



Idaho Society of Individual Psychology
Annual Conference Program

February 28th & March 1st, 2025

Presents:

**“INTIMACY:
A TASK FOR
TWO”**



Presented By:
Wes Wingett, *PhD, LMHP*



LaShanna Stephens,
MS, LPC, CCMHC, ACS, NCC

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WELCOME TO THE ISIP ANNUAL CONFERENCE

FEBRUARY 28TH & MARCH 1ST, 2025

Welcome to ISIP Membership. Membership is included in your registration.

Please read the following announcements!

1. As a courtesy to the presenter and your neighbors, please turn off your cell phone.
2. ISIP bylaws provide for the election of ISIP board members for the year 2025-2026 on Saturday of this Annual Conference. The ballot will be virtual using the QR code provided or the link on the conference landing page. Paper copies will be available at the registration desk, if you prefer.
3. The Riverside Grill is offering a Taco Bar lunch buffet Friday for a total of \$15 which includes a beverage the Taco Bar and the gratuity. This is a great option to stay on site and have lunch.
4. We ask that you wear your name badges to all sessions. It will help you become acquainted with new folks as well as let us know that only registered participants are here.
5. CE certificates will be available upon conclusion of each day and the Friday evening session. Look for the alphabetical section with the first few initials of your last name. There will be assistance in getting them distributed.
6. If you are seeking CE for NBCC and Social Worker hours it is important that you sign in at the beginning of each session. We are required to report attendance verification to CE providers upon request. ISIP is an Approved Continuing Education Provider (ACEP) for the National Board for Certified Counselors (NBCC) and an Authorized Provider for Social Workers.
7. When you are ready to leave the conference, please complete the Conference Evaluation form by scanning the QR Code provided in your packet; paper copies are available at the registration desk. Your board really wants to know how you feel about your experience to guide them in responding to your interests for future conferences.
8. DVDs of past conferences are available in the Aspen Room. You may also order a DVD for later delivery of this year's conference.
9. Sponsor recognition activity. Prizes will be drawn. See Information below.

SPONSOR VISITATION ACTIVITY

COMPLETE THE YELLOW SPONSOR VISITATION CARD IN YOUR PACKET BY HAVING THE SPONSORS AND EXHIBITORS SIGN, INITIAL, OR STAMP THEIR BOX ON THE CARD. DROP THE COMPLETED SPONSOR VISITATION CARD IN THE COLLECTION BOX IN THE ASPEN ROOM ON THE SPONSOR VISITATION TABLE.

BE SURE YOU HAVE PRINTED YOUR NAME ON THE BACK OF THE CARD SO WE CAN DRAW FOR PRIZES.

ISIP Position on Ethics

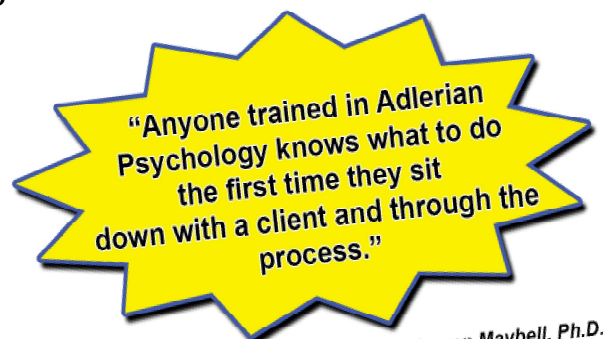
Adler believed that teaching his psychology to a wide audience would increase the mental health of the general population, and that is a good thing. However, Adler and ISIP recognize that knowledge should not be confused with competence. Each person attending the ISIP workshops and the conference needs to be reminded that the practice of psychotherapy in any profession is governed by the ethics and standards established by the profession. It is imperative that each person attending is required to apply the Adlerian tools within the scope of practice established by the person's profession. ISIP is concerned about how the tools are applied. The utility of Adlerian Psychology makes it tempting for trainees to use them even if that trainee's profession would not normally recognize the person's competence.

ISIP is aware of the need to respect the professional standards and practice limitations of all mental health providers. Because ISIP training is not specifically designed to apply to any profession, it runs the risk of being seen as an alternative to developing the competencies and standards of the professions utilizing it. Rightly or wrongly, that can easily be viewed as threatening to the goals and purposes of various professions.

Because of the concerns stated above, this statement, and a statement similar to the one below, will be included in all training to alert attendees and prospective attendees of the need to be conscious of and guided by each attendees ethics and state laws.

“It is the individual responsibility of each attendee to be knowledgeable of the particular ethics and state laws of their profession with respect to areas of authorized practice, as well as those areas of practice that are beyond the scope of the attendees credentials. ISIP is not responsible for any misunderstanding or misapplication of the training received.”

As far as the ethics training provided at our annual conference, ISIP does not believe the ethics presentations should be profession-specific since most of us have to be sensitive toward two or three different Codes anyway. The differences are fairly small and usually apply to a limited number of issues or work settings. Since ISIP is committed to promoting Adlerian theory and practice, it only makes sense for our conference to offer training that is Independent from any specific profession. Our goal is to promote ethical practice, regardless of one's profession or licensing. Therefore, it only requires that we present material that is more universally applicable.



Wes Wingett, Ph.D. & Steven Maybell, Ph.D.

FRIDAY, FEBRUARY 28TH

7:30 a.m.	Online Attendees: Zoom Room Opens In-Person: Registration & Continental Breakfast
8:30 a.m.	Session 1: Introductions Introduction to Alfred Adler and John Gottman Where have we been? Interview Additional theory and strategies
10:00 a.m.	BREAK
10:15 a.m.	Session 2: What are my partner's strengths? Interview Additional theory and strategies
11:45 a.m.	LUNCH BREAK
1:15 p.m.	Session 3: How can we connect? Interview Additional theory and strategies
2:15 p.m.	BREAK
2:30 p.m.	ETHICS PART 1: Ethically Approaching Stepfamilies with Differing Value Systems Stephanie Sternes
4:00 p.m.	BREAK
4:15 p.m.	ETHICS PART 2: Boundaries in Specialty Work: Navigating Ethical Competency in Divorce, Stepfamily, and Foster Care Systems Stephanie Sternes
5:45 p.m.	Conclude Conference for Friday



Keep up to date!

Follow The ISIP Facebook Group!



SATURDAY, MARCH 1ST 2025

7:30 a.m.	Online Attendees: Zoom Room Opens In-Person: Registration & Continental Breakfast
8:30 a.m.	Session 4: How can we move forward? Interview Additional theory and strategies
10:00 a.m.	BREAK
10:15 a.m.	Session 5: How can we solve problems? Interview Additional theory and strategies
11:45 a.m.	LUNCH BREAK
1:15 p.m.	Session 6: How can we understand each other and our differences? Interview Additional theory and strategies
2:45 p.m.	BREAK
3:00 p.m.	Session 7: Where are we going? Interview Additional theory and strategies Summary and conclusions
4:30 p.m.	Conclude Conference



Scan the code to the left with the camera on your phone, then click the link to access the “landing page” for this conference. This page will have all the materials and up-to-date information about the conference.

- Journeys Adolescent Program
- Adult Psychiatric Intensive Care Services
- Adult Psychiatric Services
- Generations Program
- New Start Center for Recovery
- Outpatient Services for Adults & Adolescents



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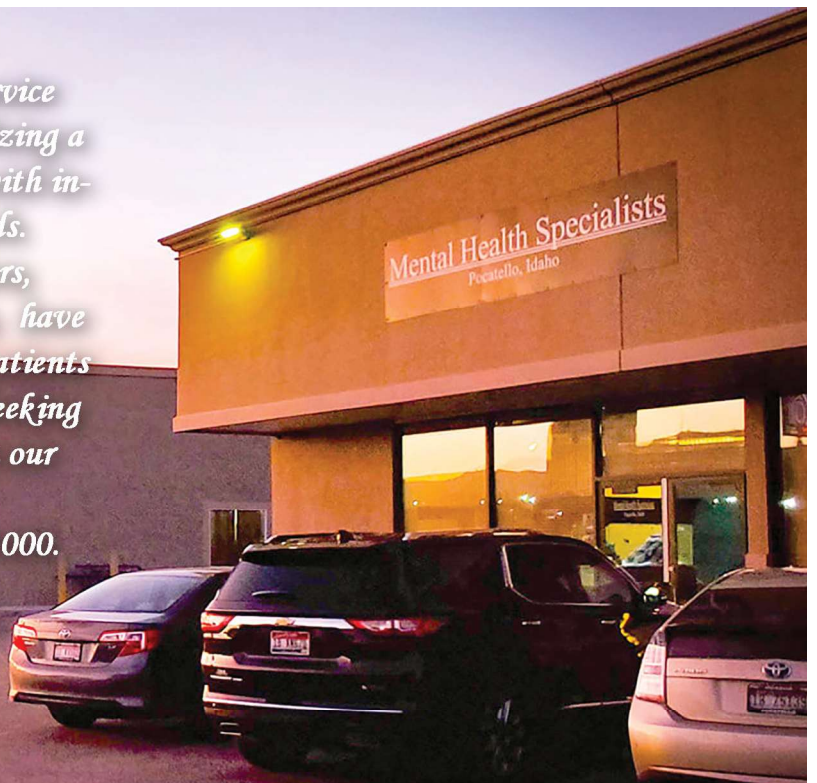
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The learning objectives for his presentation are:

- Discuss eight principles of Adlerian psychology pertaining to couples
- Discuss seven principles of John Gottman's research on couple relationships
- Identify childhood perceptions of couple relationships
- Identify demonstrations of respect and affection in relationships
- Identify opportunities for positive connection in relationships
- Identify positive character traits in others
- Identify methods to encourage others and self
- Identify problem solving strategies for couples
- Design a couple mission statement
- Design theory and research-based strategies to empower couples



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ISIP ADVANCED WORKSHOP

"CHOSEN FAMILIES: MULTIPLE CONSTELLATIONS AND THE INDIVISIBLE SELF"



BEN RADER
Psy.D.

WORKSHOP OBJECTIVES

Participants will be able to:

- Understand and explain concepts of "social context" and "holism" and how these factor into a client's presenting problems
- Describe "Multiple Constellations" and "Missing Constellations" and how they can be applied to clinical practices
- Acquire new strategies for collecting and interpreting family histories collected on individuals who experienced significant changes in custody or care growing up
- Gain awareness and familiarity with the "Chosen Families Inventory", to the point of being able to conduct one in a clinical setting
- Utilize findings of the Chosen Families Inventory in facilitating client guided treatment strategies

APRIL
11TH - 12TH

START AT
8:30AM - 4:30PM

BOISE, ID
OR ONLINE

www.adleridaho.org

Conference Presenters:



Wes Wingett.

Wes Wingett, PhD, LMHP, has been a counselor, consultant, and educator in private practice in Norfolk, Nebraska, since 1978. Prior to entering private practice, Dr. Wingett had been employed as a counselor in a mental health center, a university program development specialist, elementary school administrator, and a junior high and secondary school counselor and teacher. Dr. Wingett received his bachelor's degree in 1964 from Wayne State College, Wayne, Nebraska and his masters in 1972 and doctorate in 1975 in guidance and counselor education from the University of Wyoming, Laramie, Wyoming.

Additional graduate study was completed at the University of Northern Colorado and the University of Vermont.

Dr. Wingett's private practice focuses on presenting Adlerian training in a variety of venues, consultation to educational institutions and business enterprises, and providing individual, couple, and family counseling. He has served as a consultant in the areas of aging and elder care, early childhood education, time and stress management, domestic violence, drug and alcohol prevention and treatment, health care and wellness, adult-child relationships, and training of mental health professionals. He has provided management training and personnel consultation to various agencies, industries and institutions of higher education. In addition, Dr. Wingett is an adjunct faculty member at Trakia University in Stara Zagora, Bulgaria, where he teaches Adlerian based courses to educators and mental health professionals. He has conducted face-to-face workshops based on the Individual Psychology of Alfred Adler in 23 of the 50 United States, Puerto Rico, three provinces in Canada, several countries in Europe including Austria, Bulgaria, England, France, Germany, Hungary, Ireland, Malta, Romania, The Netherlands, Wales, Asia, India, Taiwan, Turkey, and the United Arab Emirates. In addition, he has conducted Adlerian-based workshops in Central America, El Salvador, South America and Uruguay.

Dr. Wingett's primary interests include: applying Adlerian principles to the study of

addictions, aging, education, individual and couple counseling, loss and healing, multigenerational families, parenting, psycho-educational and psychotherapeutic groups, stress management, and supervision of mental health professionals. In addition, he has co-authored several articles that have been published in refereed professional journals, co-authored several chapters in books, self-published four workbooks focusing on the application of Adlerian psychology to various challenges of living, and co-authored four workbooks focusing on families.

A student and teacher of Adlerian psychology for fifty years, the North American Society of Adlerian Psychology has named Dr. Wingett a Diplomat in Adlerian Psychology. In 2023, he was presented the Lifetime Achievement Award by the North American Society of Adlerian Psychology.



LaShanna Stephens

Having helped thousands of people navigate life's challenges, LaShanna Stephens, MS, LPC, CCMHC, ACS, NCC, has a passion for empowering others. Drawing from her own experiences, she understands firsthand the difficulties of overcoming depression, feelings of inadequacy, poor intimate relationships, public humiliation, and overwhelming stress. These experiences have shaped her mission to inspire women to embrace their inner power and help couples build stronger, healthier relationships.

Ms. Stephens owns a thriving private practice, Sound Advice Counseling, LLC, and also works as a Behavioral Health Assessor. Her belief that abundance begins with mindset drives her work and her message.

As a sought-after speaker, Ms. Stephens has shared her expertise at prominent conferences, including the North American Society of Adlerian Psychology (NASAP), the Georgia Society of Adlerian Psychology (GSAP), and the South Carolina Society of Adlerian Psychology (SCSAP). Through these engagements, she continues to empower mental health professionals to create meaningful change in their practices and communities.

Seven Principles for MAKING MARRIAGE WORK

7

CREATE SHARED MEANING

6

OVERCOME GRIDLOCK

5

SOLVE SOLVABLE PROBLEMS

4

ACCEPT INFLUENCE

3

TURN TOWARD

2

NURTURE FONDNESS AND ADMIRATION

1

ENHANCE LOVE MAPS

Achieving the Dyad of Perfect Love

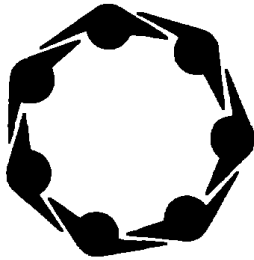
To achieve the dyad of perfect love, Alfred Adler recommends the following rules:

1. Don't look up to your mate, and don't look down: Approach love as an equal.
2. Don't expect an impossible perfection in others, of which you yourself are incapable: love a woman, not an angel; a man, not an eidolon [phantom, ideal].
3. Don't think of yourselves as one or as two, but as a twosome.
4. Don't take without giving, nor give without taking, in love.
5. Don't pick out a partner who does not entice you physically, but do not entangle your fate with one who appeals to you only on a physiological basis.
6. Don't fail to co-operate with your mate on every plane – socially, economically, intellectually, spiritually, emotionally, biologically.
7. Don't lose yourself in bypaths and blind alleys: There is always a way out of emotional labyrinths – potentially all humans are fundamentally normal.
8. Be a slave neither to convention nor to your own idiosyncrasies: Remember you are not merely an individual, but a unit of your social group and the human race.

Reference:

Adler, A. (1978). In Ansbacher, H.L. & Ansbacher, R.R. (Eds.), *Cooperation between the sexes: writings on women, love & marriage, sexuality and its disorders*. (H.L. Ansbacher & R.R. Ansbacher, Trans.). Garden City, NY: Anchor Books.





An Adlerian Approach to Marriage Assessment

**Reneé Dobkin Dushman and
Kevin E. O'Connor**

Introduction

The purpose of this article is to introduce the reader to a technique of marital assessment used in an Adlerian private practice. Although the components of this assessment are not new, the way these components are arranged is unique.

Marriage Assessment Explained

The technique explained consists of an instrument the marital partners complete individually and, with the counselor, use as a yardstick to assess the state of the marriage and measure progress.

The goals of this assessment are to:

1. Provide the counselor with a specific report of how the couple views themselves and the marriage;
2. Provide the couple with a structured way of reporting and reviewing to the counselor their subjective experience of being married to one another;
3. Allow for a structured interchange between the couple and the counselor that assesses "what is" before working on "what could be"; and
4. Prescribe necessary skills to improve the marital relationship.

The Plight

Marriage counselors are confronted with two questions above all else:

1. What is life like for these people?
2. What is going on here?

The couple is also confronted with the task of unravelling the story of their relationship from each partner's point of view, as well as from a "joint" point of view.

It is very possible, especially in the early stages of marriage counseling, to be so inundated by the facts that the counselor loses the focus of the story being explained. This dilemma is all the more difficult and compounded by "the problem" that the couple originally presented.

The dilemma that this places on all involved is substantial. What is *most* important? What are the *repeated* threads of both stories that deserve our attention? How do we see *and agree* on all this experience?

Assessment

All counseling involves some kind of assessment. The initial diagnostic interview, psychological testing, and life-style assessments are the most commonly used techniques by Adlerians that help the counselor make sense of the details presented by the clients' subjective views.

Often, assessment of a marriage stops with the initial interview. Testing may be used—but need not be. Life-styles may be explained, but, again, not of necessity. The living and breathing thing that unites two people is the *relationship itself*, which becomes another entity, even another personality for the counselor to deal with.

To adequately understand the distinct character of the marital relationship, a purposeful and organized assessment needs to occur for both the *counselor and the client*. At the first interview, the counselor sees each partner separately, then together. While separated, the partner in the waiting room will complete the booklet with some instructions from the counselor. While it cannot be completed in such a short time, it will be finished during the interview or taken home to complete.

Marriage Assessment—The Need

If the counselor can adequately take important but disjointed information and re-present it to the couple for their consideration, discussion, and agreement, then the movement toward a common goal can be better assured. If a couple can openly discuss the good and bad, highs and lows, the plus and minus times in the context of their present relationship, then the counseling will truly reflect the "real life" that this couple leads. And, if a new point of view can be consulted, then there is room for more growth and an opportunity for evaluation of an ongoing nature.

