

# Couples Research & Therapy *Newsletter*

The Newsletter of Couples Research & Therapy AABT–SIG Fall/Winter '03

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## **Notes from the Triumvirate** SIG Co-Presidents’ Column

This is our last newsletter as co-presidents, and the occasion leaves us reflecting on our SIG and its purpose. In the past two years the members of this group have done a lot of work to advance the field. Members of our organization have written about (in no particular order) the physiology of marriage, partner drinking, the transition to marriage, the effects of marital satisfaction on depressive symptoms, the role of forgiveness in marriage, proximity-level effects and distal-level effects in marriage, husband vs. wife resistance to marital therapy, partner awareness of adult sequelae of childhood sexual abuse, evaluation of structured psychoeducational interventions, effects of ethnicity and culture on marriage, the effects of separation and reconciliation on marriage, effects of couple therapy on participants and others, premarital cohabitation, perceived costs and benefits of marriage, the necessity of waiting-list control groups in marital therapy outcome research, stopping spousal abuse through psychological interventions, empathic accuracy, life course transitions associated with natural disaster, the effects of prospective and retrospective views of relationship development, interventions to assist couples with predictable and unpredictable crisis events, the effects of integrative couples therapy to cognitive behavioral couple therapy, the role of attachment on the development of marital discord, the observation of specific affect in marital interactions, how to recruit couples for premarital counseling, the structure of marital conflict, the confirmation of expectancies in marital interactions, the assessment of nontraditional couples, resilience in marriages and families, ethics in marital and family therapy, and other topics that not mentioned.

Yet, it often seems that we are able to do this research in spite of the obstacles that come with being psychologists studying marriage. The study of marriage is difficult to categorize. Is it clinical psychology, social psychology, sociology, etc. The result is often that those of us who study marriage must first convince funding agencies and publications that marriage is important to them. It is no secret that marital problems can lead to homicide, suicide, violence, disease, psychopathology, and maladaptive parenting. However, one of our members recently asked an NIH official about mechanisms of grant support, was told that “research on marriage is not considered fundable by the NIH.” This was said in spite of their history of funding projects on marriage and in spite of the importance of marriage to health. The problem is present even at higher levels of the government. In the September issue of the *APS Observer* there is an article about politics invading the peer review process, and the article details a congressional debate involving an amendment to discontinue funding for four specific research projects because some members of congress considered them a waste of money. Guess what those four projects involved. If you guessed sexual relations, you guessed correctly (the amendment failed 212-210). Even in the journals to which we submit, a case must be made for the consideration of marital data. The APA journals related to clinical psychology (e.g., *JCCP*) will occasionally decline to review an article on marriage because it not considered a clinical phenomenon. Of course, these issues can hit much closer

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to home as well, with colleagues in our departments who wonder why there is a clinical psychologist studying social phenomena or vice versa.

We, the outgoing triumvirate, do not have remedies for these problems, but we see this organization as having the potential to facilitate research in this field by addressing the difficulties involved in funding, publishing, and promoting couple research. The SIG can continue working toward this end through programmatic endeavors (e.g., the panel discussion on funding opportunities for behavioral scientists that will be moderated by our own Joanne Davila), through advocacy (e.g., the group working on the inclusion of relationship distress as a disorder), and through opportunities for collegial mentoring (e.g., the SIG dinner). The SIG was doing this when we were nominated. We have attempted to provide the structure for our members to continue to advance the important mission of this organization. We hope it will continue well into the future.

*Anmarie Cano  
Kristina Coop Gordon  
Matthew D. Johnson*  
SIG Triumvirate

## Editor's Comments

Susan Stanton

In the past two years, we have shared information on topics ranging from treatment of infidelity to self-help books, to physiological measures of marriage and developments regarding diagnoses in our field. This newsletter continues to show the range of expertise in this group of 175 SIG members, as we read about using PDAs in couples research and the treatment of chronic illness in a couples context. I continue to be amazed at how much the application of relationship principles inform varied phenomena

in our field of psychology and, indeed, our society more generally. At the same time as we show tremendous growth into new areas of study, we continue our pursuit of basic research and knowledge of close relationships. Our ability to make wide-ranging contributions to psychology is striking when looking at the productivity and diversity represented in our In Press feature. I feel lucky that I can read articles, attend symposia at AABT, and monitor discussions on the listserv that accomplish the difficult feat of both deepening my understanding of issues salient to my research and clinical work as well as humbling with the breadth of knowledge in the couples domain I have yet to learn.

On a personal note, thank you for the opportunity to interact with so many top-notch colleagues. I hope we remain in for years to come.

--Susan

## TREASURER UPDATE

Kathleen Eldridge

Please Pay Your Dues This Year!!  
Our SIG Needs Your Support!!

You're probably thinking that this sounds like a fund-raising campaign. Well... it is!

I'm looking forward to seeing you all at the convention this year. As I wrote in the last newsletter, the great news is that our SIG membership is growing. We now have 92 nonstudent members and 83 student/postdoc members, for a total of 175 SIG members.

The not-so-great news is that our treasury has not grown as much as our membership! In fact, I have learned as treasurer that we rely on dues coming in at the convention to pay for the SIG events already planned and billed. I assume we all want to ensure more financial security for our SIG. We want to know what we can afford as we are arranging speakers, rooms, and events.

In addition, since AABT does not recognize inactive (nonpaying dues) members as SIG members, we need to reactivate any members who have not paid SIG dues for the last 2 years. That way we can continue to hold our meetings with sufficient seating and presentation space.

Our treasury currently contains approximately \$1280, which will be supplemented by dues paid at the conference to (a) pay for all of the SIG costs in November, (b) hold a pre-convention meeting before the conference, and (c) bring in a guest speaker.

As usual, dues are \$20 for faculty members/professionals and \$5 for students/1<sup>st</sup> year postdocs. I will bring the membership list to our SIG meeting at the conference, so that you all will have a chance to update your contact information and pay dues for the current academic year.

If you will not be at the convention, or want to pay in advance, you may mail a check made out to Kathleen Eldridge, with "AABT Couples SIG" in the memo line, to the address below. I will send you a receipt of payment via mail or email. Please also email me at [keldridg@pepperdine.edu](mailto:keldridg@pepperdine.edu) with updates in your contact information and student/nonstudent status so we can update the website.

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See you soon!  
-Kathleen

# Electronic Daily Diary Methodology: Uses, Advantages, and Limitations for Relationship Research

Adam B. Troy, M.S. and Jean-Philippe Laurenceau, Ph.D., University of Miami

Ahh, the digital age. We have entered an era where statistical analyses that took hours a decade ago can now be conducted in only a matter of a minutes using more powerful computers. This is also a time when the experience of complex and challenging phenomena, such as romantic love, has been mapped onto specific areas of the brain through functional Magnetic Resonance Imaging (fMRI; Bartels & Zeki, 2000). The field of relationship science has advanced in leaps and bounds (Reis, Collins, & Berscheid, 2000) and can continue to make great strides by taking advantage of emergent technological advances (see Harris, 2002 "Wired for Love" in the Couples Research and Therapy newsletter, Vol. 9(1), for another example).

As relationship scientists, we are interested in the behavior, thoughts, and emotions of couples both inside and outside the laboratory. When bringing couples into the laboratory, we have access to a variety of tools to assess relationship functioning, including interviews, self-report questionnaires, observational methods, and neuro-imaging techniques. Depending on the specific research question, we might manipulate a variety of variables to test out hypotheses.

