

Conflict Resolution Therapy

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TREATMENT MODEL

Conflict resolution theory offers a comprehensive framework for understanding emotional health, explaining psychopathology, and guiding efficient, comprehensive, and effective treatment. The theory is based on a simple premise: conflict produces tensions; conflict resolution yields relief of tensions and resumption of well-being. Conceptualizing treatment as conflict resolution dovetails closely with what patients generally describe as what they want from therapy. In her initial telephone call requesting therapy, for instance, Jan "stated that she and her husband were experiencing difficulty achieving emotional intimacy due to continued conflicts and lack of effective resolutions" (Heitler, 1993, p. 12).

What Is Conflict and What Is Effective Conflict Resolution?

In this theoretical system the term conflict is defined as "a situation in which seemingly incompatible elements exert force in opposing or divergent directions" (Heitler, 1993, p. 5). Conflict thus implies tensions but not necessarily fighting.

Conflicts routinely occur in everyone's lives in at least three realms (Heitler, 1993). Conflicts within an individual's intrapsychic realm involve an individual's competing preferences, values, beliefs, fears, and desires. Mike, for instance, experiences inner conflict between, on the one hand, wanting to sustain a relationship with his wife and, on the other hand, wanting to avoid her for fear of unpleasant arguments. Conflicts occur between people, such as in Jan and Mike's argument after Jennifer's party. Thirdly, conflicts occur between people and

circumstances—illness, infertility, financial difficulties, work disappointments, etc.

When conflicts are handled effectively, feelings of emotional distress give way to relief and closure. "Effective" resolution implies that:

- The process is based on information sharing, not on verbal or physical domination.
- The attitude of participants is collaborative and mutually respectful, not deprecatory, judgmental, avoidant, antagonistic, or coercive.
- The process includes exploration of both parties' concerns.
- The outcome leaves all parties feeling satisfied that the solution is responsive to their concerns.

Three main steps of collaborative problem solving constitute what I refer to as "the win-win waltz" (Heitler, 1997, p. 192):

- Identification of the conflict by expression of both parties' initial positions;
- Exploration of both sides' underlying concerns; and
- Creation of solutions responsive to both parties' underlying concerns.

For instance, if Jan wants to talk in the evening with Mike, while Mike prefers to work on his computer, Jan and Mike have a conflict. Jan's immediate concern might be to refresh her sense of connection with Mike; a deeper underlying concern may be to feel reassured that Mike values her and their partnership. Mike's underlying concern may be to avoid interaction for fear of fights; his deeper concern may be to feel that Jan respects him. If Jan and Mike then decide to go together to a movie, this solution could give them shared time, refreshing their sense of connection, and yet giving them enough structure that arguments will be unlikely and mutual respect will prevail. Note that this collaborative solution would not be a compromise. A compromise is a solution in which both sides each give up on some of what they want. Rather, Jan and Mike would have created a solution set that is fully responsive to all of their concerns.

The Conflict Resolution Theory of Emotional Health and Healthy Marriage

Emotionally healthy individuals, couples, families, and groups sustain well-being by collaboratively resolving the various dilemmas life inevitably presents. When differences arise in a well-functioning couple, they have the skills and attitudes set forth in Table 14.1, enabling them to discuss the challenge cooperatively.

TABLE 14.1 Dysfunctional Versus Emotionally Skillful Individuals and Couples

Dysfunctional	Emotionally skillful
Express concerns as blame and criticism.	Express concerns with tact and insight.
Disparage or ignore concerns.	Listen respectfully to concerns.
Smother and/or escalate emotions.	Heed emotions as indicators of concerns.
Escalate anger, and use it to coerce or to hurt.	Hear anger as a sign of a problem to address.
Make decisions based on one side's concerns.	Make decisions based on both sides' concerns.
After upsets, allot blame and seek to punish.	After upsets, apologize and prevent repeats.
Endure or fight over frustrating situations.	Find solutions to frustrating situations.

The Conflict Theory of Emotional Distress

People feel tension when they experience conflict. If the problem or conflict is not handled effectively, the problem continues to generate stress. At the same time, poor conflict management strategies in themselves produce additional negative effects. For instance, when Mike responds to conflicts with Jan by trying to avoid discussing them, important disagreements remain unresolved—and his wife erupts in fury at his attempt to exit.

Conflict resolution theory posits that there are four ineffective conflict patterns, as listed in Table 14.2. Each of these patterns results in a specific type of clinical pathology (Heitler, 1993). Conflict resolution theory further notes that a given

TABLE 14.2 Conflict Resolution Patterns and Their Consequences

Conflict pattern	Behaviors	Clinical symptom
I. Submission	Give up, give in. Excessive altruism.	Depression
II. Fight	Attempt to prevail via domination.	Anger
III. Freeze	Take no action: remain immobilized.	Anxiety
IV. Flight	Change the subject, leave the situation, distraction.	Addiction, obsessive-compulsive habits
V. Discuss	Collaborative problem-solving.	Well-being

individual will tend to utilize the same patterns in both intra- and interpersonal conflict handling.

The Conflict Resolution Theory of Treatment

Conflict resolution theory facilitates comprehensive treatment by interweaving three goals—

- a. removal of symptoms,
- b. prevention of subsequent tensions by improving conflict resolution skills and
- c. resolution of current conflicts.

In what order should these therapeutic tasks be addressed? In general:

- If symptoms such as anger, depression, addictions, or anxiety are interfering with ability to function, focus on symptom reduction first, then guide and coach.
- When a couple bickers regularly, or is upset by frequent disturbing fights, start with brief coaching of the basics of talking, listening, and anger management. To accelerate teaching of the fundamentals, assign homework reading and audiotapes.
- Barring these conditions, use what I term the “laundry list strategy” (Heitler, 1993).

With the laundry list strategy each session begins with the couple selecting a specific conflict to resolve. The conflict may be one from their laundry list of on-going differences or from a recent argument. The therapist guides resolution of this conflict, and along the way also coaches at least one communication skill. This coaching may include a brief exercise for skill consolidation. As the couple explores the emotions and concerns raised by each conflict, they gain insight into themselves. Softening occurs in their attitudes toward each other (Rice & Greenberg, 1984). Optimism increases as they resolve one-by-one the issues that had been creating tension, and also as they see that they can learn skills for discussing sensitive issues productively.