The Instrument

By using a booklet format, the counselor is able to help the partners record easily and in logical sequence their feelings about the marriage, and be able to keep all the information ready for use and ready for the interpretive process. The following is a step-by-step discussion of each page of the marriage assessment instrument given to each partner. The information asked on the first page is ordinal and psychological birth-order positions of each partner, their ages, the length of marriage, the amount of time they knew one another before the marriage, if they lived together before marriage, as well as multiple marriage information.

Principles from Individual Psychology. The first page of the instrument is what Mim Pew and Bill Pew called the "temperature of the marriage" (Pew & Pew, 1972). Theoretically, this is Adler's concept of life tasks. Adler saw man as a social being who finds meaning in life by performing these tasks to find his place in the group and to belong (Ansbacher & Ansbacher, 1956). Adler conceptualized the first three tasks as work, friendship, and love. In this instrument, the friendship task is separated into male and female in the belief that, for some people, same-sex friendships often are very different than opposite-sex friendships. The love task is similarly divided into spousal relationship and the sexual relationship. A couple may come in and say, "As a spouse the partner is great, but sex has been bad for a long time." This couple would then rate each area differently.

Getting along with one's self and finding meaning in life are two tasks that Dreikurs and Mosak have added (Mosak, 1977). Parenting and leisure have also been added by the Pews (Pew & Pew, 1972). So we now see the life tasks as encompassing seven important areas. Even if the couple has no children, it is significant to see how they perceive themselves and their partner in the potential role of parent.

There are four columns to rate on a scale of one to five. Each is asked to rate themselves, their spouse, and their perception of their spouse's rating for each task. How the spouse actually did rate them is filled in by the counselor doing the interpretation.

This is used in several ways. One is as encouragement, which is an important part of the Adlerian counseling skills. Very often one of the spouses will think that their partner sees them in a terrible light in a certain task, and what emerges is that the spouse thinks that the other is doing fine. If the opposite is true, then this will be confronted. What the counselor is looking for on this page is the issue of self-esteem and levels of social interest. What is being explored here is how they see themselves and how involved they are with others.

O'Connell (O'Connell & Bright, 1977) has presented his formula for mental health, or what he terms a "natural high," as $SI \times SE = NH$ (social interest times self-esteem equals a natural high). This is similar to what Hillel said: "If I'm not for myself who will be? If I am only for myself, who am I? And if not now, when?"

Selective Perception—The Healing Qualities of Encouragement. The second page is the First Meaningful Encounter. This has been renamed from FECK, or First Encounters of the Close Kind. This is used in a similar manner to early recollections in the life-style assessment (Belove, 1980). What is looked for are the expectations of what a relationship with this person might be like. This is based on the assumption that what made the encounter meaningful was the belief that this person would fulfill their expectations (i.e., what women are like and how relationships go). Everyone has a memory of a time that he or she thought the other was the person for him or her. This may or may not be the same memory, but a positive response can usually be seen, and this too can be encouraging.

The couple is asked how they felt and what was most vivid as well as to add any additional details to this early memory of their couplehood. More space is allowed for this section. People evoke a feeling tone as they are writing about this memorable experience. It gives the counselor time to observe them at a distance and see what kind of mental gymnastics they have to go through to get their story out. Sometimes even life-style goals can be perceived in these stories.

The First Encounter story is perhaps the most important assessment tool in this instrument. It is a metaphor for what their relationship was like and what it should be like. It gives the counselor a sense of how they acted with each other early on, and it almost always brings a smile to their faces. *This special memory is meaningful for them and for the counselor.* What can also be detected here is the concept of selective perception, an Adlerian construct. Based on our life-styles, we see what we want to see. There could be other things, but this is what we select to see. Choices are made based on what we decide to perceive.

Dual Nature of Traits. The next section is "What Attracted You to Your Partner." Dreikurs said that it is ironic that what attracts us to our partner is usually the thing that also causes problems later in the marriage (Dreikurs, 1946). This same characteristic, seen in a positive light when a couple is newly married, is then seen in a negative light when they are having difficulties. The traits once seen as positive are now seen as negative. The trait hasn't changed but the perception has. Double messages may be communicated here without awareness.

Here we discover what the couple saw in each other. The woman may

say her mate was strong, dynamic, and had a lot of leadership, but now he is on her back, telling her what to do, and he is a tyrant. The attraction qualities are now polarizing them.

Masculine Protest—Self-Esteem. In this next section the couple is asked to give their personal definition of masculinity and femininity. The counselor is looking for self-esteem issues and for masculine protest issues. This was an early concept of Adler's. Freud asked, "What do women want?" Adler's thought on this was that women want the same advantages and privileges, and to be valued by society as men. So this concept is the woman's protest about not being valued or seen as equal to men. This is also true for men because they may feel they are not "real men." Somehow the stereotypical male image is not being met and a male can also thereby exhibit a masculine protest.

It may also reveal what they are looking for. What is the ideal male for this woman or the ideal female for this man, and how do they see themselves and their partners measuring up to this ideal? Clients usually spend a long time filling out this section. They report that they have a difficult time filling out what is really only a series of adjectives. Many say that this would have been much easier 40 years ago, which may reflect the current confusion regarding our sex roles in society today.

The man is asked to start by defining femininity, and the female is asked to begin with masculinity so that they have to think in terms of an ideal rather than realistic view of themselves. Their personal definition of each is required.

Horney's Concept of Movement. A Wants/Desires Checklist is next (Guinsburg & Overton, 1985). What is looked for here is movement as seen through fulfillment of expectations. Horney's (1945) concept of toward, away, and against movements can often be translated into communication patterns each couple is against (at war) or away (distant). This is something to be worked on in counseling sessions and can be used to point out how a change in expectations or fulfillment of them may alter their relationship. Couples with toward (comfortable) patterns seldom are seen in marriage counseling. The couples detail on the last page of the booklet how a want/desire has been best or least fulfilled.

This is also a good section to help the counselor discover what the relationship is like right now. It is a here-and-now section. Expectations are asked for in the First Meaningful Encounter and the Masculinity-Femininity Sections and now can be contrasted with what life is like now. This is what they hoped for as opposed to what it is like now. We have material in this section to help deal with their mutual disappointments in their relationship.

**Marriage Assessment
Information**

Name _____ Knew _____
Date _____ Yrs. M. _____
LTA _____
Age _____
B.O. _____
of Prev. M. _____

.....
Temperature of the Marriage

Rate from 1 to 5 Rate Rate How Your What Your Spouse Rate Your
1 = Low or Poor Yourself Spouse Will Did Rate You Spouse
5 = High or Excellent Rate You

Occupation _____

Friendship Male
 Female

Love & As Spouse
Marriage As Lover

Getting along
with self

Finding a Meaning
in life

Parenting

Leisure &
Recreation

.....
Use this page to describe your First Meaningful Encounter

.....

How did you feel back then?

What was most vivid?

Any additional details?

.....

What attracted you to your partner?

.....

Define

Masculinity

Femininity

.....

Wants

Most people marry for the fulfillment of basic wants and desires. How well does your partner fulfill these wants? Rate each item in the appropriate space of the basis of your feelings right now.

Rate from 1 to 5.

1 = Low or Poor

5 = High or Excellent

1 2 3 4 5

Recognition

Protection

Makes me feel significant

Making a difference

Keeping one's word

Emotional anchoring
(Home Base)

Feel accepted by

Emotional nourishment

Allowance for mistakes

Honesty

To play

Verbal affection

Physical affection

Reassurance

Encouragement

Constructive pushes

.....

Choose an important "want" from the previous page.

1. Remember a recent event that best illustrates how that want was most fulfilled.

2. Remember a recent event that best illustrates how that want was least fulfilled.

If this counseling is successful, how will your life be different?
(Be as specific as possible.)

Aligning Goals. The last section, "If This Counseling Is Successful" and "How Your Life Will Be Different," serves to align the goals of the counselor and the counsees. It forces them to focus on what they want in their life with this person so that a counselor can help them work toward their personal goals. Dreikurs felt that if counselors use this approach resistance will be minimized (Dreikurs, 1967).

The Use

The use of this assessment can be limited to the session, but this need not be the case. Copies can be used as a focus for the couple's discussions at home—and for further sessions with the counselor. Another helpful use is to refer to it four or five sessions later for evaluation. The interpretation then presents a yardstick or a gauge with which to measure progress. This instrument has also been used successfully in premarital counseling.

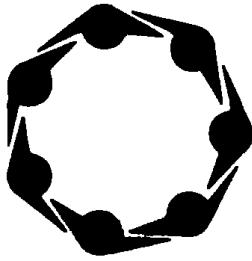
Summary

This assessment technique allows—indeed forces—the counselor to see the marriage from the participants' point of view first and early in the counseling relationship. This also helps move the counseling from a content to a process orientation. Its *subjective quality* also initiates a participative involvement on the part of the clients. Although all information can be used as an assessment technique, the strategy behind this particular technique is to focus on the marriage as it is—past, present, and future.

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Marriage Therapy through Strength Assessment

Don Dinkmeyer, Sr.

The traditional approach to marriage therapy has been to obtain all the complaints a couple has about the relationship. This sometimes lengthy litany of problems puts the primary focus on the dissatisfaction and discouragement as if *only* unhappiness and hostility occurred. By searching for and reinforcing the negative aspects of the relationship, the therapist learns what is wrong but gains few clues about where to begin repairing the relationship. It is my premise marriage therapists need to start looking for *positive* interactions by asking the couple, "What would your relationship look like if you were happier?"

Spouses tend to function much like a system. Dissonance and discouragement will produce *more* of the same. Lengthy lists of each partner's deficits and liabilities seldom provide insight and hope for change. Only as we are able to identify potential resources and assets is there positive potential for improving the marital system. If we primarily look at problems and difficulties instead of solutions (places where the couple is successful), it is unlikely we will move them toward a resolution of their difficulties.

As we become less interested in deficits, pathology, and dysfunction, we permit the couple and therapist to look at what works. Our goal is to increase self-confidence, courage, and risk-taking behavior in a direction that promotes marital happiness.

Encouragement Theory in Marriage Therapy

There is considerable evidence that encouragement and focusing on resources to build self-esteem

and self-confidence has been effective in individual psychotherapy. Some therapists have identified encouragement as the most significant therapeutic factor in the psychotherapies. When the therapist identifies and uses the resources in each spouse to build the relationship, encouragement is applied to the marital system.

When meeting with a couple, begin by focusing on *anything* positive about the relationship. Recognize any effort and any positive movement to cooperate or resolve conflict that has occurred. For example, the decision to see a therapist is a step in a positive direction. Encouragement can be given for *any* cooperation. The couple does not have to feel satisfied in all areas of the relationship to feel encouraged.

The goal in working with a couple is to modify the system that has been developed. When the couple first met, fell in love, and decided to commit to each other, they obviously saw many positive traits in each other and enjoyed being together. Over time discouragement set in.

Building a more courageous and optimistic marital system involves helping a couple develop the courage to be imperfect. They need to recognize that the marital systems of most couples are imperfect. Awareness and acceptance of this imperfection is a sign of positive movement and growth. The couple begins to see the potential and possibilities for healing the relationship. When they become more encouraging, they focus on those positive assets, strengths, and attempts which improve the relationship. They also become aware of their own beliefs and feelings and learn to "catch themselves" before engaging in relationship destroying behavior (Dinkmeyer & Carlson, 1984).

The courageous marital system is one with clear characteristics.

1. There is social interest—the capacity to give and take and to cooperate instead of destroy.
2. The courageous couple not only recognizes their assets and resources, they use these resources to build the relationship. They know there is a positive purpose for their relationship.
3. The courageous couple sees the positive alternatives to what appears to be overwhelming problems.
4. Courageous couples have a sense of humor and a sense of perspective. They can see the humor in their own "ego demandments" and catastrophizing.

There are positive sides to traits that appear negative. For example, control can be used to decide for the relationship. Stubbornness for selfish reasons can be changed to being determined to work together.

Couples come to marriage therapy because of certain discouraging factors. Often there is an expectation of perfection, that the marriage should be totally satisfying to each partner. This unrealistic standard is

the source of the dissatisfaction. Acceptance frees partners to be more accepting of themselves and their spouses.

Marital happiness results from certain basic psychological factors including:

1. The development of self-esteem in each partner—feeling good about themselves and having confidence in their ability to relate effectively.
2. Social interest—the capacity to work together to cooperate instead of compete.
3. Accepting responsibility for their faults instead of blaming others.
4. Having a sense of humor and perspective which enables them to see something humorous about the game playing that occurs in the relationship.

Marital Assessment

A counselor can help a couple have more success in building the marital relationship through a specific and systematic way of looking at the relationship and how the system of faulty beliefs developed (Dinkmeyer, Dinkmeyer, Jr., & Sperry, 1987). This method includes exploring these areas.

The Family of Origin. Each spouse identifies their parents' expectations of their own relationship and the marital atmosphere as they were growing up. Each describes how the relationships functioned on levels such as work and employment, household chores, social life, financial management, and financial decision-making. How was the relationship resolved when there was dissonance? The family of origin gives a picture of the first introduction each spouse had to how marriages work. In my experience, each spouse has developed a different picture in terms of expectations of how marriage should work from their families of origin. The vastly different "rules" of the family of origin will create conflict about role expectation and ways in which the couple cooperate.

Birth Order. I question each spouse about the chronological birth order and the psychological position of birth order. Depending on the size of the family there may be an oldest, middle, youngest, or only child. This provides ideas on ordinal position or order. It is much more significant to determine the psychological position of birth order. This can be determined by identifying age differences. If the children are more than five or six years apart, start a new family constellation. If a child is the only child of a sex opposite to all other members of a large family, this could become a very special child regardless of the position in the birth order.

Clues to beliefs and attitudes may become apparent by looking at the position in the family. The firstborn child is often the individual always striving to keep up with adult standards and accomplishments. Firstborns tend to expect much of themselves. They are well organized and tend to be concerned with doing well. They are frequently goal-oriented and very interested in achieving.

The child who frequently has the same position as the firstborn is the only child. The only child has many of the characteristics of the firstborn but may have them in even greater quantity. The only child may be a more demanding perfectionist, have even higher expectations of himself or herself, and may have had little opportunity to share or give and take because of their special place in the family.

The middle child generally tends to feel squeezed in between the oldest and the youngest. They are often best described and defined by the traits they develop in competing with the sibling directly above them in the birth order.

The youngest child is often concerned with attention-getting or keeping people involved with them. They believe this is their way to fit in and be part of the family. These children may feel inadequate because they tend to be considered less competent than the older children. Youngest children can also be very socially oriented as this is an area where they can be more competitive than the other siblings.

In analyzing birth order, ask each spouse to identify with whom they were most in competition, traits where they felt they were most similar to this person, and traits where they felt they were most different. This gives a self portrait of how the person understands and perceives his or her own personality.

Depending on the openness of communication between the partners, it can be useful to rate some of the traits they believe they have in common and some where they differ. This can reveal more similarities than they were aware of and possible ways to utilize each person's uniqueness. It is insightful and growth producing to help the spouses identify ways they are more similar than different when they had come to believe they are only different.

Early Recollections. Early recollections can be useful in obtaining an idea of each spouse's perception of self. I find it is useful to ask for the earliest recollection of their first meeting as a couple, identifying particularly what they liked about the other person, what attracted them to the other person.

I also ask them to give some recollections of what they believe were the best parts of the marital relationship, and when they were most courageous, cooperative, or helpful.

Goals for the Relationship. Next I explore the goals of the relationship. What would they like to see happen? How would they make it happen? What are they willing to give up to get greater satisfaction? Will they reduce their need to control or get their way? Are they willing to change or modify some of their expectations of their spouse?

Each person is asked to describe the relationship as if it were better, and to think of it as a video or short vignette that describes what partners would be doing to make it better. Clients are asked what they are willing to do to make this picture a reality. This gives the couple a clear picture of what they would like to see and provides direction for the marriage therapist.

As we know, communication in the marital system is often dysfunctional, ineffective, and a major hindrance to the development of cooperation. I have found one way usually most effective to improve communication is to ask the partners to reverse roles. I ask each of them to speak as if they were their spouse, and assign a specific topic:

1. How do you see the relationship?
2. How does the relationship work? What are you getting from it? What does your partner get from it?
3. What are the most important strengths you believe you have to help build this relationship?
4. What are the most positive things about your marital life and system when it is working well?

Identifying Areas of Satisfaction and Areas of Dissonance. This list of marital tasks identifies current satisfaction and dissatisfaction. The areas of dissatisfaction allow the couple to identify what in that area of dissatisfaction appears to be working satisfactorily. The areas I investigate are:

1. work
2. participation in household chores
3. social interaction with each other
4. socialization and friendships extending beyond the couple
5. demonstrations of affection
6. sexual relationship
7. meaning of life and spirituality
8. parenting
9. leisure and recreation
10. family finances
11. health and fitness

Often couples lack a picture of an effective, cooperating, and satisfying marital system. Table 1 will help to understand strengths and limitations in a relationship.

Table 1

Marriage Is . . .	Marriage Is Not . . .
Listening (being heard)	Tuning out
Caring	Ignoring
Encouraging	Criticizing
Resolving problems	Giving up
Believing	Doubting
Courage	Quitting
Trusting	Fearing
Make the effort to cooperate	Fighting or quarreling
Being responsible	Blaming
Finding solutions	Making excuses
Win/win (each satisfied)	I win/you lose
We are both right	You are wrong
Cooperative and independent	Being dependent
Courage to be imperfect	High standards, perfection
Commitment to each other	Me first
Commitment to work out problem	Hopeless or why try
Forgiving	Carrying grudges, emotional baggage
Loving unconditionally	Bargaining, keeping score
Respect	Being disrespectful
Patience	Insisting on my way now
Confidence in partner	Distrust
Building up partner	Tearing down partner (put-down)
Pride in partner	Ridicule of partner
Forgiving	Withholding forgiveness, feeling revenge
Appreciating	Resenting
Allowing differences	I'm right; you're wrong
Supportive	Noncaring

Conclusion

Focusing on strengths allows the therapist to create movement more quickly. It creates an encouraging atmosphere and allows each marital partner to refocus their energies. Although many therapists focus on

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assessment of liabilities, the strength assessment approach offers a concrete, helpful way to achieve the goals of the marriage.