But, how do we assess relationship variables tapping relationship processes outside the laboratory and in everyday couple life? Many researchers have approached this predicament by using some form of diary method, which entails providing couples with sets of diary booklets or scantron forms to complete at a certain period of time (e.g., once a day, after an interaction, etc.). This methodology has proved useful for years, and until recently, has been one of the sole methods for assessing couples

outside the laboratory (for a review see, Bolger, Davis, & Rafaeli, 2003). Although concerns about the convenience, validity, and even ethics of paper-and-pencil diary approaches have been noted, the lack of alternatives to such a method precludes solutions to such concerns. For example, in many designs, participants are greatly inconvenienced by the requirement to carry and keep track of several forms or booklets each day to answer questions about an interaction they may have encountered. Additionally, researchers cannot directly assess compliance; that is, whether or not the participants completed the forms at the correct time, and in a valid fashion. Recently, some investigators have found that compliance rates using paper and pencil diaries can be as low as 10% (despite reported compliance of 90%!), many times due to "hoarding" of diaries and filling out multiple forms at one time (Stone, Shiffman, Schwartz, Broderick, & Hufford, 2003). Additionally, data entry error is another worry due to the extra step required to enter diary responses into a statistical database. Ethically, the security of confidentiality is a concern, and partners might easily be able to obtain each other's booklets and read through personal responses.

## **PDA Diaries as a Feasible and Alternative Methodology**

Until recently, challenges presented by paper and pencil methodology were accepted due to the lack of alternative solutions. Data were collected and findings were published, with little mention as to the validity problems presented above. Because of such limitations and our desire to collect valid diary data, two years ago our laboratory began to use a new tool to collect this valuable daily diary data:

Personal Digital Assistants (PDAs). These electronic devices come in several designs and in various price categories and qualities. Most of you are probably familiar with the Palm Pilot™ PDA device, most commonly used by individuals to keep track of their addresses and daily activities. Now, with powerful and *free* software designed by Daniel Barrett and Lisa Feldman Barrett, entitled the *Experience Sampling Program* (ESP; Feldman Barrett, 2000), this scheduling device is transformed into a valuable and flexible research tool for presenting diary items and storing diary responses. Two years and 120 couples later, our laboratory has integrated this device seamlessly into our ongoing research procedures. All it requires of the participant is a 30-minute individual or group training session in the use of the stylus for entering responses, and a minimal space to carry the device during the day. A small purse or pants pocket is all that is necessary to transport the PDA in most cases, and the device can be left on a night table if only completing the items at night. Out of more than 200 participants recruited by our laboratory, no participant has encountered any significant problems learning the basic response entry procedure.

Once the details of the PDA programming process are learned, questions displayed on the PDA can be entered into the device by the experimenter with ease, and can include categorical or Likert-type response scales in the current ESP software (see figure 1). Trials of question sets can be initiated either by the participant or the program itself, with optional specifications for pre-programmed trial initiation and time limits for participants to complete each item. The participant can be alerted through an alarm in

the PDA at a specified time to initiate a trial, and items can be randomized if desired.



Figure 1: Illustration of a question presented on a Palm Pilot™ IIIx by the ESP software

Upon beginning a trial, the ESP software records the date and time of the trial, as well as the item response reaction time in hundredths of a second. A date-time stamp allows experimenters to identify actual compliance (if a diary should be completed at pre-specified times), and the item reaction time allows researchers to eliminate any items prior to analysis that may have been hastily (i.e., inaccurately) entered. Once each response is entered, participants cannot change the response or go back to previous questions. Additionally, they cannot skip any questions, virtually eliminating any within trial missing data (although if desired for ethical reasons, there are ways to defer answering particular items).

During each trial, participant responses are encoded into the software and cannot be viewed by either the participant or partner until uploaded into a computer database, ensuring a higher degree of confidentiality than that provided for by paper-and-pencil diaries. After each couple has completed the experiment, PDA devices are “hot synced” with the laboratory computer, and a text file with the responses can be imported into a

statistical database software for analyses. Data are then analyzed using a procedure accounting for the multilevel structure, with daily repeated measures nested within an individual partner, and partners nested within couples. Because of this data structure, some form of multilevel modeling (e.g., HLM; Raudenbush & Bryk, 2001) is often the analytic procedure of choice.

#### Advantages and Limitations of the PDA Diary Methodology

We see six main advantages for using PDAs over traditional paper-and-pencil daily diaries: (1) PDAs are more convenient to carry around and keep track of than conventional forms and writing instruments, (2) data entry error is minimized because participant data are uploaded directly into a computer database, (3) the time and date of each initiated trial is recorded to be able to assess compliance with the diary protocol, (4) the reaction time of each response is recorded so that responses entered hastily can be removed prior to analysis, (5) participants cannot skip any questions within a given trial, virtually eliminating any within trial missing data, (6) data are kept in the PDAs and cannot be viewed by any other individual, including a partner, until uploaded into a database by research assistants. Advantages of using PDAs over paper-and-pencil diaries are so significant in the sole area of compliance that some have gone as far as to question the validity of all conclusions reached by studies using paper diaries for some research applications (Stone et al., 2003).

So, what’s the catch? Certainly these PDAs are not yet the standard diary methodology, and we believe four myths exist that prevent the further exploration of their use in research.

*Myth 1: The cost of using PDAs is enormous and there are no sources for funding.*

Currently, the ESP software requires the use of a PDA running the Palm OS®. Several companies offer devices that run this operating system, including Palm™ and Handspring™, which advertise a

variety of handheld devices ranging from \$79 to \$499. Discount retailers like Half.com offer Palm™ Pilots, Handspring™ Visors, and similar devices for as low as \$35 dollars. In one year, with only four palm pilots, a study could be conducted that examines daily behaviors over a week-long period with 100 couples for the cost of \$300 or less. Recall also that some software required to present the items (e.g., ESP) is free for research use. Additionally, funding sources for couples researchers, such as NIH and NSF, have become aware of the advantages of using PDAs in daily diary research, and given equivalent research goals, studies utilizing PDAs might be more likely to get funded. For example, a recent conference on the science of real-time data capture was supported by NIH and was well-attended (see <http://www.scgcorp.com/real-timedata03/index.asp>).

*Myth 2: Conducting a study using PDAs requires an “army” of research assistants.*

In the December 2002 issue of the *APA Monitor*, an article by Etienne Benson contained a picture of Dr. Lisa Feldman Barrett with her 18 research assistants, each holding a PDA. Her laboratory uses electronic diaries to study daily experiences of emotion, and a first look at the picture might imply that over a dozen research assistants are required to run studies using this “complex” methodology. Capitalizing on this belief, some researchers have created consulting businesses to charge researchers for diary data implementation (e.g., Invivodata, inc.).

In our laboratory, approximately 120 couples were recruited over a period of less than two years with one graduate research assistant and three undergraduate research assistants devoted to the study. Research assistants are needed to lead a training session on using the PDAs, call the participants to make sure that the equipment is functioning properly, set up the PDAs before beginning each couple (5 minutes per PDA), and extract the data after a couple has completed the

study (5 minutes per PDA). We found these resources sufficient for running the study, and any more research assistants might complicate the study protocol.

*Myth 3: PDAs can be easily misplaced and damaged during daily activities.*

Although this is a possibility, we only encountered the problem on two occasions. Our PDAs are engraved with university identification information including a phone number, and in both cases the number was called when the PDAs were found. In neither case was the PDA damaged.

*Myth 4: Mechanical failure is possible and data can be lost.*

With any hardware there is always the potential for malfunction of the unit and a potential loss of data. The most frequent problems we have encountered were loss of battery power, double tapping (whereby a response to one item was additionally carried over to the next item), and "frozen" software. All combined, these incidents occurred in less than 5% of the cases, and in only three cases was data lost.

