

# Couples Research & Therapy Newsletter

The Newsletter of Couples Research & Therapy AABT–SIG Spring/Summer '00

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## Notes from Joanne & Jean-Philippe

Hello Everyone! It's been a very busy winter for the Couples SIG and we've got a number of important things to update you about. First, as you all probably know, we have a new web site that is being managed by Jean-Philippe. It's got a new design and a number of new features available and in progress. For example, in addition to maintaining many of the features of the original website, we have added links to many SIG members' websites, included a gallery of pictures from the last AABT conference, and are working on a SIGgestions section. In case you have not seen it yet, you can visit: [www.aabtcouples.org](http://www.aabtcouples.org). Importantly, we also have a new listserv set up. We have set up a password-protected archive of past listserv threads and have made it possible to add/remove yourself and post to the list via a web-based interface. These resources can be accessed through the Listserv link on [aabtcouples.org](http://aabtcouples.org). And we've been very happy to see that the listserv has been active and that there have been lots of interesting and helpful exchanges. Please feel free to contact Jean-Philippe ([jlaurenceau@miami.edu](mailto:jlaurenceau@miami.edu)) for any suggestions or comments regarding the SIG website or Listserv.

Second, we are making good progress on plans for the next AABT convention in New Orleans. Once again, Bob Weiss has been instrumental in helping to organize our annual SIG event and Joanne is actively working on negotiating with the AABT administration to make sure that we have a place and time to hold our event. As soon as we know more details, we'll send out info over the listserv. What we can tell you now is that we've lined up an exciting group of people to discuss the study of individual difference variables in couples research and treatment. We hope to see you all there!

Third, a number of our members served on the program committee for AABT this year, but we had to do a little extra work to make that happen. Only two of us were originally asked to participate, but many of us felt that the Couples SIG had not been well represented enough on the committee, especially given the high number of couples-related submissions. So Bob negotiated with Mike Petronko who agreed to add more members. In the end, we were well-represented. Thanks to Bob and all the committee members for their participation on this important committee, and thanks to all of you who volunteered to participate.

In the next few months, we'll continue to plan for the next conference. You'll hear more about the SIG event, we'll be asking for submissions for the SIG poster session, and for submissions for the student poster award. So stay tuned to the listserv! In the meantime, have a wonderful spring and summer, and we'll see you all in November!

Joanne Davila, Ph.D. and Jean-Philippe Laurenceau, Ph.D., SIG Co-Presidents

### Couples Research and Therapy Newsletter

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**Minutes from the SIG Business Meeting, November, 11, 1999**  
**Cathy Cohan, Ph.D. & James Cordova, Ph.D.**

1. Announced SIG conference activities: the SIG Tribute to Neil Jacobson, and SIG cocktail meeting.
2. Report from Kieran Sullivan, the treasurer. We are out of money, but we'll be back in the black when dues are collected. Regular members pay \$15 and graduate student members pay \$5. If you cannot pay Kieran at the conference, send her a check.
3. Report from Barb Kistenmacher, the newsletter editor. You should have received your newsletter. In the future, we will circulate electronic versions of it, either on our web site or via PDF files, rather than hard copies. Electronic distribution will save on the cost of printing and mailing the newsletter.
4. Report from Sara Berns and Ron Rogge, the grad student co-presidents. There is great potential to develop this position.
5. Sara Berns expressed her thanks to the SIG members who generously provided support and assistance to her after Neil Jacobson's death.
6. We brainstormed about the main SIG activity at the next conference. Five ideas were offered for the SIG activity at the next conference:
  - 1) integration of nonbehavioral constructs into the behavioral model (e.g., individual difference variables),
  - 2) what comprises the assessment phase of marital therapy, how is violence assessed during this phase of treatment?
  - 3) funding sources for marital research, especially marital therapy research,
  - 4) methodological issues related to the analysis of longitudinal data (e.g., missing data, balanced designs, autocorrelated errors),
  - 5) methodological issues related to interdependence between respondents in marriage research.

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## Outgoing Editor's Comments

Barb Kistenmacher, M.A.

I traveled 3000 miles from Eugene Oregon to NY city to pass the baton off to Shalonda who resides in the neighboring state of NJ...am I dedicated or what? As I make the big hand-off to Shalonda, I would like to take the opportunity to thank everyone (you know who you are) who supported my efforts in newsletter composing. Serving as the editor not only let me use my creative side, but also gave me an excuse to get to know some of you – that was clearly the best part! Although I will miss the connection I felt to the marriage group while serving as the editor, I will also enjoy kicking back and reading future newsletters created by Shalonda and editors to come!

## Incoming Editor's Comments

Shalonda Kelly, Ph.D.