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We only regard those unions as real examples of love and real marriages in which a fixed and unalterable decision has been taken. If men or women contemplate an escape, they do not collect all their powers for the task. In none of the serious and important tasks of life do we arrange such a "getaway." We cannot love and be limited.

~ Alfred Adler

Letter to two loved ones



It will be easily understood that where we get two people living together in the intimate way that marriage demands, any failure in co operation, in the ability to be interested in somebody else will have grave results. Alfred Adler
Ansbacher & Ansbacher(1978), pp. 127-8

Here is a letter that Alfred Adler wrote to his daughter and her husband congratulating them on the occasion of their wedding.

Dear Vali and Dear Georgey:

I send you my fondest greetings and take you in my arms and congratulate you with all my heart! My thoughts are always with you.

Do not forget that married life is a task at which both of you must work, with joy.

Remember that the monogamous form of life means the finest flower of sex culture.

I ask you to fill yourselves with the brave resolve to think more about each other than about yourself, and always try to live in such a way that you make the other's life easier and more beautiful.

Don't allow either of you to become subordinate to the other. No one can stand this attitude. Don't allow anyone else to gain influence over the shaping of your marriage relation. Only make friends with people who have a sincere affection for you both ...

Many kisses and greetings,
Papa

Reference:

Bottome, P. (1957), Alfred Adler: A Portrait From Life. New York: Vanguard Press



ADLER VS GOTTMAN

Category	Adlerian Therapy 	Similarities 	Gottman Approach 
Core Philosophy	Focuses on belonging, significance, and mistaken beliefs.	Both prioritize strengthening emotional intimacy	Emphasizes emotional connection and relational research
View of Relationship	A partnership based on equality, respect, and shared goals.	Relationships thrive on mutual respect and support.	A friendship-based relationship with repair strategies.
Assessment	Lifestyle assessment, family constellation, and early memories.	Both assess patterns of behavior and relationship dynamics.	Love Maps, Four Horsemen framework, and emotional attunement.
Conflict Approach	Views conflict as stemming from unmet social needs or mistaken beliefs.	Both aim to reduce destructive conflict patterns.	Addresses conflict through repair attempts and soft start-ups.
Focus on Growth	Encourages personal growth and cooperative solutions.	Both promote deeper understanding and shared purpose.	Helps couples build shared meaning and resolve issues.
Interventions	Insight-focused techniques (e.g., encouragement, role-play).	Both use structured interventions to improve dynamics.	Skills-focused exercises (e.g., Love Maps, repair attempts).
Cultural Emphasis	Values community and social interest within the relationship.	Both see relationships as part of a broader social system.	Encourages building shared meaning and rituals.

Examining the Effectiveness of Gottman Couple Therapy on Improving Marital Adjustment and Couples' Intimacy

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Abstract

Objective: The present study aimed at examining the effectiveness of Gottman couple therapy on improving marital adjustment and couples' intimacy.

Method: This was a semi- experimental study with pretest, post-test, and follow-up assessments. A total of 16 couples (32 individuals) were selected using convenience sampling method considering inclusion- exclusion criteria; they were then randomly assigned into experimental (N = 16) and control (N = 16) groups. Participants of the experimental group received ten 45-minute sessions of Gottman's couple therapy. The research tools were Spanier Questionnaire and Walker and Thompson's Questionnaire. Data were analyzed using Mixed design MANOVA.

Results: Findings revealed that Gottman's couple therapy approach had positive effects on improving marital adjustment ($P = 0/001$) and couples' intimacy ($P = 0/001$). Furthermore, the results of assessments in the follow-up period indicated that Gottman's couple therapy had enduring effects on marital adjustment and couples' intimacy.

Conclusion: According to the results of the present study, Gottman method can be used as an effective treatment to improve marital relationships, adjustment, and intimacy. Therefore, researchers, therapists, and other authorities should pay particular attention to this method.

Key words: *Couples' Intimacy, Gottman's Couple Therapy, Marital Adjustment*

In the last 50 years, cultural changes have had a significant impact on couples' relationships and the structure of families (1). These structural changes, which are the results of cultural transformation, can be one of the effective factors in the growing trend of divorce (2). Statistics released by various communities indicate an increase in the separation of couples; for example, according to the American Psychological Association (2017), 40% to 50% of American couples divorce annually (3). The rate of divorce has also been growing in Iran in recent years. According to statistics provided by the Organization for Civil Registration, 25% of marriages that took place from March to December 2015 have led to divorce, and the rate of divorce had an ascending trend, almost 3% annually (4).

Therefore, the preservation and promotion of family

relationships requires evaluation of the stability and quality of marital relationships through evaluating such concepts as consistency, intimacy, and success (5). In this regard, couple's adjustment is one of the variables that can affect the quality of marital conflict. Accordingly, Lata Rao (2017) believes that marital adjustment is an adaptive behavior through which couples meet the needs of each other. During this process, spouses learn how to cooperate with each other in different fields over time and adjust themselves with the circumstances (6).

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In addition, Byrne, Carr, and Clark (2004) concluded that marital adjustment is a process with 4 aspects of marital functioning including marital satisfaction, solidarity, consensus and cohesion, and expression of emotions and feelings of couples in the family environment (7). Therefore, marital adjustment is a psychological situation that does not arise by itself, rather, its acquisition requires the efforts of couples and learning some skills.

Among the most important of them is the speaker-listener technique of the Gottman approach that was applied in a study by Coie et al. (1993) and caused significant improvement in positive emotions, better relationship, and problem-solving behaviors (8).

Usually cited in the literature, couple's intimacy is another important component necessary for improving marital relationship. As the means of exchange and mutual satisfaction of emotional and psychological needs in an acceptable and anticipatory way, intimate relationships between couples can also strengthen the affective relationship and marital satisfaction (9, 10). According to Yoo, Bartle, Day and Gangamma (2014), modification of couple's communications through controlling negative emotions and reducing marital conflicts results in improved emotional intimacy of couples (11). Moreover, Khojasteh Mehr, Soodani, Ahmadi Ghozlojeh, and Shiralinia (2015) showed that couples therapy can increase couple's emotional intimacy (12).

Research evidence suggests that increased adjustment and intimacy among couples can play an important role in marital satisfaction and common life stability (13). Hence, identifying therapeutic strategies affecting these dimensions is always of concern to family therapists. In this regard, Gottman is currently a pioneer researcher in the field of couple therapy (14). Gottman's approach (1977) is an integrated approach that has been used as a fundamental principle of various therapeutic theories, such as systems theory, existential point of view, and narrative therapy (15). Gottman's method also follows psychoanalytic point of view and supports behavioral approaches because it seeks behavior change (16). Gottman considers effective relationship as the most important skill for couples and believes that those with effective relationship have the ability to reach mutual approval and listen to their spouse's needs and respond to them non-defensively; and when there is a misunderstanding, they focus on the problem and establish a peaceful relationship (17). Several studies have been conducted regarding the Gottman approach. Gottman et al. (2013) evaluated the effect of short-term psychological training on couples and showed its positive impact on 3 variables of satisfaction with relationship, quality of friendship, and destructive conflict in a one-year follow-up (18). Moreover, in other studies based on the Gottman theory, the results indicated that Gottman couple therapy was effective in

reducing emotional divorce (19), reducing stress and increasing marital happiness (20).

Given the novelty of the Gottman approach and the limited research done in this context, especially on the variables of marital adjustment and intimacy, the present study aimed at determining the effectiveness of Gottman approach and the stability of its effect on marital adjustment and couple's intimacy, using experimental Gottman couple therapy group and a control group.

Materials and Methods

This was a quasi-experimental study with pretest, posttest, one-month follow-up, and control group. The statistical population included all couples referring to the counseling center of Department of Education, District 9 of Tehran. A total of 16 couples were selected using convenience sampling method according to inclusion and exclusion criteria and were randomly assigned into experimental and control groups. Inclusion criteria were as follow: (1) a minimum of high school diploma, (2) not on the verge of divorce, (3) commitment to participate in the therapy sessions, (4) having children of school age, and (5) a low score in the Spanier Dyadic Adjustment Scale and in the Walker and Thompson Intimacy Scale. Exclusion criteria were the use of other psychological treatments and addiction of any of the spouses.

Spanier Measure Scale (DAS): This scale, which was first developed by Graham Spanier in 1976, includes 32 items and is used to assess the quality of marital relationship (21). The total adjustment in a sincere relationship can be evaluated by calculating the total score. The total score ranges from 0 to 150, with the higher scores indicating better adjustment (22). The scale Cronbach's alpha is 0.96, and its retest reliability is reported to be between 0.70 and 0.95 (21). This scale was revised by Busby et al. (1995) and the internal consistency of the satisfaction, cohesion, consensus, and affectional expression dimensions was reported to be 0.94, 0.81, 0.90, and 0.73, respectively (23). In Iran, Shahi (2000) determined the validity of this scale for the first time based on the correlation of this questionnaire with the Locke & Wallace adjustment questionnaire (0.85) (24, 25). The reliability of the scale was reported by Hosseini (2011) as 0.91 (26). In the present study, the reliability of the scale was obtained to be 0.92 through Cronbach's alpha.

Intimacy Questionnaire by Walker & Thompson: This scale was developed by Walker and Thomson in 1983 and consists of 17 items. The subject's score is obtained by adding the scores of items and dividing them by 17. Scores range from 1 to 7, and the higher score reflects higher intimacy. Walker and Thompson (1983) reported the reliability of this test as 0.91-0.97 using Cronbach's alpha (27). Scale validity was also determined through content and face validity (22). This scale was first translated and validated in Iran by Sanaei

(2000). The reliability of the intimacy scale was found by Hosseini (2011) as 0.86 using Cronbach's Alpha (26). In the present study, the reliability of this scale was found to be 0.88% through Cronbach's alpha.

Procedures

In the first stage, 16 couples (32 individuals) were selected from the clients introduced by the counseling center after the interview and according to inclusion and exclusion criteria. Informed consent was obtained from all participants. Finally, all participants were randomly assigned into 2 groups (experimental Gottman's couple therapy and control), each with 8 couples (16 individuals). The participants were assessed using the Dyadic Adjustment and Intimacy Scales in 3 stages of pretest, posttest, and 2-month follow-up. The experimental group received 10 sessions of Gottman's couple therapy (pairwise, not in group), while the control group was placed in the waiting list. Treatment sessions were performed once a week for 90 minutes. As observed in table 1, the framework of treatment sessions based on Gottman's method is presented, that was taken from the model of House Sound Relationship (28).

Results

Data were analyzed with mixed analysis of variance according to the 3 measurement times. To this end, the M Box test was used to ensure observation of this test assumption (i.e., the equality of variance-covariance matrices across the cells was formed by the between-subject's effects), which revealed that the null hypothesis of this assumption was rejected (Box M = 54.17, $p < 0.05$). However, given the equal size of sample groups, mixed design analysis of variance is robust to violation to this assumption. According to the Wilks' Lambda (0.97 ; $p < 0.05$, $F(4, 27) = 130.433$, $\text{Eta square} =$

0.95), it was found that the measurement time interacting with the 2 experimental groups had a significant impact on the linear combination of dependent variables. Then, the assumption of sphericity was implemented for all variables using Muchley test, and the results showed that this assumption was not observed ($p < 0.05$, W Mauchly's compatibility = 0.750). Therefore, the Greenhouse-Geisser test was used to modify the degrees of freedom in analysis of variance. The results indicated the significance of the measurement time effect (pretest, posttest, follow-up) on the adjustment variable according to the group membership type of the couples ($F_{(1.6, 48.010)}$ Greenhouse-Geisser= $334/14$, $p < 0.05$). In addition, regarding the intimacy component, the results of Mauchly test showed compliance with this assumption (W Mauchly's intimacy = 0.928 , $p < 0.05$), indicating no need to modify the degrees of freedom in the analysis of variance. The results of analysis of variance with the sphericity assumption showed a significant difference between marital intimacy of the experimental and control groups in the 3 measurement times (pretest, posttest, follow-up) ($p < 0.05$, $F(2, 60)$ sphericity assumption = $77/75$).

As observed in Table 2, a significant difference existed between adjustment and intimacy of couples in the treatment and control groups in the pretest-posttest ($p < 0.05$). Moreover, the higher mean of the experimental group in the posttest represented the impact of intervention Gottman couple therapy on increasing marital adjustment (Figure 1) and intimacy (Figure 2). In addition, there was no significant difference in the posttest follow-up period ($p > 0.05$), which represented the stability of the intervention effects.

Table 1. Intervention Modules and Component Summary Based on Gottman Method

Session	Meetings Summary Framework
First	Communicating with couples and evaluating
Second	Modifying map of love
Third	Strengthening the sense of attachment and praise
Fourth	Taking steps to each other instead of turning backs on each other
Fifth	Accept your partner's influence
Sixth	Solving solvable problems
Seventh	Continuing to train the pattern for solving conflicts and remove obstacles and problems
Eighth	Goal of the sixth principle, overcoming the barriers of concept of impasse in marital relations, identifying the impasse causes
Ninth	The realization of common concept
Tenth	Final discussion regarding the meetings and posttest

Table 2. The Results of Within-Group Effect Test to Evaluate the Effectiveness of Intervention in Adjustment and Intimacy

Variable	Type of group	Pre-test		Post-test		Follow-up		Pretest-post-test		Pre-test-follow-up		Post-test-follow-up	
		Mean	SD	Mean	SD	Mean	SD	p-value	Eta Sq.	p-value	Eta Sq.	p-value	Eta Sq.
Adjustment	Experimental	76.06	9.190	138.56	9.018	137.18	9.027	0.0001	0.94	0.0001	0.92	0.34	
	Control	76.87	7.482	77.68	10.460	78.18	9.361						
Intimacy	Experimental	49.81	9.020	76	6.683	76.43	9.639	0.0001	0.77	0.0001	0.77	0.37	
	Control	53.37	11.982	54.5	11.290	53.06	9.348						

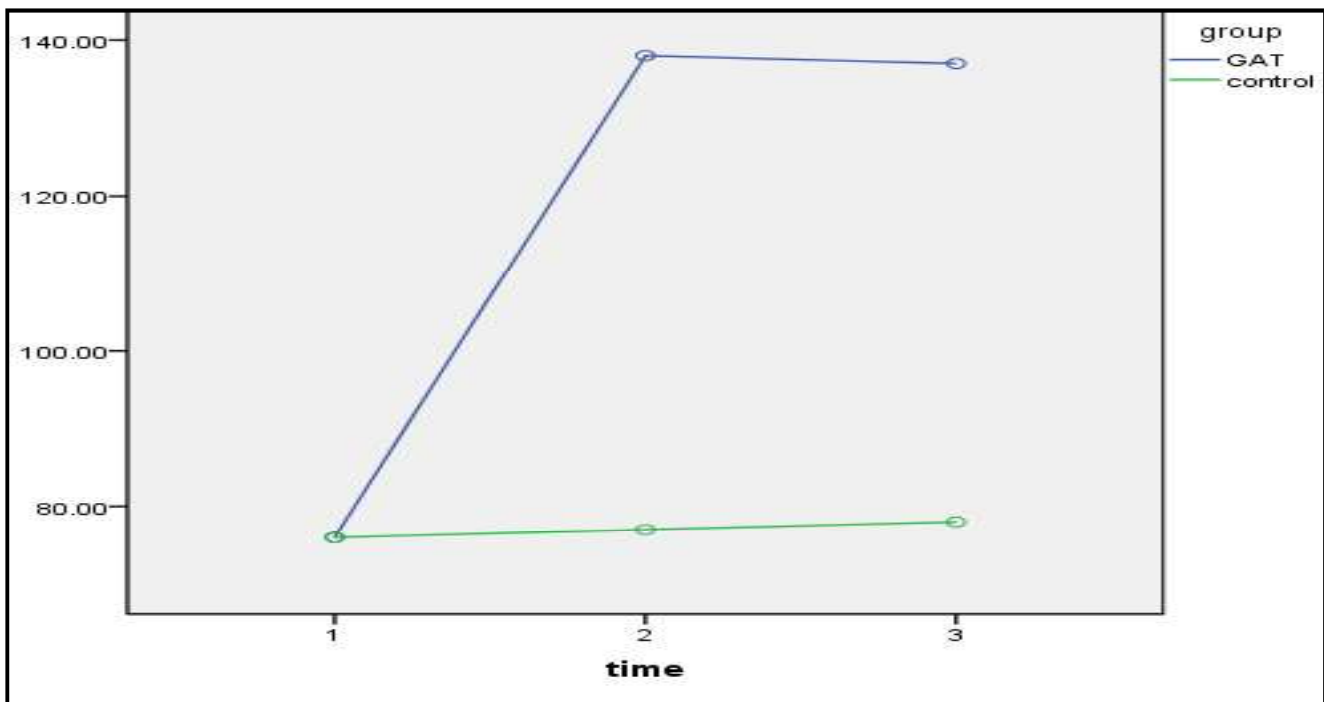


Figure 1. The Interactive Effect of Time-Group to Evaluate the Effectiveness of Intervention in Adjustment

Discussion

This study aimed at investigating the effectiveness of Gottman couple therapy on improving marital adjustment and couple’s intimacy. Comparison of the results of the experimental and control groups indicated the effectiveness of Gottman couple therapy approach on improving marital adjustment and couple’s intimacy. The findings of this study are consistent with those of Shapiro, Gottman & Fink (2015) (29), Gottman, Coan, Carrere, Swanson (1998) (30), Babcock, Gottman, Ryan & Gottman (2013) (18), Gottman (1994) (31),

Mahmoudi, et al. (2015) (32), and Moharrami (2013) (33).