#### **Application example: PDA use at the University of Miami Couples Research Laboratory**

For the past two years, our laboratory has been conducting a study assessing daily activities and emotion in intimate relationships using 20 Palm Pilot™ PDAs donated to the UM Couples Research Laboratory by Palm™ Computing corporation, a division of 3Com. This study, now currently under review, sought to address the issue of how relationship processes elicit the daily experience of emotion. In the personality literature, researchers have suggested that the process of approaching goals and avoiding threats elicits emotion (e.g., Carver & Scheier, 1998; Watson, Wiese, Vaidya, & Tellegen, 1999), such that approaching goals relates uniquely to positive affect (e.g., excitement, passion, interest) and approaching threats relate uniquely to negative or anxiety-related affect (e.g., nervous, tension, fear). We hypothesized that in close relationships, achieving

intimacy might represent a central goal, and experiencing conflict might represent a central threat. As such, daily changes in intimacy should relate to levels of positive affect and changes in conflict should relate to anxious affect. Additionally, as suggested by Hsee, Salovey, & Abelson (1991), both the position with respect to the goal or threat (i.e., level of intimacy and conflict), and velocity (changes in intimacy and conflict) should arise as independent predictors of emotion across a given time period.

We recruited 184 individuals from 92 exclusive, romantic relationships to test these ideas. Each partner was provided with a PDA and instructed that the study would consist of the daily recording of their relationship-related experiences on PDAs twice a day for 10 consecutive days--once in the morning approximately 1 hour after waking and once in the evening approximately 1 hour before going to sleep, yielding 20 entries per person.

**In one year, with only four palm pilots, a study could be conducted that examines daily behaviors over a week-long period with 100 couples for the cost of \$300 or less.**

Participants were trained in the use of the Experience Sampling Program (ESP; Feldman Barrett, 2000) running on the Palm OS®, which was used for the presentation of the daily diary items. The training session consisted of an introduction to basic ESP diary entry procedures on the PDA (e.g., use of the stylus for pointing and clicking on the screen of the device) and a trial of the diary protocol that led participants through each diary item, to ensure understanding and clarity. The program was set up to present a range of questions about the daily experience of the couple. Relevant questions for this study presented in the PDAs were presented on a 7-point likert scale and included questions assessing levels of and

changes in intimacy and conflict such as "At this moment, how much intimacy/connectedness do you feel with your partner," "At this moment, how much conflict are you experiencing currently in your relationship," "How has the level of intimacy/connectedness with your partner CHANGED since your last entry," "How has the level of conflict in your relationship CHANGED since your last entry;" and emotional experiences "How excited have you felt in your relationship since your last entry," and "How anxious have you felt in your relationship since your last entry." Positive affect was assessed using the following terms: excitement, eagerness, elation, passion, and interest/attentiveness. Anxiety was assessed using the following emotion terms: anxiety, fear, tension, distress, and nervousness. Participant responses to each set of five emotion terms were averaged to create aggregated positive affect and anxiety scores.

Diary compliance was assessed by determining the number of trials completed at the instructed times and the number of trials missed or recorded at incorrect times (Stone et al., 2003). Out of 3,680 possible trials, only 545 trials were not completed by participants during the requested morning or evening time range. This indicates that individuals were compliant approximately 85% of the time, which is comparable to a recent review of recorded compliance in electronic diary studies ranging from 50% to 99%, with the mean rate hovering somewhere between 80-85% (Hufford & Shields, 2002). Therefore, we believe that these diary data captured an accurate sampling of the participants' everyday experiences.

As stated earlier, the ESP software records the reaction time of each entry recorded by the participants. Pre-study piloting which examined the reaction time of reading and answering questions indicated that a reaction time of over 60 hundredths was the minimum amount of time to respond to an item

accurately; thus, data recorded at or below 60 hundredths of a second were removed prior to analyses. 889 items (1.7%) out of a possible 51520 responses (3680 trials x 14 items) were removed from analysis due to this criterion. This may have occurred due to participant "double-tapping" whereby a response to one item was additionally carried over to the next item.

Based on multilevel modeling analyses, we found that daily positive affect was almost exclusively predicted by levels and perceived changes in intimacy, and anxious related affect was almost exclusively predicted by levels and perceived changes in conflict. These findings lend support to theoretical frameworks that relate goal-relevant processes to emotion, and that processes related to intimacy and conflict are independent and might be uniquely related to different sets of emotional experience. This may be particularly relevant to our understanding of the change process in couples therapy, such that reducing conflict may not, in and of itself, lead to increases in relationship positivity (e.g., passion, excitement, and Bob Weiss' "zest").

What is there to learn from the methodology used in this study? The findings reached in this study are specific to daily experiences of emotion, and as such provide a more focused test of the relationship between emotion, intimacy, and conflict than would global, one-time self-report questionnaires and, to some extent, observational coding of videotaped interaction. Nonetheless, can this study have been conducted with paper diaries? The quick answer to this question is yes, and 20 paper diary forms could have easily

been provided for each participant to complete over 10 days. The major problems with doing this is that we can never be sure of when and how participants completed the diaries, we might increase the probability of data entry error, and we lose much control over confidentiality. Our experience with the PDA procedure and relevant data analysis has led us to be confident that our use of electronic PDAs improved the quality of the data and ease of the procedure for experimenter and participant alike.

#### The Future of PDA Diary Use

The two purposes of this article were (1) we wanted to provide a description of the use of PDAs in diary research, including advantages and disadvantages and (2) we wanted to illustrate the way in which PDAs could benefit research with couples. Diary methods are not a methodological panacea--but, our hope is that this piece will encourage couples researchers to consider the use of PDAs as an alternative to or in conjunction with other couple research methods. As more research teams follow suit, the use of paper diaries in lieu of electronic diaries is likely to raise increasing concerns as to the validity of diary data. Researchers using paper forms might find themselves having to justify their choice of a paper diary methodology despite an increasingly available and feasible alternative. Our laboratory is currently experimenting with a new version of ESP created by a research team at Intel® Research Seattle (IRS) that allows for multiple response types, including checklists, pull down menus, and free text responses (see figure 2), allowing for an assessment



Figure 2: Example of a free response question displayed on the iESP software

using virtually any type of question. As part of a new project, we are recruiting a sample of newlywed couples to examine the relationship between personality, expression of affect in communication tasks, and reports of behavior and emotion over a 21-day period using PDAs. We believe diaries can provide an online, ongoing perspective on relationship processes that cannot be obtained through traditional laboratory and self-report methods, and when combined with these traditional methods, can be a powerful form of triangulation on marital research questions. Electronic diaries methods allow researchers to study what Gordon Allport (1942) once deemed as the "particulars of [couple] life."

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For further information, visit the following websites:

<http://www.palmone.com/us/products/handhelds/>  
[www.handspring.com](http://www.handspring.com)  
[www.half.com](http://www.half.com)  
<http://www.invivodata.com/>  
<http://seattleweb.intel-research.net/projects/ESM/iESP.html>  
<http://www2.bc.edu/~barretli/esp/index.html>  
<http://www.scgcorp.com/realtimedata03/index.asp>

# Start the party early!

Attend the preconference seminar on Thursday, Nov. 20

Who: Tim O'Farrell

What: Behavioral Couples Therapy for Alcoholism and Abuse

Where: Boston College Room, Boston Marriott Copley Place

When: 4-6 p.m., Thursday, Nov. 20

Why: Because all the cool kids will be there.

How: By Dr. O'Farrell giving an overview of research findings with a focus on the overlap between alcohol and domestic violence and by describing the clinical methods his group uses.