Relationship of Conflict Resolution Theory to Other Treatment Philosophies

When therapists use the terms “problems,” “dilemmas,” and “issues,” these words imply conflicts. Conflict resolution therapy guides the next steps: specifying

exactly what is in conflict with what (a psychodynamic component), and moving toward resolution with practical plans of action (behavioral and solution-focused components).

A conflict resolution theoretical model thus offers a broadly integrative treatment map. The therapy extends the basic Freudian idea "where id (feelings) were, let ego be (thinking about feelings)." Thinking about underlying concerns, including at times the childhood origins of these concerns, leads to practical solutions to life dilemmas. The treatment includes behavioral learning, especially of communication and conflict resolution skills, to sustain marital well-being. The treatment rests on a systemic basis, with simultaneous treatment of intra-, inter-, and extrapersonal factors.

Conflict resolution therapy also resonates with attachment theory. Conflict resolution theory posits that each unit of interaction, and especially of verbal interaction, is a microcosm of the overall relationship, that is, of the attachment bond. Collaborative dialogue thus re-enacts, and reinforces, a secure attachment of mutual respect, empowerment, and affection. By contrast, avoidant or antagonistic communications perpetuate unsatisfactory attachments.

Templates for conflict resolution and their associated attachment patterns begin to be formed in childhood (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1980). Positive attachment grows out of parents' utilization of effective conflict resolution. For instance, when a child wants to make noise and the parent wants quiet, a skilled parent capable of offering a secure attachment handles the conflict in a way that is respectful of both participants. The parent invites the child to come sit quietly in his/her lap for a story, or perhaps distracts the child with a puzzle more compelling than noisemaking. That is, secure attachment emerges out of cooperative conflict resolution, which in turn both reflects and causes mutual affection. By contrast, negative conflict resolution patterns—evidenced in unskilled, neglectful, or domineering parenting—yield avoidant, ambivalent, or hostile attachments.

THERAPIST SKILLS AND ATTRIBUTES

Therapist attributes essential to this kind of therapy begin with those relevant to most treatments—ability to listen accurately; warmth that conveys caring; intelligence, life experience, and wisdom. Personal attractiveness helps, motivating couples to want to do their best because they like you, want to be like you, and want you to like them. In addition, conflict-focused therapists need conviction that conflicts can be resolved. This confidence typically rests on therapists' success with cooperative conflict resolution in their own personal and business affairs.

With regard to technical skills, to conduct a conflict resolution treatment a therapist needs to be able to wear at least four hats:

- *Healer.* Healing psychological symptoms can be accomplished with a broad array of techniques, including conflict-focused interventions (Heitler, 1993), for reducing depression, anxiety, excessive anger, and obsessive-compulsive syndromes.
- *Guide.* Guiding conflicts to resolution necessitates mediator skills plus Gestalt-type techniques for exploring subconscious underlying family-of-origin concerns.
- *Coach.* Effective coaching rests on a repertoire of skill-building exercises, plus detailed understanding of the skills that enable couples to negotiate differences, recover from upsets, and make shared decisions.
- *Traffic police.* The therapist is responsible for keeping sessions safe, and therefore needs skills both for prompting positive communication habits and for halting negative interactions.

THE CASE OF MIKE AND JAN

Mike and Jan are two reasonably well-functioning individuals whose marriage has involved a history of disappointment and frustration, but who would like their marriage to improve and endure.

Assessment

Conflict resolution assessment organizes diagnostic data into the three areas defined above as treatment goals: symptoms; content of conflicts; and process of handling conflicts.

Symptoms

To gather rapid initial information about symptoms, I ask new couples to fill out a symptom checklist (Heitler, 1995) included in their packet of registration materials handed out in the waiting room prior to their first session.

Content of Conflicts

To assess the content of a couple's conflicts, I request that the couple, talking with each other, compile together a laundry list of the issues that they find controversial or tension-producing. I suggest that they include the issues that

they fight about and also those that they avoid. As I listen, I serve as the couple's secretary, writing down the issues they enumerate. The list, I explain, will serve as an informal outline for their treatment. I usually suggest that they take turns adding to the list, and encourage them to give just titles that identify each controversial issue rather than longer explanations.

Process of Conflict Resolution

To assess a couple's skills in communication and conflict handling, I would observe what occurs when the spouses talk with each other. Assignment of any topic for them to discuss together can serve this purpose. I might ask them, for instance, to discuss when their tensions began and what events were transpiring in their lives at that time. In this case, as they are talking I would be gathering information simultaneously on their dialogue skills, and on the history of their attachment.

Alternatively, to simplify data gathering, I might assign my "Going Out to Dinner" diagnostic exercise (Heitler, 1993). In this exercise, I ask the couple to pretend they have decided to go out together and need to pick a restaurant. This nonthreatening shared problem-solving situation quickly illuminates the couple's strengths and deficits in communication. I note, for instance, if the individuals:

- verbalize their preferences or either refrain from saying their preferences or use crossovers (my term for speaking for or about each other);
- have symmetry in their dialogue;
- demonstrate bilateral listening (my term for ability to hear their own and also their partner's concerns), or either insist on their own way or err on the side of excessive altruism;
- access insight or slip into blame and criticism;
- integrate both partners' perspectives or engage in power struggles over whose ideas will prevail.

Eventually, I would obtain a history of each individual's key life events and of their relationship as a couple. Similarly, family background, including relationships with parents, parents' personalities, and the parents' marital history, are important data. I typically gradually amass this historical perspective, however, in the context of issue explorations, rather than necessarily in the first session.

I would want to answer two remaining key questions in the first session. First, I would want us to build together a non-blaming explanation of what has gone wrong in the relationship. A typical explanation might run as follows: The couple married with ample love but insufficient skills for handling differences. As they encountered stresses from various life events, their insufficient partnership problem-solving skills became frustrations with each other. In addition, transfer-

ence and modeling from their families-of-origin may have further contaminated their affection for each other.

Second and lastly, I would want to find out what strengths and attractions drew, and continue to draw, the partners to each other. Concluding with a focus on this last question ends assessment sessions on a high note.

Case Conceptualization

The Couple

As described above, conflict resolution theory conceptualizes individual and couple difficulties by focusing on their conflicts: look at the symptoms their conflicts are producing, the content of their conflicts, and the processes by which they handle their conflicts.

Symptoms

Distance, tension, depressive discouragement, and episodic arguments are the main troubling elements in Jan and Mike's marriage. When Mike and Jan end each day together in bed, instead of lying open to sexual intimacy, they sleep back to back. In their daytime hours, instead of shared activities and verbal intercourse, they live similarly "back to back." While Mike and Jan do say that they love each other and want to stay together, they are poignantly limited in being able to connect in loving, trusting, playful, supportive, or other positive ways.