In a study, using Gottman approach, Shapiro, Gottman, and Fink (2015) investigated the short-term variations of couple’s conflict in the period of transition to parental phase. Gottman approach interventions helped couples develop positive changes in their relationship 3 months after the end of treatment. During treatment, the offending behaviors of husbands decreased and positive feelings in women and men increased (29).

In another research, Gottman (1994) assessed more than 2000 couples in a longitudinal study and found that, on

average, positive interactions and comments were 5 times more than negative interactions and comments in happy couples (31).

Therefore, in explaining the findings of this research, Gottman approach can be regarded as a method emphasizing the strengthening of the optimistic view to achieve greater compatibility. Increasing self-disclosure and the ability of mutual understanding to express interest and improve interactions were among the key principles in the implementation of treatment in this study. Finally, Gottman approach has a non-pathologic attitude that guides couples to find their capabilities to improve their relationship and solve problems, which will result in a favorable adjustment.

In another study on conflicting couples, Gottman et al. (1998) found that positive affection was the best predictor of communication satisfaction and stability in newly married couples. Thus, Gottman approach increased couple's intimacy and joy through helping them to engage in positive interactions and respect for each other's ideas and to use proper methods of discussion (30).

The present study is also consistent with the research of Mahmoudi et al. (2015) and Moharrami (2013) who indicated that Gottman couple therapy improved satisfaction, adjustment, positive emotions, and marital intimacy, as well as all subscales of communication patterns and all subscales of marital conflict (32,33).

Therefore, Gottman's Sound Relationship House model is a general plan to help deepen intimacy, manage

conflict, and share what is meaningful for both couples. According to the theory of Gottman's Sound Relationship House, this therapeutic approach, which influences the improvement of couple's relationships, provides a constructive map for creating love and mutual understanding between couples. This approach is based on clinical practice performed on the stability of relationship and happiness of couples over more than 4 decades (14).

The first 3 levels of Sound Relationship House describe the system of friendship and intimacy. The "map of love" at the first level refers to the awareness and interest of the spouses to the inner world, thoughts, hopes, ideas, and feelings of each other. This level creates a sense of recognition. At the second level, paying attention to each other, as well as admiration and appreciation of the spouses create a sense of value and attention. In the third level, the spouses are helped to move towards each other instead of moving away from one another. This is the smallest unit of assessment of intimacy that is reflected in the effort of spouses to communicate with one another. As a result of this therapeutic process, an emotional bank account will be formed between couples. These efforts provide opportunities for improving communication. Therefore, improvement in intimacy in the present treatment can be attributed to the efforts made at the above 3 levels.

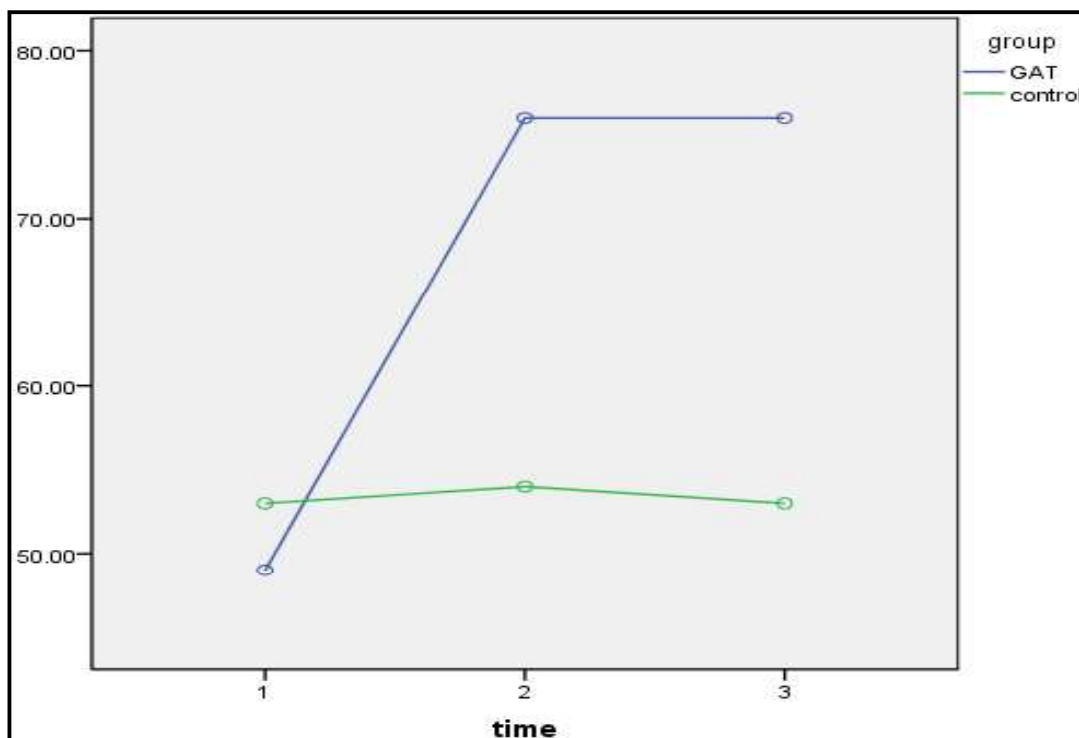


Figure 2. The Interactive Effect of Time-Group to Evaluate the Effectiveness of Intervention in Intimacy
Limitation

Small sample size and application of this therapeutic approach to those visited the counseling centers of the Department of Education in Tehran were among the limitations of this study. Moreover, lack of varied and available resources and research on Gottman method was another limitation of the present study. Hence, generalization and application of the results of this study should be done with caution.

Conclusion

The results of the present study confirmed the effectiveness of Gottman's couple therapy on improving couples' intimacy and adjustment in studied statistical sample. In general, integrated treatment interventions seem to be appropriate for helping the couples with widespread, multidimensional and serious problems in their marital relationships. The Gottman Method for Healthy Relationships [as an integrated approach] helps couples to be able to manage marital relationships and develop problem-solving skills. These skills make couples more flexible in their relationships and help them achieve a high degree of emotional stability and a peaceful life. Therefore, the discussed changes will have a positive effect on marital relationships, compatibility, and intimacy among couples. According to the results of the present study, Gottman method can be used as an effective treatment in improving marital relationships, compatibility, and intimacy, which will result in increasing family strength. Therefore, researchers, therapists, and other authorities should attend to this theory. Moreover, to test the effectiveness of this therapeutic approach, it is recommended that this approach be tested in other statistical populations as well.

Acknowledgment

The respectful manager of the Clinic of Education System and all couples who participated in the present study are highly appreciated.

Conflict of Interest

There is no conflict of interest.

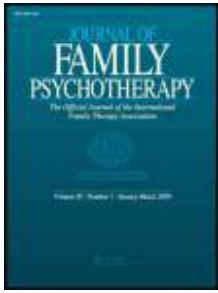
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Repair During Marital Conflict in Newlyweds: How Couples Move from Attack–Defend to Collaboration

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A new observational coding system was designed to study how newlywed couples naturally attempt to repair negativity during marital conflict. The patterns of both attack during conflict and repair over time were examined. Criteria for the effectiveness of repair attempts were (1) reducing negative affect or (2) increasing positive affect during conflict. The data on repair and affect were summarized across the entire interaction, and also by five 3-minute time blocks. There was evidence for “pre-emptive” repair, which occurred in the first 3 minutes of conflict. These were the most effective repairs. They primarily addressed the affective climate of the interaction aimed at establishing emotional connection, rather than repairs that appealed to cognitive problem-solving, logic, or rationality. These affective repairs included shared humor, affection, self-disclosure, expressing understanding, and empathy, taking responsibility for a part of the issue being discussed, and “we’re okay” codes. Some specific repairs were effective during the heat of the conflict (minutes 4–12), and some repairs, although very few, repairs were effective at “the 11th hour,” that is, the last 3 minutes of the conflict. There was also support for the hypothesis that the quality of the couple’s friendship could form the basis for the acceptance of repair by both partners.

KEYWORDS *couples’ interaction, marital conflict, negative affect, positive affect*

REPAIR AND RESILIENCE

In the past several decades there has been a growing interest in resilience in mental health (e.g., Cowen, 1991), and in couples as well. Conger, Rueter, and Elder (1999) presented empirical data on a couple's response to economic stress following the Iowa farm crisis, and Fergus (2011) reported on a couple's resilience with respect to prostate cancer. Neff and Broady (2011) analyzed a couple's resilience to stress during the transition to parenthood. A PsycInfo literature search on the term "resilience" recently produced 16,875 references.

The concept of examining resilience in a more process-oriented observational manner was explored by Gianino and Tronick (1986), and called "repair." They studied the interaction of infants and mothers at the baby age of 3 months; they proposed a model they called the "mutual regulation model." Contrary to Brazelton's sketch of the mother-infant relationship as totally sensitively connected, Tronick and Gianino discovered that mothers and infants were actually mis-coordinated a whopping 70% of the time. Tronick and Gianino also observed that, *without intervention*, the mothers who noticed the mis-coordination and repaired the interaction in real-time had infants who were securely attached at 1 year of age. Babies also sometimes repaired the interaction and provided the source for mutual regulation.

The concepts of studying resilience microscopically as the repair of negative interactions, again *without intervention*, also makes sense in understanding couples' relationships. It is easy to prove that repair must be important in adult relationships. If we were to estimate the percentage of time each partner is emotionally available in a good relationship, a generous estimate might be 50% of the time (i.e., a probability of $1/2$). That is the same probability of flipping an unbiased coin and getting heads. Assuming the independence of emotional availability across partners, we can ask, "what is the probability that both people will be emotionally available at the same time?" It is easily computed as $(1/2) \times (1/2) = 1/4$. That means that $3/4$, or 75% of the time people will be mismatched, or both emotionally unavailable. Hence, even with this generous estimate, a fair proportion of these mismatches—if not repaired—may involve hurt feelings, frustration, or loneliness. Clearly, 50% emotional availability is probably much too high of an estimate. Even a more reasonable estimate of emotional availability, say 30% of the time, mismatches and both people being unavailable would occur 91% of the time. Again there would be some need for effective repair.

Because of these facts about interaction, expecting communicative harmony to be "par for the course" in a relationship may be unreasonable; in fact, we might expect mis-communication to be the most likely event, especially during couples' conflictual interactions. Hence, an important task, especially for newlywed couples is minimizing mis-communications and

developing a way of dealing with inevitable mis-communications, especially during conflict.

Recently, a clinician named Nancy Dreyfus visited our laboratory. She had written a book titled, *Talk to Me Like I'm Someone You Love*, which was a flip book of repairs one could make during couple conflict. For example, one page of the book was, "I'm getting defensive. Could you please say that in a gentle way?" Because most couples are not blessed with an accompanying social worker, we were inspired to examine how couples naturally made these repairs, and if any of them were at all effective. Therefore, in this article we report our examination of how newlywed couples naturally go about this process of repair during conflict *without intervention*, how effective are the various repairs they employ, and what factors control the effectiveness of repair during conflict discussions. We also ask about the limits of repair in couples' conflict discussions, and what these limits imply for couples' therapy.

THE DRIVER–TABARES REPAIR CODING SYSTEM

We developed a detailed observational coding system for describing the repairs newlyweds actually make during conflict discussions, just a few months after their wedding. Their categories for repair attempts were very specific. They are summarized in [Table 1](#).

We summarized the occurrence of repairs and their acceptance by the partner in five 3-minute time blocks of the conflict discussion. We also further categorized repair attempts into a cognitive or an effective approach to repair. The cognitive repairs were defined as those that appealed to logic and

TABLE 1 The Driver–Tabares Repair Coding System—Summary Categories

Agreement: a 180 degree turnaround by a partner	Repair question: asks a question to get to partner's feelings
Affection: compliments, caring	Softening: I or we statements, without blame
Compromise: finding a middle ground	Request for direction: trying to gain information
Defining the conflict: summarizing both points of view	Taking responsibility: own part of conflict
Guarding: a warning to back off	Self-disclosure: revealing personal thoughts as reasons for negative behavior
Humor	Topic change: ending topic or changing subject
Making promises to change	Understanding: positive mind reading, empathy, showing they are grasping what other is saying
Monitoring discussion: keeping in track, addressing negativity in interaction	We're okay: compliments relationship or teamwork
Response of partner: summary codes—accept or reject the repair attempt	Damaged repairs: repairs that start off well but then contain a "yes-but" ending that damages the intended repair; they need editing

rationality. These were: compromise, defining the conflict, making promises to change, monitoring the discussion and keeping it on track, questions, and requests for direction. The affective repairs were defined as attempts at emotional closeness. These were: agreement, self-disclosure, taking responsibility, brief topic changes, understanding and empathy, and statements that communicated “we’re okay.” We also assessed the affective climate in the first 3 minutes of the conflict using a second—independently applied—observational coding system that described overall effect of the couple on a moment-to-moment basis. This second coding system has been the mainstay of our laboratory; it is called the Specific Affect Coding System (SPAFF).

Brief topic changes as an affective repair may seem surprising, because clinicians are often trained to think of a topic change as a diversion from the main conflict issue, and, therefore, perhaps dysfunctional. However, we have often noticed that a naturally occurring brief topic change can actually reduce physiological arousal and so it can be soothing, and therefore, highly functional. In one case when a husband’s heart rate shot up to 120 beats a minute, he said to his wife, “Say, those are pretty shoes.” They briefly discussed her shoes, and then returned to the topic of conversation, with his heart rate greatly reduced.

On the other hand, we also noticed that some couples started what seemed like it might become an effective repair, but then damaged the repair by tagging on a criticism or other hostile or blaming comment. For example, a partner might start what appeared to be taking responsibility, as in, “I have been pretty grumpy lately,” but then add, “But I think it’s mostly because you’re ignoring me.” These repairs seemed to require a good editor. We predicted that these repairs would increase negative affect.

The 15-minute conflict discussion of couples in our newlywed study were coded. Repairs and the partner’s acceptance of the repair attempt were then analyzed by dividing the 15-minute conversation into five, 3-minute time blocks.

WHAT DETERMINES THE EFFECTIVENESS OF REPAIR?

To address the question of what factors in the relationship might influence the success of a repair attempt, Gottman’s (1999) “Sound Relationship House Theory” was used in this study. That theory predicts that the quality of the couple’s friendship, assessed from the Buehlman coding of the oral history interview (love maps, fondness, and admiration), and turning toward bids in the apartment laboratory, should determine whether the acceptance versus the rejection of repair attempts, that is how repair attempts are received during the conflict interaction. To assess the validity of these predictions, in this study we coded both the couple’s behavior during our oral history interview, and the couple’s interaction during a 10-minute dinnertime segment in the apartment laboratory.

METHOD

Participants

Between 1989 and 1992, a two-stage sampling procedure was used to draw a representative sample (matching the City of Seattle's demographic census) of newlywed couples from the Puget Sound area in Washington. Couples were initially recruited using newspaper advertisements. To be eligible for the study, the couples had to have married for the first time within 6 months of participating in the study, and they had to be childless. Couples were contacted by phone and administered our telephone version of the Marital Adjustment Test (MAT), (Krokoff, 1984; Locke & Wallace, 1959) and surveyed to determine their eligibility on the other criteria. The MAT measures marital satisfaction. Higher scores on the MAT represent higher marital satisfaction. In the second phase of the study, 130 newlywed couples, who represented an even, rectangular distribution of marital satisfaction, were invited to participate in a marital interaction laboratory session and complete additional questionnaires. These couples fit perfectly the demographic characteristics of the major ethnic and racial groups in the greater Seattle areas, according to the Seattle City Metropolitan Planning Commission Report. The demographic characteristics for these newly married couples were wife's age = 25.4 years (SD = 3.5), husband's age = 26.5 years (SD = 4.2), wife's marital satisfaction = 120.4 (SD = 19.7), and husband's marital satisfaction = 115.9 (SD = 18.4). Couples were seen in three cohorts of approximately 40 couples per cohort, and followed for 6 years, so that the follow-up period varied from 3 to 6 years.

Marital Interaction Laboratory Procedures

The marital interaction assessment consisted of a discussion by the husband and wife of a problem that was a source of ongoing disagreement in their marriage and two recall sessions in which the couples viewed their discussion of their marital disagreement. After the couple completed a problem inventory, the experimenter reviewed with the couple the issues they rated as most problematic and helped them to choose several issues to use as the basis for the discussion. After choosing the topics for the discussion, couples were asked to sit quietly and not interact with each other during a 2-minute baseline. The couples discussed their chosen topics for 15 minutes, and then viewed the video recording of the interaction. In counterbalanced order, the husband and wife first viewed and rated their own affect during the discussion, and then viewed and rated their spouse's affect. Both the husband and wife used rating dials that provided continuous self-report data. We collected continuous physiological measures and video recordings during all of the interaction sessions, and data was averaged over 1-second intervals.

PROCEDURES AND MEASURES

Session 1: Oral History Interview

Couples were conjointly interviewed and asked questions about the history of their relationship and their philosophy of relationships. The first set of questions asked the couple about the history of their 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 wife (husband) 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, what do you remember? What stands out? How long did you know each other before you got married? 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. Of all the people in the world, what led you to decide that this was the person you wanted to marry? 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? Tell me about your wedding. Did you have a honeymoon? What do you remember about it?

Question 5: When you think back to the first year you were married, what do you remember? Were there any adjustments to being married?

Question 6: What about the transition to becoming parents? Tell me about this period of your marriage. 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 marriage? 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 marriage?

Question 9: Looking back over the years, what moments stand out as the really hard times in your marriage? 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 marriage 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). The second part of the interview asked the couple about their philosophy of marriage.

Question 11: We're interested in your ideas about what makes a relationship work. Tell me about why you think some marriages work while others

don't. Think of a couple you know that has a particularly good marriage and one that you know who has a particularly bad marriage. Decide together which two couples these are. What is different about these two marriages? How would you compare your own marriage to each of these couples?

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

Question 13: Make a map of the history of your marriage, its major turning points, ups and downs. What were the happiest times? For you and your partner? How has your marriage changed over the years?

Question 14: 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?

