

# **Unmet Self, Relational, and Spiritual Needs in Distressed Couple Relationships**

Shelley Briscoe-Dimock

Thesis submitted to the  
Faculty of Graduate and Postdoctoral Studies  
in partial fulfillment of the requirements for  
a doctoral degree in Counselling and Spirituality

Faculty of Human Sciences  
Saint Paul University

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### *Abstract*

The present study investigated the unmet self, relational, and spiritual needs underlying distress in couple relationships. The study was framed in Object Relations Theory and Self Psychology and the literature on spirituality and spiritual needs. Self needs were defined as the need to be affirmed for one's lovability and the need to be admired for one's competence. Relational needs were defined as the need for connection, and the need to be autonomous and one's own person, while at the same time remaining connected. Spiritual needs were defined as the need for purpose and meaning in life, the need to establish interdependence with others, the need for inner peace, and the need for transcendence. Participants were 73 heterosexual couples who had been married and/or living together in a committed relationship for at least five years. A quantitative / qualitative mixed method was used to gather the data using questionnaires and semi-structured interviews. From the 73 couples, eight high distress couples and eight low distress couples were selected for the analysis. Multivariate Analysis of Variance was used to test for group differences on unmet self, relational, and spiritual needs. Using all 73 couples, Regression Analysis was used to identify which of the unmet self, relational, and spiritual needs were predictors of distress. Using Giorgi's Psychological Phenomenological Method, one high distress couple and one low distress couple from the 73 couples participated in a semi-structured interview. Results of the MANOVA suggest that high distress couples differ from low distress couples on the self need for lovability, the relational need for autonomy, and on all of the spiritual needs. Results of the Regression Analysis suggest that inner peace and transcendence are strong predictors of distress in couple relationships. Results of the qualitative analysis suggest that low distress couples are better able to empathize and respond to the needs of their partners while the high distress couples are unable to set their own needs aside in order to respond to the needs of their partner.

## Acknowledgments

The writing of this dissertation has been an incredible and challenging journey of learning, creative thinking, and perseverance. There are several people I would like to acknowledge and thank for making the completion of this work possible.

I would like to thank my Chair, Dr. Martin Rovers, for your support and for belief in me and for allowing me to be autonomous in my thinking and to develop my own ideas. Thank you to my committee, Dr. Manal Guirguis-Younger and Dr. Christian Bellehumeur for your ongoing support and encouragement.

With sincere appreciation, I acknowledge Dr. Augustine Meier, my mentor, my colleague, and my friend. Thank you Gus for providing me with countless hours of learning and for imparting your knowledge and wisdom over the past decade. You have made the writing of my dissertation an experience of rich and fulfilling learning and growth. It is my hope that someday I may be able to give back to my own students the opportunities you have given to me.

Thank you to my parents for raising me to strive and never give up on what I believe in. Mom, you encouraged my learning and believed in my ability to succeed. Dad, you gave me a strong work ethic and a sense of humor which has been most useful to keep me sane during the challenging times in my writing. My wish was for you to be here to celebrate this success but I know you are with me in spirit.

To my precious son Alexander. You have made many sacrifices to see me through the writing of my dissertation. You were so patient and supportive even after the fiftieth time I told you “I’m almost done...” You are an amazing son and I love you dearly. I hope I have modeled for you the importance of education and striving to be your best. One day, I hope to be supporting you in the writing of your work.

To my darling husband John. Thank you for your consistent support and belief in me. You have pushed me beyond limits I never believed were possible and smiled ever so proudly when I surpassed them. You stepped up to the plate and took charge of our family and relationship and for that, I consider you a true partner. Many times, you provided me a soft place to fall when I was exhausted and frustrated. You kept me on grounded and on track, consistently reminding me of my goals, values, and talents and for that I am sincerely thankful.

In parting, I acknowledge all of the participants and recruiters for their contribution and dedication to my study. Thank you for your gracious and generous efforts.

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## CHAPTER I

### Review of the Literature

Psychological and emotional needs in distressed couple relationships are an important component of research and clinical practice. There is an abundance of research on couple distress, and existing couple therapy approaches are aimed at reducing relational distress. To date there is only one known model of couple therapy, the Needs Acquisition and Behavior Change Model (Needs ABC; Caplan, 2008), which primarily addresses needs in couple relationships. There are existing psychodynamic models of couple therapy that address both relational and self concepts, such as Object Relations Couple Therapy (Scharff & Scharff, 1987), but no models known to this researcher assess the partners' reciprocal self, relational, and spiritual needs. A model of couple therapy that integrates self, relational, and spiritual needs would address the individual needs of each partner as well as unique couple needs in the distressed couple relationship.

This dissertation investigated the relationship between unmet self, relational, and spiritual needs and couple distress. The study is framed in Object Relations Theory and Self Psychology, and literature on spirituality and spiritual needs. The goal of the present research is to identify the relationship between unmet self, relational, and spiritual needs, as well as distress in couple relationships. Object Relations theory emphasizes relationships and a link between unmet needs and sustained distress in couples. The present study defines needs according to Self Psychology's emphasis on self needs (i.e., Kohut, 1971), Object Relation's theory of relational needs (i.e., Mahler, Pine & Bergman, 1975), and the theoretical and empirical literature on spirituality and spiritual needs.

This research was designed as both a quantitative and qualitative study. The first chapter presents an overview of the theoretical aspects of the study. This is followed by a review of therapy approaches which emphasize the role of needs in their approach. The following section presents the theoretical literature on spirituality, the rationale for including spiritual needs in therapy, and the definition of spirituality used for this research. A review of the empirical literature on couple distress as well as self, relational, and spiritual needs is presented. Finally, the theoretical and empirical literature is summarized and the research hypotheses and research question are presented.

Chapter two presents the research method for both the qualitative and quantitative study. Chapter Three presents the results for the quantitative study, while Chapter four presents the qualitative study results. Chapter five discusses the findings and suggests areas for further study.

### **Theoretical Aspects**

This section begins by defining couple distress according to the DSM-IV-TR (American Psychological Association; APA, 2000) criteria. This is followed by presenting the rationale for including needs in a theory of couple therapy. Next is a presentation of four representative couple theories that have implicitly or explicitly included needs. These theories, which serve as a context and reference point to compare and contrast Object Relations Theory and Self Psychology, are critiqued for focusing almost exclusively on the need for connection and ignoring other self and relational needs. The following section presents the concepts from Object Relations theory and Self Psychology that are pertinent to this study. Lastly, a rationale for addressing spiritual needs underlying distress in couple therapy is presented.

## **Couple Distress Defined**

When discussing distress in general and couple distress in particular, it is important to be clear on concepts such as stress, distress, eustress, and stressors. Selye (1956, 1974), a pioneer of distress research, notes differences among stress, distress, and eustress. Stress is defined as the body's response to external stressors or to external situations or experiences which force it to adapt to change. These experiences may be positive or negative. Distress, derived from the Latin word *dis*, refers to bad stress, which one may experience when faced with a situation of dissonance or disagreement. Eustress, taken from the Latin word *eu* refers to good stress, which one might experience in an exciting or exhilarating situation. Both bad stress and good stress produce similar responses from the body, yet the good stress causes much less damage. Selye suggests that it is in the way in which one "takes it in" or how one responds to the stress which will determine one's ability to successfully adapt to change. Stressors generally refer to those factors, both internal and external, that trigger stress or distress.

According to Selye (1975), stress, distress, eustress, and stressors are key components of the general adaptation syndrome which comprises three stages, namely alarm, resistance (coping with stress), and exhaustion (depletion of the body's resources). When stress enhances function, mental or physical, it is referred to as eustress and when stress is not resolved through adaptation and may lead to anxiety or withdrawal, it is referred to as distress.

Although the Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition – Text Revision (DSM-IV-TR; American Psychological Association, 2000) does not directly address the role of stress in relational problems, it does classify Partner Relational Problems under Relational Disorders and defines them as interactional patterns between partners which involve distorted or negative communication, or which significantly affect individual or

relationship functioning and are associated with the development of symptoms in either the individual or the couple. The inclusion of partner relational problems in the DSM-IV-TR is a minor improvement since previous versions have ignored or neglected the interpersonal context of distress.

Snyder, Heyman, and Haynes (2008) argue that this definition is limited as it focuses primarily on the etiological role of communication in the development of relational problems. To broaden this definition for the revised DSM-V, First et al (2002) propose a definition of relational disorders as “persistent and painful patterns of feeling, behavior, and perception involving two or more partners in an important personal relationship ... marked by distinctive maladaptive patterns that show little change despite a great variety of challenges and circumstances” (p. 161). Lacking in this definition is an inclusion of “nonsymptomatic deficiencies”, which affect individual and relationship well-being (Snyder, Heyman & Haynes, 2008). These deficits include feelings of security, love, joy, trust, shared values, and similarity in positive emotions. The DSM’s present conceptualization appears inadequate to address clinically relevant issues, however, it is significant in that it does recognize interactional patterns between couples that affect individual and relational functioning and are associated with the onset of symptoms either in the individual or couple.

Halford (2001) argues that the definition of relationship distress is a subjective evaluation by the individual partners of the relationship and suggests that relationship problems be defined by the “phenomenology of the experience” (p. 3) of the person, or in this case, the partners of the couple. She proposes a definition of couple distress similar to the DSM-IV-TR as persistent and significant relationship dissatisfaction reported by at least one partner. According to Halford

(2001), although there are differences in reported relationship satisfaction between partners, typically, it is unusual for only one partner to be dissatisfied within the relationship.

Social learning models emphasize the influence of cognitive processes on relationship functioning. They suggest that cognitions may moderate the impact of behaviors, which in turn influence the level of distress and relationship functioning. These cognitive processes include selective attention, partners' assumptions, expectations, and attributions (Baucoum, Epstein, & LaTaillade, 2002).

Object Relations theory suggests that relationship problems and couple distress may stem from a partner's childhood and may be a result of the child's inability to have its self and relational needs met, resulting in a failure to negotiate developmental tasks (Mahler, Pine, & Bergman, 1975). This failure leads to a consequent arrest in one of the four phases of development. A summary of Object Relations theory and these four phases will be discussed further in the text. According to the theory, difficulties forming future intimate relationships and the intensity of the distress experienced in the context of the couple relationship are contingent upon the developmental stage of arrest within one or more phases. That is, the earlier the child is arrested, the more serious the difficulties will be forming future healthy relationships and the more intense the individual's and couple's distress. Object Relations theory also postulates that couple distress is related to the partner's inability to develop *object constancy* in order to have a *good object* (e.g., a person such as caregiver) to turn to in times of distress to regulate affect and to self-soothe. The theory suggests the child's relationship with the object is a fundamental part of the development of self and the capacity to form relationships. The child strives toward the object to have its relational needs met. These objects could include a human relationship with a primary caregiver (e.g., mother/father/babysitter) or a transitional object (e.g., a teddy bear). It is

through the relationship with these objects that the child incorporates a sense of self and develops the capacity to form healthy human relationships later in life.

The literature on couple distress suggests various definitions of distress. Drawing on the DSMIV-TR's (APA, 2000) definition, for the purpose of this study, distress will be defined as ongoing, persistent, and significant dissatisfaction with the relationship by one or both partners.

### **Rationale to Include Needs in a Theory of Couple Therapy**

Many approaches to couple therapy focus on relational patterns, structures, and cyclical interactions and hypothesize that underlying these are cognitive distortions, unexpressed feelings, or learned behaviors. The goal of therapy therefore is to change how couples think, feel, and behave. The assumption of the current research is that unmet self, relational, and spiritual needs underlie these negative relational patterns, structures, and cyclical interactions. Very little research has tested the hypothesis that unmet needs underlie couple distress. Yet there is ample theory to justify that needs are an important aspect of human behavior, including in couple relationships.