Content of Conflicts

Jan and Mike have identified multiple areas of controversy:

- The fight that followed Mike's late return from Jennifer's party. Converting upsets into positive growth experiences is an important subcategory of conflict resolution.
- Wanting more trust. (Jan)
- Emotional intimacy. (Jan)
- Feeling unfulfilled and unappreciated in the marriage. (Jan)
- "Mike not being dependable." (Jan)
- Mike's concerns about what he refers to as Jan's "nagging," and Mike's behaviors about which Jan "nags."
- Mike's working on the weekends, and related issues of what Jan and Mike could do for shared leisure activities, socializing, and fun.

- The fact that Jan makes more money than Mike; other ways in which their relationship feels competitive or unequal; and how to establish a sense of symmetrical power and value in the relationship.

Process

Discussing issues of serious concern generally turns on a flow of tensions, resentments, and criticism, so Jan and Mike mostly avoid talking. Conflicts hover instead, and periodically erupt. When Jan and Mike do try to discuss sensitive issues, the dialogue quickly deteriorates. Criticisms and complaints from Jan lead to withdrawal from Mike. This withdrawal further agitates Jan, who escalates to shouting and crying. If Jan and Mike do reach solutions, these evolve from Jan dominating and Mike acquiescing. Mike then does not keep the agreement he had accepted under pressure (e.g., about calling her) and the tensions are renewed.

Further examples of the couple's actual dialogue would be necessary to identify the full range of specific communication glitches that interfere with Jan and Mike's ability to talk together about serious matters. A few, however, are immediately evident. For instance, Jan tends not to share her positive thoughts or feelings, such as her appreciation of Mike's alcohol recovery, with her husband. When she feels hurt, Jan is quick to interpret judgmentally, rather than to ask for more information about what happened ("He could have at least called. How much thought does that take?"). Similarly, instead of listening to understand Jan's concerns, Mike "simply dismisses what Jan says as being trivial."

Detailed observation of a couple's dialogue is critical for a conflict-focused therapist. Dysfunctional communication habits, such as "buts" or asymmetrical "air time," often prove to be the subtle but powerful elements that are most corrosive in a marriage—perhaps because these habits are the visible elements of so-called personality traits, such as self-absorption, competitiveness, etc. Detailed sensitivity to these patterns enables the conflict focused therapist to zero in very quickly and repair detrimental relationship dynamics.

Mike

Symptoms

While Mike seems to function fine outside of the household, at home Mike's problematic symptoms include depressive resignation and avoidance-inspired behaviors. Jan says that she married Mike because she found him fascinating, but the Mike that is portrayed in this case sounds more inhibited than intriguing, more limited than likable, and more resentful than resilient or robust. On the other hand, Mike does seem to enjoy himself when he is on his own, with his computer for instance. After he and Jan have had good talks, Mike seems to

become more participatory in the relationship, and to enjoy it more. It is noteworthy also that Mike has for the most part been quite steadfast in wanting to stay married.

Content

The main issue Mike expresses distress about is his wife's "nagging." Like many people who avoid troubling situations by using denial to stay clear of unpleasant thoughts and feelings, Mike may have additional concerns in the marriage that he has not articulated.

Process

Submissive giving up and avoidance are Mike's two main modes of response to conflict situations. Giving up, the conflict style associated with depression, is a problem-solving tendency Mike first showed in childhood toward schoolwork, in sports, and in his social life. Giving-up strategies are often the coping/conflict strategies of choice for children with a tendency to shyness, a temperament which Mike showed. Mike's possible attention-focusing weaknesses (there are signs of ADD), may have made success difficult for him at many of the activities kids do, from baseball to academic work. In addition, his father modeled depressive giving-up patterns.

Mike similarly learned self-protective avoidance early in his youth. For many years he implemented avoidance with drinking and drug use. While he does not appear to have been drinking or using drugs during the 7 months prior to treatment, avoidance continues to predominate as Mike's strategy for handling marriage. Avoidance seems to motivate his dismissive listening style. Avoidance of talking with Jan when she might have been critical after his late stay at Jennifer's party provoked their most recent upset.

Mike developed avoidance, rather than a secure positive attachment, with both of his parents. Distance characterized much of his relationship with his father. Throughout much of his youth, Mike experienced few friends and a "disinterest" in school, music, and baseball, an attitude similar to the basic stance his father seemed to take toward him, with the exception of attending Mike's football games, which Mike appreciated. Even when Mike was an adult, his father modeled avoidance of feelings by disengaging and avoiding emotional situations. If Mike felt troubled, his father would tell Mike to "Get over it."

Mike's attachment to his mother was more active, but often demoralizing. Her chronic disapproval, guilt induction, and blame must have invited avoidance of her, and also contributed to Mike's negative feelings about himself: "No matter what problems he was experiencing, his mother always pointed out that it was somehow related to something he himself did to cause it." His mother probably

was depressed during much of Mike's youth, which could account to some extent for her chronic negativity. She also felt angry much of the time at her husband, Mike's father, which could have conveyed generalized anger at males, including Mike. The sum impact on Mike was vast experience in remaining in a relationship with a dominant and critical woman and yet avoiding interactions with her. It is striking that Mike continued to live with his mother until his late 20s.

Mike's depressive/avoidant conflict resolution behavior was further imprinted by his parents' behavior toward each other. During the years that children learn words and a grammar of spoken language, children also learn a grammar of interaction of loving, enjoying, and fighting—from their parents' spousal relationship. The model of marriage that Mike grew up with consisted of a wife who criticized and a husband who avoided. Mike viewed his mother as powerful with her controlling and critical behavior, and viewed his father as ineffective. Given this power differential, the father probably was chronically depressed. Though her family viewed her as powerful, Mike's mother's angry negativity probably was an outcome of depression as well. The father self-medicated for his depression with periodic escapes into affairs, blaming these affairs on his wife's angry "nagging" and "put-downs." Mutual depression, plus circular patterns of escapes into inappropriate marriage behavior (affairs, etc.) on the part of the husband and angry negativity (complaints, criticism) on the part of the wife, characterize Mike's parents' marriage and also his own.