DIMENSIONS TAPPED BY THE BUEHLMAN CODING OF THE ORAL HISTORY INTERVIEW

The dimensions tapped by the Oral History Coding System (Buehlman, Gottman, & Katz, 1992) included the observers' ratings of the following positive categories: (1) cognitive room for the partner and the relationship or what we call the "love map," (2) fondness and admiration expressed toward the partner during the interview, (3) we-ness (do they finish each other's sentences, do they emphasize words like "we," "us," and "our" rather than "I," "me," and "mine?") In other words, do they emphasize the common ground in the marriage?), (4) their philosophy of marriage, especially glorifying the struggle, or couple efficacy, which is the belief that they have gotten through and can get through any adversity together, and the following negative reminiscences: (5) negativity toward the partner and the relationship and (6) disappointment in the partner and the relationship.

FACTOR ANALYSIS OF THE ORAL HISTORY SCALES

For each partner the positive reminiscences scales of the oral history interview coding system (fondness and admiration, "we-ness" versus "me-ness," expansiveness or love maps—expressed extensive knowledge about the relationship and one's partner's inner world, and glorifying the struggle) were subjected to a principal components analysis. The quality of the negative reminiscences is assessed with two scales: (1) expressed negativity about or toward the partner and the relationship and (2) expressed disappointment with the partner, with the marriage, or with marriage in general. The first component of the husband-as-friend analysis accounted for 77.63% of the variance, first component of the wife-as-friend analysis accounted for 76.08% of the variance, and the first component of the husband-as-adversary

analysis accounted for 87.09% of the variance, first component of the wife-as-adversary analysis accounted for 86.95% of the variance. The Cronbach alpha for husband-as-friend was .89, for wife-as-friend was .87, for husband-as-adversary was .83, and for wife-as-adversary was .84. Because the oral history interview scales are so highly correlated in this article only the husband's and wife's "we-ness" scores were used to index the quality of the couple's friendship. Inter-observer reliability for the oral history interview factor was obtained using a correlation coefficient across two independent coders who coded 25% of the sample, and that correlation coefficient was .89.

Session 1: Behavioral Observation of Affect During Conflict

Two remotely controlled cameras filmed both spouses during the interaction sessions. The images from the two cameras were combined in a split-screen image. VHS video recorders were used to record the behavioral data and microphones to record the couple's audio interactions. The computer synchronized the physiological data with the video data by utilizing the elapsed time codes imposed on the video recordings. The SPAFF (Gottman, McCoy, & Coan, 1996) was used to code the couples' conflict interactions. The system was used to index specific affects expressed during the session of marital problem resolution. SPAFF focuses solely on the affects expressed. The system draws on facial expression (based on Ekman and Friesen's [1988] system of facial action coding), vocal tone, and speech content to characterize the emotions displayed. Coders categorized the affects displayed using five positive codes (interest, validation, affection, humor, joy), 10 negative affect codes (disgust, contempt, belligerence, domineering, anger, fear/tension, defensiveness, whining, sadness, stonewalling), and a neutral affect code. Every videotape was coded in its entirety by two independent observers using a computer-assisted coding system that automated the collection of timing information; each coder noted only the onset of each code. A time-locked confusion matrix for the entire videotape then was computed using a 1-second window for determining agreement of each code in one observer's coding against all of the other observer's coding (see Bakeman & Gottman, 1986). The diagonal versus the diagonal-plus-off-diagonal entries in these matrices then were entered into a repeated measures analysis of variance using the method specified by Wiggins (1977). We computed the Cronbach alphas for each code as the ratio of the mean square for observers minus the error mean square and the mean square for observers plus the error mean square. The Cronbach alpha generalizability coefficients ranged between .651 and .992 and averaged .907 for the entire coding of all 130 video tapes. Cronbach's alpha generalizability coefficients with an overall average of .907. Specific scores were as follows: affection (.86), anger (.86), belligerence (.91), contempt (.67), defensiveness (.97), domineering (.84), humor (.96), interest (.75), stonewalling (.75), and validation (.96). We computed "attack" as the

sum of belligerence, disgust, contempt, defensiveness, and stonewalling. For this article we computed the sum of all negative affects, and the sum of all positive affects, omitting neutral.

REPAIR CODING

What is new in this article is the application of a new observational coding system that coded repair processes. This coding was performed recently (the past 2 years) done archival tapes, supervised by Amber Tabares and Janice Driver. The categories for the new Driver–Tabares Repair Coding System were (1) agreement: a 180 degree turnaround by a partner; (2) affection: expressing compliments or caring; (3) compromise: attempts at finding a middle ground; (4) defining the nature of the conflict or summarizing both points of view; (5) guarding—a warning to the partner to back off; (6) humor (requires *both* people to laugh or smile); (7) making promises to change; (8) monitoring the discussion: attempts to keep the discussion on track, addressing any negativity in interaction; (9) repair questions: asking a question to get at the partner’s feelings; (10) softening: making affective “I” or “we” statements without imputing any blame; (11) requests for direction: trying to gain more information; (12) taking responsibility, owning any part of the conflict; (13) self-disclosure: revealing personal thoughts as reasons for one’s own negative behavior; (14) topic change: ending topic or changing subject; (15) communicating affective understanding, positive mind reading, empathy, showing one is grasping what the partner is saying; (16) we’re okay: compliments relationship or teamwork; (17) damaged repairs: these are repairs that start off well but then contain a “yes–but” ending that damages the intended repair, which probably need editing; and (18) the acceptance or rejection of a repair attempt.

INTER-RATER RELIABILITY

The coding was conducted by a small team of volunteer undergraduates, each of whom coded the tapes independently. Every tape was independently coded twice. Reliability was calculated using Free Marginals Kappa (Kn; Brennan & Prediger, 1981; Dunn, 1989). During the entire coding process, the percentage of coder agreement for the occurrence of repairs needed to be a minimum of 75%. Once this agreement was reached, a .75 Kn was required as a minimum for both repair and response. The overall agreement for repairs was $Kn = .871$ (84.3% agreement), $Kn = .912$ (88.3% agreement).

Session 2: Apartment Laboratory

Another central concept that defines the quality of the couple’s friendship in Gottman’s sound relationship house theory is “turning toward bids.” Bids are

a partner's attempts at emotional connection (e.g., trying to get the partner's attention, interest, conversation, affection, humor, or emotional support). For the second session additional criteria were employed to select subjects, which are relevant to this section on participants. For this second natural observations in an apartment laboratory were designed. Couples stayed in an apartment laboratory where they were video-taped for 12 hours (9:00 a.m.–9:00 p.m.). Since this was a time-intensive endeavor, for this section of the study, the number of subjects was limited to a sub-sample of 50 couples. To recruit these couples, researchers contacted each of the Session 1 couples by phone and read a brief description of the apartment lab session. Subjects were clearly informed that participation in the second session was voluntary and did not affect their initial involvement. Those couples who agreed to participate in both Session 1 and Session 2 were accepted for participation. Each of the apartment lab sessions occurred within 2 weeks of Session 1. These 50 apartment lab couples who also participated in the current analysis, along with 13 couples from the original sample who went on to divorce. The final number of subjects for Session 1 was 66 and for Session 2 was 50. Couples who participated in the apartment lab session returned to the laboratory within 2 weeks of their conflict discussion and lived in a single-room, research apartment for 24 hours. The studio-type apartment consisted of a kitchenette, a television and stereo, a sofa and loveseat, and a dining-room table. There was a large picture window along one wall with a view of the Portage Bay Ship Canal in Seattle. Each couple was asked to spend 24 hours in this apartment usually beginning at 9:00 a.m. on a Sunday. They were videotaped for 12 hours (9:00 a.m.–9:00 p.m.) using three remote cameras mounted near the ceiling of the apartment. Each partner wore a remote microphone, so the daily conversations could be clearly recorded. The couple was permitted two half-hour breaks during their stay. The only instruction given to the couple was to spend the day as they would at home. Couples were observed reading the newspaper, listening to the radio, reading, watching television, listening to music, one or both of them making phone calls to friends and family, straightening up, chatting, gossiping, arguing, preparing meals, eating breakfast, lunch, and dinner, snacking, cleaning up, getting ready for bed, lying in bed together, and do on until the lights were turned out. There was an enormous variety in the activities within a couple, and an even greater variety in the activities across couples. For the purposes of this study, to find a consistent setting and to select a uniform time limit on the for all couples observed for observational coding, a 10-minute dinnertime interaction was selected from the 12 hours of video tape. On the basis of previous observational research it was determined that 10 minutes was a sufficient length to capture daily moments of interaction of families at dinner (Heyman, Chaudhry, Treboux, Crowell, Lord, Vivian, & Waters, 2001). The dinnertime segment (rather than breakfast or lunch) was also selected for observation because all of the couples

ate dinner and they had spent a sufficient amount of time to acclimate to the apartment environment. The 10-minute segment began when both partners sat down to eat. This dinnertime segment was then coded using the bid and turning system (Driver & Gottman, 2004). The dinnertime segments were coded using the Driver–Gottman Bids and Turning System (Driver & Gottman, 2004), which was designed to capture the initiation of interactions in everyday life. Any initiation of an interaction was coded as a Bid with six possible codes: silent, low comment, high comment, low question, high question, or negative. Responses were coded as passive, low level, enthusiastic, attentive, against, interrupt, ignore, or pre-occupied. Two independent observers were allowed to stop the tape and code both spouses when a bid/response sequence occurred. The coder agreement was determined within a 1-second window. Free Marginals Kappa (Brennan et al., 1981) was again used to measure reliability between coders. For each couple, the percentage of agreement between coders was set to a minimum of 75% before the Kn was calculated. In the end, the overall agreement was 81% for Bids ($Kn = .88$) and 76% for toward responses ($Kn = .77$). For this article variables were created from the partner's response to bids in the turning system codes, namely (1) low-level turning toward, (2) attentive turning toward, and (3) enthusiastic turning toward for each partner.

RESULTS

The results will be presented in three sections. The first section will present the shape of affect over time for the entire conflict discussion. The second section will present our micro-analytic analyses of repair effectiveness. The third section will present our analyses of whether the quality of the newlywed couple's friendship is significantly related to the effectiveness of repair.

Section 1: The Shape of Affect over Time During Conflict

The linear trend for the husband's negative affect over the entire 15-minute conversation was significant, $F(1, 66) = 6.92, p < .05$. The quadratic trend for the husband's negative affect over the entire 15-minute conversation was also significant, $F(1, 66) = 13.91, p < .001$. The linear trend for the wife's negative affect over the entire 15-minute conversation was marginally significant, $F(1, 66) = 3.89, p = .053$. The quadratic trend for the wife's negative affect over the entire 15-minute conversation was also significant, $F(1, 66) = 4.45, p < .05$. Figures 1 and 2 summarize these trends. There were no significant time effects over time for either husband or wife positive affect. In general, then, negative affect increased over time during the conflict discussion; with a significant drop in the husband's negative affect toward the end of the

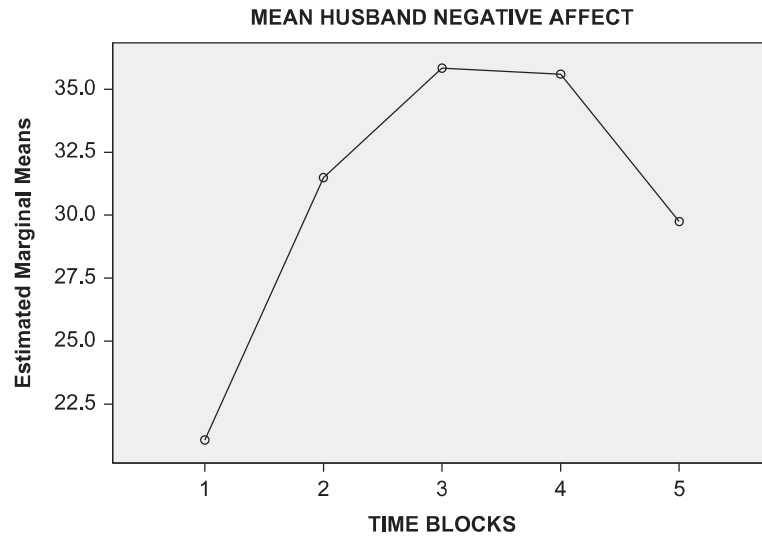


FIGURE 1 Husband's Negative Affect over Time During the 15-Minute Conflict Discussion.

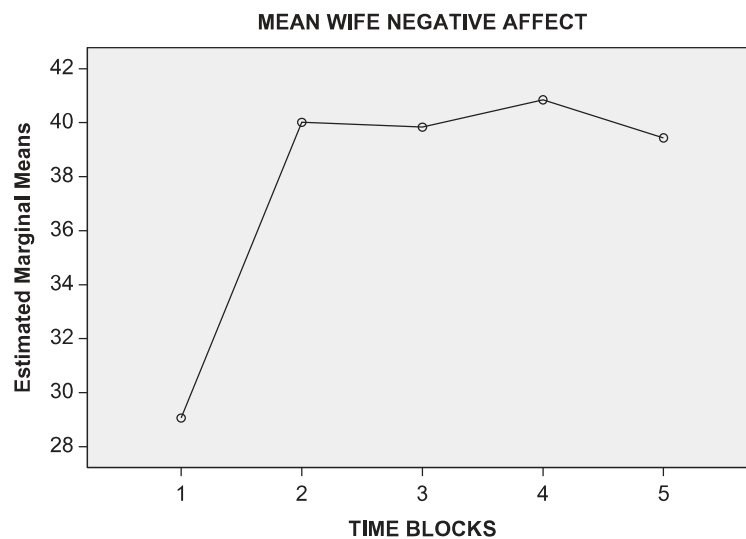


FIGURE 2 Wife's Negative Affect over Time During the 15-Minute Conflict Discussion.

discussion but no such drop in the wife's negative affect toward the end of the discussion. Clearly, this overall trend did not hold for all couples. Hence, we can see the dramatic motivation for this article. There is clearly a pressing need to investigate whether repair processes are effective in down-regulating this increasing general trend of negative affect of newlywed couples during conflict.

Section 2: The Repair Analyses

Our repair analyses were guided by seven questions. (1) Were any types of specific repair attempts most effective? (2) Were any repair attempts effective

at the “11th hour,” that is, the last 3 minutes of the conflict discussion? (3) Was there any evidence of “pre-emptive” repair, that is, repair attempts that are made in the first 3 minutes of the conflict discussion, before it becomes very negative? (4) Was the response to the repair attempt at all important in creating an effective repair chain described by the repair attempt and the acceptance response? (5) Was accepting a repair attempt at the 11th hour effective? (6) Was there evidence for the effectiveness of the acceptance of pre-emptive repair? (7) Was the very beginning overall affective climate itself important in down-regulating negativity or up-regulating positivity in the conflict discussion?

WERE ANY TYPES OF SPECIFIC REPAIR ATTEMPTS MOST EFFECTIVE?

The repair attempt itself. Our ultimate criterion for evaluating a repair attempt as effective was that it had to significantly reduce the overall negativity or increase the overall positivity in the conflict interaction. We had two criteria. As a first criterion, for negative affect we summed all SPAFF negative effects. As a second criterion, for positive affect we summed all SPAFF positive effects. The neutral SPAFF code was omitted. We then examined repair attempts to see if any repair attempts satisfied either of these two criteria.

First, we examined the more cognitively oriented repairs that kept the discussion on the task of problem-solving. We examined all positive emotion-focused repair attempts. This category is important because many couple therapy approaches teach rational problem-solving as the *sine qua non* of effective communication. Second, we examined those repair attempts focused on creating or increasing emotional closeness; these repair attempts involved expressing affection, expressing agreement, expressing shared humor, expressing self-disclosure (vulnerability), expressing emotional understanding/empathy, and expressing reassurance. Third, we examined taking responsibility for even a part of the issue, which is designed to move the conflict discussion from what Wile has called “an attack–defend mode” to “a collaborative mode” (Wile, 1993). Fourth, we examined a change in topic, which we have noticed tends to down-regulate physiological arousal. Fifth, we examined the effect of repairs we called “damaged repairs,” in which a repair is followed by a tag line that is in attack–defend mode against the partner.

Repair attempts focused on appealing to logic.

The cognitive problem-solving approach. Only the wife’s compromise repair was effective by significantly increasing her husband’s positive affect ($r = .43, p < .001$).

Questions. Only the husband's repair question was effective; it succeeded in significantly reducing only his own negativity ($r = -.28, p < .05$).

Requests for direction. The husband's request for direction damaged the interaction by increasing her negativity ($r = .49, p < .001$) and reducing her positivity ($r = -.48, p < .001$). The wife's request for direction significantly increased her own negativity ($r = .27, p < .05$) and decreased her own positivity ($r = -.25, p < .05$). All other cognitively based repair attempts that appealed to reason were ineffective. In general, one must conclude that a rationally oriented problems-solving approach to repair made a fairly poor showing.

Repair attempts focused on creating emotional closeness.

Repair attempts focused on creating emotional closeness. These turned out to be the most effective of all repair attempts. The husband's affection significantly increased his wife's positive affect ($r = .28, p < .05$). The husband's agreement significantly increased both his own ($r = .32, p < .05$) and his wife's positive affect ($r = .31, p < .05$). The husband's humor significantly reduced his own negativity ($r = -.27, p < .05$), and significantly increased his own ($r = .42, p < .001$) and his wife's ($r = .27, p < .05$) positive affect. The wife's affection significantly increased her positive affect ($r = .25, p < .05$). Her agreement significantly increased his ($r = .28, p < .05$) and her positive affect ($r = .31, p < .05$). The wife's humor significantly reduced his ($r = -.32, p < .05$) and her negativity ($r = -.27, p < .05$) and significantly increased her ($r = .43, p < .001$) and his ($r = .34, p < .01$) positivity. The husband's self-disclosure significantly increased her positivity ($r = .33, p < .01$). The husband's understanding (empathy) significantly reduced his own negativity ($r = -.27, p < .05$) and significantly increased his own positivity ($r = .27, p < .05$). The wife's "we're okay" repair (reassurance) significantly increased both his ($r = .36, p < .01$) and her positivity ($r = .46, p < .001$).