*C'mon, you know you want to do it!*

# Clinician's Corner:

## Working with couples facing a chronic illness

Tamara Goldman Sher, Ph.D.  
Illinois Institute of Technology

Traditionally, couples interventions within psychology were designed for and built upon an empirical foundation of work with couples experiencing relationship distress. The assumption behind this clinical and research tradition was that if we could understand what made couples unhappy with each other, as well as the fundamental differences between distressed and nondistressed couples, we could make relationships more satisfying. Today, the reach of couple interventions is much greater than working with couples who present to therapy because one or both of them are unhappy with their relationship. In fact, for those of us working within a healthcare context, many assumptions of couples therapy that we were taught may be violated with almost all couples that we see. For example, couples facing medical problems often do not present for therapy at all. They present to their primary care or specialist physicians with concerns regarding their health, their diagnoses, or their recovery process. Additionally, couples facing medical problems do not present with relationship distress and would not be considered distressed by any measures typically used with couples in more traditional therapy situations. Finally, the goal of therapy is not to address relationship concerns in an attempt to "even the playing field" between those with illness and those without illness, much less between those experiencing distress and those who are happy with their relationships. In fact, the goal of therapy might not be relationship focused at all. Instead, clinicians working with medical patients and their partners find themselves suggesting to a patient, a partner, or a physician that a couples focus might enhance medical treatment goals, ease the transition between being well and being sick and then back again, or address the concerns of a partner who feels overwhelmed by the healthcare system

The goal of both therapy and assessment with couples facing medical problems is to better understand the reciprocal relationship among the couple's functioning and illness processes. That is, the therapist, the patient, and the partner explore how the illness/recovery process affects the couple and how the couple's functioning affects the illness/recovery process. Although the health-enhancing properties of personal relationships have been well documented (Kiecolt-Glaser and Newton, 2001), the toll that an illness takes on relationships is less understood. For many of these couples, old patterns of relating, communicating, role divisions, and associated behaviors will be called into question, reorganized or found to be an additional stressor on an already overtaxed system. It is for these couples that a couples approach to illness is

particularly suited and an often necessary component of their medical care (Osterman, Sher, Hales, Canar, Singla & Tilton, 2003).

A chronic illness is seen as an intrusion into the life of a patient and his/her partner. Because by definition, there is no cure or reversal for a chronic illness, it must be incorporated into the patient's life (Helgeson & Reynolds, 2002). According to cognitive adaptation theory (Taylor, 1983), people have a set of assumptions about themselves and the world that are shattered by the onset of a traumatic event, such as the onset of chronic illness. Specifically, a chronic illness may challenge one's sense of self-worth, one's sense of invulnerability, and one's optimism about the future (Helgeson & Reynolds, 2002). Clearly, one way to successfully adapt to chronic illness is to restore these assumptions (Taylor, 1983). But, in addressing these assumptions, the clinician is working within the context of a relationship history. That is, old issues facing couples do not disappear with the emergence of illness in one of the partners. These issues, such as financial issues or problems with extended family, can be exacerbated by the illness process which makes adaptation that much more difficult.

**[In a health context], many assumptions of couples therapy ... may be violated with almost all couples that we see.**

The couple is first assessed on many levels including obtaining a good understanding of both the resources and the immediate stressors confronting each partner. The resources/stressors include environmental, intrapersonal/psychological, and interpersonal. This assessment can be accomplished with standardized measures such as the Beck Depression Inventory or the Dyadic Adjustment Scale, or more informally by interview. I tend to prefer the more informal approach because gaining a good understanding of each area tends to build rapport with each member of the couple. The assessment is typically conducted with each partner alone as well as in conjoint sessions. Therapy proceeds with skill building and attention to behavioral change that might be necessary. Additionally, therapy includes a focus on cognitive processes such as understanding the violation of expectations and standards for being ill of each partner. Finally, both the patient and the partner are helped to understand the process from the other's point of view and how their decision-making might impact the other person's experience of the illness/recovery.

### A Case Example

The O.'s were referred to me by the surgical team who conducted a renal transplant on Mr. O. Mr. O. is a 68-year-old, retired university professor; Mrs. O. is a 65-year-old homemaker. They had been married for 45 years at the time of Mr. O.'s transplant. Mr. O. had been in end-stage renal failure for 6 months preceding his transplant as a result of a bad reaction to Ibuprofen therapy following a knee replacement. Mr. O. retired because of his increasing health concerns, shortly after his knee replacement surgery. The O.'s have five adult children. One of the unique aspects of Mr. O.'s transplant was that Mrs. O. served as the kidney donor for her husband. At the time of my first session with the O.'s, both Mr. and Mrs. O. were considered to be optimally recovering from their surgeries, and Mr. O. was not showing any signs of organ rejection.

The O.'s had never been in therapy before and characterized their marriage as traditional and fairly satisfying throughout their years together. They were seeking therapy now as a result of the suggestion of their surgeon, who thought that Mrs. O. seemed less satisfied with the outcomes of the surgery than might have been expected, given the vastly improved health of her husband. From the first session, her unhappiness was expressed. She believed that she and her husband, but especially she, had been "robbed" of their retirement years together. She described her marriage as faithful and fulfilling but full of hard work – her husband at his job and she in raising the children in light of his heavy workload and his frequent travel. She talked about looking forward to retirement when the two of them could sell their big house, spend more time together, and especially travel together. She was angry now that her husband was feeling well that he seemed more entrenched in their home, was reluctant to travel, and was doing little to take care of himself, instead relying on her to tell him when to take his medications and to regulate his diet. She also expressed sadness that her husband did not seem to consider her needs in his retirement plans. For his part, Mr. O. expressed concern that Mrs. O. was angry. He saw his "new life" as a blessing, he felt extremely grateful to his wife for the "gift" of her kidney, and he wanted to spend his time relaxing and enjoying their time together, now that he was feeling well. He did not want to travel because he was concerned about being too far away from his doctors in case of organ rejection; and he did not want to sell the house that he was now finally able to enjoy full-time. Finances were not a concern for the O.'s.

I characterized the O.'s problems to them alone and in a conjoint session as both of them feeling a strong sense of "what about me?" Mr. O. believed that after all that he had been through, he was due some peace and relaxation, and that it should be his decision how to spend the years that he had worked so hard to earn. Mrs. O. believed that she had sacrificed throughout her marriage for her husband and her children and then again as her husband became quite ill, and that now it was her time to do what she most enjoyed –

traveling, especially because Mr. O. was now well enough to accompany her. They agreed that they did not know "who gets to choose" now. We all also discussed how reasonable each of their requests were, but also how incompatible they were. Sessions were spent on some communication training in order to give the O.'s the tools necessary to discuss their feelings and come to some resolution about how to budget their retirement time and money. Old issues from throughout their marriage emerged, such as Mrs. O. believing that her wants and needs were typically secondary to those of the rest of the family; however Mr. O. pointed out that it was usually her decision not to accompany him on business trips because of the children's needs or to spend money on the house and children before spending it on herself.

Finally, personality differences between Mr. and Mrs. O. were discussed as more salient and important now that they were leading more integrated lives. For example, Mr. O. has always been a "homebody", very much relishing his home as a sanctuary away from the pressures of his job. Mrs. O. has always seen herself as an "adventure seeker", loving to learn new things and go to new places. Another personality difference that became more important recently was that Mr. O. liked to run his family as his classroom – where he was in charge of the structure and the content of the family activities. Mrs. O. gave in to his wishes when he was home throughout his working life because he spent so little time there. However, now that he was home full-time, she wanted more of a voice in their family decisions and activities, which Mr. O. was resisting. These personality differences were pointed out and the O.'s were helped to negotiate compromise wherever possible. They were also helped to problem solve on how much independence from each other each believed was acceptable so that they might both get to pursue what it was that they wanted. It became clear that Mrs. O. was much more accepting of independence than was her husband.