Sibling patterns in the family of origin can serve similarly as templates for adult marriage partnership patterns. Mike resented his older brother, whom he experienced as getting "more" than he, at least with regard to parental attention. Mike experiences Jan likewise as "bigger," that is, as dominant and as getting more. She makes more money, has more friends, and does not share the self-shaming history he has of drug abuse.

Jan

Symptoms

Jan's clinical symptoms of negativity and social withdrawal suggest depression and anger. Jan sounds more critical than kind, which must be difficult for a relatively shy and not very self-confident fellow like Mike. Like her husband, Jan seems robust enough when she is on her own. Jan in college seemed to have reached her optimum level of social functioning with many friends and multiple active interests. Now she enjoys personal pursuits like reading and does seem still to have a network of friendships and a positive relationship with her parents. During her years of marriage, however, Jan's interests have shifted more toward reading than experiencing life, and her enthusiastic participation in social activities seems to have shrunk considerably. For instance, she did not want to attend

their friend Jennifer's party with Mike. Rather than her old enthusiasm, Jan's predominant emotions at home seem to be negative.

Content

Jan's expressions of disgruntlement at Mike focus primarily on what she experiences as his "lack of dependability" and lack of clear expressions of caring for her. She wants more interaction, more intimacy, more affection, and more sense of receiving positives from their relationship. Exactly what kind of positives she wants from her marriage would need to be clarified in the couple's discussions.

Process

Jan's primary conflict resolution mode is attack. If she does not feel heard, or if Mike attempts to withdraw from a sensitive discussion, Jan escalates with shouting and crying. She sometimes also shows depressive resignation, particularly in response to the scarcity of interaction in her marriage. With regard to Jan's overall attachment pattern with Mike, the other notable feature is how little positive communications she (or he) seems to give forth.

Jan's rather sparse relationship with her parents growing up has been repeated with Mike in her marriage. In response to the relative lack of parental involvement in her youth, Jan turned resiliently to her younger brother, serving as caretaker for him throughout their growing-up years. For some time, this relationship seems to have been mutually satisfying. Later, when her brother was in his teens, and especially around issues of drugs, Jan transitioned from nurturing to criticizing him. In her marriage, Jan has "parented" Mike as she did her younger brother. Initially quite enamored of him, she eventually has become critical, first around his drug and alcohol abuse, and gradually more broadly.

Back to the Couple

Adults can modify and improve the patterns they learned from child-parent, parent-parent, and sibling interactions, but Jan and Mike have retained them. In the co-choreography of husband and wife, perhaps because Jan and Mike's conflict styles from each of their families-of-origin dovetailed so well, they have continued the interaction patterns they had experienced as children.

Furthermore, as Paul Wachtel (1977) has described, when one spouse acts in ways he or she learned as a child, this behavior is likely to pull complementary responses from the other. Behavior like Mike's not calling from his late party does not consider the partner's preferences, and consequently engenders irritation in the other, regardless of who the other may be. Similarly, Jan's criticisms would

be likely to trigger avoidance of open discussion in anyone, particularly with regard to potentially sensitive topics.

Moreover, attachment patterns are based on skill and habit acquisition. Neither Jan nor Mike had parents who modeled positive conflict resolution. Their parents did not consistently listen to their children's needs, express their parental concerns in ways that were positive rather than critical, or routinely find mutually respectful solutions to differences. They modeled nonresponsive, dominant-submissive, and avoidant patterns, rather than open emotional sharing and problem-solving, leaving both Jan and Mike poorly equipped for marriage partnership.

Lastly, attachment patterns are impacted by the quantity of affection expressed in a relationship. Couples who share vast amounts of joyful or loving interaction seem better able to tolerate difficulties from poor conflict-handling skills. Neither Jan nor Mike received very much overt positive affection from their families of origin. As a couple, they have gradually slipped into similarly non-nutritive co-living. They often spend dinner eating separately. Evenings consist of Mike "in front of the television" and Jan "at the kitchen table while she pages through a magazine." Though their relationship began with a sense of fun in a courtship filled with activity (movies, restaurants, parties, skiing, and caring for Mike's animals), in marriage their life has been whittled down to inconsistent meals together, occasional animal care together, and back-to-back sleeping. Mike and Jan "rarely venture out socially." Fun leisure activities, friends, shared evenings and weekends, and sexual intimacy—most of life's pleasures—seem to have slipped away. Their marriage at this point is a relatively empty shell.

Strengths

Mike and Jan do nonetheless share several strengths: continuity of jobs, interests in caring for animals, and love for each other, however limited its expression. They do each have at least one individual interest—Jan's mystery reading and Mike's computers and TV watching, which are compatible as parallel play.

Jan for many years in her youth enjoyed a very loving relationship with her brother, and as an adult has a reasonably positive relationship with both parents. She also enjoys excellent relationships with friends. These successes show strong potential for positive connections.

Fortunately also, Mike has long enjoyed using his hands to make things, an arena of positive functioning, which has become the basis for a positive and relatively stable career path. He and his dad shared Mike's success as a football player, and at present share an interest in making things. Mike and his mother did get along well enough that he lived with her until he was 29, and he reports a positive relationship with his stepfather.

In summary, Jan and Mike's poor conflict resolution skills are linchpins for understanding Jan and Mike's unsatisfying marriage. Any discussion of differ-

ences risks turning on a flow of tensions, resentments, and criticism. At best, their marriage has evolved into a relatively comfortable if distant cohabitation. At its low points, the marriage becomes a partnership of mutually irritable, disappointed, and defensive adversaries.

Jan and Mike's inadequate conflict resolution skills help us to understand why the circular pattern of Mike's "undependable behavior" and Jan's "nagging" do not change. The skill deficits, especially Mike's avoidance of dialogue and Jan's criticisms, lock them into mutual frustration and erosion of goodwill. The good news, however, is that these deficits also point the way toward intervention strategies that can help Mike and Jan build the kind of marriage partnership they would like to enjoy together.

Treatment Goals

The most immediate short-term goal for this couple would probably be to talk constructively about the incident after Jennifer's party, a therapeutic task I refer to as "clean up after toxic spills" (Heitler, 1997). This dialogue would help Mike and Jan identify the concerns they each had that night—Mike's dread of criticism, perhaps, and Jan's sense of feeling unappreciated. It would be important for this dialogue to include depth explorations of childhood experiences of similar feelings, and to identify the behaviors each spouse contributes that re-trigger their partner's long-standing concerns. Apologies would help if Jan could focus on her quickness to blame and condemn, and Mike could acknowledge his reluctance to communicate in the possible face of criticism. Clarifying how Jan could begin to feel more trusting and fulfilled in the marriage, and helping Mike to articulate what would help him to feel more comfortable as well, would further convert the upset into an opportunity for mutual growth. Each spouse summarizing what s/he has learned would complete the cleanup on a high and harmonious note.