Hey fellow SIGers! I am Shalonda Kelly, your new newsletter editor. I hail from sunny southern CA, I have a Ph.D. from Michigan State, where I worked with Frank Floyd and Michael Lambert, and I am currently an assistant professor in clinical psychology at Rutgers University in NJ. I'm happy to take the reigns from your ever friendly and helpful previous editor, Barb Kistenmacher. Though I have only been a part of the SIG for mere months, it seems to be a busy and increasingly sophisticated group of folk. For example, in the past two years, this SIG has begun to take graduate student concerns very seriously by including a graduate student column in the newsletter and tailoring its activities so as to be more relevant to students. The couples SIG has also maintained our commitment to both research and clinical work (i.e. the "what's in press" and "clinician's corner" columns – kudos, Barb Kistenmacher!). In the short time that I've been on board, we have started an internal archive of our popular listerv discussions, and have developed a fully functioning web-site (<http://www.aabtcouples.org/>) boasting some SIG members' interests and qualifications (also see: <http://darkwing.uoregon.edu/~rlweiss/473/siglinks.html>). These strides occurred thanks to SIGers' suggestions and the work of Jean Philippe Laurenceau and Bob Weiss.

The listserv comments have demonstrated how exciting our field can be! This year, the conversations and debates include how well researchers can predict divorce and what we can say about the effectiveness of our interventions, the woes of obtaining funding for marital research when it's not considered a disorder, statistical/methodological considerations in marital research, how laypersons view us, and even more important, how do we disseminate our important findings to them. Thus, besides our regular columns, the current newsletter features contributions designed to address two key issues: how we may obtain grant money to do this important work, and what factors are important to consider in disseminating our findings.

Beyond keeping us abreast of couple related developments, I believe that this newsletter is also a way for us to form a community. Towards that end, I would like to add a "Kudos" section in the next issue of this newsletter, which would highlight the accomplishments of a) graduate students, b) newer professionals (i.e. up to six years post degree), and c) the bigwigs. So I solicit your endorsements of folk you want to congratulate, as well as your ideas about how to make this newsletter even better. Happy reading, and goodbye for now!



### Minutes from 11/99 SIG Meeting (Continued from page 2)

7. We discussed three options for scheduling the main SIG activity at the next conference. 1) Previously we had scheduled a coding meeting on Thursday morning. Advantage: We got a room for several hours at no charge. Disadvantage: Folks had to arrive a day earlier for the conference. 2) This year, after much wrangling by Bob Weiss, we scheduled the tribute session during the conference. Yet future conference organizers may or may not provide a room during the conference at no charge to the SIG. Advantage: The time of the meeting does not extend travel plans. Disadvantage: This opportunity may not be available every year. 3) We also discussed scheduling the main SIG activity on Thursday afternoon. Advantage: The time may not extend travel for some. Disadvantage: The time competes with the AABT

institutes and workshops, so AABT would likely charge the SIG for the use of a room. We voted on options one and two. About two-thirds of those present voted, and the vote was pretty equal. The new co-presidents and Bob Weiss will take up the issue when they begin planning for next year's conference.

8. Congratulations to Casey Taft, whose poster, "Enhancing session attendance in group treatment for domestic abuse perpetrators." won first place in the grad student poster competition. Julie Schumacher's poster, "The association of attitudes and motives for dating aggression in a sample of partner aggressive high school students," earned honorable mention. Thank you, poster competition committee: Don Baucom, Rick Heyman, Gayla Margolin, Steve Sayers, and Bob Weiss. Tammy Goldman Sher will replace

Bob on the committee next year. 9. The following people volunteered to be on the program committee for next year's conference: Jennifer Langhinrichsen-Rohling, Kristy Coop Gordon, Steve Sayers, Joanne Davila, Bob Weiss, James Cordova, Jean-Philippe Laurenceau, Lynn Rankin Esquer, Matt Johnson, Tammy Goldman Sher, Caroline Kohn, and Cathy Cohan. We'll forward those names to the next conference chair.

10. Congratulations to Debra Larsen & Natalie Monarch, who were elected as the new grad student co-presidents.

11. Congratulations to Shalonda Kelly, who was elected as the new newsletter editor.

12. Congratulations to Joanne Davila and Jean-Philippe Laurenceau, who were elected as the new co-presidents.

## Notes From Natalie and Debbie

### The Graduate Student Column

As the new graduate student co-presidents of the Couples SIG, we thought it might be useful to just introduce ourselves. Natalie Monarch spent her undergraduate years at the University of Wisconsin - Madison and then went on to complete her masters with Andrew Christensen at Madison's Rose Bowl rival, UCLA. She is now finishing her third year of graduate school with Howard Markman and Scott Stanley at the University of Denver - clearly not a Rose Bowl contender. Natalie, better known as "Nat", "the Nat", "Natster", is currently in the depths of dissertation work with a main focus on relationship commitment and couple identity. Debra Larsen did her undergraduate work at Brigham Young University, but came back to her native Idaho to complete her graduate work at Idaho State University. Deb is now in the home stretch of her academic career at ISU. She'll apply for internships next year while finishing the last of her class requirements. (Bribes are avail-

able for putting in a good word for her at selected internship sites.) She most recently has been working on research with Crystal Dehle regarding couples' support behavior and the effects of financial strain on partners and dyads. Her final dissertation topic is, however, yet to be revealed by an experience of great metaphysical enlightenment. As we have no earth shattering news about our student co-presidentia l contributions to the Couples SIG yet, we would like to request any useful (or even useless) ideas SIG members may have about ways we can contribute to the cause. In lieu of news about our successes, we thought perhaps solicitation of new student members might be accomplished by sharing our top ten reasons to be a student member of the AABT Couples SIG. **10.** There are all kinds of great ideas bantered around by SIG members...a great resource for research ideas. **9.** The list serve is humorous and informative. **8.** It's a status symbol...one even better than a