The importance of including needs in psychological theory and clinical practice has been emphasized for more than seven decades. A review of the literature suggests that needs have been used interchangeably with wants, wishes, desires, longings etc. Freud (1938) centralized needs and impulses in his theory of psychoanalysis. Murray (1938) presented a taxonomy of needs in his theory of normal development. Maslow (1954) proposed a hierarchy of needs ranging from fundamental physiological needs for human survival including breathing, nutrition, water, sleep, sex, homeostasis, and excretion, to the need for self-actualization. Perls (1969) emphasized the importance of needs for human motivation. Polster and Polster (1973) suggested that without wants, people are without a future. In his clinical experience with groups, Yalom

(1989) observed that people are motivated by their desire or need to matter, that is, to be important, loved, and remembered by others. Stumpf (as translated in Reizenzein & Schönplflug, 1992) proposed that the mind consists of more than intellectual representations (cognitions) and raw feelings, but desires and wishes as well.

Psychological and emotional needs in distressed couple relationships appear to be an important topic for research and a significant component of clinical practice, yet current models of couple therapy fall short in their conceptualization of the fundamental role of needs. Couple therapy models have explicitly or implicitly pointed out the importance of addressing needs within the context of couple relationship as fundamental to the change process and successful outcome. For example, Johnson (2004) refers to attachment needs and Hendrix (1990) to needs in general. Although these theories recognize the importance of addressing needs, directly or indirectly, neither Johnson nor Hendrix have clearly indicated how addressing needs rather than working with emotions makes a difference in therapy. Further, they have not identified a taxonomy of needs that would account for the broad spectrum of couples' self and relational needs. This topic will be addressed further in the text under the section Review of Therapy Approaches.

There is an abundance of research on couple distress and current couple therapy approaches that are aimed at reducing relational distress. There are existing psychodynamic models of couple therapy that address self and relational concepts, such as Object Relations Couple Therapy (Scharff & Scharff, 1987), and an individual approach which integrates both self and relational needs known as Self-In-Relationship Psychotherapy (Meier & Boivin, 2010), but no couple approaches known to this researcher that address both self and relational needs in the context of couple relationships. An approach to couple therapy which integrates both self and

relational needs is fundamental to consider the whole of the person, in the context of the intimate relationship and in all dimensions of the human experience (Briscoe-Dimock & Meier, 2013).

Self in Relationship Psychotherapy (SIRP), an individual therapy approach developed by Meier and Boivin (2010), integrates relational needs inferred from Mahler's developmental psychology (Mahler, Pine, & Bergman, 1975) and self needs described by Kohut (Kohut, 1971). Relational needs include the needs for connection, (Mahler refers to this as symbiosis), and the movement towards separateness. Self needs include the need for affirmation of one's competence, (similar to Kohut's concept of mirroring needs), and to be admired for it, and the need for affirmation as a lovable person (similar to Kohut's concept of idealizing needs). According to Meier and Boivin, the rationale for integrating the two sets of needs rests on the observation that during development, the child's need for connection is moderated by his/her need to move toward separateness, while at the same time, the child requires affirmation and admiration for his/her competency to perform self-directed behaviors towards separateness (e.g., feeding itself) as well as affirmation for being a lovable person wanting to move towards separateness. The same holds true when the child wants to be connected (i.e., emotionally refuel) with a significant other. Thus, it is the interplay of these self and relational needs which are primary and paramount to optimal development.

By implication then, if a child is not affirmed and admired for his/her needs and competencies to separate, and if it is not affirmed for being lovable for doing so, one must question the rationale why such affirmations are being withheld, particularly when such movements are reasonable. Similarly, if a child is not affirmed for his/her desire to reconnect then one asks why this affirmation is being withheld. The same holds true for adult relationships, including couples, when affirmations for competencies and lovability are withheld. In such

situations, one asks the reason for the withholding, particularly when the needs for such seem reasonable. For example, if a person would like to go golfing on the weekend, and this appears to be reasonable, one would question why their partner would withhold affirmations in support of such activity. The same holds true if a person does not affirm his/her partner's need to spend time together, to connect.

In SIRP, the therapist must identify both sets of primary needs. The therapist first assesses for relational needs being met in relationships. That is, the clients' need for connectedness as well as the need for separateness. The therapist also assesses the client's self needs. That is, whether or not he/she feels affirmed (i.e., admired for their competency and loved for their behaviour). When the affirmations are withheld and needs are unmet, the therapist then explores the underlying dynamics. The SIRP approach appears to be of use to identify the self and relational needs of clients in individual therapy. A similar approach which includes self and relational needs would also benefit couples in therapy.

In brief, the above arguments provide the rationale for studying how unmet needs relate to couple distress and emphasizes the importance of directly addressing a couple's psychological and emotional needs in their entirety, which includes both self and relational needs in a theory of couple therapy.

### **Review of Therapy Approaches**

The theories that guide this dissertation are Object Relations theory and Self Psychology, which address relational and self needs respectively. The dissertation also incorporates literature on spirituality with a focus on spiritual needs. A rationale for including a spiritual dimension will be addressed further along. These three perspectives considered together hold that unmet self, relational, and spiritual needs are associated with, or are at the root, of couple distress. To

provide a context for the Object Relations theory and Self Psychology as used in this thesis, four of the current couple therapies will be briefly presented, namely, Bowen Systems Theory, Hendrix's Imago Relationship Therapy, Johnson's Emotionally Focused Therapy, and Scharff and Scharff's Object Relations Couple Therapy. These couple therapies that address, explicitly or implicitly, self and relational needs will be evaluated in terms of the following criteria: (1) the types of needs that they incorporate in their therapeutic approach. Earlier it was mentioned that it is important to include self, relational, and spiritual needs in couples therapy and determine how these unmet needs leads to couple distress, (2) the level of couple distress that the approach is able to work with. Distress can be experienced at different levels of intensity and the ability to work with the most intensely distressed couples varies according to approaches, and (3) how they explain the source of distress, be it in terms of information processing models (cybernetics), systems theory, internal processes, and so on.

### **Bowen Systems Theory**

Bowen (1978) developed a system of family therapy that was shaped by his keen interests in biology, life sciences, evolutionary theory, and systems theory. He views the family as an organism that is held together and influenced by natural processes in the same way that other natural entities, such as atoms and organisms, are influenced and held together. His ideas are deeply rooted in biology and were developed and refined in his work with schizophrenics and their families and later with families with lesser emotional disturbance. This work led to several core concepts, the most important of which is *differentiation*. Differentiation can only be understood in terms of viewing the family as an emotional unit, and in terms of *triangulation*. Bowen did not publish a systematic presentation of his own theory. However, Bowen and Kerr (1988) and Papero (1990), provided a helpful summary.

### ***Differentiation of self***

The primary concept in Bowen Family System Theory is *differentiation of self*, which refers to one's ability to separate one's own intellectual process and emotional process within oneself and from that of the family (Bowen, 1978, p. 355), and "the ability to be in emotional contact with others yet still autonomous in one's emotional functioning" (Kerr & Bowen, 1988, p. 145). People who are not able to distinguish their emotional and intellectual processes from that of the family are said to be undifferentiated. The undifferentiated are dominated by their emotional system, which is thought to be part of the instinctual forces that govern automatic functions (p. 362). An important part of the differentiation of self has to do with the levels of the *solid self* and *pseudo-self* in the person. The *solid self* is made up of clearly defined beliefs, opinions, convictions, and life principles that are incorporated into self from one's own life experiences by a process of intellectual reasoning and the careful consideration of the alternatives involved in the choice. The *pseudo-self* is composed of a vast, random, and inconsistent assortment of principles, beliefs, philosophies, and knowledge created by emotional pressure (Bowen, 1978, pp. 364-365). Bowen's concepts of the solid self and pseudo self parallel Winnicott's (1965) concepts of the *true self* and the *false self* (p. 145).

### ***Nuclear family emotional system***

A second important concept of Bowen's theory is that of the *nuclear family emotional system*. The emotional system is thought to be part of the instinctual forces that govern automatic functions. This concept describes the range of relationship patterns in the system between parents and children. It is assumed that these patterns are replicas of the patterns that each spouse developed in their family of origin. Bowen (1978) postulated that two natural forces govern the emotional dynamics of the family and hold it together, namely, the *togetherness force* and the

*differentiating (separateness) force* (p. 218). Both forces are instinctual in nature and serve to alleviate anxiety. The togetherness force “propels an organism to follow the directives of others, to be a dependent, connected, and indistinct entity” (Kerr & Bowen, 1988, p. 65). That is, the togetherness force moves a person towards the partner or towards the members of the family to become like them in terms of important beliefs, philosophies, life principles, and feelings. The separateness force or individuality, “propels an organism to follow its own directives, to be an independent and distinct entity” (Kerr & Bowen, 1988, p. 64). That is, the function of the separateness force is to deal with anxiety by the person taking distance from the partner or from the members of a family so as to assert his/her own needs, opinions, beliefs, and feelings. A more radical form of separateness is *emotional cut off*, a mechanism people use to reduce anxiety from their unresolved emotional issues with members from their family of origin (Bowen, 1978 p. 382). Cut off can take the form of running away or rarely going home. If the person cuts off while in physical contact, they use silence or divert the conversation. Too much togetherness creates fusion and prevents developing one’s own sense of self and too much individuality results in a distant and estranged family. Differentiation of self is the ability to balance the functioning of the emotional system and the intellectual system. In addition to emotional distance, undifferentiation in marriage is manifested in three areas: marital conflict, sickness or dysfunction in one spouse, and projection of the problems onto the children (Bowen, 1978, p. 377). Both the togetherness force and the separateness force are seen as “biologically rooted life forces” (Kerr & Bowen, 1988, p.65).

### ***Triangulation***

*Triangulation* is the third important concept in Bowen’s theory. This concept describes the way any two people with emotional issues align with, or involve, a third party in their

conflict to reduce their anxiety (Bowen, 1978). That is, when distressed or feeling intense emotions, they will seek a third person to triangulate. In a triangle, two people are on the inside and one person is on the outside. The more undifferentiated a person is, the more likely he/she will triangulate others and be triangulated. Differentiated people cope well with life and relationship stress, and thus are less likely to triangulate others or be triangulated. Triangulation balances the force for togetherness (e.g., with a friend) and separateness (e.g., from an angry partner).

One's level of differentiation of self influences the nature of their intimate relationships. Individuals who are less well-differentiated tend to form either intense and *fused* relationships or *cut-off* relationships. Partners in a fused relationship function from an emotional system, as one, in a merged or fused state and the nature of their relationship depends on the level of anxiety and their ability to manage the anxiety field. Partners in a cut-off relationship function from an intellectual system and are distant and/or avoidant.

In Bowen's view, couple distress is related to a combination of a lack of differentiation of self and of the partners, as well as increased anxiety in the relationship field (Bowen, 1978, p. 292). It is the interplay of the two which underlie couple distress and lead to destructive patterns of interaction. Each partner brings into the relationship sensitivities and reactions from their respective family systems and prior relationships. As anxiety in the relationship increases, these sensitivities and reactions emerge which, over time, form destructive and dysfunctional patterns of interaction. The role of therapy is to decrease the level of anxiety to a manageable level and to increase the levels of differentiation of self. Bowen Systems Theory implies that effective functioning in adult intimate relationships requires that a couple strike a balance between the togetherness force and separateness force, while managing their anxiety.