Jan has articulated three longer-term goals for treatment: better communication, better conflict resolution, and to feel that her husband is dependable. Jan defines dependable as when her husband communicates with her. To invite this openness, Jan needs to become safer, less judgmental, to talk with.

Mike also has articulated three treatment goals: to be trusted, to prevent arguments, and to insure that the relationship will stay permanent, and not end in divorce. These goals similarly boil down to communication issues. To attain his goals, instead of avoiding sensitive topics for fear of fights, Mike needs to learn to verbalize his concerns, to be willing to hear his wife's concerns, and to do his part in creating mutually satisfactory solutions.

In summary, to heal their relationship Jan and Mike need to learn to talk in a cooperative manner that can give them deeper understandings of themselves and each other, enabling them to resolve difficulties instead of polarizing when

differences emerge. With skills of cooperative dialogue, they would be able to talk openly and frequently enough to feel more connected and more intimate. Better communication could prevent the upsets that have threatened the permanence of their relationship. When mishaps do occur, Jan and Mike would be able to discuss them, converting their upsets to shared learning experiences. With these gains, both partners would have received from therapy the changes they are seeking.

Jan and Mike need to practice their developing dialogue skills on their many conflicts, and particularly on the topic of re-choreography of their marital life. What changes could each of them make to bring their relationship out of hibernation? As they both feel more alive in terms of increased social life, sex life, fun, and shared leisure, both will hopefully experience more positive self-image, well-being, and mutual love. If they then also both learn to be more expressive of their positive feelings toward each other, the changes will be complete.

In general, how does a conflict resolution therapist know when treatment is complete? There are three indicators, corresponding to the three aspects of treatment.

- *Symptoms:* Anger, depression, and tension will be replaced by affection, laughter, emotional well-being, and comfortable connecting.
- *The issues which had been in dispute* will all be resolved.
- *The couple will be able to dialogue* without the therapist's help. When the therapist can roll his/her chair back, leaving Jan and Mike to discuss even sensitive matters constructively on their own, the couple will be ready to terminate treatment.

Techniques and Interventions

Conflict resolution interventions braid together the same three strands: symptom removal, resolution of specific conflicts, and coaching of skills.

The laundry list strategy explained earlier in this article gives the therapist an overall game plan. The therapist still, however, needs a means of selecting specific goals for each session. To set this agenda at the beginning of each session, I would ask Jan and Mike each to identify what they would like to focus on in that session. They will know best where their energies lie, which issues are of prime import at any given time, and what has been and will be going on in their lives. Reluctance to specify goals is usually diagnostic of a skill deficit of some sort and merits early therapeutic attention.

Alleviating Symptoms

Jan and Mike need help with all four categories of symptoms: anger, depression, anxiety, and avoidance.

Treating Anger

Anger offers a helpful alert to where problems lie. Anger is not effective however as a mode of problem solving. To reduce Jan and Mike's anger I would suggest that they treat anger as a stop sign. Each time either of them feels angry, I would suggest that they stop, look, and listen, just as they would at a traffic stop sign. They need to *stop* to identify what the problem is that their anger is indicating, *look* inward to find the sensitive concerns the situation has triggered, and *listen* to understand also their spouse's concerns in the dilemma. By quietly and cooperatively discussing the problem that had triggered the anger, the problem can be resolved, and the anger will dissipate.

Anger often emerges from breaches in cooperative communication. For instance, Jan wanted Mike to skip going to Jennifer's party and instead stay home with her, but she did not express this preference directly to Mike. Jan's deficit in verbalizing her concerns gave rise to anger when Mike went to the party against her unspoken wishes. Similarly, when Jan says she wants to talk about their conflicts and Mike brushes aside her request, Mike's listening-skill deficit evokes anger in Jan. Likewise, when Jan criticizes Mike—"You shouldn't have . . ."—instead of expressing her concerns and preferences—"I would love to . . ."—Mike reacts to the deprecation with anger.

Anger indicates unilateral instead of bilateral decision-making. Anger indicates attempts to resolve conflicts by overpowering rather than by understanding. Jan, for instance, has a tendency to use anger to try to force Mike to make the changes she wants in his behaviors; that is, she engages in what I refer to as "force-it talk" as opposed to "fix-it dialogue" (Heitler, 1997). Force-it approaches to conflict resolution invite anger and/or depression in response.

Anger often functions as a Geiger counter; its activation may indicate important underlying concerns. In these cases, a depth-dive intervention can be appropriate. Later in this chapter, this technique for accessing subconscious concerns will be detailed.

Lastly, the therapist needs to teach Jan and Mike about the costs of trying to resolve conflicts with anger. For instance, when we feel angry, we tend to believe that our own concerns are sacred, and that the other's are irrelevant. Anger in this regard makes us selfish. When we feel angry, we tend to regard the other in a far more negative light than the way we see them once we have calmed down. Anger in this regard distorts our vision. Lastly, anger is repulsive, not attractive; anger pushes others away, often at the times when we most want to connect. These understandings would hopefully increase Jan and Mike's motivation to treat anger as a stop sign, rather than as a green light for attacking.

Treating Depression

Depression pervades Jan and Mike's relationship. Both spouses show the negativity, irritability, and social withdrawal characteristic of depressive functioning.

Their mutual hopelessness about the future is so serious that it leads them to consider divorce, the equivalent in a marriage to suicide in an individual.

From a conflict-focused perspective, depression is a disorder of power. Therefore, mutual empowerment by walking Jan and Mike through successful conflict resolution will be key.

Depression emerges with submissive responses to conflicts. Mike feels hopeless about Jan ceasing her "nagging." Jan feels that she cannot convince Mike to listen constructively to her concerns. As long as they feel powerless with regard to these deeply felt desires, Mike and Jan will continue to experience depression. By contrast, as they mutually empower themselves and the other with cooperative dialogue, gain empathic understandings of each other, and settle each arena of argument, their individual feelings of depression will lift. Positive moods, including capacity for mutual affection, will reemerge.

