychopathology)
- Relevant Family History

Section 5.1

37



Assessment: Session 3 Feedback Session

- What is the Nature of the Couple's Friendship?
- What Kind of Sentiment Override is There?
- What is the Nature of Conflict and its Regulation?
- Do They Honor Life Dreams?
- Do They Create Shared Meaning?
- Potential Resistances (e.g. Chaos)

Section 5.2

38



Discussing and Deciding About Goals

- Importance of Therapeutic Alliance with Both People
- Clinician's Checklist for Couple Assessment
- Setting Therapeutic Goals as a Partnership with the Couple

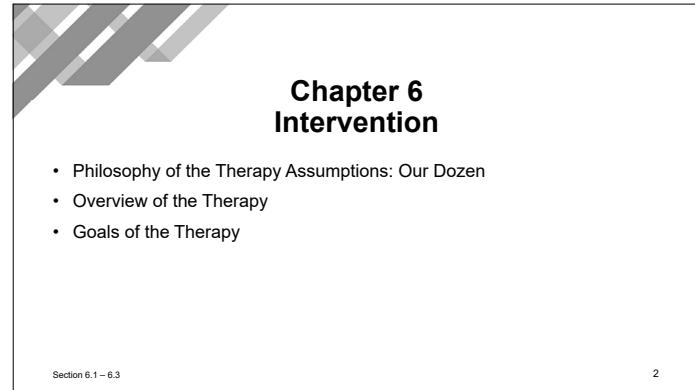
Section 5.2

39



FILM
Assessment

40

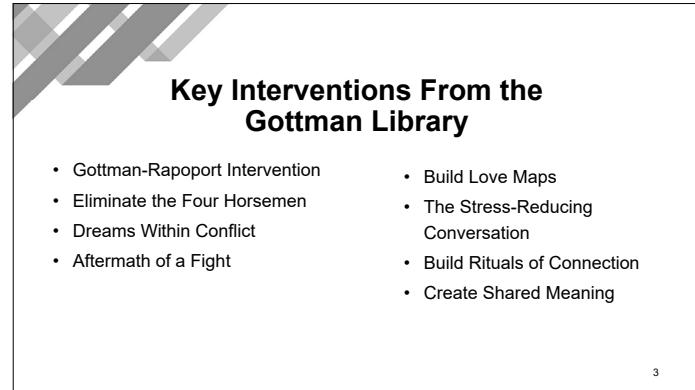


Chapter 6
Intervention

- Philosophy of the Therapy Assumptions: Our Dozen
- Overview of the Therapy
- Goals of the Therapy

Section 6.1 – 6.3

2



**Key Interventions From the
Gottman Library**

<ul style="list-style-type: none">• Gottman-Rapoport Intervention• Eliminate the Four Horsemen• Dreams Within Conflict• Aftermath of a Fight	<ul style="list-style-type: none">• Build Love Maps• The Stress-Reducing Conversation• Build Rituals of Connection• Create Shared Meaning
---	--

3



Conflict Goal #1

Understand the Partner's Point of View

Gottman-Rapoport Intervention

- Postpone Persuasion Until Both People Can State Partner's Position to Partner's Satisfaction
- "What's This" Mode vs. "What The Hell Is This" Mode
- Speaker's Job – No Blaming, State Feeling, and Positive Need
- Listener's Job – Take Notes, Summarize, and Validate Speaker's position, Ask Questions

Section 6.4.1

4



FILM

Rapoport Intervention

5



Conflict Goal #2

Eliminate the Four Horsemen

- Interrupt Four Horsemen
- Replace Each One with Antidote
- Criticism – Teach Gentle Start-up
- Defensiveness – Teach Taking Responsibility
- Contempt – Describe Your Own Feelings and Needs
- Stonewalling – Self-Soothing

Section 6.4.2

6

FILM

Flooding and Self-Soothing: Eliminate the Four Horsemen

7

Conflict Goal #3

Move from Gridlock to Dialogue Help the Partner Understand the Underlying Dreams

- Getting at Underlying Dream or Meaning Behind Position on the Issue
- Speaker – State Position without Blame, with Depth
- Listener – Ask Questions about History, Meaning, and Dream within Partner’s position (Don’t try to Solve the Issue)

Section 6.4.3

8

FILM

Dreams Within Conflict

9



Conflict Goal #4 *Develop Six Skills*

1. Gentle Start-Up
2. Accept Influence
3. Make Effective Repairs During Conflict
4. De-Escalate
5. Compromise
6. Physiological Soothing

Section 6.4.4

10



Conflict Goal #5 *Process Fights and Regrettable Incidents*

- Two Subjective Realities, Both Right
- Feelings List
- Validate Each Other's Realities
- Triggers
- Taking Responsibility
- How to Make It Better Next Time

Section 6.4.5

11



FILM *Aftermath of a Fight*

12



Friendship Goal #1

Build Love Maps

- Build Knowledge of Partner's Internal World
- Use Card Deck
- Guess Right Answer to Question on Each Card
- If Wrong, Partner Makes Gentle Correction
- Ask Open-Ended Questions

Section 6.5.1

13



FILM

Build Love Maps

14



Friendship Goal #2

Turn Towards: The Stress-Reducing Conversation

- Issue External to Relationship
- Don't Try to Solve the Problem
- Take Turns Listening and Being Supportive
- Validate Emotions Even if Disagree with Position

Section 6.5.2

15



FILM

**Turn Towards:
The Stress-Reducing Conversation**

16



Shared Meaning: Goal #1

Build Rituals of Connection

- Rituals are Times You Can Count on Connecting
- Formal and Informal Rituals Made Meaningful and Intentional
- Discuss Details of Preferred Ways to Connect
- Include Family Histories Related to Specific Rules

Section 6.6.1

17



FILM

Build Rituals of Connection

18



Shared Meaning Goal #2:
Create Shared Meaning in the Couples Building a Life Together

- Making Shared Meaning System Intentional
- Discuss Beliefs, Values, Missions, Legacies, Roles, and Goals
- Validate One Another
- Plan How to Honor Each Other

Section 6.6.2

19



FILM
Create Shared Meaning

20



Process

- Structure of a Typical Session
- What The Therapist Can Say: Principles:
 - Here and Now
 - Affect Focus
 - Therapy Dyadic not Triadic
 - Integrates Therapist's Empathy and Understanding with Psycho-Education
- What the Therapist Actually Says
 - Therapists Articulates Emotions and Has Them Talk to One Another
 - Role Plays of Process-Three Vignettes of the Wrong and the Right Thing to Say

Section 6.7

21



Summary

- Therapy is Theory-Based
- Therapy Starts with Assessment
- Therapy has Three Domains
 - Manage Conflict
 - Build Friendship
 - Create Shared Meaning

Section 6.8

22



Chapter 7 Additional Training & Services

- Level 2 – Assessment, Intervention, and Co-Morbidities
- Level 3 – Practicum Training
- Becoming a Certified Gottman Therapist
- Learn to Present “*The Art and Science of Love*” Workshop for Couples

Chapter 7

23