## **Critique**

The limitation of Bowen Systems Theory is that it is descriptive in nature and does not adequately explain the origin of the togetherness force and the separateness force, nor does it differentiate between a force and a need. Other theories, such as Object Relations Theory and Self Psychology speak in terms of a (psychological) need that propels a person positively in a direction – either towards connectedness or toward individuation. Object Relations Theory and Self Psychology provide a developmental theory that explains the origin of the innate relational and self needs. The two forces appear to be more in service of dealing with anxiety rather than representing positive and natural movements towards development.

Secondly, Bowen's theory appears best suited for lowly distressed couples who have the insight or the ability to develop insight into their dysfunctional relational patterns and work towards bringing about a harmony between the force towards togetherness and the force towards separateness.

Thirdly, Bowen views couple distress as a combination of a lack of differentiation of self and of the partners, as well as increased anxiety in the relationship field. It is the interplay of the two which underlie couple distress and lead to destructive patterns of interaction. The limitation of this view is that it is systemic in nature and fails to explain the developmental origins of the forces and resulting anxiety which underlie distress.

### **Imago Relationship Therapy.**

Imago Relationship Therapy (IRT) is a model of relational couple therapy which combines aspects of various theoretical approaches including behaviourism, systems theory, Self Psychology and psychoanalysis, western spiritual traditions, and modern physics (Luquet, 2000). Harville Hendrix (1990), founder of IRT, was trained in psychoanalysis and underwent Jungian

analysis. He was influenced by Bioenergetics, Transactional Analysis, Gestalt Therapy (Mason, 2005, p. xi) and by Object Relational Theory, particularly by Winnicott and Bion (Lipthrott, 2010, p. 1). Hendrix, a former pastor and pastoral counsellor, was a professor at a theological seminary in Dallas, where he taught marriage and family therapy and psychology of religion (Hampson, 2010). Hendrix was interested in understanding romantic relationships and what attracted partners to each other. With the help of a journalist, Hendrix (1990) made Object Relations concepts more reader friendly, particularly as they apply to couple relationships. The main concepts of IRT to be explained in the following section include: *connection/wholeness, developmental needs, adaptation and wounded self, imago and imago matching, romantic relationships and power struggle, and the dialogue technique.*

### ***Connection/wholeness***

One central concept of IRT is connection/wholeness. Hendrix's (1996) basic hypothesis is that each person "begins life essentially connected to all aspects of himself and to his physical, social, and cosmic context. A person is whole and experiences a oneness with everything" (p. ix). Everything, including persons, is in a relationship and is defined by their relations and function in virtue of their relationships. Relationship is seen as the "essence of being at the personal and cosmic level" (p. ix). He assumes that each person is essentially a unitary, vitally alive, and conscious organism and that all persons are connected, interdependent, and mutually influential and influenced by their environment. Relating this to marriage, he sees partners as being conscious, energetic interactors with constantly fluctuating boundaries and constituting an interdependent whole (p. 25). Human problems, such as flawed mental health and interpersonal tension, result from a rupture of this essential connection brought about by unconscious

parenting that failed to maintain the original connection. The fundamental “human yearning is to restore this original connection” (p. ix).

To support his hypothesis, Hendrix likens the human person to the universe in which galaxies, stars, planets, etc. form a whole and are interconnected. Separation, or to be separate, is not a part of this understanding (ontology) of the universe. Hendrix’s argument is contrary to what is seen in the animate world, where the offspring are first separated from their mothers through birth, then begin the process of reconnecting to their mothers, and gradually separate from them. Thus Hendrix’s argument that connection alone explains the condition of humans is wanting. In fact, a growing away from the person to whom one is connected – Hendrix calls it a rupture – is part of a natural process at the end of which a person can experience being a whole person and experience simultaneously both a connection and a separateness.

### ***Developmental needs***

Hendrix (1996) assumes that couple problems are related to unmet childhood needs and yet he is rather vague when he discusses these developmental needs and fails to offer a taxonomy of such needs. He ties an adult’s unmet needs to the developmental stages at which caregivers did not adequately respond to the child’s needs. Hendrix’s (2005, p. 24) description of the developmental stages represents a synthesis of Mahler, Pine, and Bergman (1975), Stern (1985), Sullivan (1953), and Erikson (1963). Williams (2009) summarizes the developmental needs particular to each of these stages. For example, for the Attachment Stage, the developmental need is to feel safe and for the Exploration Stage, the need is to be accepted for whom one is. According to Mahler et al. (1975), a primary relational need is to be connected which is represented by symbiosis. Hendrix does not agree with Mahler’s definition of symbiosis because it implies separation, a notion that goes contrary to his theory of connectedness. He views

symbiosis not as a natural condition at birth, but as a “condition created by the trauma of the birth process itself” and symbiosis as “the unconscious fusion of objects with the self” (Hendrix, 2005, pp. 32, 33). That is, the child constructs others and things in the external world to serve the survival needs of the self. For Hendrix, then, symbiosis is a survival need, not a natural condition at birth. Hendrix bases this observation on the birth of his first daughter whom, he says, did not undergo birth trauma (p. 32). Hendrix did not work with children, but with adult couples. His observation is directly opposed to the Mahler’s (1975) research with children, where she observed symbiosis to be a condition of nature.

### ***Adaptation and wounded self***

Our sense of connectedness and wholeness can be lost in one of two ways both of which lead to being wounded. The first way is when our parents are not available to respond to our needs and, thereby, we begin a life with a plethora of unmet childhood needs, such as an unfulfilled desire to be nurtured and protected and allowed to proceed unhindered along a path to maturity (Hendrix, 1990, p. 22). This longing to have our needs met continues into our future relationships. We learn to cope with our unmet needs by developing adaptive patterns such as by wanting to merge – fuse – with the caregiver, or to distance – isolate – oneself from the caregiver (p. 20).

Secondly, we can lose our sense of connectedness and wholeness because of the demands of the socialization process (Hendrix, 1990, p. 22). Through the socialization process we might have learned that certain ways of feeling, thinking, acting, and sensing were not acceptable and therefore they were repressed and cut off from our experience of self (Luquet, 1996). These repressed parts of our being constitute our *lost self* and are experienced as a void and as emptiness (Hendrix, 1990, p. 32). To deal with the void and to protect us from further injury, we

erect a *false self* (p. 30), that is, we develop ways of acting, thinking, sensing, and feeling that are foreign to us. These new ways of thinking, acting, etc. become the cause of further wounding as the person is criticized for these negative traits, such as being aloof or being needy. The negative parts of our false self that are met with disapproval are denied and become our *disowned self* (p. 32). The unmet needs and the void created by the lost, false, and disowned selves play a compelling but hidden role in selection of a partner and in a marriage, they constitute a person's unique image known as the *imago* of the ideal partner (p. 38).

### ***Imago and imago matching***

The word Imago is the Latin word for image (Hendrix, 1990, p. 38) and , in IRT, it refers to the composite image of both positive and negative aspects of people who influenced us most strongly at an early age. Our unconscious mind recorded everything about them such as their moods, talents, interests, and way of relating with others. The imago is the image of a person who can make us whole again.

Another component of our imago is that we seek in the other the good and bad qualities missing in ourselves that got lost in the socialization process (Hendrix & Hunt, 2010, p. 5). One's imago of an ideal partner is projected onto one's partner and then one reacts to the partner as the imago. Partner selection is based on the degree of match with the imago of their partner. The closer the partner resembles the other's imago, the more likely they are to fall in love with them. As well, each partner expects the other to give him/her what he/she wanted in childhood. If this does not happen or the wounds are not healed through this relationship, then the partners build up resentment towards each other and engage in a power struggle.

### ***Romantic relationships and power struggle***

IRT postulates that the lover with whom we fall in love is always similar to the parent with whom we had the most difficulty. Thus, our partner will frustrate us similar to our parent. The reason that this happens is because we try to recreate the conditions of our upbringing in order to correct them. We try to repair the damage done in childhood by attempting to get from the partner what our caretakers failed to provide (Hendrix & Hunt, 2010, p. 5).

A romantic relationship, according to IRT, typically progresses through three distinct phases. The first of these is the *romantic phase*. During this phase, one expects that his/her needs will be fulfilled and one experiences a euphoric feeling of completeness when our partner provides the lost parts of ourselves (Williams, 2009, p. 5).

The second phase is referred to as the *power struggle* (Hendrix, 1990, p. 81), which typically begins when partners make a commitment to each other. With the safety and security of their relationship, partners begin to spend more time away from each other and are less emotionally available. At the same time most people begin to discover that something about their partner awakens strong memories of childhood pain, such as the feeling of being abandoned, invaded, and/or neglected (Hendrix, 1990, p. 71). They begin to realize that their partner will not meet all of their needs nor love them in a way that their parents never did. In order to receive what they need, partners might change tactics and manoeuvre their partner into caring through anger, crying, withdrawal, shame, intimidation, and criticism. The main areas that require repair are: defending against the loss of romantic love, healing the wounds created in the developmental process, and restoring functions of the self that were lost in the socialization process (Luquet, 1996).

The third phase of a romantic relationship is referred to as *real love* (Williams, 2009, p.6). This entails compassionately asking for what you need and empathically giving what your partner needs. Williams (2009) summarizes these three phases by saying that the “first stage (romantic love), is when you want the other person. The second (power struggle) is when you want the other person to satisfy you. The third, real love, is when you want what is best for the other person” (Williams, 2009, p.6).

### ***Dialogue technique***

IRT takes the position that, since wounding occurred in a relationship with one’s parents, healing can take place only in a relationship that reactivates the wounds. It was thought that marriage conducted with the aim of mutual healing was the most effective form of therapy (Hendrix, 2005, pp. 16-17). The point of IRT, therefore, is for each partner to discover their imago and understand how they project this onto their partner, as well as how they can mutually help each other in healing their childhood wounds and pain. The fundamental technique of IRT is a structured dialogue that comprises mirroring, validation, and empathy. Hendrix (2005) observed that if “couples did not become dialogical, nothing changed in the relationship” (p. 29).

### ***The therapeutic process***

The emphasis of IRT is on the couple’s dialogue and cognitive, affective, and behavioural interventions and are used to develop *connected differentiation* while at the same time empowering each individual’s sense of self (Luquet, 2000). The model involves three sequential stages. The first stage is aimed towards each partner developing the ability to effectively listen without becoming defensive or adversarial. This is done through techniques of calming and centering as well as self-soothing, such that the individual is able to tolerate their anxiety and be present for the partner. The second stage of listening unfolds in three parts: (a)

mirroring back the partner's words, (b) validating the partner's thoughts and feelings and, (c) empathizing with the partner's experiences. The next stage is the *Imago* (the Latin word for image) process, which assumes that each partner carries an unconscious image of early caregiver relationships, which influence the partner they choose in adulthood as well as possess traits which frustrate the partner. It is in working through these frustrations by which individual growth occurs. It also assumes that each partner has needs which, once made explicit, can be met by the other partner. This is a reciprocal process in that, through the identification and understanding of the needs of the other and working toward meeting those needs, healing will occur. In this process, the therapist assists the couple to deepen their empathy using the parent/child dialogue and a holding exercise, both which are aimed toward a deeper understanding of the frustrations and behaviour of the other stemming from childhood. *Reimagining* occurs when the partner is able to understand the other's behaviour in the context of early life frustrations and transform their image of their partner from "enemy to ally" through deepened empathy.

These explicit frustrations are then restructured through *Behavior Change Request*, which assumes that a frustration is a desire stated negatively. In this process, partners convert frustrations into stated desires and requests for behaviours that will fulfill the desire. The partner, in turn, adopts new ways of behaving to fulfill the desire of the other. The next stage in Imago therapy is *re-romanticizing*, which involves the couple discussing and listing behaviours which would make them feel loved and incorporating these behaviours into the relationship. In the final stage of IRT, the couple collaboratively develops a vision for a *perfect* relationship. This vision acts as a guide for the couple to draw on in their future journey, as well as a reminder of the purpose of their relationship.