Treating Anxiety

Anxiety, while not a prominent symptom for Jan or Mike as individuals, permeates this tension-ridden marriage. Anxiety indicates conflicts that hover without resolution. As Jan and Mike focus on and successfully talk through each area of differences, the tensions around that conflict will dissolve. To stay relaxed with each other, they need the skills to be able to discuss subsequent potentially upsetting issues in a manner that leads similarly to mutually satisfying solutions.

Treating Avoidance

Avoidance has been a major coping strategy for Mike, as manifest in his history of substance abuse and his tendency to stay away from any discussions that could result in conflict. By learning ways to talk about sensitive subjects constructively, Mike will no longer need to rely on avoidance to stay emotionally safe. For instance, Mike's attempts to avoid conflicts by minimizing his wife's concerns or leaving the discussions have in the past triggered Jan's emotional escalations—her episodes of yelling and crying. As Mike and Jan learn to talk openly and safely with each other, Mike will be able to make himself far safer than by avoiding discussions.

As with many individuals in recovery from substance abuse patterns, ceasing to drink or smoke is only the first step. Learning to dialogue constructively rather than avoid conflicts is also vital for full "recovery" from addictions into emotional health.

Guiding Resolution of the Specific Conflicts That Have Evoked Tensions in the Marriage

Jan and Mike need help resolving their outstanding disputes. The therapist guides the way through the three steps of this process, serving also as traffic policeperson

who keeps information flowing smoothly and safely, particularly with regard to what I refer to as the four s's:

- *Symmetry*: Are both spouses' concerns being explored? Is Mike monosyllabic and Jan a lengthy talker? They need more or less equivalent air time.
- *Specifics*: Exactly what behaviors do words like "trust" and "dependency" mean for each spouse?
- *Short chunks*: Long monologues lose data. Dialogue is more productive when each spouse makes only one point per air time, in no more than several sentences.
- *Summary*: Circling back to review the concerns made by both spouses assures both spouses that what they say matters.

Another of the therapist's tasks will be to highlight concerns that are either deeply felt or recurrent, concerns which I term core concerns. These are called "core relationship themes" by some theorists (Luborsky, Crits-Christoph, & Mellon, 1986), and transference issues in psychodynamic lingo. In response to core concerns—which are indicated by frequency, a surprisingly intense feeling, or an idiosyncratic interpretation of what the spouse has said or done—a *depth dive intervention* (Heitler, 1995) can explore the unconscious roots.

For instance, Jan describes her reaction to Mike's coming home late from Jennifer's party as "feeling unappreciated." To conduct a depth dive visualization the therapist suggests that Jan close her eyes and focus on that unappreciated feeling, and then asks:

- As you experience that unappreciated feeling, allow your image of Mike to begin to dissolve. In its place allow another image to come up, another moment in your life when you felt similarly unappreciated. (*Jan may see her younger brother going off with his friends.*)
- As you re-experience that moment, notice who is involved, and what that person has done that feels unappreciative to you. (*As her brother leaves, he ignores her.*)
- What about the two incidents feels the same? (*She loved both. And neither paid attention to her once they went off with drugs and/or friends.*)
- Here comes the hard question. As you focus again on Mike, what can you see about Mike and this more recent experience that is different from the experience with your brother? Different in a way that is encouraging, that opens up new possibilities. (*Her brother needed to begin to find his own friendships separate from her. And he was addicted to drugs. Mike and I want to stay together, and he has broken his drug and alcohol habits.*)
- Given these encouraging different aspects of the situation with Mike, what can you visualize that you could do differently in this situation? What would

give the current situation a different, much nicer, kind of ending? (*She could talk plans over ahead of time with Mike, express her preferences, listen to his, and choose activities they will be able to enjoy together.*)

- Now as you open your eyes again, let's discuss what you experienced, what you have discovered about similarities and differences between the past and the present.

The same depth dive visualization could prove useful for helping Mike explore his core concerns such as, for instance, his tendency to feel chronically one-down vis-à-vis women, or the fear that he is about to be berated by his wife. These concerns probably stem from early patterning vis-à-vis his mother. Note that the depth dive is based on the early Freud adage, "where id was let ego be." That is, the depth dive brings origins of emotional reactions up to the light of consciousness, where present and past can be clearly distinguished and new response patterns developed.

As Mike and Jan progress toward understanding the concerns involved with each controversial issue, they will reach a point where they can begin to find solutions. The therapist needs to encourage Mike and Jan to think in terms not of a simple solution, but of a *solution set*, that is, a plan that includes elements responsive to each of the various concerns either of them have expressed. For instance, in order for Mike and Jan to feel full mutual trust, they might choose to institute regular evening times to talk together, make shared decisions and plan upcoming events. They might decide to ask each other, at the end of each discussion, "Are there any pieces of this that still feel unfinished for you?" This question would counter their mutual tendency to leave key concerns unspoken. They might agree also that when plans suddenly change, as happened with Jennifer's party, they both will assume good intentions on the part of the other, so that phoning to touch base feels comfortable, not frightening.

Coaching Collaborative Communication and Conflict Resolution

Dialogue patterns offer a microcosm of the whole relationship. The predominant styles of attachment that Mike and Jan experienced growing up were critical interactions (from Mike's mother) and remoteness (from Mike's father and Jan's parents). These two patterns currently characterize Jan and Mike's marriage. Changing these patterns would change the whole nature of their attachment.

Jan currently expresses her desires as criticisms. For example, after the Jennifer's party debacle, Jan focused on Mike and spoke, "You erred in your judgment. You could at least have called. How much thought does that take?" Jan's critical style of expressing her concerns exacerbates Mike's tendencies to experience his wife as dominating and himself as lacking—tendencies exacerbated by Jan being 5 years older, a better student, and a higher wage-earner.

Jan needs to learn to focus instead on herself and to express insight—her feelings and desires—rather than criticism. “I felt worried about you when you came home so late from the party. I began to wish we communicated more and was hoping desperately for a phone call.” Expressing the underlying feeling of worry will engender more empathy, less defensiveness, than her subsequent feeling at anger.

At the same time, Mike needs to learn skills of listening to replace his habit of fending off words from Jan. As long as he minimizes the importance of what his wife says and does not take her concerns seriously (as per the modeling of avoidant listening in his family), he will continue to generate anger in Jan. The more she feels angry, the more she will be tempted to try to get through to him by angry shouting instead of cooperative talking. Changing their circular interaction of anger/avoidance to a cooperative pattern of expression of insights and mutually respectful listening requires that both Jan and Mike learn new skills.