Despite this, they decided, much to their credit, that they would keep their big house in the suburbs and that Mr. O. would live there full time. Mrs. O. would spend every weekend there, but would spend her weeks in the city in an apartment that they would rent. In this way, each would get to pursue their own interests during the week and they would work to find things they both enjoyed for the weekends spent together. Mr. O. was clearly less satisfied with this solution than his wife, but agreed that it made sense to at least try it out. He was happy, however, that he could spend his weeks gardening and reading and look forward to his wife coming home every weekend. Mrs. O. wished that her husband would spend more time in the city with her, but realized that she would fully enjoy exploring the city on her own. She also thought that she would appreciate the suburbs and the house more if she could lead a city life as well. At the end of therapy, the apartment had been rented, the O.'s were busy scheduling a month in the southern United States to escape the cold, and both were looking forward to the "next phase" in their lives together.

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# Book Review

## **The Violence Addiction Equation: Theoretical and Clinical Issues in Substance Abuse and Relationship Violence**

Edited By: Wekerle, C., & Wall, A. (Eds.) (2002). New York: Brunner-Routledge.

Review by: Julie Schumacher Ph.D.<sup>1</sup>

Research Institute on Addictions, University at Buffalo, State University of New York

*The Violence and Addiction Equation: Theoretical and Clinical Issues in Substance Abuse and Relationship Violence* is a 16-chapter, edited book that provides a thorough overview of theory, research, and clinical guidelines relevant to the overlap between substance use disorders and relationship violence. In reading this book, I was struck by its value as a resource for couples and family researchers and therapists interested in expanding their work to include relationship violence and addictions. This book is a compilation of the collective wisdom of a group of experts representing a broad range of theoretical perspectives (e.g., developmental, behavioral, biological), research methodologies (e.g., epidemiology, experimental research, quasi-experimental research), and topical areas (e.g., college sexual assault, elder abuse, child neglect, intimate partner violence). Although each chapter has different authors and provides a slightly different perspective, the book does not have a disjointed feeling. Many of the authors make an effort to integrate a variety of perspectives into each of their chapters. In reading the full volume, the reader gets a very good sense of, not only what the pieces of the puzzle are, but also how these pieces fit together. As a researcher who recently expanded my own research on intimate partner violence to the area of addictions, I found myself jotting down references, important facts, and theoretical perspectives relevant to my own research as I read through each of the chapters.

The book begins with a chapter by the editors, Wekerle and Wall. This introductory chapter provides an overview of the literature documenting the overlap between substance abuse and dependence and various forms of relationship violence. The authors provide ample empirical support for their conclusion "the overlap between intimate violence and addiction is real" but also point out limitations in the methodology of this literature and provide the reader with tips for critically evaluating the literature. Following the introduction, the book is organized into three sections: "Theoretical Frameworks," "Relationship Violence and Addiction across the Lifespan," and "Clinical Issues in Intervention for Intimate Violence and Addiction Problems." In the final chapter the editors provide an integrative summary of the content of the book, the current state of the field, and questions yet to be answered.

Overall I found the book exceptionally well-organized, well-researched, and well-written, but it also had other noteworthy features. One feature was the breadth of coverage, particularly the inclusion of important topics that are currently in their research infancy. For example, the chapter by Hall and Follette on substance abuse and interpersonal violence in older adults pulls together the limited amount of directly pertinent information, more peripherally relevant information, and theoretical

<sup>1</sup> *Disclosure statement:* Dr. Julie Schumacher and Dr. Ken Leonard, an author of one of the chapters in this edited book, currently work together at the Research Institute on Addictions.

frameworks to guide current and future research on the topic. Similarly, in the chapter "Cultural Issues and Barriers to Treatment," Schafer and Caetano discuss barriers associated with access to health insurance coverage and how this crucial gateway to health care is associated with substance abuse and intimate partner violence. This chapter highlights obviously important, but easily overlooked issues relevant to clinicians currently working in the field, as well as those working in technology transfer research.

Another feature of the book I found striking was the balance between presentation of empirical information and practical guidelines in the chapters on intervention and prevention strategies. These chapters describe several current, "real world" intervention practices, present relevant findings from the clinical outcome literature, and also contextualize current practices and research findings within the very unique social, political, legal, and practical constraints of treating these combined problems. For example, in their chapter on dual-focused programming for partner violence and substance use disorders, Easton and Sinha describe legislation that guides or impacts current treatment strategies, typical policies regarding substance use at the time of an alleged domestic violence offence, and domestic violence treatment as a diversion program or condition of probation. The chapters in the Clinical Issues section were so useful that I was somewhat disappointed that there was not an entire chapter devoted to the complex practical issues impinging on research and clinical work with substance abuse and child maltreatment. These topics are addressed elsewhere in the book, but the coverage is not as thorough as that devoted to intimate partner violence.

Other than the provision of more practical guidelines for researchers and clinicians focused on child maltreatment, the only other addition I felt would have significantly increased the book's value as a resource to me is the addition of more key words to the index. As evident from this review, this book is one that I will keep handy on my bookshelf and refer to frequently. Given my intention to use it as an "as needed" reference, I was somewhat disappointed that I found it difficult to refer back to content of particular interest to me using the index. For example, anger and hostility were indexed as sub-headings of "personality factors and substance abuse."

Those small issues notwithstanding, overall I found the book to be an exceptional resource. Not only do experts in each of the respective forms of relationship violence summarize relevant theory, empirical findings, and practical considerations, they also provide a heaping portion of "food for thought." The editors and the authors are candid about the limitations in the current state of knowledge about the overlap between substance use disorders and relationship violence, and provide clear guidance and suggested directions for future research. This book stands to be a very valuable resource for graduate students, researchers and clinical practitioners working in relevant areas. The depth and complexity of some of the writing in the book may, however, make it less accessible to individuals with less relevant experience or background training, such as undergraduates or interested laypersons.

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## KUDOS!!!

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NIMH awarded *Annamarie Cano* a 5-year K01 Scientist Development Award beginning on August 1, 2003 to study changes in depression in couples with chronic pain.

*Kristi Coop-Gordon* was recently elected Vice President for Research for APA's Division 43: the Family Psychology division.

*David Atkins* from the University of Washington began this fall as an Assistant Professor of Clinical Psychology at Fuller Seminary in Pasadena, CA.

### Surf the Internet without guilt!

Go to the AABT  
Couples SIG website:

[www.aabtcouples.org/  
home.htm](http://www.aabtcouples.org/home.htm)

webmaster: [bbaucom@ucla.edu](mailto:bbaucom@ucla.edu)

### Do you like us?

If so, don't let your SIG membership lapse.

Contact Kathleen Eldridge at [keldridg@pepperdine.edu](mailto:keldridg@pepperdine.edu) to pay  
dues and renew your membership.

People with money (Ph.Ds): \$20; People with no money (students, new Ph.Ds): \$5

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# Notes From Danielle and Lauren

## Couples' SIG Graduate Student Co-Presidents' Column

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With the conference quickly approaching, we have provided ideas for things to do & sights to see while in Boston! We are planning the Saturday evening SIG dinner again this year. Please mark your schedules: The graduate student cocktail hour will start at 6:00 p.m. at Champion's in the conference hotel and we plan to find a restaurant that will take us at 7. Details will be announced to the listserv before the conference. We have also included a table of conference events likely to be of interest to the SIG- We hope you find this information useful, and we look forward to seeing everyone at the conference and dinner!

– Lauren Papp and Danielle Black

P.S. This conference marks the end of our co-presidency. We strongly encourage interested graduate students to run for the position! Please let us know if you have any questions.

### Best Sights in Boston

#### **Boston Common & Public Gardens**

Boston Common Visitor's Information Center 147 Tremont Street (between Temple Pl. and West St., Beacon Hill), 617-426-3115

The Boston Common and Public Gardens is in the heart of Boston's downtown area. The Public Garden is famous for its swan boats and bridge views. The Boston Common and Public Gardens are also part of the Freedom Trail (read below).