mail-order diploma! **7.** SIG members enjoy a stimulating debate...pick a topic, any topic. **6.** The SIG is proof that not everyone has given up on marriage as a viable lifestyle choice. **5.** There are some difficult questions being asked about relationships and some exciting answers being suggested by SIG members. **4.** If you're a little eccentric or have a colorful personality, you'll fit right in. **3.** Couples SIG members are very supportive any efforts at research in their field. **2.** It's a rush being in the same room with so much brain power at convention time. And the top reason to be a student member of AABT Couples SIG (drum roll, please): **1.** If you're crazy enough, the members will unanimously support you and give you a powerful title like Graduate Student Co-President! OR **1.** A great Couples SIG dinner in New Orleans on our advisors (hint hint).

# Self-Help Book Review

Christensen, A., & Jacobson, N.S. (Eds.) (2000). Reconcilable Differences. NY: The Guilford Press.

Hardback: \$23.95. <http://www.guilford.com>

Shirley May Harmon Hanson, RN, PMHNP, Ph.D., FAAN, CLFE, LMFT

A new book is out on the market that is worth having on your book shelf, especially if you are a behavioral counselor/therapist working with couples. It was written by two well known prolific psychologists, Andrew Christensen and Neil S. Jacobson, the latter who died in 1999 right before the production of this book. This book evolved out of research grants sponsored by the National Institute of Mental Health. Funding was received to compare integrative couple therapy with traditional behavioral couple therapy, to determine their relative effectiveness both immediately after treatment and at follow up periods.

This practical guide is written not only for professionals, but also for the lay public - the clientele we serve. It offers new solutions for couples frustrated by continual attempts to make each other change. We know that even though people love each other, their differences will eventually cause conflict. The question is whether or not it has to get in the way of healthy, happy, and long lasting relationships. Drs. Andrew Christensen and Neil S. Jacobson developed a particular therapeutic approach to get at the core couple issues of conflict and closeness that they named Integrative Couple Therapy.

The purpose of the book is to help ordinary people who are struggling with conflict in their own relationships to understand these conflicts they have with their partners and to transform these conflicts into greater peace and intimacy. This book gives couples a way to get out of the eternal impasse created by partners trying to get each other to change and helps them learn to accept each other as they are. Whew, that is a tall order! Couple conflict gets transformed into intimacy

when partners look at their deep emotions (disappointment, hopes, strengths, and weaknesses) and use this opportunity to learn more about each other and the interaction process. Thus conflict offers not only the threat of alienation but the possibility of intimacy. When acceptance of each other comes, it opens path-ways for change.

The book is divided into four parts: (1) The anatomy of an argument, (2) From argument to acceptance, (3) Deliberate change through acceptance, and (4) When acceptance is not enough. The first part, "the anatomy of an argument", analyzes typical conflicts in relationships as to understand how simple comments or gestures can explode and how wars escalate over time. Some of the themes and case studies in this section are "You're wrong," "How can you be that way?" "Can I give to you without losing me," "I do but I don't" (incompatibilities), "You know how to hurt me," and "A cure worse than the disease (relationship problems as solutions). Part II, "From argument to acceptance," demonstrates ways that partners can foster acceptance of each other. Acceptance is not resignation or passiveness, and it cannot be demanded or forced. But acceptance is essential to ease the conflicts in relationships and serves as the foundation to facilitate changes in ourselves and each other. The chapter includes acceptance and change, acceptance through understanding, acceptance through compassion and acceptance through tolerant distance. "Deliberate change through acceptance," Part III, addresses ways in which couples pursue change directly but in the context of

acceptance. Accepting our own difficulties in changing or our partner's negative reaction to changes, is part of the challenge of this approach. The chapter includes dilemmas of deliberate change, acceptance foibles, genuine change, and how change and intimacy can emerge from defeat. Part IV, "When acceptance is not enough," examines cases where there are special individualized issues that must be dealt with, such as depression, abuse or infidelity. This includes an essential chapter about when couples discover that self help is not enough and the why, when, where, and how of calling in professionals. It was disappointing that marriage and family therapists as a separate professional group were not listed along side of psychiatrists, psychologists, social workers, and counselors in this list of professionals who work for couples. The book ends with a few internet resources, the reference list and the index.

At the end of every chapter there are exercises and homework that guide the couple who is reading and doing the work. It is suggested that partners read this book in tandem with each other, no matter what their gender or marital status since couple relationships take on many forms in the modern world.

In sum, this book is a well-researched and well-written guide to help quarreling couples to extricate themselves from arguments that never quit and lead to dissonance and giving up. It is straightforward in its approach and will be helpful to professionals who are learning about Integrative Couple Therapy as well as for couples who are on a self-help path or who are working with a mental health professional

# *The Funding Process for Couples Researchers* (Or how we learned to stop worrying and love writing grants)

Richard E. Heyman, Ph.D., & Amy M. Smith Slep, Ph.D.

It feels funny, at this early stage in our careers, to be asked to write an article on how to get grants. There are certainly SIG members with longer and more illustrious grant track records than ours, but they're too busy to write this piece. So, you're stuck with us.