Moving from attack-defend to self-disclosure by taking responsibility. The husband's taking responsibility for even a part of the problem significantly increased his wife's positive affect ($r = .33, p < .01$). The wife's taking responsibility for a part of the problem significantly increased *both* his ($r = .28, p < .05$) and her ($r = .45, p < .001$) positivity.

Topic change.

The change of topic. The husband's stop-repair (change of topic) significantly reduced his negativity ($r = -.28, p < .05$) and significantly increased his positivity ($r = .27, p < .05$), and the wife's stop-repair (change of topic) significantly increased both her ($r = .28, p < .05$) and his ($r = .40, p < .001$) positivity.

Damaged repair.

The damaged repair/doing harm with a repair. The husband's "damaged repair" significantly increased his own negativity ($r = .31, p < .05$). As we predicted, damaged repairs did indeed damage the interaction.

WERE ANY REPAIR ATTEMPTS EFFECTIVE AT THE "11TH HOUR?"

Was any repair effective at what might be called "the 11th hour," meaning the last time block of the 15-minute conflict discussion? Not much was effective. In the cognitive repair category at the 11th hour only the wife's defining the conflict was related to outcomes, but it increased only her own positivity ($r = .25, p < .05$). In the increasing emotion-closeness repairs, at the 11th hour the wife's affection significantly increased only her own positivity ($r = .40, p < .001$), and her understanding significantly increased his positivity ($r = .30, p < .05$). The only emotion-closeness repair that succeeded at the 11th hour in reducing the husband's negativity ($r = -.30, p < .05$) and increasing his positivity ($r = .29, p < .05$) at the 11th hour was the wife's "we're okay" repair. This was a reassurance that the relationship is still okay.

WAS THERE ANY EVIDENCE OF "PRE-EMPTIVE" REPAIR

We considered any repair attempt in the first 3 minutes as "pre-emptive," because usually negativity hadn't escalated very much in the first 3 minutes of the conflict discussion. We asked, were any repairs effective that were applied in the first 3 minutes before negativity usually had much of a chance to develop? The answer was yes.

Cognitive repairs. Either partner asking for direction significantly increased the husband's positivity when he asked for direction ($r = .35, p < .01$), and increased both his ($r = .26, p < .05$) and her ($r = .29, p < .05$) positivity when she asked for direction. This is important because *asking* for direction at this early stage of the conflict discussion is affectively gentle, compared to giving direction.

Emotional closeness repairs. The wife's affection, significantly reduced his negativity ($r = -.29, p < .05$) and increased his positivity ($r = .27, p < .05$). The wife's humor significantly increased his positivity ($r = .28, p < .05$). The husband's self-disclosure significantly increased his ($r = .26, p < .05$) and his wife's ($r = .31, p < .05$) positivity.

Taking responsibility. The *wife's* but not the husband's taking responsibility for the problem significantly increased his ($r = .33, p < .01$) and her ($r = .28, p < .05$) positivity. This finding is consistent with our clinical experience. True, or not, one of the major complaints men express in couples' therapy is that their wife assumes that all the problems are due to him.

WAS THE RESPONSE TO THE REPAIR ATTEMPT IMPORTANT?

Were we, in part, looking in the wrong direction? Shouldn't we be looking not at the expression of a repair attempt, but in how it is *received*? To answer this question, we asked whether the partner's *response* to repair attempts predicted the conversation's ending. It is not a priori obvious, but it may be the case that the focus on effectiveness of any repair (in terms of reducing overall negativity or increasing overall positivity) may actually lie with the *recipient* of the repair attempt, rather than the specific repair attempt and its timing. To address this question, we asked "Did acceptance of a repair as a *partner response* predict the major function of repair, which was to reduce negativity and increase positivity toward the end of the interaction?" The answer was a resounding yes. The answer suggests that we were—to some extent—ignoring an important component of repair by examining only the repair attempt itself.

In minutes 4–12 of the conflict discussion we found that:

1. The wife's accepting his repair attempt significantly reduced his negative affect ($r = -.39, p < .01$) and significantly increased both his ($r = .33, p < .01$) and her ($r = .42, p < .001$) positive affect.
2. The husband's accepting her repair attempt significantly reduced his ($r = -.38, p < .01$) and her ($r = -.27, p < .05$) negative affect and significantly increased his ($r = .27, p < .05$) and her ($r = .34, p < .01$) positive affect.
3. The sum of both partners' accepting repair attempts also significantly reduced his ($r = -.40, p < .001$) and her ($r = -.28, p < .05$) negative affect and significantly increased his ($r = .37, p < .01$) and her ($r = .42, p < .001$) positive affect.

ACCEPTING OR REJECTING A REPAIR ATTEMPT AT THE 11TH HOUR

What about the acceptance or rejection of a repair in the last 3 minutes of the interaction? Did anything work? The answer is that only the sum of both partners accepting repair in the last 3 minutes was successful in increasing the wife's positive affect ($r = .27, p < .05$). Essentially, then, we can conclude that in the 11th hour very little worked also in *accepting* repair—it was generally too late.

THE ACCEPTANCE OF PRE-EMPTIVE REPAIR

Was the acceptance of any repairs in the first 3 minutes of the interaction effective? The answer is yes, if both people accepted their partner's early repair attempts in the first 3 minutes, that acceptance significantly reduced the negativity ($r = .33, p < .01$) and significantly increased the positivity of the husband ($r = .33, p < .01$).

WHAT ABOUT THE BEGINNING AFFECTIVE CLIMATE OF THE INTERACTION

One question remains unanswered by these analyses. Forgetting about repairing the interaction, to what extent is the way the conversation simply starts off affectively in the first 3 minutes predictive of how it will end? Our previous mathematical modeling of newlywed interaction (Gottman et al., 2002) showed that parameters called “the uninfluenced steady state” and each partner’s “emotional inertia” were the best predictors of the future of couple relationships, and this held for heterosexual as well as gay and lesbian relationships. Were those relationships about uninfluenced states supported by the Driver–Tabares Repair data looking at just the affect of each person in the first 3 minutes of the conflict discussion?

The overall pattern of which repairs are effective led us to ask the question of whether the effective pre-emptive repairs are effective because they are tapping an overall initial positivity of affect, of if they are effective because they are tapping a neutral affective climate, or both. As we have seen both positive and neutral affect are quite functional during conflict, and neutral is even is weighted slightly positive in our time-series weighting of the SPAFF codes. But we do wish to distinguish between positive and neutral starts, because it is probably easier to be neutral when starting a conflict discussion than to be positive. Fortunately, we have those data for the first 3 minutes of the conflict discussion with our SPAFF coding.

When we compute the overall positive or neutral starting affective climate, we find that the correlations are quite large between starting neutrally and the overall positivity being low. These correlations are italicized in Table 2. Beginning with positive affect, though leads to a different pattern of high overall positivity in the conflict discussion. These correlations are bold-faced in Table 2.

Table 2 tells us that, while pre-emptive repair was useful, starting with a mix of neutral and positive affect also strongly determined the outcome of the conflict discussion.

TABLE 2 Correlations of the Initial Affective Climate and Its Effectiveness as a Pre-Emptive Repair

	H negative overall	W negative overall	H positive overall	W positive overall
H neutral: first 3 minutes	<i>-.66***</i>	<i>-.38*</i>	.01	.25*
W neutral: first 3 minutes	<i>-.55***</i>	<i>-.66***</i>	.27*	.25*
H positive: first 3 minutes	<i>-.36**</i>	<i>-.27*</i>	.74***	.37**
W positive: first 3 minutes	<i>-.34**</i>	<i>-.24a</i>	.26*	.57***

* $p < .05$, ** $p < .01$.

Section 3: Is the Quality of the Couple's Friendship Related to the Effectiveness of Repair?

Gottman's (1999) Sound Relationship House Theory predicted that the quality of the couple's friendship, assessed from the Buehlman coding of the oral history interview ("we-ness"), and turning toward bids (attentive or enthusiastic turning toward) should correlate significantly with the way repairs are received in the conflict interaction. Were those predictions supported by the repair data? We computed acceptance of repair attempts in the first 3 minutes, and overall.

Table 3 summarizes these correlations. The husband's attentive turning toward his wife's bids during the apartment lab dinnertime was significantly correlated with both husband and wife acceptance of repair in the first 3 minutes of the conflict and the overall acceptance of repair by the wife. The wife's attentive turning toward her husband's bids during the apartment lab dinnertime was marginally correlated with her overall acceptance of repair. The husband's enthusiastic turning toward his wife's bids during the apartment lab dinnertime was unrelated to either husband or wife acceptance of repair in the first 3 minutes of the conflict or the overall acceptance of repair by the both partners. However, the wife's enthusiastic turning toward her husband's bids during the apartment lab dinnertime was significantly related to the wife's acceptance of repair in the first 3 minutes of the conflict and both partners' overall acceptance of repair.

The husband's and the wife's we-ness in the oral history interview were significantly related to the wife accepting repair in the first 3 minutes of the conflict discussion. Hence many of the predictions of the sound relationship house theory were supported by the newlywed data.

TABLE 3 Correlations Between Turning Toward and Oral History We-Ness and Accepting Repair

	Husband accepts repair minutes 1–3	Wife accepts repair minutes 1–3	Husband accepts repair overall	Wife accepts repair overall
Turning toward bids: husband attentive	.28*	.29*	.10	.28*
Turning toward bids: wife attentive	-.02	.14	.20	.24*
Turning toward bids: husband enthusiastic	.01	-.02	.11	.04
Turning toward bids: wife enthusiastic	-.01	.57***	.49***	.47***
Husband we-ness: oral history	.07	.33*	.11	.16
Wife we-ness: oral history	.13	.32*	.11	.19

* $p < .01$; *** $p < .001$.

DISCUSSION

We begin by noting that most of the newlywed couples in this study increased their negativity over time during the conflict discussion. This is a very bad sign. There is, therefore, a huge need to explore repair processes that might be effective in reducing negativity for the newlywed married couples in this study. The results on repair suggest some very specific ways that couples can and do create an initial climate of agreement and also do *pre-emptive* repair.

In line with the positive psychology movement (e.g., Seligman, 2012), we developed an observational coding system whose purpose was to suggest ways that couples can build their relationships over time, by suggesting positive methods. We have also identified potentially harmful methods of repair (starting negatively, damaged repairs, denying responsibility, and repairing at the 11th hour).

We note that many couples' therapy programs reflect a rational problem-solving approach to conflict, with the apparent assumption that if one remains rational then surely negative affect will be down-regulated. On the contrary. We found evidence to discredit that assumption. When we compare cognitively based repairs that appeal to logic and rational problem solving, we must generally conclude that these repair attempts are quite ineffective. Repair attempts that are based on increasing emotional closeness (agreement, affection, humor, self-disclosure, understanding and empathy, and we're okay), or insuring that the starting affective climate is positive were highly effective repairs.

Furthermore, in moving a conversation from attack–defend mode to self-disclosure mode, taking responsibility by the wife for even a part of the problem was highly effective. We will explore this finding in a moment. The data also suggest that even when the conflict becomes more heightened and negative in minutes 4–12, there are still things that couples can do to turn around the conflict's negativity, and even make the affect during conflict more positive. The major ways of accomplishing that feat are the husband and wife's taking responsibility for even a part of the problem, their demonstrated affection toward one another, their agreement, and humor, their self-disclosure, empathy, reassurance, and understanding. Also both partners' stop-repair (change of topic), and the wife's compromise repair were surprisingly effective.

Let us examine the wife's unique affective role for a moment. The importance of the wife's initial repair attempts are of some interest. Since we know that in our U.S. culture wives introduce 80% of the issues for the couple to discuss in heterosexual relationships (Ball, Cowan & Cowan, 1995; Oggins, Veroff, & Leber, 1993), these results imply that women who soften their startup have husbands who can down-regulate their negativity. These may be summarized as specific instructions on *how* women can soften their

startup dramatically by taking even partial responsibility for the problem they are about to discuss. Apparently this is manna from heaven for her husband. At the 11th hour only the wife's affection, her understanding, and her "we're okay" repair were effective, but they were not very effective.

However, is repair all the wife's role? No. As Table 3 shows, this advice to wives is not a complete analysis. A husband's turning toward his wife's bids and his expression of "we-ness" on the oral history interview completes the picture. A gentle startup during conflict is insured by a man who turns toward his wife's need for emotional connection in the moment and expresses a strong sense of being a "we," a part of the team.

These results on repair suggest that the power in turning around a negative conflict and making it constructive from the outset lies in creating and maintaining emotional connection. These results are entirely consistent with Wile's clinical descriptions of the power of moving from an "attack-defend" mode to "admitting" mode by taking responsibility for a part of the issue, to "collaborative" mode by changing an adversarial conflict into one based on self-disclosure, compassion, and understanding. The mechanism through which these emotional-connection repairs work may be by reducing physiological arousal during conflict. There is some evidence that this may be the case. For example, Levenson (personal communication) has established that shared humor during couples' conflict interactions is effective in reducing physiological arousal in older couples. Repairs that induce neutral or positive affect, or increase the couple's sense of cohesiveness may reduce the threat in the conflict interaction. Subsequent research will need to explore the precise mechanism through which repair may do its good work.

There may, unfortunately, be a grimmer side to these results. These results on repair may also suggest that there exists a true ceiling in the extent to which it is possible for an unhappy couple—without intervention—to turn around an interaction that has started harshly. These findings are consistent with the findings reported by Levenson and Gottman (1985) that showed with the Rapid Couples' Interaction Scoring System (RCISS) cumulative point-graph plots, only 4% of couples were able to turn around a conversation that had started negatively. One might conclude that those data on repair are somewhat grim for unhappily married couples, who tend to start the conflict discussion harshly with a great deal of negative affect, and may only attempt repair at the 11th hour.

Even a purely cognitively oriented couples' therapy may experience a ceiling effect. Indeed, for some couples, many of our efforts as clinicians sometimes seem like trying to stop a runaway freight train of negativity by raising our hands and yelling, "Stop!" The negativity of conflict often has taken over the unhappy relationship, even for newlyweds, and unassisted repair has very little chance of success. The couples' therapy must be affectively oriented so that both people accept responsibility for the problem early and move into admitting mode (taking responsibility for even a part of the

issue)—within the first 3 minutes of the conflict, and use positive and neutral affect at the very start of the conflict.

The repair results may explain Carrere & Gottman's (1999) ability to predict divorce 6 years after the wedding for newlyweds from the first 3 minutes of their conflict discussion. Beginning neutrally and positively and taking responsibility for the problem are hard for unhappily married couples to do. Instead, the data in this study suggest that they tend to start in "attack mode" and amplify attack and defensiveness as the interaction unfolds, finding it increasingly difficult to repair. Conflict then becomes an "absorbing state," difficult to exit once entered, because successful repair is the way out.

This article also noted that the grim absorbing state of increasing negative affect over time exists unless the quality of the couples' friendship is high—the emotional bank account has been built by attentive or enthusiastic turning toward bids, and nurturing a sense of "we-ness" in the relationship. The central roles of both the wife and the husband in repair is highlighted in these data. The attainment of the collaborative mode during conflict is not an easy thing to do, even for newlywed couples.

There is, however, some indication of how we might help couples accomplish the feat of collaborative conflict management. There is some light in this dark tunnel of the significant trend of generally increasing negative affect during conflict. The data suggest that the basis for accomplishing the feat of having conflict become more collaborative may happily lie, in part, *outside* the conflict context. Effective repair may be strongly rooted in how couples establish and maintain their friendship, closeness, intimacy, and "we-ness." They create a sense of "we-ness" in the way they tell their narrative about the history of their relationship and their partner's personality traits, as assessed by the Buehlman coding of our oral history interview. Furthermore, these couples enhance their friendship by turning toward their partner's bids for emotional connection, even while they are eating dinner, well outside the conflict context. We suggest that these results propose the hypothesis that it may be effective to build friendship outside the conflict context—when negative affect and physiological arousal are not as likely—as a base for effective repair during conflict, when negative affect runs high. How does friendship in a marriage accomplish this feat? Perhaps the secret to attaining the collaborative mode during conflict can be understood as thinking of a conflict one has with one's situationally, temporarily annoying friend, rather than with one's ubiquitously and permanently hostile adversary.

Limitations

The limitations of these correlational results are quite clear to us. Of course, correlation never implies causation, but it is suggestive. An experiment is needed before we can trust the conclusion that effective repair can turn around a conversation and down-regulate the negative affect that builds

naturally over these conflict conversations. We have, in part, conducted that randomized clinical trial (Babcock, Gottman, Ryan, & Gottman, 2013) in a dismantling study. As corroborating evidence to the findings of this article, we found that the most effective intervention combined enhancing friendship along with down-regulating negative affect by enhancing repair. These results also support the results of an earlier dismantling study by Jacobson and colleagues with 1- and 2-year follow-ups (Jacobson et al., 1985, 1987). The conclusion is inescapable: Effect sizes are significantly larger, and relapse is significantly smaller when both conflict and friendship are addressed by the intervention. Also, one further limitation is that our data were collected 20 years ago. The current article is based on a new and recent coding and analysis of repair processes, but we have no idea of whether these results would replicate with the newlywed couples of today. However, some hope of generality exists, because most of the results we reported 20 years ago have replicated in many other laboratories, with the data having been collected at many time points, and with very great geographical (even cross-country) variations (a partial list is Halford et al., 2010; Huston et al., 2001; Kiecolt-Glaser, Bane, Glaser, & Malarkey, 2003; Kurdek, 1993; Robles, Shaffer, Malarkey, & Kiecolt-Glaser, 2006; Williamson et al., 2011). So there is some reason to believe that our results are quite general.

Suggestions for Future Research

It would be enormously useful to do a randomized clinical trial that tests whether the distinctions we have discovered between cognitively oriented and affectively oriented repairs actually show a causal connection. Furthermore, it would be useful to examine whether physiological (autonomic and endocrine) responses to repairs underlie the effectiveness of these affectively oriented repairs; we suspect they do. It would also be extremely important to expand the time scale for repair and evaluate the effectiveness of repairing emotional injuries in the distant or relatively near past. In our clinical work we have designed methods to repair past emotional injuries by emotionally re-processing them using a manualized approach called “the aftermath of a fight or regrettable incident” (available on www.gottman.com). As William Faulkner said in his book *Requiem for a Nun* (1951), “the past is never dead. In fact, it isn’t even past.” It may never be too late to repair, if the receiver of the repair attempt is still willing to be open.