## **Critique**

The meanings of several of the IRT concepts are similar to concepts found in Object Relations Theory. The IRT concept of false self is similar to Winnicott's (1960) concept of false self, imago is similar to Klein's (1948) concept of object representation, and the process of projecting one's imago onto the partner is similar to Klein's (1948) concept of projective identification.

IRT's emphasis that therapy address unmet needs is similar to the focus taken by Object Relations Therapy. IRT, however, in its attempt to integrate the needs postulated by Erikson, Stern and Mahler, does not present a theoretically coherent taxonomy of needs and thereby does not present the therapist with a useful conceptual tool. Object Relations Theory, on the other hand, offers a theoretically guided taxonomy of needs that is anchored in developmental psychology and comprises self and relational needs. Hendrix's idea that connection is the fundamental need and that separation is not an innate aspect of the developmental process is untenable as it goes contrary to research carried out by Mahler et al.(1975) and Stern (2005, 2002).

Further, his description of Mahler's concept of symbiosis as arising from trauma rather than being a part of nature is also not supported by Object Relations Theory and research.

Given that the fundamental IRT technique is the couple dialogue that entails a partner mirroring back to his/her partner what was said in a validating and empathic manner, it can be assumed that IRT is suitable for couples whose personalities are relatively intact and who are not experiencing a high level of distress. IRT's stage model makes an implicit assumption that couples will be capable of lowering their defenses sufficiently to manage their distress, while developing the capacity to actively listen, validate, and empathize with their partner's experience

within two to four sessions (Luquet, 2000). Highly distressed individuals, such as those with significant personality issues, are unable to manage their defenses and, hence the reason for destructive patterns in their intimate relationships (Luquet, 2000). As these defenses are an unconscious and involuntary reaction to a perceived threat to the self or the relationship, the borderline personality for instance, may be unable to integrate the splitting defense through cognitive-behavioural techniques such as calming, centering, and self-soothing. Rather, for highly distressed personality disordered individuals, gains can only be made at a psychic structural level (Luquet, 2000).

Although IRT identifies couple distress in terms of negative behaviours in couple relationships as a result of the unmet childhood needs and the unconscious frustrations in not having them met, it does not adequately explain how these experiences become stored to form the imago. IRT does not explain the processes involved in storing these experiences nor the psychic structures that store them. Yet, one assumes that the imago is stored somewhere.

### **Emotionally Focused Couple Therapy**

Emotionally Focused Couple Therapy (EFT), an approach which has evolved over the past three decades, was formulated by Greenberg and Johnson (Greenberg & Johnson 1988; Johnson & Greenberg 1985). The formulation of EFT was, in part, a reaction against behavioural and cognitive oriented approaches that focused on behavioural, cognitive, and structural aspects of the relationship and interactional patterns underlying couple problems. According to EFT, these approaches neglected the role of emotions, assuming they were secondary to cognitions and behaviours, counterproductive in therapy or had little effect on the change process (Johnson, 1996; 2005). This reaction led to the development of an approach to couple therapy which focused on a theory of emotions and a theory of the change process, both of which characterized

their initial approach. Johnson, looking for a theory that would tie together the activities of the therapist, a theory of emotions, and the theory of change process, began to integrate aspects of attachment theory, particularly the couple's need to connect and the qualities of the therapist that fostered connection. Thus, EFT uses an attachment framework and borrows concepts from attachment theory to understand clients' problems, perform assessments, and guide the therapy process (Johnson, 2008).

### ***EFT tenets of attachment theory***

EFT has adopted six main tenets from attachment theory to provide theoretical grounding for its approach; to understand the nature of close relationships, to identify the motivations of individuals who strive toward intimate relationships, and to provide a systemic understanding of couple relationships (Johnson, 2008). The first concept, *depathologizing dependency*, assumes that humans are inherently motivated toward contact with significant others throughout their course of life. Unlike other theories which emphasize the need for individuation, attachment theory emphasizes the need for secure connection. The second concept, *the role of emotion*, a central tenet in attachment theory, alerts the organism/person concerning the need for safety and protection and provides an understanding of intense emotions that accompany distress in couple relationships. The third concept, *the nature of the therapeutic alliance*, suggests that the need for a safe emotional relationship with the therapist plays a fundamental role in the change process. The fourth tenet, *individual differences*, provides the therapist with a theoretical framework to conceptualize and approach individual differences in the ways that partners regulate affect and interact on two dimensions: anxiety and avoidance. The fifth concept, *working models; the self in the system*, is characterized by a view of self that is both competent and worthy of love and by others as trustworthy and dependable. Working models of self and other develop through social

interactions with others including attachment figures. In future relationships, these working models of self and other serve as “emotionally charged procedural scripts” (Johnson, 2008, p. 816), which inform and influence an individual’s ability to relate in a given situation. In therapy, these working models which prohibit the development of a secure base and bond are identified and, through the process of emotional communication, these models are transformed. Finally, through its endeavour to provide an understanding of the implications of the trauma associated with loss, deprivation, rejection, and abandonment. *Focus for intervention* refers to attachment theory’s theoretical relevance as a focus for therapeutic intervention aimed at eliciting separation distress, anger fuelled by hurt, and attachment longings which influence emotional responses.

### ***Attachment needs in EFT***

EFT assumes that attachment needs for security and bonding are universal human needs (Johnson, 2008). It is within intimate relationships that bonding occurs and a secure base develops. When safety is not available in the intimate relationship, the bonding process is compromised and partners are unable to develop a secure base from which to communicate or respond to the needs of the other.

### ***Couple distress and the role of emotions***

In EFT, couple distress is related to hidden emotions that block secure attachment and create negative interactional patterns and dysfunctional cycles in which couples engage and maintain (Johnson, 2004). EFT assumes that distressed couples are incapable of accessing, communicating, or responding to these hidden emotions which reflect their individual attachment needs for emotional security and bonding. In EFT, emotions are considered a “powerful and often necessary agent of change” (Johnson, 2004, p.4) rather than problems underlying couple distress. As agents of change, EFT focuses on *hidden* emotions and proposes that these emotions

which underlie negative patterns of behaviour in which couples engage lead to and maintain dysfunctional cycles. The goal of therapy, therefore, is to develop a secure attachment which consists of each partner being capable of accessing and responding to the emotions and needs of the other. Succinctly stated, it is important for the partners to be aware of their negative interactional patterns and to communicate and respond to underlying feelings which contribute to the patterns. The role of the therapist is to collaboratively identify these negative interactions which form dysfunctional cyclical patterns and assist the partners to access and communicate their hidden feelings so that the other can respond. EFT assumes that, once partners are able to access and respond to these feelings, negative patterns will either decrease or be eliminated and they will no longer need to act out their feelings in the form of destructive interactions.

### ***EFT change process***

EFT proposes change at both an intrapsychic and interpersonal level (Johnson, 2008). The intrapsychic dimension refers to how individuals internally process their experiences. This *working model of self and other* (p. 816) is formed through social interactions with others and influences emotional relatedness in later relationships. Intrapsychically, EFT views secure attachment as a working model of self, based on worthiness of love, care, and competence, and others as trustworthy and dependable. In therapy, as couples work at an interpersonal level to develop positive interactional cycles, internal working models are gradually transformed through the process of emotional communication and the development of new interactional patterns.

EFT views the change process – therapy process – as a sequence of nine steps unfolding in three interwoven shifts (Johnson, 2004). In the first shift, *Cycle De-escalation*, the constituents of the interactional cycles are modified. Modifications may include partners taking more risk toward connection or becoming less emotionally reactive. In the second shift,

*Withdrawer Engagement*, the partner who typically withdraws becomes more interactive in the relationship. The third shift, *Blamer Softening*, occurs when the highly reactive and typically hostile partner communicates his or her attachment needs and therefore renders him/herself vulnerable.

The nine steps of the change process are delineated as:

1. Assessment and developing an alliance and identifying conflict issues.
2. Identification of negative cyclical interactions.
3. Eliciting hidden or underlying emotions.
4. Reframing the issue in terms of hidden emotions and attachment needs.
5. Identifying *disowned* needs and aspects of self into interactions.
6. Accepting the partner's experience and new patterns of interacting.
7. Expressing needs and wants while promoting emotional engagement.
8. Promoting the development of new solutions to relationship issues.
9. Consolidating new cyclical patterns of attachment behaviors.

### ***EFT and insight***

In EFT, insight is not viewed as a necessary step in the change process (Greenberg & Johnson, 2004). Albeit, the therapist collaboratively works with the partners to identify hidden emotions such as fear, loss, despair, and abandonment, and become aware of the nature of their negative interactional cycles, which can then be identified as the “enemy”.

### ***Suitability of EFT***

Johnson and Talitman (1996, p. 201) state that EFT is best suited for couples who remain emotionally invested in the relationship, who are motivated to change, and who are open to learn and assume responsibility for their actions which contribute to the couple's

problems. Contraindications to EFT include couples where there is verbal or physical abuse and couples who are separating (Johnson, 2004, p.206). EFT outcome research suggests that the initial level of distress is not as important as the therapeutic alliance in predicting success (Johnson & Talitman, 1996). Taken together, this would suggest that couples who are open to learn, motivated to change, and capable of investing in a healthy emotional relationship with their partner and with the therapist would be best suited for EFT.

## **Critique**

### ***Pivotal role of emotion and limited attention to needs***

EFT has made a significant contribution to the field of couple therapy by emphasizing the emotional content of a couple's problems and distress. Its limitations rest in its emphasis on the pivotal role of emotions in the change process and limited attention to needs. Although, theoretically, the approach emphasizes the need for secure emotional attachment, the objective of EFT is to uncover hidden emotions which block secure attachment and promote a secure base from which the couple can connect. The limitation of the approach is its sole attention to attachment needs for bonding and emotional connection as well as a lack of attention to the relational need for separateness (i.e., to take distance for oneself in the relationship).

### ***EFT change process***

A further limitation of EFT is its proposed change at both an intrapsychic and interpersonal level (Johnson, 2008). For Johnson, the intrapsychic dimension includes both the internal reworking of the emotions and the working model of self and other. Johnson does not indicate how the intrapsychic working model is changed such as, for example, through identification and introjection. Johnson assumes that change will indirectly occur at an intrapsychic level without direct intervention at this level but rather via intervention at an

interpersonal level. This assumption is most difficult to comprehend and is not consistent with other approaches such as Object Relations Theory, which proposes that change at an intrapsychic level can only be achieved by intervening, directly or indirectly, at that level. Further, EFT's interpersonal approach to change at the intrapsychic level assumes that the need for secure emotional connection will be met in the context of the couple relationship. That is, the partner will provide what is needed to promote a secure attachment and hence, the working model of self and other will be transformed. The limitation of working at an interpersonal level is that in the absence of the other, the individual is not able to feel secure. Without individual healing at an intrapsychic level, the individual does not develop the capacity to self-soothe but relies on the partner to be soothed.

### ***EFT and insight***

Johnson (2004) proposes that insight is not an essential component of the change process nor is insight helpful in therapy (Johnson, 2008). This appears to contradict the goals of her interventions, such as to uncover hidden emotions such as fear, loss, despair, and abandonment which, in essence, make the client aware of their emotions, vulnerabilities, and attachment needs underlying maladaptive patterns. Collaboratively with the couple, the therapist assists the couple to become aware of the nature of their hidden emotions and negative interactional cycles so that these cycles may be identified as the "enemy". Developing insight into relational styles, cyclical patterns, and emotions driving their behaviours is fundamental and therefore necessary to the change process.