Perhaps some background is in order. We both have research professor appointments at Stony Brook, which basically means that we if bring our own money, the University will give us some space and let us park in the faculty/staff lot. Why do we live off of grants, with all their attendant insecurity, when we both are ostensibly employable? Four words: Oregon Social Learning Center. Seeing what Jerry Patterson, John Reid, and their colleagues have built seemed like the best gig in the world, if you could get it. So, in 1996, with about one and one-half years of funding left, and two very expensive mortgages, we committed to get ourselves fully grant funded, or die trying. We proceeded to submit 16 applications (new or resubmitted entries) on partner and/or child maltreatment, four of which were funded. This is what we learned in the process.

◆ *1. Find a fundable topic.* Given current NIH priorities, if you're interested in straight marital processes, find interesting DVs to add. Depression, partner abuse, child maltreatment, health problems, and many other "fundable" problems are related to marital processes. Remember, you may be brilliant, your ideas may be wonderful, but someone else is supposedly going to give you a lot of the taxpayers' money to solve a problem. It's their money, so they get to decide where they want to invest it. It's up to you either to (a) convince them that the problem that you intend to solve is worth the investment; or (b)

adjust your plans so that you are solving something that they want solved.

◆ *2. Seek diverse funding.* Beyond NIH, there is funding available from NSF, private foundations, and the U.S. military, among others. For example, the U.S. Air Force is currently funding us to develop equations to estimate the prevalence of child and partner maltreatment. Various military branches use PREP. Templeton Foundation grants have funded work by SIG members. The more diverse the funding opportunities you seek, the more likely that you'll eventually succeed.

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## ***5. Find critical colleagues: "If colleagues that you've sought out aren't giving you equally tough feedback, your proposal will suffer."***

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◆ *3. Learn the System* — NIH accepts grant applications three times a year, National Institute of Justice (NIJ) twice a year, Centers for Disease Control (CDC) sporadically. NIH accepts unsolicited grants; NIJ does also, but relies mostly on requests for applications (RFAs); CDC relies almost entirely on RFAs. Mark Eddy's web site for the Early Career Preventionist Network has some excellent information to help you learn the system:

[www.oslc.org/Ecpn/pinfo.html](http://www.oslc.org/Ecpn/pinfo.html)

◆ *4. Befriend Your Project Officer* — Contacting your project officer is to grants what going to office hours is to college. It's a fantastic resource if you can screw up the courage to use it, but few do. But you've got to understand this: the project officers are paid to help you. It makes them look good, and brings in more money for their portfolios, if they get good grant

submissions. They can help you learn how to pitch your ideas.

◆ *5. Find critical colleagues* — Our philosophy on pre-submission feed-back is this: the review committee is going to be brutally honest. We'd rather hear about problems before we submit the grant (and have an opportunity to fix them) than after we submit it. Our colleague (and Amy Slep's mentor) Susan O'Leary is masterful at telling us what we need to hear — not what we want to hear — about our drafts. Typically, we've thought through our purpose and methods, but have left gaps in the writing. Common comments from Sue: "You have a theory here, you're just not explaining it to the reader," "I don't understand what you're trying to say here," "Interesting section, but it's off topic from the rest of the proposal. Eliminate it. [Often said about a piece that you're particularly proud of]" "There is a missing link in your thinking," "Why are you using this measure?" If colleagues that you've sought out aren't giving you equally tough feedback, your proposal will suffer.

◆ *6. Develop a Thick Skin* — Committees' (and colleagues') evaluations can hurt if you take them personally. Remember, this is not a referendum about your personal worth or your intelligence. Critiques may sting, but they're one of the few ways to push yourself to improve beyond your current limitations.

◆ *7. Submit, submit, submit* — The joke in real estate is that the three most important factors are location, location, location. The parallel in grant getting is submit, submit, submit. First, you only learn by doing, and the more you write the more you'll learn about the process. Second, submitting a lot is like stock diversification — by spreading your risk

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# What's In Press Kick-Off!

**Infidelity and Separations Precipitate Major Depressive Episodes and Symptoms of Non-Specific Depression and Anxiety**  
Cano, A., & O'Leary, K.D.  
Journal of Consulting and Clinical Psychology, In press

This study examined whether humiliating marital events (HMEs; husbands' infidelity, threats of marital dissolution) precipitated Major Depressive Episodes (MDEs) when controlling for marital discord. Twenty-five women who recently experienced a HME and 25 control women who did not experience a HME participated. Both groups reported similar levels of marital discord. Results indicated that HME participants were six times more likely to be diagnosed with a MDE than control participants, even after controlling for family and lifetime histories of depression. HME participants also reported significantly more symptoms of non-specific depression and anxiety than control participants. However, HME and control participants did not report significantly different numbers of anhedonic depression and anxious arousal symptoms. The research and clinical implications of these findings are discussed.

**Life Stressors and Husband-to-Wife Violence**, Cano, A., & Vivian, D.  
Aggression and Violent Behavior: A Review Journal, In press

Empirical work suggests that there may be multiple pathways accounting for the relationship between life stressors and husband-to-wife violence. Contrary to previous reviews of the literature, the current review found that the existing evidence supports a direct association between the life stressors and husband-to-wife violence. In addition, a number of variables mediate and moderate the relationship between life stressors and

violence including marital satisfaction, depression, attitudes accepting of husband-to-wife violence, violence in the family of origin, and alcohol abuse/dependence. We conclude this review by identifying remaining problems in the research and recommending possible solutions.