#### **Duck Tours**

Address: 790 Boylston St  
Phone: 617-723-3825

Duck Tours offer an hour-and-half historical tour of Boston by boat. The tour starts in the Back Bay and ends the Charles River. The scenic route takes visitors around Boston Common and through the North End and Charlestown before ending at the Charles River.

#### **Freedom Trail**

The Freedom Trail starts at the Tremont side of Boston Common and ends at the Bunker Hill Monument. Many historic Boston landmarks are located on the trail such as the State House, Old Granary Burying Ground, and the USS Constitution. You can read more about the Freedom Trail at the following web address: <http://www.thefreedomtrail.org/>.

#### **Fenway Park**

Fenway Park is one of our Country's most famous baseball stadiums. For more information regarding Fenway Park, see the following website: <http://www.ballparks.com/baseball/american/fenway.htm>.

#### **Harvard Square**

Harvard Square is a cultural experience. The historic area includes many restaurants, retailers, museums, entertainment, and architectural landmarks. For more information on Harvard Square visit their website at [www.harvardsquare.com](http://www.harvardsquare.com).

#### **Newbury Street**

Newbury Street is Boston's "chic" area that includes expensive boutiques, galleries, and outdoor cafes. For more information on Newbury Street, go to the following website: <http://www.newbury-st.com>.

#### **The North End**

Boston has been called one of the most European cities in the U.S. The North End of Boston is considered "the most European neighborhood in the most European of American cities." For more information about Boston's North End, go to the following website: <http://www.northendboston.com/>.

***PLEASE SEE PAGE 18 FOR A CHART LISTING EVENTS OF INTEREST TO COUPLES RESEARCHERS AND THERAPISTS!***

# What's In Press?

Cano, A., Gillis, M., Heinz, W., Geisser, M., & Foran, H. (in press). **Marital functioning, chronic pain, and psychological distress.** *Pain.*

This study examined whether marital functioning variables related uniquely to psychological distress and diagnoses of major depression independent of pain severity and physical disability. Participants were 110 chronic musculoskeletal pain patients. Hierarchical regression results showed that marital variables contributed significantly to depressive and anxiety symptoms over and above the effects of pain and disability. In contrast, marital variables were not significantly related to major depression after controlling for pain variables. In multivariate analyses, physical disability and marital satisfaction were uniquely related to depressive symptoms whereas physical disability, pain severity, and negative spouse responses to pain were uniquely related to anxiety symptoms. Only physical disability was uniquely related to major depression. The results suggest that models of psychological distress in chronic pain patients might be enhanced by attributing greater importance to interpersonal functioning and increasing attention to anxiety.

Cordova, J. V., Gee, C. G., & Warren, L. Z. (in press). **Emotional Skillfulness in Marriage: Intimacy as a Mediator of the Relationship Between Emotional Skillfulness and Marital Satisfaction.** *Journal of Social and Clinical Psychology.*

We tested the theory that emotional skillfulness, specifically the ability to identify and communicate emotions, plays a role in the maintenance of marital adjustment through its effects on the intimacy process. Ninety-two married couples completed measures

of emotional skillfulness, marital adjustment, and intimate safety. As predicted, we found that the ability to identify and the ability to communicate emotions were associated with self and partner marital adjustment. Further, the association between these emotion skills and marital adjustment was mediated by intimate safety for both husbands and wives. Gender differences were found in the ability to communicate emotions and in the association between the communication of emotions and partners' marital adjustment.

Davila, J., Steinberg, S., Kachadourian, L., Cobb, R., & Fincham, F. (in press). **Romantic involvement and depressive symptoms in early and late adolescence: The role of a preoccupied relational style.** *Personal Relationships.*

Two studies examined the association between depressive symptoms and romantic involvement in adolescence and tested the hypothesis that romantic involvement is associated more strongly with symptoms among adolescents who have a more preoccupied style of relating, compared to adolescents who have a less preoccupied style of relating. Study 1 (N = 96 early adolescent females) examined concurrent associations and study 2 (N = 80 late adolescent males and females) examined longitudinal associations. In both age groups, romantic involvement was associated with greater depressive symptoms and this was most true among adolescents with a preoccupied style of relating. Implications for models of depression and adolescent romantic functioning are discussed.

Fals-Stewart, W., Kelley, M. L., Fincham, F. D., Golden, J., & Logsdon, T. (in press). **The**

**emotional and behavioral problems of children living with drug-abusing fathers: Comparisons with children living with alcoholic fathers and nonsubstance-abusing fathers.** *Journal of Family Psychology.*

The emotional and behavioral problems of 8-12 year-old children living in two-parent families with drug-abusing fathers (N = 40) were compared to those of children living in families with fathers who abused alcohol (N = 40) and children living with fathers who did not abuse drugs or alcohol (N = 40). Mothers in all of these family types did not abuse drugs or alcohol. Children living with fathers who abuse drugs experienced more internalizing and externalizing symptoms than children living with fathers who abused alcohol or children whose fathers did not abuse drugs or alcohol. Interparental conflict and parenting behavior partially mediated the relationship between family type and children's adjustment.

Fals-Stewart, W., O'Farrell, T. J., Birchler, G. R., Cordova, J., & Kelley, M. L. (in press). **Behavioral couples therapy for alcoholism and drug abuse: Where we've been, where we are, and we're going.** *Journal of Cognitive Psychotherapy.*

Among the various types of couple and family therapies used to treat substance abuse, Behavioral Couples Therapy (BCT) has the strongest empirical support for its effectiveness. During the last 3 decades, multiple studies have consistently found participation in BCT by married or cohabiting substance-abusing patients results in significant reductions in substance use, decreased problems related to substance use (e.g., job loss, hospitalization), and improved relationship satisfaction. Recently,

investigations exploring other outcomes have found that, compared to traditional individual-based treatments, participation in BCT results in significantly (a) higher reductions in partner violence, (b) greater improvements in psychosocial functioning of children who live with parents who receive the intervention, and (c) better cost-benefit and cost-effectiveness. In addition to providing an overview of the theoretical underpinnings of BCT, methods used with this intervention, and the literature supporting its use, this article also examines the future directions of BCT research for substance abuse.

Fincham, F.D., Beach, S.R., & Davila, J. (in press). **Forgiveness and conflict resolution in marriage.** *Journal of Family Psychology*.

Two studies examined whether forgiveness in married couples is associated with better conflict resolution. Study 1 examined couples in their third year of marriage and identified two forgiveness dimensions (retaliation and benevolence). Husbands' retaliatory motivation was a significant predictor of poorer wife reported conflict resolution whereas wives' benevolence motivation predicted husbands' reports of better conflict resolution. Examining longer-term marriages, Study 2 identified three forgiveness dimensions (retaliation, avoidance and benevolence). Whereas wives' benevolence again predicted better conflict resolution, for husbands, avoidance predicted wives' reports of poorer conflict resolution. All findings were independent of both spouses' marital satisfaction. The findings are discussed in terms of the importance of forgiveness for marital conflict and its implications for spouse goals. Future research directions on forgiveness are outlined.

Gordon, K.C., Baucom, D. H., & Snyder, D. K. (In press). **An integrative intervention for promoting recovery from**

**extramarital affairs.** *Journal of Marital and Family Therapy*.

The discovery or disclosure of an extramarital affair can have a devastating impact on partners, both individually and on their relationships. Research suggests that affairs occur relatively frequently in relationships and are a common presenting problem in couple therapy. However, despite their prevalence, there is little empirical treatment research in this area, and most therapists describe this problem as one of the more difficult to treat. This study used a replicated case study design to explore the efficacy of an integrative treatment designed to help couples recover from an affair. Six couples entered and completed treatment. The majority of these couples were less emotionally or maritally distressed at the end of treatment, and the injured partners reported greater forgiveness regarding the affair. Details of the intervention, suggested adaptations of the treatment, and areas for future research are discussed.