### ***EFT's suitability***

EFT is best suited to couples who are open to learn, motivated to change, and remain emotionally invested in the relationship and are capable of developing a positive alliance with

the therapist. Therefore, it could reasonably be assumed that mildly or moderately distressed couples would meet these criteria. Highly distressed couples, such as those where one or both partners is personality disordered, those who present with rigid ego structures, chronic, and destructive patterns of interaction, including verbal and emotional abuse, and defenses which are often difficult or impossible to lower unless the therapist works at a psychic structural level, would not be suitable for EFT. These types of individuals have significant difficulty forming and interacting in interpersonal relationships, including in the relationship with the therapist. EFT, which directly intervenes at an interpersonal level, would not be effective with couples where one or both partners present with significant personality issues, lack ego resources and the capacity for relatedness, and are unable to work at an interpersonal level in therapy.

### *Nature of distress*

In EFT, couple distress is related to a couple's inability to access, communicate, and respond to hidden emotions that block secure attachment and create and maintain negative interactional patterns and dysfunctional cycles. The limitation of the assumption is its emphasis on hidden emotions, which block attachment needs for secure emotional connection as underlying distress and lack of emphasis on other relational and self needs, such as those proposed by Object Relations Theory and Self Psychology. Object Relations Theory and Self Psychology assume that unmet relational and self needs are a major source of couple distress. That is, the relational needs for connection as well as separateness (i.e., to take space for oneself in a relationship) and self needs to be affirmed for one's competence and lovability are fundamental to healthy psychological and emotional functioning. When these needs are not met in the relationship, partners become distressed and act out this distress in the relationship.

## **Object Relations Couple Therapy**

Object Relations Couple Therapy (ORCT) was developed by Scharff and Scharff (1987, 1991) and is framed within psychoanalysis, Object Relations theory, and small group dynamics. More specifically, it is framed within Fairbairn's (1952 a, 1954) theory of psychic structure (Scharff & Scharff, 1987), Dicks (1967) notion of unconscious and complementary processes in intimate relationships known as mutual projective and introjective identifications, and Bion's (1961) concept of valence which refers to "the instinctive capacity for instantaneous involuntary combination of one individual personality with another" (p. 153). Dicks applied Fairbairn's concept of psychic structure, Klein's (1946) mechanism of projective identification and Bion's (1961) concept of valency to the relational context, to describe the marital fit and the mutual processes in which relationships function. ORCT integrates the concepts of psychic structures and projective identifications in the formulation of its approach to couple therapy. It also includes the concept of transference and countertransference, which are key elements in therapeutic work.

### ***Psychic structure***

To understand the development of the psychic structure, ORCT adheres to Fairbairn's (1952a) personality theory, which postulates that the child is born with a whole and unitary ego which becomes fragmented through experiences of rejection by significant external objects, namely the mother (or motherly figure). Pleasurable experiences with the mother, such as responding to the child's feelings and needs, support the continued growth of the unitary ego. However, experiences of displeasure, such as neglecting or rejecting the child's feelings and needs, lead to a fragmentation of the ego since part of the ego is invested in protecting itself against the unpleasant experiences. To protect itself from threat against the needed and ideal

mother and the real and objective mother, the infant splits the positive from the negative experiences with the mother into *good mother* and *bad mother* respectively. The infant then internalizes the experiences of the mother as a good mother and bad mother. The mother is internalized as bad because she rejected the infant's needs or because she was hostile towards the infant. These internalized images are separated from each other and form distinct ego states. The experiences of being rejected form an ego state referred to as the libidinal ego state and the hostile experiences form an ego state referred to as antilibidinal ego state. The libidinal ego functions at an unconscious level, comprises internal representations of self and other from the child's experiences of rejection. The antilibidinal ego, also unconscious, comprises representations of self and other from those experiences of hostility. The central ego state, which functions both at conscious and unconscious levels, regulates affect, modulates behaviors, and creates relatedness. According to ORCT, this psychic structure that comprises the various ego states lays the foundation for the person's choice of future relationships.

### ***Projective and introjective identification***

In adult intimate relationships, partners project their internal representations of self and internalized objects onto each other. The receiving partner then identifies with the partner's projected part of self or object and modifies it in order for the projecting partner to introject it. This mutual process of partners projecting and introjecting forms the system from which the couple function and form their relationships (Scharff & Bagnini, 2002).

### ***Transference and countertransference***

Transference refers to the client's reaction to the therapist while countertransference refers to the therapist's reaction toward the client. Scharff and Sharff (2002) postulate two types of transference: contextual and focused transference, which the client experiences and which the

therapist reacts to in the form of contextual countertransference and focused countertransference respectively. Contextual transference refers to the client's attitudes, feelings, resistance, and behaviours toward the therapeutic environment. Focused transference refers to the client's feelings toward the therapist which the client "transfers to the therapist as object for intimate relating" (p. 71). Contextual countertransference refers to the therapist's response towards the therapeutic environment and focused countertransference refers to the therapist's feelings towards the client, which the therapist transfers to the client as an object of intimate relating.

### ***ORCT view of the relationship system***

ORCT views the couple relationship as a tightly organized and closed system whereby partners interact according to their unique internal relationships or prototypes which were laid down early in life, and in the context of relationships with significant others. In adulthood, these internal representations of self and object determine one's choice of intimate partner as well as the nature of the relationship (Scharff & Varela, 2000). ORCT adopts Dicks' (1967) view to understand how we choose a partner whose psychological *valency* will "fit" with parts of our self and our internalized object and how the couple relationship is a "mutual projective identification system" (Scharff & Bagnini, 2002, p. 63) in which partners mutually project their internal representation of self and object onto each other. The receiving partner then identifies with the partner's projected part of self or object and modifies it in order for the partner to introject it and identify with it, a process called introjective identification. This mutual process of projecting parts of self and other onto the partner and introjecting the modified projections creates a system from which the relationship functions. In healthy relationships, this system functions effectively as the partners are consistently able to identify and contain projections. Dysfunction occurs when

partners are unable to tolerate the projections and become distressed which in turn results in imbalance in the couple's mutual projective identification system (Scharff, 2002, p. 63).

### ***Therapeutic process***

A key aspect in couple therapy is working with transference and countertransference. In OCRT, the therapist uses his/her own contextual and focused countertransference in response to the partner or couple's contextual and focused transference which are elicited in therapy and transferred onto the therapist. The therapist uses his/her countertransference as a tool to identify and understand the partner or couple's unconscious material and processes. ORCT also uses psychoanalytic techniques, such as following and responding to unconscious themes, gaining insight, interpreting clients' revealed dreams and fantasies, and working with clients' transference to anxieties underlying patterns of defenses, and to communicate these processes so that the partners gain insight into their intrapersonal and interpersonal dynamics (Scharff & Varela, 2000).

Scharff and Bagnini (2002) state that ORCT is best suited for couples who are psychologically minded and capable of in-depth work. It is suited for couples interested in understanding intrapsychic and interpersonal processes within the context of their relationship difficulties and for couples who are interested in growth. It is not suitable for couples who are concrete thinkers, require support and direction, or for couples where addiction or alcohol abuse is indicated.

### **Critique**

#### ***Emphasis on defenses and patterns of relating***

ORCT emphasizes the role of the partners' anxieties underlying defenses which are acted out in the form of mutual projective identifications. The focus is on working through defenses

and not on identifying needs and helping the couple to reorient their relationship around these needs. The limitation of this approach is its lack of attention to self, relational, and spiritual needs that underlie defensive patterns.

### ***Suitability***

As ORCT is best suited for couples who are psychologically minded and open to learn and grow, it appears that it is also best suited for partners whose defenses are not too rigid and whose personality structure is amenable to modification. As one of the goals for therapy is for the partners to develop their ability to understand and respond to the projections of the other in a healthy manner, ORCT appears best suited for moderately distressed couples who possess the capacity for empathy and openness to respond. It does not appear suitable for highly distressed couples who are typically highly defended and lack the capacity for empathy or ability to identify with or respond to the needs of the other.

### ***Nature of distress***

Scharff and Bagnini (2002) view couple distress as stemming from the partners inability to contain and modify the internal representations of self and other which are thrust upon them by the partner in the form of projections. This inability to tolerate the projections leads the receiving partner to become distressed and creates an imbalance in the couple's mutual projective identification system (Scharff & Bagnini, 2002, p. 63). ORCT is limited by its lack of attention to the role of unmet needs in understanding projective identifications in adult relationships.

The four theoretical orientations reviewed above are limited in that they do not address a broad spectrum of relational and self needs, are suited for mildly distressed couples and, with the

exception of ORCT, offer a theoretically limited explanation for couple distress. The next section offers an alternative perspective which addresses some of these limitations.

### **Theoretical Concepts from Object Relations Theory and Self Psychology**

This section presents the theoretical concepts from Object Relations Theory and Self Psychology that define and situate the self and relational needs of a couple and explain the origins of couple distress. A more detailed description of these concepts in individual therapy can be found in Meier and Boivin (2010) and their application to couple therapy in Briscoe-Dimock and Meier (2013).

The fundamental position of Object Relations Theory is that the primary motivating factor for people is the pursuit of relationships which implies relational needs and, indirectly, self needs. The heart of the therapeutic work, therefore, as an Object Relations therapist, is to help people to identify unmet needs and find ways to have them fulfilled. In working with needs, the clients engage in an internal dialogue that parallels the dialogue between caregiver and child. This dialogue, with its words, feelings, sensations, and motives, form structures called ego states – central, antilibidinal, and libidinal – in which these experiences are stored. The person might indeed develop indirect ways of having the need for relationships met. One method might be to draw the person into believing that the other can provide that need. This is referred to as projective identification. These three aspects – relational/self needs, ego states, projective identification – are learned within the context of the separation-individuation process and form positive and negative representations of self and other. These positive other representations act as internal “persons” towards whom to turn when one becomes distressed, to gain perspective and to comfort oneself. The positive and constant internal representations of the other are referred to as *object constancy*.

The concepts from Object Relations Theory and Self Psychology which are pertinent to this study and to the understanding of couple distress include: (a) *separation-individuation process*, (b) *primary self and relational needs*, (c) *psychic organization and ego states*, (d) *projective identification*, and (e) *object constancy and affect regulation*.

### **Separation-Individuation process**

Mahler et al. (1975) propose a three phase model of personality development. Each phase requires that specific developmental tasks be achieved and negotiated for optimal personality development. The first phase, *normal autism*, occurs at birth and is characterized by the infant's state of undifferentiation, that is, the child's inability to differentiate self from other, and namely, the self from the "mother". The developmental task at this stage is for the child to adjust to the physical world by achieving a homeostatic equilibrium (Mahler et al., 1975, p. 43). The second phase, *normal symbiosis*, occurs around the second month of the child's life. At this phase, the child is becoming aware of the mother, or the need-satisfying object, but still is unable to differentiate self from other, but experiences self and mother as a fused dyad and omnipotent system. The developmental task in this phase is for the child to become emotionally and relationally anchored with the mother. The third phase, *separation-individuation*, has four subphases: *differentiation and body image*, *practicing*, *rapproachment*, and *emotional object constancy and individuality*.