**Marital Satisfaction and Pain Severity Mediate the Association Between Negative Spouse Responses to Pain and Depressive Symptoms in a Chronic Pain Patient Sample**  
Cano, A., Weisberg, J.N., & Gallagher, R.M.  
Pain Medicine, In press

The current study investigates marital satisfaction and pain severity as mediators of the relationship between spouse responses to pain and depressive symptoms, as well as possible sex differences in these relationships. 165 married patients with chronic pain who were evaluated and treated at a comprehensive pain and rehabilitation center, completed several questionnaires including the West Haven-Yale Multidimensional Pain Inventory, Beck Depression Inventory, and the Marital Adjustment Test. Analyses were conducted separately for male and female patients. Correlations revealed gender differences in the associations between marital functioning, pain severity, and depressive symptoms. Path analyses suggested that more frequent negative spouse responses to pain were associated with increased pain severity and decreased marital satisfaction, which in turn, were associated with increased depressive symptomatology. Similar results were found regarding multivariate relationships for male and female patients. Results suggest that marital therapy aimed at improving communication and coping skills may be an appropriate treatment for depression and pain in married chronic pain

patients, regardless of gender.

**Wives' Disclosure of Marital Conflict to Their Respective Best Friend**  
Julien, D., Tremblay, N., Bélanger, I., Dubé, M., Bégin, J., & Bouthillier, D.  
Journal of Family Psychology, In press

Husbands' and wives' conversations with their respective best friend (N = 88) were coded to assess spouses' and friends' mutual influence in regulating support and interference with regard to spouses' marriage, and to assess the impact of spouses' sex and marital satisfaction on the conversation processes. Dissatisfied husbands and wives expressed fewer positive and more negative views of marriage than satisfied husbands and wives and the friends in the two groups. There were no group and no sex differences in interference sequences. There were group and sex differences in support sequences. Friends of satisfied wives and those of dissatisfied husbands were more likely than satisfied wives and dissatisfied husbands to get support for their positive views of marriage. The findings are discussed with reference to the specific effects of outsiders' support and interference on satisfied and dissatisfied marriages.

**Beyond The Workplace : Results Of An Exploratory Study Of The Impact Of Neurotoxic Workplace Exposure On Marital Relations**  
Julien, D., Mergler, D., Baldwin, M., Sassine, M.P., Cormier, N., Chartrand, E., Bélanger, S. Journal of Industrial Medicine, In press

The impact on family life and social relations that may result from symptoms associated with exposure to neurotoxic substances has never been addressed. This exploratory study assessed the associations between exposure to neurotoxic agents in the workplace, mental health, and marital

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# Thoughts about Dissemination: A Panel Discussion

**Bob Weiss, Ph.D**

I convened a panel to answer questions about issues in disseminating the knowledge we, as marital researchers, generate. The questions were intended to be pithy and to push the envelope in hopes of shedding light on what some might consider our difficult social and scientific responsibility. The panelists included Andrew Christensen, J. Mark Eddy, W. Kim Halford, and Stephen Sayers. Although I have abstracted from their responses, be advised that their comments have been taken out of context and thus may fail to capture the true depth, sagacity, and profundity these people are capable of displaying on the other auspicious occasions we have heard from them.

***What is it that marital researchers have to disseminate?*** Here, the panel was very positive and optimistic...

"...a sophisticated system of assessment of couple relationships"

"...we are disseminating specific methods for accomplishing change, both for existing problems and for preventing relationship problems in the future"

"...We have an extensive literature base on the nature and determinants of relationship violence."

"We have an empirically supported approach to enhancement of couple relationships (PREP)."

***What standards would you propose as necessary before taking to the air waves?***

"Replication, in multiple labs, in relevant, multi-problem populations."

"I think concerted effort on the part of marital researchers to come up with

reasonable standards for an intervention ready for the "air waves" is much needed."

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**The panelists included Andrew Christensen, J. Mark Eddy, W. Kim Halford, and Stephen Sayers.**

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"I think that the general standards (i.e., efficacy demonstrated in several randomized controlled trials or equivalent time-samples design) that Chambless and Hollon [JCCP, 66 (1), 7-18] proposed are a good starting place."

"I propose absolutely none. ... The general public needs more informed debate, not protection from professional advice that any particular group of individuals disapproves of."

"...So my current view is that 'if it is good enough for presentation to our colleagues, we should be prepared to talk to the press about it.' Of course, our research may be so esoteric, or downright boring, that we are spared this ethical dilemma."

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**'if it is good enough for pre-sentation to our colleagues, we should be prepared to talk to the press about it.'**

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***Do you think it possible to evaluate whether dissemination has made a difference?***

"Yes. The keys to measurement in this context can be found in the methods of public health research."

"Yes, in fact I think this is a crucial research area that we are only just

starting to grapple with. The evaluation of assessment will require the development of new research approaches, but it can be done. For example, Matt Sanders evaluated the effects of a family-focused television show series including parenting principles in terms of its impact upon parenting problems in new Zealand"

"I think it is possible to evaluate the impact of dissemination. Just don't ask me how."