Gordon, K.C., Burton, S., & Porter, L. (In press). **The role of forgiveness: Predicting women in domestic violence shelters' intentions to return to their partners.** *Journal of Family Psychology*.

Recent findings indicate that college women's forgiveness of hypothetical dating violence was predictive of their hypothetical decisions to stay in the relationship. This study was designed to evaluate the role of forgiveness in women's intentions to return to their partners from a domestic violence shelter. 121 women residing in both urban and rural domestic violence shelters filled out a series of questionnaires evaluating demographic information, severity of the violence, attributions for the violence, psychological constraints (or investment), and forgiveness of their partner. Forgiveness was found to predict intention to return to partner over and above the other variables studied. These findings suggest that

the degree to which women are willing to "move on" from the abuse and to let go of their anger toward their partners may play a significant role in their intention to remain in a relationship with their partners.

Halford, W. K., Markman, H. J., Kline, G. H., & Stanley, S. M. (2003). **Best practice in couple relationship education.** *Journal of Marital and Family Therapy*, 29(3), 385-406.

Relationship education is widely available to couples and is intended to reduce the prevalence of relationship distress, divorce, and the associated personal and social costs. To realize the potential benefits of couple relationship education, it needs to be evidence-based, offered in ways that attract couples at high-risk for relationship problems, and focused on factors that put couples at high-risk for future relationship problems.

Kearns, J.N., & Fincham, F.D. (in press). **A Prototype Analysis of Forgiveness.** *Personality and Social Psychology Bulletin*.

Many definitions of forgiveness currently exist in the literature. The current research adds to this discussion by utilizing a prototype approach to examine lay conceptions of forgiveness. A prototype approach involves categorizing objects or events in terms of their similarity to a good example whereas a classical approach requires that there are essential elements that must be present. In Study 1, participants listed the features of forgiveness. Study 2 obtained centrality ratings for these features. In Studies 3 and 4, central features were found to be more salient in memory than peripheral features. Study 5 showed that feature centrality influenced participants' ratings of victims involved in hypothetical transgressions. Thus, the two criteria for demonstrating prototype structure (that participants find it meaningful to judge features in terms of their centrality and that centrality affects cognition) were met.

Kelly, S., Epstein, E. E., & McCrady, B. S. (in press). **Pre-treatment attrition from couple therapy for male drug abusers.** *The American Journal of Drug and Alcohol Abuse.*

This study tracked pretreatment attrition of 120 callers, 84 of whom were potentially eligible for outpatient couple treatment for male drug abuse. Demographic, significant other, substance use, and access related variables were examined as predictors of intake and treatment entry. Results were similar to other findings regarding variables associated with initiation of individual substance use treatment, and 29% of eligible callers entered treatment. Men whose partners did not use substances or who used in moderation were more likely to attend the intake session, and couples who received referrals were more likely to enter treatment than those who responded to a newspaper advertisement.

Kim, H. K., & Capaldi, D. M. (in press). **The association of antisocial behavior and depressive symptoms between partners and risk for aggression in romantic relationships.** *Journal of Family Psychology.*

This study examined the extent to which antisocial behavior and depressive symptoms were associated between romantic partners and whether the partner's antisocial behavior and depressive symptoms affected the individual's aggression toward the partner above and beyond the contribution of his or her own symptoms. Questions were examined concurrently and longitudinally for 79 couples from a young, at-risk sample. There were reliable associations between partners' antisocial behavior and depressive symptoms. Women's antisocial behavior and depressive symptoms were significantly related to concurrent levels of men's physical and psychological aggression. Women's depressive symptoms remained significant in predicting

men's psychological aggression over time. Overall, men's risk factors had little effect on their partners' aggression. Findings suggest that interventions to reduce partner violence need to consider the potential influence of partner, as well as perpetrator, characteristics.

Kline, G. H., Stanley, S. M., Markman, H. J., Olmos-Gallo, P. A., St. Peters, M., Whitton, S. W., et al. (in press). **Timing in everything: Pre-engagement cohabitation and increased risk for poor marital outcomes.** *Journal of Family Psychology.*

Data from a longitudinal study were used to examine differences among couples that cohabited before engagement, after engagement, or not until marriage. Survey data and objectively-coded couple interaction data were collected for 136 couples (272 individuals) after engagement (but prior to marriage) and 10 months into marriage. At both time-points, the before-engagement cohabiters (N = 59 couples) had more negative interactions, lower interpersonal commitment, lower relationship quality, and lower relationship confidence than those who did not cohabit until after engagement (N = 28 couples) or marriage (N = 49 couples), even after controlling for selection factors and duration of cohabitation. Our findings suggest that those who cohabit before engagement are at greater risk for poor marital outcomes than those who cohabit only after-engagement or marriage, which may have important implications for future research on cohabitation, clinical work, and social policy decisions.

Mahoney, A. **Religion and conflict in family relationships.** (in press). *Journal of Social Issues.*

This paper discusses how religion can substantively influence the manifestation and resolution of conflict in marital and parent-child relationships. Religious systems of meaning are proposed to influence conflict by promoting which goals

and values should be sought in family life and the appropriate means to achieve these ends. Conflict can be amplified or inhibited based on the extent to which family members differ and agree about such religiously-based parameters. Religion also offers families strategies that may facilitate or hinder the resolution of conflict after it erupts. The limited amount of empirical research on how religion shapes the manifestation and resolution of marital and parent-child conflict is highlighted, and suggestions are made to advance research and clinical practice on this topic.

Mahoney, A. & Pargament, K. I. (in press). **Sacred changes: Spiritual conversion and transformation.** In W. R. Miller (Ed.). *Quantum Change: Toward a Psychology of Transformation, Special issue for In Session: Psychotherapy in Practice.*

We use Pargament's (1997) definition of religion - "the search for significance in ways related to the sacred" as a framework to understand spiritual conversion. Like other life-changing transformations, spiritual conversion alters the destinations that clients perceive to be of greatest importance in life (significance) and the pathways by which a client discovers what is most significant in life (search). Unlike other transformative experiences, however, spiritual conversion incorporates the third element of religion, "the sacred," into the content of change. To illustrate these points, we discuss two theological models of spiritual conversion rooted in Christianity: a traditional model based on classic western theology and an alternative model based on feminist theology. We then compare processes of spiritual conversion to non-religious models of transformation. We also highlight the importance for clinical work of the fit between the context of a client's life and the type of spiritual conversion experienced.

Mansfield, A. K., & Cordova, J. V. (in press). **A contemporary behavioral perspective on adult intimacy disorders.** Invited chapter in D. Woods & J. Kanter (Eds.), *Understanding behavior disorders: A contemporary behavioral perspective.* Reno, NV: Context Press.

This chapter reviews pioneering work on attachment theory and then argues that a behavioral perspective can provide a generative theoretical foundation for understanding attachment. Implications of adult attachment theory are explored for distressed couples, and a specific style of therapy, Integrative Couples Therapy (ICT) is presented as a means of helping couples to recover from damaging attachment related relationship patterns.

Markman, H. J., Stanley, S. M., & Kline, G. H. (in press). **Why marriage education can work and how government can be involved: Illustrations from the PREP approach.** In W. D. Allen & L. L. Eiklenborg (Eds.), *Vision 2003: Contemporary family issues.* Minneapolis, MN: National Council on Family Relations.