The majority of Jan and Mike’s arguments involve Mike “not being dependable” and Jan “nagging.” Interestingly, these two factors both refer to communication skill deficits. What Jan calls “not dependable” are instances in which Mike has avoided talking instead of following the first two rules of collaborative dialogue, “Say it” and “Verbalize feelings” (Heitler, 1997). Had he been able to follow these guidelines, after Jennifer’s party, Mike would have phoned his wife, told her how embarrassed and regretful he felt, and come home to an appreciative wife.

Similarly, what Mike calls “nagging” is Jan’s difficulties with the third and fourth basic guidelines for constructive dialogue: “No trespassing,” and “No polluting” (Heitler, 1997). When she tells him not to drink or that he has to be more dependable, Jan is issuing what I call “crossovers” (Heitler, 1997). That is, instead of following the No Trespassing rule by either talking about herself or asking about Mike, Jan is talking about Mike, crossing into his territory and compromising his autonomy by telling him what she thinks he should be doing. And her deprecatory “You’re not OK” tone pollutes Mike’s self-space with negative implications about him as a person.

Instead of “nagging,” i.e., repeatedly telling the other person in a deprecatory tone what you want them to do, Jan needs to learn to give feedback about her concerns. The “When-you” format can be especially helpful for structuring this kind of feedback, keeping the subject of the sentence “I” and the focus of her reference to Mike on behaviors, not personality traits. For example, Jan might tell Mike “I lose trust in you *when you* go to bars,” or “*When you* stay away from drinking like you have been the past 7 months, I find my trust growing that maybe you do care more about me than about drinking.” At the same time, Mike needs to allow himself to heed Jan’s concerns. Otherwise, he is actively inviting repetitions.

How does a therapist coach new skills? Coaching requires that the therapist devise exercises that highlight and repeat each new skill (Heitler, 1992). Repetitions make new skills into habits.

Jan and Mike need to choreograph a disengagement-reengagement routine (Heitler, 1995, 1997) to ensure that they will no longer engage in fighting. A good exit routine includes a method for re-engaging and launching quieter dialogue after both partners have self-soothed. Jan and Mike also need to agree upon anger ceilings, that is, on the level of escalation at which they will discontinue dialogue once one or both of them begin to feel irritated. To keep their dialogues productive and eliminate yelling and crying altogether, they would be well advised to set their anger ceilings at the first rumblings of irritability, and to use their mutually agreed-upon exit-reentry routines for bailing out temporarily of any discussion beyond that point. Note that exits, if initiated early enough, often take only a few minutes of pause time—just long enough for both parties to self-soothe to calmer states.

To consolidate their exit choreography, it is important that the couple practice, several times, how they would implement their exit-reentry routines. Role plays identify potential glitches in a couple's attempts to use new skills and also consolidate learning. As Mike gives a sign that he wants a time out, for instance, Jan might find that she experiences anger at what seems to her to be another avoidance of talking. Playing the sequence out to the end, however, would enable Jan to experience Mike's return and reengagement in discussion, which would build her confidence that this routine will increase rather than end dialogue.

In sum, Jan and Mike need to switch from angry/avoidant interaction cycles to mutually respectful talking and listening. This change in their dialogue patterns would improve both the power and the love aspects of their partnership. Collaborative dialogue creates shared empowerment and allows a secure and loving attachment to flourish.

Pitfalls

Mike's history of quitting activities he tries suggests significant risk for dropping out of treatment, especially given his wariness of whether treatment can make a difference. Giving Mike and Jan frequent feedback on the specific progress they are making in treatment would be vital. Emphasizing Mike's strengths and adding to his skill repertoire rather than focusing on his deficits, will be essential.

Lastly, making an explicit contract with Mike with regard to what he and the therapist each need to do if Mike has an impulse to leave treatment could avert a premature termination. Like a No Suicide contract, a prearranged plan for Mike to contact the therapist and discuss any impulses he might feel to drop out could prevent this pitfall.

With regard to pitfalls on Jan's side of the treatment, Jan's stance has generally been quite blaming. Sometimes a therapist's attempt to refocus a spouse from blame and emphasis on fixing the partner to a self-focus backfires. Instead of yielding insight, the maneuver can rigidify the blaming stance. Fortunately, however, Jan shows capacity for focusing on herself and what she can do differently.

Jan's tendency to bring up the trump card of divorce and the ambivalence she has expressed about her marriage suggest that she would benefit from exploring the concerns that prompt her to want to leave. Instead of blaming Mike, she needs to clarify the unfulfilled personal desires that tempt her to exit. For instance, Jan seems considerably more sociable and interactive than her husband. Once she has identified her concerns, Jan could brainstorm with Mike on solutions.

Finally, both Jan and Mike need to stop engaging in high-risk marriage behavior. Long and loud arguments must be stopped. Threats of divorce must be ended. Threats of divorce, like threats of suicide, may be intended as calls for help, but they erode secure marital attachment. I would want to see Mike and Jan declare arguments and divorce threats, like drug/alcohol abuse and violations of monogamy, out of bounds.

Areas Mike and Jan May Want to Avoid

Did Mike have an affair at the party? Why would he have fallen asleep there? The couple seems not to be delving into this question, and may prefer here to let sleeping dogs lie. It would probably be preferable to explore this question. Openness about affairs is generally preferable to secrecy. On the other hand, I would respect a couple's mutual preference not to discuss an error that would be humiliating for Mike to admit and wounding for Jan to hear. Individual sessions could be helpful for exploring these preferences and also Mike's father's history of infidelities.

Mike may avoid discussing his sexual molestation at ages 7 and 9; avoidance would be consistent with his general style of coping with troubling events and concerns. On the other hand, this molestation may have had profound impact on Mike's attitude toward sexual activity, his tendency to feel dominated or controlled by women, and on his ability to feel self-respect rather than shame and guilt. One of the depth dive explorations of Mike's underlying concerns should access this potent life event. Like affairs, molestation might best be explored initially in an individual therapy session.

Inclusion of Other Family Members

I would include Jan and Mike together in most sessions, and from time to time would meet individually with each of them. Families of origin can be included

in treatment from time to time, adding depth and breadth to the treatment. I find, however, that few couples want to add this additional complexity to their treatment.

If Mike and Jan had children, I would discuss ways in which their marriage difficulties may have modeled problematic behavior and I might encourage them to bring their children for at least a session or two to assess their emotional health. They do not, however, have offspring.