The infant's emotional needs are present at all stages of development. However, the nature of these needs and how the child gets these needs met varies according to the phase of development. During the first subphase of the separation-individuation phase, *differentiation and body image*, which occurs at around four to five months of age, the infant begins to differentiate self from mother. This period is termed *hatching*, whereby the infant begins to separate from the

mother, directs its attention outward and becomes more alert to its outer surroundings. In the second subphase known as practicing, the child begins to physically move away from the mother, either by crawling or walking, is motivated by its curiosity and own activities, and often is oblivious to the mother's presence. The child intermittently returns to the mother for *refuelling*, which involves a need for emotional and/or physical contact. The third subphase, rapprochement, occurs at about one and a half years of age. At this phase, the toddler is able to recognize its physical and psychological separateness from the mother but also its need for proximity to the mother. In this subphase, the child develops an awareness of his/her separateness from its mother and experiences pleasure in sharing in activities with her while, at the same time, experiences emotional distress as a result of a keen awareness of his/her separateness. The child's former sense of omnipotence declines and its sense of dependency increases, resulting in the child's tendency to turn back to the mother for comfort and security, mainly when distressed. The fourth subphase, emotional object constancy and individuality, occurs at the third year of life. Emotional object constancy refers to the child's internalized positive mental image of mother to whom he/she can turn inward toward to manage the emotional distress in her absence. By accessing this positive mental image, the child is able to cope with the psychological distress of separation.

In the separation-individuation phase, the developmental task is for the child to psychologically separate from the mother, develop a sense of separateness and individuality, and manage the emotional distress through object constancy. In adulthood, successful development or negotiation of the separation-individuation phase would result in a person being able to feel connected in intimate relationships without losing oneself and, at the same time, being able to take distance for oneself and still remain connected to one's partner. On the other hand, when

one partner has not negotiated the symbiotic phase and craves for intimacy and his/her partner wants to engage in independent and autonomous functioning, the couple may experience a disproportionate amount of stress in their relationship. The failure to negotiate either one of the phases or the subphases could result in unmet childhood needs, which manifest themselves in unmet couple relational and self needs and, ultimately, in couple distress.

### **Primary self and relational needs**

Various ways of classifying and describing needs have been suggested as were reported above. Extrapolating from Kohut's (1971) concepts of mirroring and idealizing transferences and from Mahler et al.'s (1975) concepts of symbiosis and separation-individuation, Meier and Boivin (2011) presented a taxonomy of needs referred to as self and relational needs. Self needs refers to the need to be affirmed for being competent and lovable and relational needs refer to the need for connecting and being autonomous. This taxonomy of needs has been applied to couple therapy by Briscoe-Dimock and Meier (2013). The theoretical basis of these needs is now described.

### ***Self needs***

Self psychology theory recognizes the importance of the child's narcissistic needs being met for healthy self-development. These needs are reflected in three vital emotional transferences of children (and adults), namely *alterego*, *idealizing*, and *mirroring transferences* (Kohut, 1971). Alterego transference represents relational needs while idealizing and mirroring transferences represent self needs. Alterego transference refers to the child's need to feel a degree of likeness with other people, a need for human contact, and interaction with an equal. Idealizing transference refers to the child's need for attachment to an emotionally stable, strong, and soothing caregiver, such that the child, by means of this connection, feels strong, important,

and lovable. Mirroring transference refers to the child's need to feel understood, validated, and admired for being competent. In order for these needs to develop and be fulfilled, the child must experience significant relationships which foster these needs. Such relationships are referred to as *selfobject* relationships. These relationships are used in service of the self for self-development and self-functioning and are experienced as part of the self (Kohut, 1971); that is, as not being separate from self. If the child's internalized selfobject experiences are positive, the child will develop a cohesive sense of self. Failure to achieve positive selfobject relationships results in threatened self-cohesion and fragmentation of the self (Kohut, 1971). This distressing cognitive and affective state may manifest itself in symptoms ranging from mild dysphoria to a panicked sense of impending disintegration or annihilation. When these needs are neglected or not adequately met, optimal self-development is affected resulting in the development of emotional problems and difficulty forming healthy relationships. When parents are attentive to the child's affective states and attuned to the child's needs, the child is capable of achieving emotional health, stability, and tolerance (Kohut, 1971).

In the context of the couple relationship, it is possible that one partner has unfulfilled mirroring needs (the need to be found lovable), while the other partner has unfulfilled idealizing needs (the need to be seen as being competent). The inability of a partner to respond to the needs of his/her partner may indeed lead to couple distress.

### ***Relational needs***

Object Relations Theory emphasizes the importance of human relationships and proposes that these relationships are both the primary and motivational force in life. In contrast to Freud's view of humans as pleasure seeking, post Freudian Object Relations theorists assume that humans are naturally relationship seeking. Object Relations theorists such as Klein (1959),

Fairbairn (1954), Winnicott (1958), Jacobson (1964), Mahler et al. (1975), Kernberg (1976), and Kohut (1971) shifted away from a drive/structural model toward a relational/structural model of the psyche. Current Object Relations theorists suggest that humans have an innate and fundamental need to form and maintain relationships, and that it is in meeting this need that libidinal and aggressive drives derive meaning (Mitchell, 1988). Mahler et al.'s (1975) developmental theory defines a child's relational needs in terms of the child feeling connected to significant others, and being autonomous and independent. According to the authors, a child's relational needs are present throughout the span of development. The child's ability to negotiate the tasks associated with each stage of development and have its needs met will determine the child's capacity to form healthy relationships later in life.

### **Psychic organization and ego states**

According to Fairbairn's (1952a) personality theory, a child is born with a whole or unitary ego, referred to as central ego state. Pleasurable experiences with the mother, such as responding to the child's feelings and needs, support the continued growth of the unitary ego and provide a solid foundation for the formation of the psychic structure. Through experiences of rejection by significant external *objects*, namely the mother (or motherly figure), the central ego becomes fragmented and parts of it are split off. In its interactions with the mother, the child's needs may be delayed or not met, which results in the child becoming frustrated. When the pain associated with the frustration with the external object is too great, the child's internalization of a rejecting mother is "split off" and repressed into unconscious as the "rejecting object" as it is too threatening to the self and to its image of the ideal mother to be retained in consciousness. This internalized rejecting object is further split into need-exciting and need-rejecting components, dependent upon whether the external object is exciting (e.g., makes promises but does not keep

them) or rejecting. The part of the self that was associated with the exciting or rejecting mother is also split off from the whole self and repressed into the unconscious. The unconscious parts of self and object associated to the exciting object and the unconscious parts of self and object associated with the rejecting object form the libidinal ego and antilibidinal ego states respectively. The libidinal ego, which functions at an unconscious level, comprises internal representations of self and other from those experiences in which the child's experiences were excitable. The antilibidinal ego, also unconscious, comprises representations of self and other from those experiences which were rejecting. The central ego, which operates at a conscious and unconscious level, is responsible for regulating affect, modulating behaviour, and creating relatedness. These ego states form the psychic structure which lays the foundation for future relationships.

The child's genetic predisposition, together with the process of incorporating part objects (e.g., positive or negative, *good* or *bad*) through its experiences of relationships, will determine the development of the child's self-structure and personality. The nature of the formative object relationships will determine the nature of the psychic self-representation (e.g., good or bad) and of the self-structure. If object relationships are mainly positive, the corresponding self-representation is also positive (good). If the nature of the object relationships are negative, the self-representation will also be negative (bad). This good/bad sense of self will influence the nature of future relationships. That is, if the child's self-object relationships were negative, the tendency will be for the child to seek out life relationships which support a negative self structure and reaffirm early negative self-object relationships. Respectively, if the child's self-object relationships were positive, the child will seek out life relationships which support a positive self-structure and reaffirm formative positive self-object relationships. When these internal

representations are weighed towards negative representations, they will have a negative effect on future couple relationships. For example, one partner may read their partner's communication or behaviour in light of early childhood representations rather than to respond to them as they are meant by the partner. Thus the negative quality of internal representations can bring about stress in a couple's relationship.

### **Projective identification**

In adult intimate relationships, partners project their internal representation of self and object onto each other. The receiving partner then identifies with the partner's projected part of self or object and modifies it in order for the projecting partner to introject it. This mutual process of partners projecting and introjecting forms the system from which the couple function. Object Relations developmental theory assumes that emotional problems stem from unmet relational needs in childhood, resulting in the child being *arrested* in a specific stage of psychological development (Mahler et al, 1975). This arrest results in the child being unable to separate and individuate and thus remains unable to get its future needs met. According to object relations theory, when needs are unmet in childhood, the person will seek out later life relationships in order to have their unmet needs fulfilled. These relationships will confirm the childhood self-object relationships and the child's self-structure. From an object relations standpoint, psychopathology is characterized by traumatic childhood self-object experiences (e.g., emotional neglect, verbal and physical abuse) and relationships which are internalized and acted out in later relationships. That is, when the person is unable to get their needs met in later relationships they become distressed. Having no positive internal object to turn toward to manage or moderate their distress, they re-enact immature forms of destructive behaviour from

childhood in order to have these needs met. The nature of these needs and behaviours is dependent on the stage of developmental arrest.

### **Object constancy and affect regulation**

In the fourth subphase of separation-individuation, the developmental task for the child is to consolidate its psychological separateness from the mother, to individuate and become his/her own person, and to establish a constant positive image of a good object, referred to as object constancy, to whom the child and later the adolescent and adult turn to manage their psychological and emotional distress. Object constancy refers to the child's development of an internalized positive mental image of mother through the positive mother-child interactions. By accessing this positive mental image in the absence of the mother, the child is able cope with the distress of separation. In adulthood, successful development or negotiation of the separation-individuation phase would result in a person being able to feel connected in intimate relationships without losing oneself and, at the same time, being able to take distance for oneself and still remain connected to one's partner. In adulthood, unsuccessful development may result in the partner clinging or becoming enmeshed in relationships or feeling anxious and/or abandoned during separation. In the absence of a constant positive object to turn to when they become distressed, they turn to their partner (other-soothing rather than self-soothing) and, when the partner is not responsive, this may lead to couple distress.

The concepts derived from Object Relations Theory and Self Psychology described above offer a comprehensive understanding of the developmental origins of intrapsychic and interpersonal processes underlying the ability to deal with distress in couple relationships, an understanding that other major approaches described earlier fail to provide. That is, the theory explains the developmental origins of object constancy, which functions to moderate distress and

which a partner will turn inward toward for self-comforting and self-soothing when needs are unmet in the interpersonal relationship.

### **Spirituality and Spiritual Needs and Couple Distress**

The importance of including a spiritual dimension in counselling and psychotherapy is supported by the vast amount of research that found significant relationships between spirituality, mental health, and well-being (e.g., Young, Cashwell, & Scherbakova, 2000; (Koenig, 2009, Pargament, 2007; Griffith & Griffith, 2002; Burke, Chauvin, & Miranti, 2005). Researchers emphasize the importance of the relationship between spiritual well-being and health (Young, Cashwell, & Scherbakova, 2000), and religion, spirituality, and mental health (Koenig, 2009). Systematic research has shown that religious coping is used extensively throughout the world. In 2001 and in the aftermath of “911”, *The New England Journal of Medicine* reported that 90% of Americans turned to religion to cope with the stress of the attack (Schuster, Stein, & Jaycox, 2001). In the academic and professional domain, numerous graduate level textbooks (e.g., Pargament, 2007; Griffith & Griffith, 2002; Burke, Chauvin, & Miranti, 2005) have been written to guide the student counsellor or experienced clinician to effectively assess and integrate a spiritual component into their work.

### **The Relationship Between Spirituality and Psychology**

For over a century, psychologists have been interested in the study of religion. Early founders of psychology such as William James (1902/2004) and Stanley Hall, the first to write about religion in psychology (Vande Kemp, 1992), supported the inclusion of spirituality in psychological study and practice based on the root meaning of psychology, *psyche* which refers to the *soul* and *-logy* which refers to the *study of*.