***Are there ways in which dissemination of couples' research findings could be counterproductive?***

"Yes. A substantial portion of the population mistrusts 'scientific' or 'expert' -based information. One domestic violence researcher once told me he heard some folks at a public meeting denounce his viewpoint by commenting sarcastically, 'Oh, he must have written a book or something.' "

"In spite of the likelihood of some negative effects, I believe that the positive effects of an educated public far outweighs the negative effects. Furthermore, as a practical matter, I think it is impossible to keep the lid on our findings. This is the age of information; there is a great thirst for psychological information; people will find it and report it. We can choose to ignore the dissemination of psychological knowledge, or we can participate in it, hoping to bring our expertise to bear on the topic."

"Not if the findings are accurately presented. The real problem is that there is lots of media coverage of relationship issues, but little of this coverage is related to scientific research."

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### **What's in Press Kick-Off, Continued From page 6**

difficulties. Fifty-five male workers and their spouses completed standardized measures of mental health and difficulties. Workers' exposure to neurotoxic substances was evaluated by questionnaire and interview, using a semiquantitative classification system. A positive relation was observed between exposure level and measures of workers' psychological symptoms and marital stress; no relation was observed between workers' exposure level and wives' psychological symptoms. More severe exposure to neurotoxic substances was associated with wives' reports of more severe marital conflicts, and this association was mediated by husbands' psychological symptoms. As compared to low exposure husbands, high exposure husbands reported higher degrees of stress surrounding marital discussions, more consistent incidence of minor physical aggressions of wives, and the number of marital conflicts. Results confirm that neurotoxic exposure is a risk factor for mental health and suggest how this may influence marital relations. Because of the importance of these findings for the well-being of workers and their families, these associations should be further studied.

#### **Immediacy Behaviors and Synchrony in Satisfied and Dissatisfied Couples**

Julien, D., Brault, M., Chartrand, E., & Bégin, J.  
Canadian Journal of Behavioral Sciences, In press

This study examined whether the organization of positive behaviors during marital problem-solving discussions discriminated satisfied from dissatisfied couples. Maritally satisfied (10) and dissatisfied (10) couples' interactions were coded with an observation system assessing partners' respective immediacy behaviors. We used sequential analyses to assess synchrony between the two partners' changes in levels of immediacy behaviors. The findings showed that, relative to dissatisfied

couples, satisfied couples showed stronger associations between the two partners' respective changes in levels of immediacy behaviors. The findings suggest that interactional synchrony is a useful framework for discriminating satisfied and dissatisfied couples' communication patterns. Further analyses of speech-turn organization may help understanding positive communication in marriage.

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### **What's In Press BOOKS**

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#### **Brief Couple Therapy: Helping Partners Self-Regulate Change**

Halford, W.K.  
Guilford, In press

Empirically supported approaches to couple therapy share an emphasis on systematic assessment, feedback by the therapist of the results of assessment, and negotiation of therapy goals. In this book Kim Halford argues that these common elements to effective therapy can be used to assist many distressed couples to self-direct change in a brief form of couple therapy. A three-level model of the intensity of therapy is proposed. The first level is a brief therapy of 3 to 4 sessions focused on assessment, feedback and self-directed goal-setting. The second level is also a brief therapy of up to 8 sessions that adds relationship psycho-education to assessment. The third level is a more traditional form of couple therapy involving therapist guided change strategies derived from cognitive-behavioral, emotion-focused and insight-oriented couple therapies. A self-regulation theoretical framework is described that guides the application of the three levels of couple therapy. This book is a practitioner's manual providing detail on the content and process of couple therapy.

#### **The Psychology of Couples and Illness: Theory, Research, and Practice**

Schmaling, K. & Sher, T.  
APA Press, In Press

The true meaning of a couple's vow to stay together "in sickness and in health" cannot be fully appreciated until illness strikes. In reality, the

psychological and physical strains of illness affect both the ill and healthy partners. With the majority of adults involved in intimate relationships, and chronic illness on the rise, the impact of illness on couples has become a significant new area of psychological research and clinical practice. *The Psychology of Couples and Illness* is the first book in the emerging field of the psychology of couples to examine the juncture of psychology and medicine.

To begin to unravel how illness affects relationships, as well as how relationships influence illness, the book presents cutting-edge empirical data from psychologists who study and work with couples. Contributors explore biological, and immunological research; specific illnesses, such as cancer; organ systems, such as the respiratory system; and health-related behaviors, such as smoking. Destined to be the definitive text in the field, this book will be a valuable and welcome resource to those working with couples, from psychologists to nurses, to clergy.

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### **Dissemination Panel Discussion Continued from page 7**

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#### ***Should we contribute our own disagreements to public scrutiny before we have reached a consensus of our own?***

"No. Our disagreements will reach the public anyway, and highlighting them, as you seem to suggest, would only reduce our credibility. Much of the public does not have the time/interest to digest and critically evaluate these differences. Interested parties from the non-marital or nonscientific areas will discover and evaluate them as they see fit without our help."

"No. The public needs to know that there is uncertainty in some areas, and consensus in others. To pretend otherwise is misleading. I think it is ethically dubious."