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**The Sound
Relationship
House**

**Create
Shared Meaning**

**Make Life Dreams
Come True**

Manage Conflict

- Accept Your Partner's Influence
- Dialogue About Problems
- Practice Self-Soothing

The Positive Perspective

Turn Towards Instead of Away

Share Fondness and Admiration

Build Love Maps

- Know One Another's World

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The Four Horsemen: The Antidotes

Luckily, for every Horseman of the Apocalypse, there is an antidote.

- Est. reading time: 7 min.



All relationships, even the most successful ones, have conflict. It is unavoidable. Fortunately, our research shows that it's not the appearance of conflict, but rather *how it's managed* that predicts the success or failure of a relationship. We say “manage” conflict rather than “resolve,” because relationship conflict is natural and has functional, positive aspects that provide opportunities for growth and understanding.

And there are problems that you just won't solve due to natural personality differences between you and your partner, but if you can learn to manage those problems in a healthy way, then your relationship will succeed.

The first step in effectively managing conflict is to identify and counteract [The Four Horsemen](#) when they arrive in your conflict discussions. If you don't, you risk serious problems in the future of your relationship. But, like Newton's Third Law, for every horseman there is an antidote, and you can learn how and when to use them below.

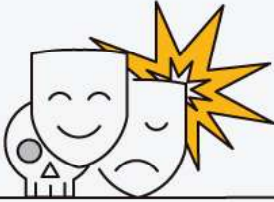
Take this free [Love Quiz](#) and find out how well you really know your partner and start learning how to stop the four horsemen.

THE FOUR HORSEMEN

AND HOW TO STOP THEM WITH THEIR ANTIDOTES

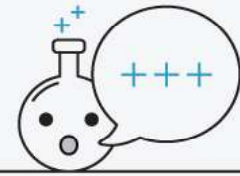
CRITICISM

Verbally attacking personality or character.



GENTLE START UP

Talk about your feelings using "I" statements and express a positive need.



CONTEMPT

Attacking sense of self with an intent to insult or abuse.



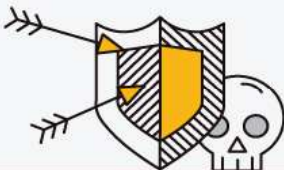
BUILD CULTURE OF APPRECIATION

Remind yourself of your partner's positive qualities and find gratitude for positive actions.



DEFENSIVENESS

Victimizing yourself to ward off a perceived attack and reverse the blame.



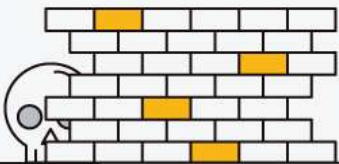
TAKE RESPONSIBILITY

Accept your partner's perspective and offer an apology for any wrongdoing.



STONEWALLING

Withdrawing to avoid conflict and convey disapproval, distance, and separation.



PHYSIOLOGICAL SELF-SOOTHING

Take a break and spend that time doing something soothing and distracting.



The Gottman Institute

You can download a free PDF version of the The Four Horsemen and Their Antidotes [here](#).

The Antidote to Criticism: Gentle Start-Up

A complaint focuses on a specific behavior, but [criticism](#) attacks a person's very character. The antidote for criticism is to complain without blame by using [a soft or gentle start-up](#). Avoid saying "you," which can indicate blame, and instead talk about your feelings using "I" statements and express what you need in a positive way.

To put it simply, think of these two things to formulate your soft start-up: *What do I feel? What do I need?*

Criticism: "You always talk about yourself. Why are you always so selfish?"

Antidote: "I'm feeling left out of our talk tonight and I need to vent. Can we please talk about my day?"

Notice that the antidote starts with "I feel," leads into "I need," and then respectfully asks to fulfill that need. There's no blame or criticism, which prevents the discussion from escalating into an argument.

The Antidote to Contempt: Build a Culture of Appreciation and Respect

[Contempt](#) shows up in statements that come from a position of moral superiority. Some examples of contempt include sarcasm, cynicism, name-calling, eye-rolling, sneering, mockery, and hostile humor. Contempt is destructive and defeating. It is the greatest predictor of divorce, and it must be avoided at all costs.

The antidote to contempt is to build a culture of appreciation and respect in your relationship, and there are a few ways to do that. One of our mottos is [Small Things Often](#): if you regularly express appreciation, gratitude, affection, and respect for your partner, you'll create [a positive perspective](#) in your relationship that acts as a buffer for negative feelings. The more positive you feel, the less likely that you'll feel or express contempt!

Another way that we explain this is our discovery of the 5:1 "[magic ratio](#)" of positive to negative interactions that a relationship must have to succeed. If you have five or more positive interactions for every one negative interaction, then you're making regular deposits into your [emotional bank account](#), which keeps your relationship in the green.

Contempt: "You forgot to load the dishwasher again? Ugh. You are so incredibly lazy." (Rolls eyes.)

Antidote: “I understand that you’ve been busy lately, but could you please remember to load the dishwasher when I work late? I’d appreciate it.”

The antidote here works so well because it expresses understanding right off the bat. This partner shows how they know that the lack of cleanliness isn’t out of laziness or malice, and so they do not make a contemptuous statement about their partner or take any position of moral superiority.

Instead, this antidote is a respectful request, and it ends with a statement of appreciation.

How well do you know your partner?

Learn what to do when the destructive Four Horsemen enter your relationship

The [Gottman Relationship Adviser](#), the world’s first complete relationship wellness tool for couples, takes the guesswork out of improving your relationship. Measure your relationship health with a research-based self-assessment, then receive a tailored digital relationship plan proven to heal and strengthen your connection.

The Antidote to Defensiveness: Take Responsibility

[Defensiveness](#) is defined as self-protection in the form of righteous indignation or innocent victimhood in attempt to ward off a perceived attack. Many people become defensive when they are being criticized, but the problem is that being defensive never helps to solve the problem at hand.

Defensiveness is really a way of blaming your partner. You’re saying that the problem isn’t me, it’s you. As a result, the problem is not resolved and the conflict escalates further. The antidote is to accept responsibility, even if only for part of the conflict.

Defensiveness: “It’s not my fault that we’re going to be late. It’s your fault since you always get dressed at the last second.”

Antidote: “I don’t like being late, but you’re right. We don’t always have to leave so early. I can be a little more flexible.”

By taking responsibility for part of the conflict (trying to leave too early), even while asserting that they don’t like to be late, this partner prevents the conflict from escalating by admitting their role in the conflict. From here, this couple can work towards a compromise.

The Antidote to Stonewalling: Physiological Self-Soothing

[Stonewalling](#) is when someone completely withdraws from a conflict discussion and no longer responds to their partner. It usually happens when you’re feeling [flooded](#) or emotionally overwhelmed, so your reaction is to shut down, stop talking, and disengage. And when couples stonewall, they’re under a lot of emotional pressure, which increases heart rates, releases stress hormones into the bloodstream, and can even trigger a fight-or-flight response.

In one of our [longitudinal research studies](#), we interrupted couples after fifteen minutes of an argument and told them we needed to adjust the equipment. We asked them not to talk about their issue, but just to read magazines for half an hour. When they started talking again, their heart rates were significantly lower and their interaction was more positive and productive.

What happened during that half hour? Each partner, without even knowing it, physiologically soothed themselves by reading and avoiding discussion. They calmed down, and once they felt calm, they were able to return to the discussion in a respectful and rational way.

Therefore, the antidote to stonewalling is to practice physiological self-soothing, and the first step of self-soothing is to stop the conflict discussion and call a timeout:

“Look, we’ve been through this over and over again. I’m tired of reminding you—”

“Honey, I’m sorry to interrupt you, but I’m feeling overwhelmed and I need to take a break. Can you give me twenty minutes and then we can talk?”

If you don’t take a break, you’ll find yourself either stonewalling and bottling up your emotions, or you’ll end up exploding at your partner, or both, and neither will get you anywhere good.

So, when you take a break, it should last at least twenty minutes because it will take that long before your body physiologically calms down. It’s crucial that during this time you avoid thoughts of righteous indignation (“I don’t have to take this anymore”) and innocent victimhood (“Why is he always picking on me?”). Spend your time doing

something soothing and distracting, like listening to music, reading, or exercising. It doesn't really matter what you do, as long as it helps you to calm down.

You've got the skills. Use them!

Now that you know what the Four Horsemen are and how to counteract them with their proven antidotes, you've got the essential tools to manage conflict in a healthy way. As soon as you see criticism or contempt galloping in, remember their antidotes. Be vigilant. The more you can keep the Four Horsemen at bay, the more likely you are to have a stable and happy relationship.

ISIP would like to thank the continued support of our sponsors. We are grateful for the past support these sponsors have given to the ISIP Society and its members.

Mental Health Specialists
Pocatello, Idaho



BestNotes

MEANINGS ARE NOT DETERMINED BY SITUATIONS, BUT WE DETERMINE OURSELVES BY THE MEANINGS WE GIVE TO SITUATIONS. *Alfred Adler*

We are excited to have Stephanie Sternes present our Ethics portion of the conference this year! Stephanie will present 2 different sessions to help attendees obtain CEU's on Ethics as well as Boundaries Training. Her 2nd session can be counted as either Ethics or Boundaries.

Stephanie Sternes, *LMFT, LCPC, MS*

Stephanie Sternes is a dedicated and experienced therapist, dual licensed as both a LMFT and LCPC, with a MS degree in Marriage and Family Therapy from Northwest Nazarene University (NNU). Her work reflects a genuine passion for supporting families through life's challenges, especially within the unique dynamics of stepfamilies. Stephanie's understanding is shaped by advanced training with respected experts like Ron Deal of Focus on the Family and Dr. Patricia Papernow.



As an adjunct educator at NNU, Stephanie enjoys teaching courses such as Careers and Complex Family Systems, where she strives to help students deepen their understanding of diverse family structures. She also serves her community by managing a rural clinic in Emmett, Idaho, and leading intensive 1-day training programs for clinics, helping professionals build skills to better support families.

Stephanie specializes in stepfamily dynamics, complex family systems, infant and toddler mental health (ages 0-5), and Brainspotting therapy. She is also a registered supervisor for counselors and therapists in Idaho, where she enjoys helping others grow in their careers.

On a personal level, Stephanie and her husband have created a blended family of their own, raising four sons, now aged 29 to 41, and two stepchildren, aged 15 to 20. With over 40 years of parenting experience, she understands the challenges and rewards of family life, particularly in complex situations.

Stephanie approaches her work with humility and compassion, always striving to help families find connection, understanding, and peace. She considers it a privilege to walk alongside others on their journey toward healing and growth.

Session Description:

Ethics Part 1 – Ethically Approaching Stepfamilies with Differing Value Systems ~ 1.5 hours

This is practical look at ACA sections A, B, and C from a lens of 2 homes: paperwork, informed consent, new laws, and high instances of countertransference in working with these family systems.

Countertransference can be common in the counseling relationship when a counselor has not been trained in complex family systems. In part because there is no standard by which these families come together and there are many value and belief mixes about how they best work. This leaves the untrained therapist vulnerable to relying on their own experience of complex families.



Ethics Part 2 – Boundaries in Specialty Work: Navigating Ethical Competency in Divorce, Stepfamily, and Foster Care Systems ~ 1.5 Hours

There are over 67 different types of non-traditional family systems today. 42% of adults (102 million) have a step-relationship (either a step-parent, a step- or half- sibling, or a step-child). When you add the 11.6 million stepchildren in the US (16% of all kids), the total is an estimated 113.6 million Americans that have a step-relationship. 75% of step-families express frustration that they do not have access to trained professionals when they need help. This presentation will discuss common boundary challenges and therapeutic ways to overcome.

A promotional banner for the ISIP Online Bookstore. It features a yellow background with a stack of books on the right. On the left, there is a QR code and the word 'Open' in a stylized font. The main text reads 'Shop our new Online Bookstore!' in large, bold, black letters. Below this, a white box contains the text: 'JUST OPEN THE CAMERA ON YOUR PHONE AND SCAN THE CODE ON THE LEFT, THEN CLICK ON THE POPUP ON YOUR PHONE'S SCREEN AND YOU'LL GO TO THE ISIP BOOKSTORE!' The ISIP logo is visible in the bottom left corner of the QR code area.

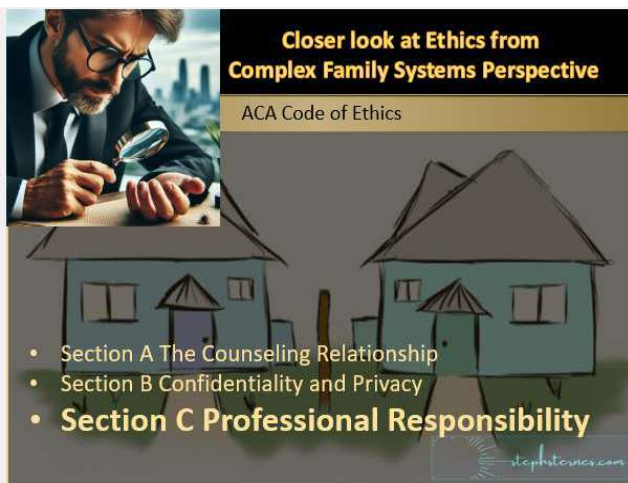
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Ethics Part 1 – Ethically Approaching Stepfamilies with Differing Value Systems
| Stephanie Sternes 1.5 hours

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Boundaries & Ethics in Session



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4 Reasons To Learn About Stepfamilies

#1. Stepfamily relationships are everywhere.

- One out of three children under 18 lives in a stepfamily.
- One out of four new marriages creates a stepfamily.
- 42% of American adults are currently in a close step relationship.

#2. The challenges are intense.

- The phrase "blended family" does *not* describe the daily experience of most people who live in a stepfamily, especially in the early years.
- The challenges can be overwhelming for both adults and kids.

#3. What works is not intuitive.

Blogs, TikTok, and Facebook pages are dispensing well-meaning, but all too often, misleading advice.

#4. We do know what works! Get practical, research-informed directions for building a thriving stepfamily.....Dr. Patricia Papermow


There are over 67 types of Stepfamilies

Stepfamily Systemic Differences and Culture

- 5 Big Challenges
- Loyalty Binds, Compassion Traps, Triangulation, Honeymoon Last not first, Attachment blending too fast, expectations not normed
- Common mis-steps- Intuition or "normal" ways to be in family are often not helpful because attachment isn't mature yet. It takes 2-5 years for family life to become "Normalized" in your body. It can take as long as the body was attached without it. So if a child is 5 it could take 5 years.
- HIGH COMPLEXITY of FOO wounds showing up in stepfamily life- For Steps-Rejection or Abandonment wounds (left out)- For Bio unlearned co regulation skills and communication skills (caught in the middle)



Boundaries & Ethics in Session






Meet the LOVE Expert

Gary Chapman, PHD

Author, speaker, and counselor, Chapman holds a doctorate in the science of humanity and is dedicated to helping people build lasting relationships. A renowned marriage counselor and director of marriage seminars, he is best known for his bestseller, *The 5 Love Languages*, which has sold over 13 million copies and topped charts for years.

Partner, Pursue, Pace, Patience, Persistence



Meet the Worldwide Expert

Dr. Patricia Papernow



She is a globally recognized expert on blended families with decades of experience in stepfamily relationships. In 2017, she received the Award for Distinguished Contribution to Family Psychology from the APA's Couple and Family Therapy Division.



A Harvard Grad; Her research is the cornerstone for understanding key variables in stepfamily systems.

Internal Family Systems (IFS) and Gestalt Theory



Meet the Expert


Ron Deal LMSW

Ron L. Deal is a bestselling author, licensed marriage family therapist, and popular conference speaker. He is a leading expert on blended families and serves as President of Smart Stepfamilies™ and Director of FamilyLife Blended®.




Restoration Therapy (RT)
Based on Attachment Theory, Contextual Family Therapy, and Neuropsychology





Boundaries & Ethics in Session




The Professional You

Your Client

The You that is Human with your own journey

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You are the foundation of the work

How Does Your Personal Journey Affect Your Clients?

Think about what your world has taught you PERSONALLY about divorce and stepfamilies, adoption, or foster care.

- What was the worst of it?
- What was the hardest?
- What was great?
- What worked?
- Was there shame/guilt?
- What memories stand out?
- What did you need?
- What did the adults need?
- What did the children need?
- What emotions are involved?

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You are the foundation of the work

Transference occurs when a client redirects their feelings for someone else onto the therapist. Be Careful with self disclosure in these families. Too many different norms of how they think is right or wrong.

Countertransference happens when a therapist projects their own past/feelings onto a patient. This can occur when a therapist is stressed or has a lot going on in their personal life. It can happen when a therapist brings personal beliefs and values into the session.

BOTH ARE COMMON IN THERAPY AND CAN CREATE CHALLENGES FOR CLINICIANS AND CLIENTS.