James (1902/2004) had an enormous impact on the scientific study of religion. This interest led to the founding of journals such as the *Journal for the Scientific Study of Religion* and the establishment of Division 36: Psychology of Religion, of the American Psychological Association, in 1971. The Canadian Psychological Association, in 1984, established Religion as one of its sections. The scholarly and research efforts on part of the members of these associations led to a better understanding of religion and spirituality and their differentiation.

In the early 20<sup>th</sup> century, psychology began to shift away from religion and spirituality and to move towards the natural sciences due to the influence of positivistic philosophy. In their efforts to align with the natural sciences, mounting tensions ensued between the disciplines that resulted in psychology's negation of philosophy and theology as "impediments to the scientific search for enlightenment" and an obstacle to "rationally-based attempts to improve the human condition" (Pargament, 2007, p. 8).

In spite of the works of these early founders of psychology, the relationship between psychology and spirituality has remained tenuous until the past decade when psychology and the field of mental health again opened their doors to spirituality. However, there remains considerable debate over the relationship between spirituality/religion and psychology in terms of its differentiation, inclusion, definition, conceptualization, and role in clinical assessment and treatment. Fontana (2003) points out that, although we have made some inroads toward the integration of spirituality and psychology, we are a long way from a universal consensus on the definition of spirituality and on the importance of integrating a spiritual dimension in psychological assessment and treatment. The task of operationalizing spirituality remains difficult for researchers and clinicians alike.

Within the literature, there is heated debate over whether a true distinction between religiosity and spirituality exists (Coleman, 1999). Some argue that, conceptually, religiosity is distinct from spirituality (Fontana, 2003; Burke, Chauvin & Miranti, 2005). Empirical studies suggest that religion and spirituality are not inherently linked concluding that individuals do not necessarily express spirituality through religion or religious practices (Burkhardt, 1993; Carson 1989).

Walsh (2009) distinguishes between religion and spirituality, and refers to religion as an “organized, institutional belief system, set of practices, and faith community”, and to spirituality as “a dimension of human experience involving personal transcendent beliefs and practices, within or outside formal religion, through family and cultural heritage, and in connection with nature and humanity” (p. 5).

James defined religion as “the feelings, acts and experiences of individual men in their solitude, as far as they apprehend themselves to stand in relation to whatever they may consider the divine” (James 1902/1036, p. 32). Fontana (2003) defines religion as a belief in a spiritual dimension, an observance of a set of spiritual rituals or practices, and an adherence to a doctrine of ethical conduct arising from spiritual teachings. In the same vein, Kelly (1995) defines religion as “the codified, institutionalized, and ritualized expressions of peoples’ communal connections to the Ultimate” (p. 5). Religion can be thought of as “an integral system of beliefs, lifestyle, ritual activities, and institutions by which individuals give meaning to (or find meaning in) their lives by orienting them to what is taken to be sacred, holy or of the highest value” (Corbett, 1990, p. 2). Religions share in common their authority over the participant’s life, explanations about the origin and purpose of life, and ritual forms of expression (Smith, 1994).

Religious practices and spirituality, therefore, are not exclusive of one another, nor do they necessarily reside at the same time in an individual.

The task of defining and operationalizing spirituality is even greater than that of religion, as the “nebulous” concept of spirituality has many meanings outside the context of religion (Fontana, 2003, p.11). Extrapolating from Neilsen et al.’s (1988) twelve characteristics of religion, Fontana defines spirituality as the belief in the supernatural reality, a distinction between sacred and mundane reality, a striving to attain higher levels of consciousness, a belief in an afterlife, a moral code, and the promotion of inner harmony. Various definitions of spirituality have been offered, such as “a search for the sacred” (Pargament, 1999. p. 12), unifying innerconnectedness, purpose and meaning in life, innerness or inner resources, and transcendence (Howden, 1993), a sense of wellbeing in relation to God, and a sense of life satisfaction and purpose without reference to religion (Paloutzian & Ellison, 1991), and as the quality of one’s relationship with God and awareness of God in one’s life (Hall & Edwards, 1996). Based on her review of the theoretical and empirical literature, Muse-Burke (2004, p.4) operationalized spirituality in terms of four commonly found subconstructs, which have received considerable support in the research and empirical literature. Using these subconstructs, Muse-Burke proposes an inclusive definition of spirituality as “part of one’s identity that is concerned with purpose and meaning in life, interdependence with others, inner peace, and transcendence.” Muse-Burke defines the four subconstructs as follows.

### **Purpose and meaning in life**

Purpose and meaning in life refers to a disciplined act of seeking, discovering, and articulating experiences and relationships that give one’s life purpose and meaning” (Muse-Burke, 2004, p. 31).

### **Interdependence with others**

Interdependence is defined as knowing and respecting all living things (e.g., humans, animals, plants, earth, and the universe). It is concerned with maintaining a sense of community, respecting diversity, concern for others, and acting as advocate toward a betterment of society and humankind. Interdependence is to share oneself with self, others, and the world with a sense of transgenerational continuity. It involves the ability to understand oneself in relation to others (Muse-Burke, 2004, p. 33).

### **Inner peace**

Inner peace refers to the process of “searching for and finding peace within oneself, others and the world.” Inner peace allows one to experience calmness in the face of uncertainty, find strength in difficult times, maintain perspective, achieve acceptance in the face of tragedy, experience guidance in day to day living, feel empowered and effective and to enjoy love, joy, contentment, and feel fulfilled and at peace. Inner peace involves a “quest for holism and integration of mind, body and spirit” (Muse-Burke, 2004, p. 37).

### **Transcendence**

Transcendence is the ability to surpass the limits of one’s normal experience. It is a quest to transcend the emotional, intellectual, physical, and social dimensions of life and a commitment to that which exists beyond the material world. It involves contemplation of existential questions, such as good versus bad and afterlife. Transcendence refers to the attainment of wellness or self-healing. A person who achieves transcendence strives toward experiences which “renew the spirit” (Muse-Burke, 2004, p. 39).

## **Spirituality and Health and Well-Being**

Many clients suffering from emotional and situational difficulties and/or mental illnesses seek refuge in spirituality. This refuge provides a source of comfort, resources to cope, meaning and purpose, and inspires hope. Although spirituality can provide positive resources for clients in distress, they can also serve as liabilities which inhibit clients from moving forward with their life, and of changing life circumstances (Pargament, 2007).

### **Integrating Spirituality and Psychotherapy**

There is an increasing consensus on the need to integrate a spiritual dimension in counselling and psychotherapy. Walsh (2009), Pargament (2007), Pargament and Krumrei (2009), Griffiths and Griffiths (2002), Burke, Chauvin and Miranti (2005), O’Hanlan (2006) to name a few, stress the importance of addressing spirituality and spiritual needs in the counselling process, emphasizing the interrelationships among the intellectual, emotional, physical, social, and spiritual dimensions of all humans. To consider the “total” person, the spiritual dimension must be considered. Stanard, Sandu, and Painter (2000) suggest that spirituality is the “5<sup>th</sup> force” in counselling and psychology and plays an important role in the treatment of medical and psychological conditions. McLaughlin (2004) discusses the benefits of spiritual resources in terms of mental health patients’ capacity to cope in crisis and their overall well-being, stating that spiritual needs must be addressed in treatment. Recent academic textbooks provide a framework for integrating spirituality in counselling and psychotherapy (Pargament, 2007; Walsh, 2009; Burke, Chauvin & Miranti, 2005; Griffiths & Griffiths, 2002). This obvious awareness of the need to integrate spirituality in psychotherapy is hindered by difficulties defining spirituality. Despite the lack of a universally accepted definition, spirituality must be

understood and conceptualized according to the client's subjective and lived experience of spirituality.

Pargament (2007) argues that we cannot separate spirituality from psychotherapy and eloquently points out that clients do not leave their spirituality outside of the therapy room. According to Pargament, clients enter therapy with their spiritual beliefs, values, and practices, any or all of which might serve as a resource or obstacle to their overall psychological functioning. These spiritual dimensions coincide with the mental, emotional, physical, and sexual dimensions, all of which serve as constituents of the total being. Spirituality impacts clients' psychological well-being in extraordinary ways and cannot be separated in psychotherapy.

Self and relational aspects of spirituality include how one makes sense of life events, one's feelings about self as being loved and connected and one's ability to cope under challenging circumstances. Conducting a spiritual assessment is fundamental to both conceptualization and treatment. Pargament (2007) points out that spirituality may be part of the client's problem or it may be part of the solution. Therefore it is necessary part of psychotherapy.

### **Implications of Neglecting Spiritual Issues**

Neglecting a spiritual dimension in research and clinical practice has significant implications for the client, the therapist, and the therapeutic process. Given that approximately 90% of the population are involved in religious or spiritual practice (Barnett & Johnson, 2007), there is a strong likelihood that clients who engage in psychotherapy consider themselves religious or spiritual, with their respective practices integrated into their sense of self and everyday lives. For the therapist to overlook this human dimension is to overlook significant information and important aspects of the client's lived experience and overall functioning.

Further, a client's spirituality may be related to the presenting problem. For instance, one's spirituality may be inhibiting their development or affecting their well-being. On the other hand, spirituality may be a solution to the problem such as finding purpose in one's life for the depressed client or meaning in challenging times for people adjusting to significant life events. Koenig (2009) argues that religious beliefs and practices may be positive coping resources for clients faced with illness. He also points out that religious beliefs may underlie mental pathology. One's spirituality may be a positive resource for coping (Gall, 2003; Gall, Charbonneau, Clarke et al., 2005; Gall & Grant, 2005) or a liability for moving forward with one's life. Pargament (2007) refers to the latter as "spiritual surrender", whereby a client hands over to God or to a Higher Power what they feel unable to cope with. This process inhibits the development of self and positive resources to cope and perpetuates a cycle of dependency and helplessness. Mental health practitioners must explore the clients' religious beliefs and practices in an attempt to understand the function that they serve as well as their impact on psychological functioning and general well-being. Spirituality must be included as part of the assessment in order to effectively conceptualize the client's presenting problem. Without its inclusion in the assessment phase of therapy, the conceptualization may be inaccurate and the treatment goals misguided. Without an accurate assessment and conceptualization, the psychotherapist is unable to identify a client's positive resources or grasp the root of the problem.

### **Implications for the therapist**

Neglecting a spiritual dimension may also have negative implications for the therapist. Without a spiritual assessment and conceptualization, the client's symptoms or situation may not improve. They may find themselves unable to cope, dissatisfied with the process of therapy and lack of change. In the worst case scenario, a client may terminate therapy if they feel

misunderstood, invalidated, or misguided by the therapist. This may leave the therapist feeling unable to fully gauge the complexity of the client's presenting problem, unable to work effectively, and feeling incompetent concerning the lack of progress. In some cases, a therapist may question their competence to work with a religious or spiritual population or experience their own religious doubt and/or spiritual crisis.

In summary, the significant relationship between spirituality, mental health, and well-being is well documented in the empirical literature. Since the beginning of the 20<sup>th</sup> century, psychology has been interested in the study of religion but eventually turned its back on religion due to its lack of scientific integrity. In the latter part of the century, clinicians became aware of the need to integrate religion and/or spirituality into practice and the implications of excluding this dimension. As a result, psychotherapy, psychology, and psychiatry began to open their doors to include religion and spirituality in research and in the assessment, diagnosis, and treatment of mental health problems. The problem which remains is the difficulty in defining spirituality; albeit, various scholars have tried. To date, there are numerous definitions used in the theoretical and empirical literature. For the purpose of this study, spirituality will be defined using Muse-Burke's (2004) definition of purpose and meaning in life, interdependence with others, inner peace, and transcendence.