"I don't think we should make a point of sharing our disagreements with the public. However, I don't think it is harmful at all for the public to see that

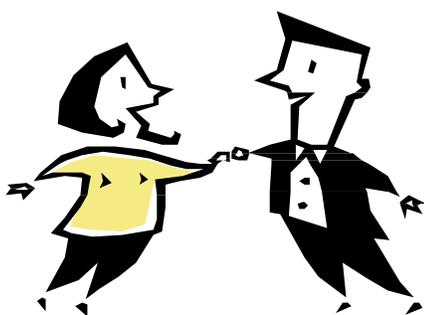
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experts disagree. Again, I think it can promote a healthy skepticism.”

Your choice of a question....

**“Question: What is our greatest failing in the behavior-marital/couples area?”** Largely fueled by our perceived successes, it is our tendency to avoid trying harder to integrate methods, models, and variables from other areas of psychology, and other fields of scientific study altogether.”

**“Question: What is our agenda in seeking to disseminate marital research?”** The current set of questions lead me to feel that the agenda is to protect ourselves, to prevent a colleague saying something dumb that makes us all look collectively dumb. The real agenda should be to promote better couple relationships. To achieve that we need to raise the level of debate in the community. Marital researchers who feel they have something useful to say should go to the media and state their piece. Groups like the AABT interest group can facilitate that by discussions such as the current one, providing training for members in presenting to the media, and having media spokes people who are available to the media for comment when the media seeks such input.”



And there you have it. Some comments from some very busy people who were willing to put their thoughts on paper. There was substantial optimism, concern that we be open about what we know and what we don't know, and above all else, to be educators. A genuine concern for contributing to the quality of marriage for the greater good came through loud and clear, as did a refreshing rejection of guild-ism.

### The Funding Process, Continued from page 5

around, the greater the likelihood that some of your ideas will pay off and the more profitable you'll be in the long run. Finally, if you have multiple grant possibilities, the disappointment over any one will be reduced.

### “as they advertise for the lottery, ‘You’ve gotta play to win.’”

◆ 8. *Submit for the Right Reasons* — Although looming tenure decisions (or in our case, impending foreclosure) are useful incentives, only a burning interest in a topic will carry you through the hard work and criticism inherent in this process. We resonate to something that Tony Biglan of the Oregon Research Institute wrote (archived on the ECPN site): “One thing that has worked for me is to never take it too seriously. Some say they would be very distressed to have to support themselves on grant money. Somehow I have usually been able to maintain a frame of mind in which I wrote the grant proposals because they were things I wanted to do, not because I had to have a job.”

In conclusion, as they advertise for the lottery, “You’ve gotta play to win.” If the odds of getting funded by NIMH are only 10%, the odds if you don't submit something are 0. If you submit carefully constructed projects to several funding agencies and respond to RFAs when they appear, your chances will grow substantially.

### Notes from Kieran Treasurer’s Report

We currently have 147 Couples SIG members. Once all dues were paid and all conference expenses were accounted for, our balance was \$843.56. We then paid \$70 to Jean-Phillipe for internet set-up. We now have a total of \$773.56.

### Letter From The AABT SIG Committee Chair

“Dear SIG Leaders, ...at AABT's June 1999 Strategic Planning and Board Meetings, a set of five long-range goals were developed to guide the organization over the next several years. It was decided that, each year, AABT's President would select one goal for the organization to focus on that year. Our current President, Art Nezu has selected Goal #4, which is to increase the quality of treatment available by supporting research on development and evaluation of treatment. All of the various committees within AABT have been asked to develop initiatives in support of this goal. In this vein, we have developed two SIG-related initiatives and would like to ask for your help in implementing them.

The first initiative is simply to ask you to help "spread the word" about this goal to your SIG members, by including information about it in communications with them (e.g., include a "blurb" about this in your next newsletter, share it in an email to members, post it on your website, etc.).

The second initiative is to ask that each SIG to select one of their posters at the SIG poster session at the 2000 Convention to be recognized as the best one in terms of supporting /furthering Art's goal. AABT will provide some type of visual marker that can be placed on each of these posters at the convention (e.g., blue ribbon). In addition, we would like to ask that each SIG consider providing some type of minimal incentive /reward for the "winning" posters (e.g., a 1-year free membership in the SIG to the first author or all the authors)...” Andrea Seidner Burling, Ph.D. SIG Committee Chair

Editor's Note: This was sent to all SIG leaders. Please spread the word! We will vote in November on the student poster that best exemplifies research on development and evaluation of treatment.

# Clinician's Corner

## Spirituality & Religion In Couples Therapy Scott Stanley, Ph.D.

For many, faith and spiritual beliefs are the central organizing principles of life. As such, these beliefs and practices can play a major role in relationship dynamics, especially in family relationships where religious traditions and expectations often play a major role. For those who are not traditionally religious (or non-traditionally religious), there are core belief systems that may have great impact on their relationship. Integrating a couple's beliefs into the practice of therapy can yield more robust outcomes.