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Eros
Burning Passion

Ludus
Playful Love

Pragma
Standing in Love


Agape
Selfless Love

Storge
Unwavering Devotion

Philia
brotherly love


Philautia
Self-love

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Closer look at Ethics from Complex Family Systems Perspective

ACA Code of Ethics



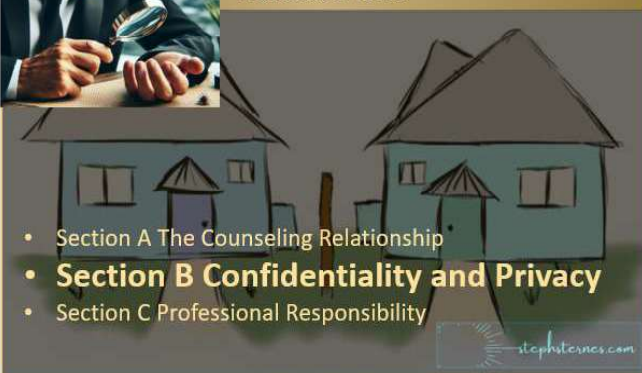
- Section A The Counseling Relationship
- Section B Confidentiality and Privacy
- Section C Professional Responsibility

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Closer look at Ethics from Complex Family Systems Perspective

ACA Code of Ethics




- Section A The Counseling Relationship
- **Section B Confidentiality and Privacy**
- Section C Professional Responsibility

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Closer look at Ethics from Complex Family Systems Perspective

ACA Code of Ethics



- Section A The Counseling Relationship
- Section B Confidentiality and Privacy
- **Section C Professional Responsibility**

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From Consult to Termination Blended Family Ethics

- 1) Consult – Assess Family Conflict
- 2) Verify Custody & Authority to make mental health decisions
Documentation – Place in File
- 3) Identify Client
- 4) IC – Court, Records, Insurance/payment/appointments/ multiple contacts/2 homes and Types of Counseling
- 5) Intake – Normalizing, Psycho ed, joining with the team around the client – knowledge and terminology around these systems. Insider/Outsider, Loyalty Binds, Transition Regulation, Polarized Values, 3 level of working with individuals/clients Culturally Join
- 6) Treatment Planning – Goals for Attachment/Family/Systemic

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From Consult to Termination Blended Family Ethics

7. Documenting and assessing how the system is functioning is a foundational way to keep clients out of the middle . Documenting client behavior within that framework is balanced.
8. Mandated Reporting – Encourage party that disclosed to report in front of you. If client is a child, encourage them to confide with a parent if possible and have them report in session with you. Last resorts is to report as the therapist based on an assessment of doing no harm. This is tricky because of the confidentiality and commonality of loyalty binds.
9. Use of Theory that matches best practice for these family systems. Attachment Theory, Family Systems Theories, Grief and Loss, trauma as well as developmental norms, blended family norms, and self soothing skills. 3 levels of working with clients in these family systems. Experts Dr. Patricia Papernow, Ron Deal

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From Consult to Termination Blended Family Ethics

10. Minors can be caught in the middle of conflicting parents and stepparents. Thus, their records can be used as weapons. From Treatment Plan, Notes, Updates, Summaries, and Separate but consistent communication to legal (authorized-ROI) parties only. Stay consistent with your therapy and theory. Don't get caught in their family system.
11. Courts- If records are subpoenaed- Balance between by letting the other parent know that there is a request (let them go to their attorney to try to stop the other parent from using the minor records). Again, feeling confident in your plan, notes, summaries that you are recording the behaviors of the minor client based on the family system they are in.
12. Consult, Consult, Consult with a complex family system specialist
13. Graduation and Termination being sure to normalized that they may need help again to process loss and grief in the future as they grow along the lifespan. Divorce is much more like loss in that it isn't an emotion that goes away, we don't get over it or forget it. It is more like loss that becomes apart of your story. One that comes back to be reprocessed, throughout the lifetime. Development stages and life events seem to be sources for divorce loss to resurface. It grows with us in healthy ways or maladaptive ways.

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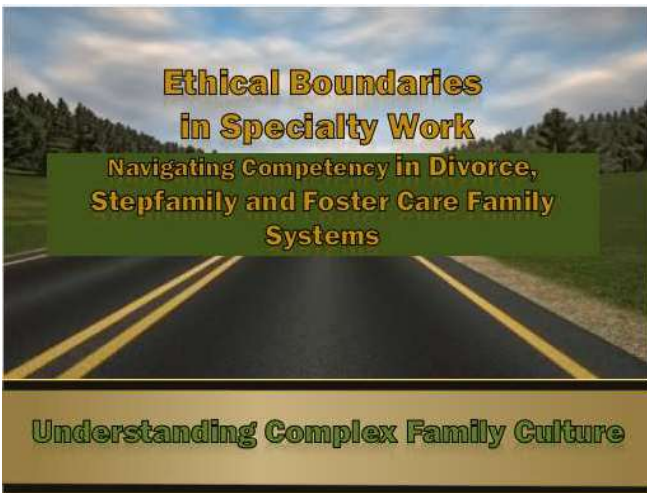
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- High Conflict Institute - <https://highconflictinstitute.com/>
- Erasing The Family - <https://erasingfamily.org/>
- The Work of Dan Siegal - <https://drdansiegel.com/>

Ethics Part 2 – Boundaries in Specialty Work: Navigating Ethical Competency in Divorce, Stepfamily, and Foster Care Systems | Stephanie Sternes 1.5 Hours

There are over 67 different types of non-traditional family systems today. 42% of adults (102 million) have a step-relationship (either a step-parent, a step- or half-sibling, or a step-child). When you add the 11.6 million stepchildren in the US (16% of all kids), the total is an estimated 113.6 million Americans that have a step-relationship. 75% of step-families express frustration that they do not have access to trained professionals when they need help. This presentation will discuss common boundary challenges and therapeutic ways to overcome.



National Stepfamily Resource Center

Home About the NSRC Programs & Services Educational Resources Contact Us

So Many Experts

Stepfamily Expert Council

Francesca Adler-Baeder, Ph.D.	Elizabeth Einstein, MA/MFT
Anne Bernstein, Ph.D.	Margorie Engel, MBA, Ph.D.
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Dora Capelluto, MA	Kay Pasley, Ed.D.
Marilyn Coleman, Ph.D.	Dave Schramm, Ph.D., CFLE
Ron L. Deal, M.MFT	

<https://www.stepfamilies.info/about/>

Boundaries & Ethics in Session

✓

- Mission for Therapeutic Relationship that is Ethical and has identified/expressed Boundaries
- Do you have the competency?

- Cultural Awareness of how these families are different than biologically attached families
- You have considered transference risks – Self Disclosure

✓

- You have considered your risks of countertransference and recognize when you are triggered
- Aware of the possibility you need to do your own work and seek support if need be.

Boundaries in Competency

The Professional You

Your Client

The You that is Human with your own journey

The Biological Nuclear Family

January 1, 2005 *Growing Up Together* January 1, 2023

Accepting the Good, the Bad, the Ugly!

Many Opportunities

BIOLOGICAL ATTACHMENTS START IN THE WOMB

Bonding with your baby begins in pregnancy. From 5 months of pregnancy, your baby can hear you when you sing, read and talk. There are nice ways to connect with your baby. Both parents can bond with the baby during this time.

DAILY WEATHER FORECAST

☀️ **Consistent**
Hi - 10
Low - 0

Attachments and Family Rituals Begin Before Children are Conceived

Building a Contemporary Family

Attachments Feel Uncomfortable, Resistance, 5 Plus Years to Norm

January 1, 2020 I NEED IT MY WAY January 1, 2023

New Ways Feel Wrong!

Hyperarousal

ONGOING CONFLICT RUINS ATTACHMENTS
Conflict is normal part of health relationships. It is the repair that makes the conflict. How effective and efficient we become at repair will increase our trust in our relationships.

DAILY WEATHER FORECAST
☀️ **Not Sure**
Hi - 10
Low - 0

The Attachment Journey

Research Backs Attachment Outcomes Based On:

- Conflict: Level of tension between parents.
- Healing: How parents adjust to divorce.
- Secondary Trauma: Information children are given regarding the divorce.
- Attunement: Level of support available to child.
- Individuality: Child's personality.
- Thermostat: Child's ability to deal with stress.
- Neuro Equipment: Age and developmental level of children.

The Contemporary Family Journey

Counseling People in Non-Traditional Family Systems

Symptoms of Un-Discharged Traumatic Stress

Hyperarousal (6-10): Anxiety, Panic, Hypersensitivity, Exaggerated Startle, Inability to relax, Restlessness, Hyper-vigilance, Digestive problems, Emotional flooding, Chronic pain, Sleeplessness, Hostility/irrig.

Stuck on "On"

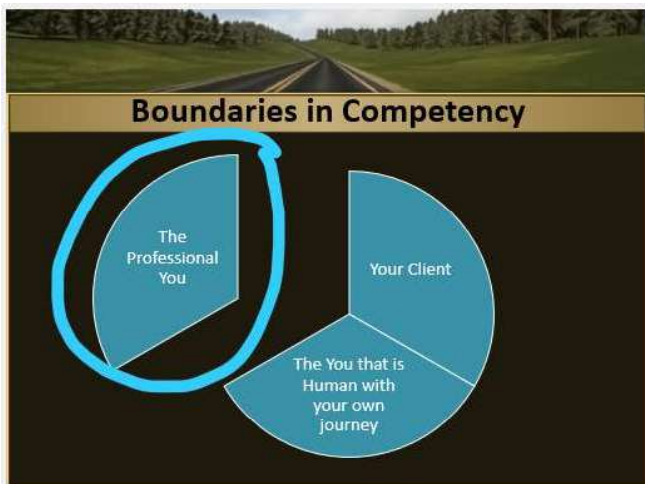
Hypoarousal (0-6): Depression, Flat affect, Lethargy, Dizziness, Exhaustion, Chronic Fatigue, Disorientation, Disconnection, Dissociation, Complex syndromes, Pain, Low Blood Pressure, Poor digestion.

Stuck on "Off"

(Levine, Ogden, Siegel)

StephSternes.com LMFT, LCPC, NCC

Thermostat Scaling & STUCK (Bruises from the past)



Where Does A Counselor Start?

YOU!

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Your ways as a Therapist/Counselor

- Base Working Theory
- Working Trauma Lens
- Some background in Family Systems/Groups and how they function
- Open mind to Not Wrong, Not Right Just Different
- **Be highly aware of your own Counter-transference and possible triggers**
- **Learn MORE about what works and what doesn't for these families.**

Why Are They In Your Office?

Self-actualization
desire to become the most that one can be


Esteem
respect, self-esteem, status, recognition, strength, freedom

Love and belonging
friendship, affection, feeling sense of connection

Safety needs
personal security, employment, resources, health, property

Physiological needs
air, water, food, shelter, sleep, clothing, reproduction

Engagement, Assessment, Insight, and Reorientation

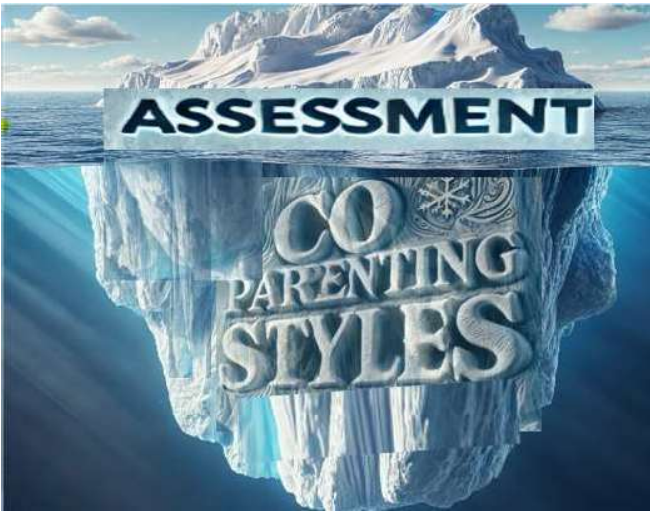
	SUMMARY OF OUR WORK EXPERTS- PAPERNOW, DEAL, CHAPMAN, & FOUNDATIONAL HUMAN DEVELOPMENTAL SCIENCE
Counselor Tools	3 Levels for Counselors to work from – Psychoed (normalizing), Relational, Individual Interpsychic work (Psyche, mind, personality, past, present, values)
Treatment Goals to Overcome	The BIG 5 CHALLENGES – Insider/Outsider, Children, Parenting Tasks Polarized, Creating New Culture, Ex's Part of the Family
Interventions	Interventions to help the reduce tension in the process of change
Assessments	INDIVIDUAL –Experiences, Personality, Family Traditions, Culture Normal Developmental Stages of New Family System – (for now-think forming, storming, norming, performing, and adjourning) There are formal stages to learn for stepfamily development. Normal Lifespan Developmental – child, adolescent, teen, young adult, adult Normal Developmental –Maslow, Erickson, Piaget, Bowlby, Bandura Foundation of Grief and Loss Work Start Here



Escalated Behaviors
Avoidant Withdrawing Behaviors
Placating Behaviors

Individuals with an anxious attachment style may be more prone to "fight," avoidant individuals might lean towards "flight," and disorganized attachment styles often manifest as "freeze" responses when faced with perceived threats in relationships.





The Co-Parenting Structure Impacts

- Who You Agree is the Best Client
- The Informed Consent and Collection of Paperwork
- Who is in the Room and Who isn't
- The Interventions
- Your Notes
- The Treatment Plan
- Your Risk of Going To Court
- Your Risk of Having Records Requested
- Additional Resources, Referrals, and Best Practice

Navigating the Spectrum of Childhood Outcomes:

Co-Parent Self Assessment For Each Bio-Parent

The diagram illustrates a spectrum of childhood outcomes based on co-parenting quality. It is divided into four sections from left to right:

- Co-Parenting - Best Outcome:** Labeled "Low Conflict - Mutual Respect/Acceptance".
- Healthy Parenting - Best Outcome:** Labeled "Low/Moderate Conflict - Works Complexly".
- Dysfunctional/Abusive Parenting - Poor Outcome:** Labeled "High Conflict - High Fear/Coercion, Blame, Survival System Coping Skills".
- Abuse - A Legal Term for Coercion:** Labeled "High Conflict - High Fear/Coercion, Blame, Survival System Coping Skills".

Below these sections is a horizontal scale with a double-headed arrow. The scale is labeled "No", "Low", "Moderate", and "High CONFLICT". Below the scale, two large blue arrows point in opposite directions. The left arrow is labeled "Fostering Resilient, Happy Children" and the right arrow is labeled "Cultivating Vulnerable, At-Risk Children". The website "stepintunes.com" is visible at the bottom.

How High Conflict Parenting Delivers POOR OUTCOMES FOR CHILDHOOD

The National Child Traumatic Stress Network (NCTSN)
Workgroup on Complex Trauma (High, On-Going Conflict)

Identify 7 domains of impairment in children exposed to complex trauma:

- 1) Attachment
- 2) Biology: Somatic and Epigenetics
- 3) Affect (Emotional) regulation
- 4) Dissociation
- 5) Behavior Control
- 6) Cognitive Process
- 7) Self Concept



Dr. Papernow's

Psycho ed for Parents: When the Other Parent Does Something Toxic

- 1-Keep your COOL- If you can't stay calm-bite your tongue until you can
- 2-Calmly check facts (from kids) with the ex (kids perception is not always accurate in the details)
- 3-Kids complaints from other house- Love part of the sandwich- "Daddy has lots of great qualities" "Mom loves you a lot" **AND**
- 4-Acknowledge unacceptable behavior with simple, factual statement- The hard part of the sandwich IE: "your Dad does get drunk" "You're Mom does say bad things about me sometimes"
- 5- **Immediately shift from the problem to the child's emotions/feelings - Children need adults to validate their feelings- It must be confusing, it must be scary, it must be tense inside you**
- 6-If Client believes that safety for children is a serious issue-make a safety plan, empower the child with behaviors he/she can do in times of fear.
- 7-Use "language of parts" Part of you feels this way and part of you feels that way.....Kids have complex feelings like adults, and we can talk about that as normal.



Dr. Papernow's 5 Major Challenges in Stepfamilies

5 Major Challenges

- 1) INSIDER/OUTSIDER Positions- Feeling left out or stuck in the middle. This is hard and stays for a long time.
- 2) Children- Loss, Transitions, Loyalty Binds, Big T Truth of Different Stages Between Parents and Children Subsets
- 3) Parenting Tasks Polarize the Parents- Norms, Correction Before Connection, Big T Truths About What Works
- 4) Creating New Family Culture – Traditions are High Emotional Connections, They Create Our Big T Truths
- 5) Ex Spouses Part of the Family- Divorce Doesn't End Relationships, It Just Reorganize it and Adds New Conflicting Big T Truths

Dr. Papernow's Tools to Move to Secondary Change

Skilled Counselors Move From 1 Level to Another

Level 1 – PSYCHO ED Psychoeducation Teaching Skills	Psycho Ed, Normalizing 5 Big Challenges!
Level 2 - ATTUNEMENT Interpersonal Skills Relational Skills	Basic Joining skills such as empathy (NOT AGREEMENT), active listening, emotional intelligence, validation, and normalization. Counselor Awareness of Parallel Process.
Level 3 - BRUISES Intrapyschic Issues Trauma Lens	Some typical examples of intrapsychic issues (occurring within the psyche, mind) is Papernow's "bruise" or Triggers, anxiety, trauma, grief, fear, attachment issues and or wounds. *When do you shift? Spinning and stuck - BRUISES *Bruises for outsider stepparents-FOO –Rejection/Unprotected *Bruises for parents-FOO-Never learned co-regulation *Turn INSIDE-"What happens inside when you...?

Thermostat Scaling & STUCK (Bruises from the past)

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Hyperarousal (Levels 6-10): Anxiety, Panic, Hyperactivity, Exaggerated Startle, Inability to relax, Restlessness, Hyper-vigilance, Digestive problems, Emotional Flooding, Chronic pain, Sleeplessness, Hostility/rage.

Hypoarousal (Levels 0-5): Depression, Flat affect, Lethargy, Drowsiness, Exhaustion, Chronic Fatigue, Disorientation, Disconnection, Dissociation, Complex syndromes, Pain, Low Blood Pressure, Poor digestion.

(Levine, Ogden, Siegel)

Sources

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- High Conflict Institute - <https://highconflictinstitute.com/>
- Erasing The Family - <https://erasingfamily.org/>
- The Work of Dan Siegel - <https://drdansiegel.com/>

When you are ready to leave the conference, please complete the Evaluation Form. Your board really wants to know how you feel about your experience to guide them in responding to your interests for future conferences.



Scan the code to the left with the camera on your phone, then click the link to fill out the evaluation form digitally.

The 4 Objectives of the Idaho Society of Individual Psychology

1. Provide an opportunity for people to share in applying Individual Psychology to education, medicine, business, family, and mental health.

2. Encourage personal and professional growth.

4. Assemble a library relating to Adlerian Psychology for use by the members.

3. Encourage research in and stimulate the further scientific development of individual psychology.