We suggest in this paper that people desire to be in a happy, long-lasting relationship, that these relationships benefit children, adults and our society at large, and that there is a role for government involvement in making this dream a reality for those who desire it. One way for branches of the government to be involved in supporting happy, long-term marriages is to provide opportunities for marriage education for couples. In this paper, we define best practices in marriage education, discuss the potential benefits of marriage education, and discuss the extent to which marriage education is effective (i.e., under what circumstances, with what groups, and provided by whom) using illustrations from research with PREP (the Prevention and Relationship Enhancement Program). Finally, we discuss the connections between marriage

education classes, marital therapy, and an integrative model of human services delivery that includes faith-based organizations.

Shortt, J.W., Capaldi, D.M., Dishion, T.J., Bank, L., & Owen, L.D. (in press). **The role of adolescent friends, romantic partners, and siblings in the emergence of the adult antisocial lifestyle.** *Journal of Family Psychology.*

This study investigated the contribution of social processes in boys' adolescent relationships in 3 key domains, same-sex friends, cross-sex romantic partners, and younger siblings, to continued association with delinquent peers in young adulthood and, therefore, to continuance of an antisocial lifestyle. It was hypothesized that levels of negative interaction and antisocial talk observed during problem-solving discussions would be associated across the 3 domains. The influences of negative interactions and antisocial talk in the adolescent relationships on young-adult delinquent peer association were compared in 2 mediational models. It was posited that antisocial talk would be more predictive of continued association with delinquent peers than would negative interactions. Hypotheses were tested on an at-risk sample of young men (the Oregon Youth Study). Findings were generally in keeping with the hypotheses.

Snyder, D. K., Gordon, K. C., & Baucom, D. H. (In press). **Treating affair couples: Extending the written disclosure paradigm to relationship trauma.** *Clinical Psychology: Science and Practice.*

Considerable evidence now supports the psychological and health benefits of written emotional disclosure when pursued in an individual context. However, the literature has largely emphasized intrapersonal processes and outcomes to the neglect of interpersonal applications of the written disclosure paradigm, despite the fact that painful and traumatic

emotional events frequently occur in the context of intimate personal relationships. In this commentary, we describe an extension of the written disclosure paradigm to the treatment of couples struggling to recover from an extramarital affair. Preliminary findings offer promise for integrating mutual written disclosure as an intervention component in treating relationship trauma.

Stuart, G.L., Moore, T.M., Ramsey, S.E., & Kahler, C.W. (in press). **Hazardous drinking and relationship violence perpetration and victimization in women arrested for domestic violence.** *Journal of Studies on Alcohol.*

Research has shown that women who perpetrate partner violence or are victims of partner violence are more likely than comparison groups to have alcohol problems. The present study represents the largest sample collected to date of women arrested for domestic violence and court referred to batterer intervention programs. The aim of this study is to compare hazardous and nonhazardous drinking women on violence perpetration and victimization and to examine whether group differences in these variables are attributable to women's drinking, their general propensity for violence, their partners' drinking, or a combination of these factors. Method: We recruited 103 women who were arrested for domestic violence and divided the sample into groups of Hazardous Drinkers (HD) and Non-Hazardous Drinkers (NHD). We administered multiple measures of substance use and problems and assessed the women's relationship aggression, use of general violence, and their relationship partners' substance use. Results: Relative to the NHD group, the HD group scored higher on violence perpetration (physical assault, psychological abuse, sexual abuse, injuries) and violence victimization (physical assault). In addition, the HD group scored higher than the NHD group on general violence perpetration and partner

alcohol and drug problems. Results from regression analyses indicated that women's drinking, women's general violence, and partner drinking all contributed to some form of violence perpetration or victimization; women's hazardous drinking group status was particularly important in the prediction of physical assault perpetration and victimization. Conclusions: The results of the study suggest that substance use and problems should routinely be assessed as part of violence intervention programs for women and that intervention programs would be improved by offering adjunct or integrated alcohol treatment.

Taft, C. T., Murphy, C. M., Musser, P. H., & Remington, N. A. (in press). **Personality, interpersonal, and motivational predictors of the working alliance in group cognitive-behavioral therapy for partner violent men.** *Journal of Consulting and Clinical Psychology.*

Recent studies have demonstrated that the working alliance predicts treatment outcome for partner violent men. This study examined the influence of personality and interpersonal characteristics, motivational readiness to change, and demographic factors on working alliance formation among a sample of men (n 107) participating in a

cognitive-behavioral group treatment program for partner violence. Motivational readiness to change was the strongest predictor of the working alliance. Psychopathic personality characteristics also emerged as a strong (negative) predictor of the working alliance. Lower levels of borderline personality characteristics and interpersonal problems, self-referred status, married status, and higher age and income predicted higher working alliance ratings. The results support recent clinical efforts to address motivational readiness in programs for partner violent men.

***THIS IS NOT THE END OF THE NEWSLETTER. PLEASE SEE THE NEXT PAGE FOR A TABLE OF COUPLE EVENTS AT AABT.***

**37<sup>th</sup> Annual AABT Conference – Couples' Events and Conference Activities -November 20-23, 2003 – Boston****Thursday, Nov. 20**

1:00 – 6:00 p.m. Institute: Acceptance and change in couple therapy

Location**Friday, Nov. 21**

8:45 – 10:15 a.m. Symposium: Moderators and mediators of the association between marital discord and depression Wellesley

10:15 – 11:45 a.m. Symposium: Marital interventions with low-income or minority couples: New research and emerging perspectives Grand Ballroom I

10:15 – 11:15 a.m. Poster session: Couples and Families Exhibit Hall

12:30 – 2:30 p.m. Master Clinician Seminar: Helping each other through the night: Patients and loved ones coping with cancer Vermont

**12:30 – 2:30p.m. SIG Meeting: Couples research and treatment Yarmouth**

1:00 – 4:00 p.m. Workshop: Cognitive-behavioral strategies and techniques for revitalizing a nonsexual marriage Provincetown/Orleans

1:15 – 2:45 p.m. Symposium: Assessment of psychological and physical abuse in couples: What we can learn through different methods Grand Ballroom I

2:30 - 4:00 p.m. Symposium: Couple therapy for mental and physical health problems Regis

2:45 – 4:15 p.m. World Rounds: Enhanced cognitive-behavioral couple therapy: The role of the individual Grand Ballroom C/I

Award Ceremony (5:15 – 6:15 p.m.) / SIG Exposition and Cocktail Party (6:30 – 8:30 p.m.) Grand Ballroom

**Saturday, Nov.22**

9:30 – 11:00 a.m. Symposium: The roles validating and invalidating behaviors in family treatments for individual and relationship distress Cape Cod/Hyannis

10:15 – 11:45 a.m. Symposium: Filling the gaps in studying infidelity: What do we know and what do we still need to know? Grand Ballroom C/I

12:00 – 1:30 p.m. Symposium: Mechanisms of action in the prevention of relationship problems in high- and low-risk couples Grand Ballroom I

1:00 – 2:00 p.m. Posters: Couples and Families Exhibition Hall

2:30 – 4:00 p.m. Symposium : Couples-based health interventions: Mechanisms of action Regis

3:30 – 4:30 p.m. Posters: Anger and violence Exhibition Hall

Student Happy Hour (meet at Champions in conference hotel at 5:30 pm) /

Couples SIG Dinner (TBA during SIG meeting and on the listserv before the conference)

**Sunday, Nov. 23**

9:00 – 10:30 a.m. Symposium: Behavioral couples therapy for alcoholism and drug abuse: Recent advances Nantucket

9:00 – 10:00 a.m. Panel Discussion: Using basic research to craft effective violence intervention programs: The controversial nature of conducting research on intimate violence Regis

9:00 a.m.–12 p.m. Workshop: Treating affair couples: An integrative approach Grand Ballroom H/

No matter what I did, I could not get rid of this page! Clearly, we need people with better formatting skills to take over. If you have questions about this newsletter or about the position of editor, please email me at [sstanton@email.unc.edu](mailto:sstanton@email.unc.edu). Bye!