### Risk Factor or Protective Factor?

There have been many studies over the years that touch on the ways in which religious faith and practice affect romantic relationships (especially marriage): 1) More religious persons can be said to be slightly more likely to have happy and stable marriages. 2) persons marrying for the first time who come from different faith backgrounds are generally at greater risk. 3) The risk level expressed in the prior statement can be entirely mitigated, if not changed to a strength, if one partner has converted to the faith of the other. 4) When one partner is practicing a faith that the other does not practice, greater religious activity is more to likely increase the odds of a break up. 5) In a study of particularly strong methodology and theory in this domain, Mahoney, Pargament, et al., (1999) looked at how proximal (e.g., joint religious activity) and distal (e.g., individual faith) religious variables related to marriage quality. They found that the "proximal religious variables directly reflect an integration of religion and marriage, and were consistently associated with greater global marital adjustment, more perceived benefits from marriage, decreased marital conflict, more verbal collaboration, and less use of verbal aggression and stalemate to

discuss disagreements for both wives and husbands." One could generally conclude that, for most couples that are religious, their beliefs and practices can be of protective benefit for the marriage—and are therefore useful for consideration in couples' therapy.

### Clinical Importance

Here, I only offer a few, brief examples. To be clear, couples often present with problems that are not necessarily more effectively treated by understanding their larger beliefs. However, for many couples, we cannot fully understand the "why" of their relationship without understanding what they believe. For example, for the more traditionally religious person, the marital relationship may be viewed not only as foundational to family life, but as a personal, life-long ministry of each partner to the other. For therapists who are non-conventionally religious or not religious at all, such a view can have overtones of unhealthy self-sacrifice. Yet, for religious couples, such beliefs may be associated with better quality marriages as well as greater motivation for marital therapy or education. Therefore, the therapist who is not of the same world view as their client should be particularly sensitive to the differences or risk less effective treatment, or even alienation of the couple. Since surveys show that the average mental health professional is substantially less religious than the average client, being mindful of the differences is essential.

A particular challenge is faced when you come to believe that one or both partners hold religious or other core beliefs that are at odds with the stated goals of treatment. For example, suppose you are working with a woman who is married to a man who is, for all intents and purposes, a philanderer (poor prognosis), yet, she believes she is to continue an endless cycle of forgiving

based in her religious beliefs. It can be especially helpful to directly discuss your difficulty with their viewpoint, essentially asking the client to help you to understand how you can best help her. This example also points to the value of being able to consult with a minister of the faith background of the client. Doing so can help you understand if the client's stance is truly derived from the belief system or if, instead, it might be driven by something less faith based such as attachment history. For example, in many belief systems, there is a clear understanding of the difference between forgiveness and reconciliation. Knowing the distinction can be incredibly valuable in helping the client see options that were not in view before.

One constellation of issues often encountered by couples' therapists derive from interfaith marriages. When working with such couples, it is often paramount to openly and directly discuss the differences and the implications of them. The exception to this is when neither partner is practicing a faith they were exposed to when younger. One must ask about such matters to determine their role in a couple's dynamics. Sometimes differences that are rooted in religious/cultural backgrounds do not manifest as such, and may be evident in differences that seem more secular, such as differing views on appropriate child discipline. When such differences are rooted more in ideology and core belief, rather than simple preference, helping the couple work as a team may be far more difficult.

Based on many years of studies in social psychology on intrinsic and extrinsic religiosity, you are likely to find that the people who seem healthiest will be those who are either intrinsically religious or not religious at all. There is an extensive

(Continued on next page)

literature on such things, dating back to Allport and Ross in the 1950s. With intrinsic religiosity, persons find their core meanings and master motivations in their faith. Those who are primarily motivated by extrinsic factors (church is a nice place to meet people) or who will endorse anything religious sounding tend not to look as good on a host of measures. Even a simple clinical assessment of this basic distinction between faith types can provide you with valuable clinical insight. Closely related to this point, recent work by McCullough, Worthington, & Rachal (1997) suggests that when people forgive others primarily for the purpose of freeing themselves up (a focus on personal benefit), forgiveness is more

likely to decay. People who forgive primarily to bless the other show a more robust form of forgiveness. After recently hearing Worthington speak, I have changed part of the message I give to some couples where I might have, in the past, stressed the individual benefits of forgiveness. This is just one example where understanding something about how the partners view life and relationships can have important clinical consequences. It is also a great example of how research and theory can directly inform clinical practice.

There are particularly useful strategies open to you when working with two partners who are religious or spiritually inclined—and of similar faith backgrounds. Chiefly, the

therapist may encourage the partners to find (or expand upon) expressions of faith that they can join in together. This strategy is a direct extension of findings from basic research such as Mahoney et al.'s study. There are at least two potential benefits of the typical enactment of this advice: first, the joining of the two in highly salient, meaningful activities; and, second, the building of a stronger social support system (e.g., if they were to become involved together in a smaller group at their religious organization).

In summary, understanding the core beliefs of two partners can lead a therapist into motivational structures and behavioral practices that can lead to better outcomes when well considered.

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# Announcements

**WE KNOW YOU'D LOVE  
TO CONTRIBUTE!!!**

Contact Shalonda anytime  
about doing a piece for the  
Fall/Winter Newsletter!

Don't be shy!!!

skelly@rci.rutgers.edu

732-445-1791

**Don't Forget the  
Special SIG Event!!!**

(It will be held Thursday