Homework

Jan and Mike need to learn basic skills of marital dialogue. Doling out this information piece by piece in therapy sessions takes time. Homework accelerates the learning process. I would therefore assign:

1. *Reading from The Power of Two: Secrets to a Strong & Loving Marriage* (Heitler, 1997). To combat enmeshment as well as to increase the learning, I would encourage Jan and Mike each to have their own book to underline important passages. I suggest that they read to learn about themselves, not with a focus on what they would like the other to do. The specific chapter assigned each week would be correlated with the skills addressed that session.

2. *Listening to the audiotape Conflict Resolution for Couples* (Heitler, 1994). Mike may not be a reader, as Jan seems to be. Audiotapes can bypass reading inhibitions, sparing Mike a one-up situation in which Jan does her reading homework and Mike "fails" by avoiding a project that he does not feel he will do as well as his wife.

3. *Listening to the audiotapes we record of each session.* I tape sessions routinely, and give the tape to the couple at the end of each session. Therapy sessions are like dreams, vivid immediately upon completion, but quick to fade. They also tend to be dense, with more information than people can absorb in one experience. Listening a second time to sessions consolidates learning.

4. *Viewing of the video The Angry Couple* (loaned by the therapist). My clinical experience suggests that when couples watch the couple on the video transition from fighting to cooperation, their own progress accelerates.

Timeline, Referrals, and Policies for Individual Therapy Sessions

I would expect this case to be a relatively straightforward treatment, completed within 3 to 6 months, that is, in 12 to 25 sessions. One key factor in treatment length would be how much energy each partner puts into homework study. Also,

however, people seem to have an internal rate of change that would have to be respected.

With regard to referrals, if the negative thinking of either partner continued, I might request that we add a medication component to treatment to ease depressive physiology. I would expect Mike to continue in some kind of post-alcohol supportive treatment such as AA. If I suspect that ADD may be complicating Mike's functioning, I might refer him to an ADD specialist for further assessment and medication.

As to individual therapy, I would insist that these sessions be handled by me. Involving a second therapist for individual treatment components is a recipe for unsuccessful treatment. An individual therapist, seeing only one member of the couple, operates with too little understanding of the couple's interactions. By working with the two individuals plus the couple aspects of treatment, a single therapist can keep these three treatment arenas coordinated with positive synergies.

Many therapists fear the confidentiality issues that can arise if they sometimes work individually with the spouses. What if, for instance, one partner is having an affair? This concern for holding secrets is appropriate. The solution I prefer however is to make clear at the outset what rules will govern confidentiality. I would clarify to both Mike and Jan, at a marital session prior to working with them individually, that any information shared with me when I am talking with one of them alone will be held confidential by me. They can choose to share what we have discussed with their partner or to keep it private; I will not be at liberty, however, to disclose to the partner anything that is told to me in individual sessions.

A marriage therapist must be able to work individually with each member of the couple, with clear confidentiality, as well as conjointly. If Mike or Jan, for instance, is in fact involved in activity counter to a healthy marriage, such as having an affair, considering suicide, or running into financial difficulties, their therapist needs to know about it. Otherwise the therapist cannot help them with the elephant in the room; without addressing the elephants in a relationship, treatment is doomed.

In offering couples individual sessions, symmetry is essential. Sometimes one partner seems more troubled or more frozen in terms of treatment progress. Nonetheless, keeping the number of individual sessions symmetrical allows the other partner also to grow, and avoids the appearance either of favoritism or of pathologizing one party. In rare instances, when there is a highly significant difference in levels of symptomatology, this principle needs to be modified, but Mike and Jan do not show this kind of extreme difference.

Early in treatment I would want at least some time alone with each partner to be sure that all the relevant information is on the table. Most of the work of individual treatment with a disengaged couple like Mike and Jan, however, is

best accomplished with both partners in the room. When one partner explores the impact of his or her past on present feelings and habits, if both spouses are in the room the listener gains empathic understanding while the other is gaining insight. Empathic understanding is as vital to the growth of a more loving relationship as self-knowledge.

Termination and Relapse Prevention

Some couples can terminate treatment with a summary session or two. Others do better tapering off gradually, with a concluding phase of sessions every other week, a 6-week check up, or a followup after 3 months. Whatever their termination arrangement, Jan and Mike would be encouraged to return if problems re-emerge. We would specify the signs that could indicate slippage into old patterns. Scheduling a booster session in 6 months or a year also can be helpful.

Termination would include a treatment review, perhaps utilizing the following visualizations:

- Close your eyes and picture your first therapy session here. Recall how you were feeling, how you felt toward your partner, what you were doing and wanting, and what your partner seemed to be doing. Then bring your focus to the present. How would you answer these same questions as you sit together in this session today? What has changed?
- Thinking back on the course of your treatment, what moment(s) stands out for you as particularly vivid or as a turning point in your process of growth?
- Thinking ahead to the future, what challenges do you anticipate may prove difficult for you in the coming months? What strengths and skills have you discovered that will aid you? What can you remind yourself that will help sustain your positive feelings toward yourself and toward each other?

REFERENCES

- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment*. Hillsdale, NJ: Erlbaum.
- Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss: Sadness and depression*. New York: Basic Books.
- Fisher, R., & Ury, W., (1991). *Getting to yes*. New York: Penguin.
- *Heitler, S. (1992). *Working with couples in conflict* (Audiotape with listener's outline). New York: Norton.

*Suggested reading.

- *Heitler, S. (1993). *From conflict to resolution*. New York: Norton.
- Heitler, S. (1994). *Conflict resolution for couples*. (Audiotape). Denver, CO: Listen to Learn. (Available: 1-800-919-8899).
- *Heitler, S. (1995). *The angry couple: Conflict-focused treatment* (Video and viewer's manual). Denver, CO: Listen to Learn (Available: 1-800-919-8899).
- *Heitler, S. (1997). *The power of two*. Oakland, CA: New Harbinger.
- Luborsky, L., Crits-Christoph, P., & Mellon, J. (1986). Advent of objective measures of the transference concept. *Journal of Consulting and Clinical Psychology*, 54, 39-47.
- Rice, L., & Greenberg, L. (1984). *Patterns of change*. New York: Guilford Press.
- Wachtel, P. (1977). *Psychoanalysis and behavior therapy*. New York: Basic Books.

SUGGESTED READING

- Simpson, J. A., & Rholes, W. S. (1998). *Attachment theory and close relationships*. New York: Guilford Press.