### **Review of Empirical Literature**

This section is organized into two parts. The first part presents a review of the literature regarding couple distress with a focus on the internal factors that lead to distress. The second part presents a review of studies that investigated self, relational, and spiritual needs and couple distress.

## **Couple Distress: External and Internal Factors**

Historically, research in the area of couple distress has identified numerous external factors which lead to marital conflict or discord including: childrearing and parenting (Belsky & Kelly, 1994), stepchildren (Bernstein, 2000), infidelity and the impact on trust and the future of the relationship (Glass & Wright, 1997), financial issues, including how couples manage finances and deal with unemployment and poverty, sexual issues such as intimacy, trust, affection, sexual frequency or activity and faithfulness (deVaus & Wolcott, 1997), and domestic violence (Heyman & Neidig, 1997). Snyder (1997), author of the Marital Satisfaction Inventory-Revised (MSI-R), an assessment tool used to elicit the nature and extent of marital discord, identified the following sources of conflict within couple relationships: inconsistency, conventionalization, affective communication, role orientation, problem-solving communication, aggression, family history of distress, time spent together, dissatisfaction with children, global distress, conflict over child rearing, sexual dissatisfaction, and disagreement about finances.

A significant internal factor advocated by Cognitive-Behavioral theory (CBT) is explanations attributed to a partner's behavior. Within the context of couple emotional intimacy, the meeting or not meeting of needs is not the major cause of stress, rather, it is the explanation that is given for the failure to meet such relational needs. According to CBT, when needs are not met in the context of close relationships, cognitions about the lack of response will activate emotional and behavioural responses. The partner's response will be contingent upon the explanation given for the failure of the partner to respond to his/her relational needs. If the partner attributes the lack of response to their need being met as something external to the partner (e.g., the partner is not feeling well), the emotional and behavior response will be less negative (Baucom, Epstein, & LaTaillade, 2002; Baucom & Epstein, 1990). However, if the

attribution is that the partner does not care, the emotional (e.g., blaming) and behavioural (e.g., slamming doors) response will be more negative (Fincham & Bradbury, 1992). Attributing something to another is an action, it is a function. Attribution theory (Baucom, Epstein, Sayers, & Sher, 1989) does not explain the agent of the function, it only states that something is happening. Object Relations Theory also assumes that how one perceives the other will determine ones' emotional and behavioral reactions. However, Object Relations Theory assumes that the attribution comes from the psychic structure, which acts as an agent.

Empirical research on attributions in distressed couple relationships suggests distressed partners tend to attribute the partner's negative behaviours within the partner and see these attributions as stable and global, whereas non-distressed partners locate the cause of the lack of response external to the partner and unstable and specific (Baucom et al., 2002). These negative attributions lead to negative and often destructive behaviours (Gottman, 1998).

Epstein and Baucom (2002) point out that individual well-being is influenced in part by the meeting of important needs within the context of the intimate relationship. Research in the area of couple relationships has largely focused on how individual and relationship need fulfillment in close relationships affects individual and relationship functioning (Baumeister & Leary, 1995; Epstein & Baucom, 2002; Prager & Buhrmester, 1998). Research on external and internal factors underlying distress in couple relationships include negative behaviours such as slamming doors, dismissive behaviours or negative communication such as criticism, attacking and blaming, and psychopathology (Epstein & Baucom, 2002, Gottman, 1999). Gottman (1997) suggests that couples who succeed in marriage are better able to communicate with their partner, to more effectively discuss important issues in their lives than their counterparts whose marriages are more likely to fail due to the inability to communicate or lack of communication.

Baucaum and Epstein (2002) propose that distressed partners tend to selectively attend to their partner's negative behaviors and ignore or minimize positive behaviours. Similarly, distressed couples tend to have unrealistic ideas and standards about relationship functioning and lack belief in their partner's ability or willingness toward desired change (Epstein & Baucaum, 2002). Gottman's (1999) research in the area of couple affect indicates reciprocity of negative affect between partners in distressed couple relationships, unlike their nondistressed counterparts who are able to spontaneously express positive sentiments to their partner independent of their mood. Gottman's research also indicates that contempt in the relationship is the greatest predictor of divorce. Similarly, there is a positive relationship between partner's negative affect and lower levels of emotional support received during personal discussions (Pasch et al., 1997).

Research on the relationship between spiritual perspectives and marital satisfaction suggest a positive relationship between sanctity and marital satisfaction. Stafford, David, and McPherson (2013) studied the perspectives of 342 couples on the sanctity of marriage. The results indicated that a couple's belief in the sanctity of marriage is positively correlated with marital satisfaction and negatively correlated with marital dissatisfaction. Sanctity was a strong predictor of marital quality.

Comorbidity studies indicate a reciprocal relationship between relationship difficulties and individual pathology (Snyder & Whisman, 2003). That is, relationship difficulties may covary with or contribute to individual emotional or behavioural disorders and individual pathology may contribute to relationship difficulties. Whisman's (2007) research on the relationship between marital distress and DSM-IV psychiatric disorders suggests a positive relationship between marital distress and anxiety, mood, and substance use disorders.

In summary, research has demonstrated that both external factors and internal processes can lead a couple to become distressed. For the present study, the focus will be on internal processes only and specifically on how not meeting self, relational, and spiritual needs underlies couple distress.

## **Empirical Studies on Self, Relational, and Spiritual Needs and Couple Distress**

### **Self and relational needs**

Definitions of specific psychological and emotional needs are a source of considerable scientific debate. A growing body of research which has focused on conceptualizations according to various perspectives of psychological needs has provided evidence for the role of each of these needs in psychological health and well-being (Carver & Scheier, 2000; Deci & Ryan, 2000). A review of the empirical literature on self and relational needs indicates that there is no agreed upon definition of psychological and emotional needs among the various theoretical perspectives. As well, there is overlap in the definitions and relevant research on needs conceptualized similarly to Self Psychology and Object Relations Theory. Further, there is inconsistency or overlap in the ways researchers classify the type of need as either self or relational. For example, Erskine and Trautman (1996) define seven relational needs expanding on Kohut's definition of needs according to his theory of Self Psychology. These needs include the need for security, validation, acceptance, confirmation of personal experience, self-definition, and to give love. Erskine and Trautman perceive all needs to be relational and do not differentiate between relational and self needs.

To study the needs of individuals and small groups (e.g., couples) in terms of their reciprocal compatibility, Schutz (1958) developed a theory of interpersonal relations known as the *Fundamental Interpersonal Relations Orientation (FIRO)* which is based on psychoanalytic

and neo-Freudian thinking and on research. The theory proposes that, in small groups such as in couple relationships, partners seek the satisfaction of three main interpersonal needs: inclusion, control, and affection. To measure these needs, Schutz (1967) developed the *Fundamental Interpersonal Relations Orientation Questionnaires (FIRO)*, which measures the reciprocity of needs in interpersonal relationships. Two of the FIRO Scales, FIRO-B (Behavior) and FIRO-F (Feeling) measure the extent to which partners respond to each other's needs for Inclusion, Control, and Affection. FIRO-B measures the partner's actions or behaviors in the relationship. On the FIRO-B scale, the interpersonal need for inclusion refers to "the need to establish and maintain a satisfactory relationship with people with respect to interaction and association" (Schutz, 1967, p 5). Control is defined as "the need to establish and maintain a satisfactory relationship with people with respect to control and power" (p.5). "Satisfactory" is defined as a "psychologically comfortable relation with people somewhere on a dimension ranging from controlling all of the behavior of other people to not controlling any behavior of others" (Schutz, 1967, p. 18). Control refers to the process of decision making (Schutz, 1967, p.18) and leadership (Griffin, 2013) in a relationship. Affection refers to "the need to establish and maintain a satisfactory relationship with others with respect to love and affection" (p. 5).

FIRO-F measures the partner's interpersonal needs at the level of feeling (Schutz, 1967). On the FIRO-F scale, Inclusion refers to the need to feel included and significant (p. 8). Control refers to the need to feel in control and competent (p. 8). Affection refers to the need to feel lovable (p. 8).

The FIRO-B and FIRO-F interpersonal needs of Inclusion, Control, and Affection are measured on two dimensions: wanted and expressed. These dimensions measure the extent to which one partner is able to respond to the needs of the other partner (Schutz, 1967). Although

there are a number of scales that measure needs (e.g., Banai, Mikulincer, & Shaver, 2005), there is no other known scale that is designed for dyadic assessments that is able to measure characteristics in a couple relationship and “predict the interaction” (Schutz, 1967, p. 4) between people. The FIRO-B and FIRO-F do this by asking the partner the extent to which they express inclusion, control, and affection towards the other, and the extent to which they want their partner to reciprocate these needs. Schutz (1958) is the only known author to consider the reciprocal and compatible nature of needs in interpersonal relationships.

One of the needs discussed in the literature and researched in terms of its impact on functioning and well being is that of competency and one’s belief in being able to carry out an action. White (1959) suggests that feeling competent plays an important role in the development of self-confidence. Bandura (1977) suggests that beliefs about one’s ability to accomplish desired results (i.e. self-efficacy) are important for psychological health and well-being. Similarly, Carver, and Scheier (1990) propose that one’s belief in the progress toward the completion of one’s goal is psychologically useful.

Studies of autonomy found positive relationships between autonomy and relatedness and well-being (Ryan & Lynch, 1989), and autonomy and positive social experiences. Sheldon et al. (1996) studied autonomy and competence needs and reported that individuals who experienced greater fulfillment of autonomy and competence needs experienced more positive affect and vitality and less negative affect and physical symptoms. These authors also reported a positive relationship between autonomy and competency fulfillment and well-being.

The need for connection and to feel understood in a relationship, also referred to as the need to belong, has been studied in terms of its role in human motivation (Baumeister & Leary, 1995). Research on intimacy, defined as feelings of being understood, validated and cared for,

has shown a positive relationship between intimacy and individual and relational psychological functioning (Reis & Patrick, 1996). Studies of communication in marriage have demonstrated a positive relationship between feeling validated by one's partner and relationship satisfaction (Gottman, 1994).

A review of the empirical literature on unmet self and relational needs underlying distress in couple relationships reveals a lack of research specific in this area. This is perhaps due to the variations in theoretical and researchers' conceptualizations of self and relational needs. Marital researchers have emphasized the role of close relationship in the meeting of important relationship and individual-oriented needs, such as communal or agentic needs (Epstein & Baucom, 2002).

Researchers have examined the role of close relationships in need fulfillment and concluded that when needs are unmet, the relationships are adversely affected. In their study of romantic relationships among college students, Drigotas and Rusbult (1992) identified five types of needs which are fulfilled in the context of romantic relationships: intimacy needs, companionship needs, security needs, emotional needs, and sexual needs. Intimacy needs refers to partners confiding both mentally and emotionally in one another. Companionship needs refer to spending enjoyable time together. Security needs refers to the extent to which the relationship provides stability, such that one can depend on the relationship to feel secure in life. Emotional needs refer to the influence of one partner's mood on the other partner's emotional experience. Sexual needs refer to the physical/sexual aspects of the relationship. These five types of needs were investigated in terms of their relationship to partners' decisions to stay or leave the relationship. Results indicated that partners whose important needs were being met in their current relationship were more likely to stay in the relationship. Conversely, partners whose

important needs were not being met in the relationship were more likely to leave, even if these same needs were being met in an alternative relationship.

Prager and Buhrmester (1998) examined the role of intimacy on need fulfillment. Using concepts derived from personality theories, they cluster analyzed 237 human needs and found 19 basic needs according to three needs dimensions: agentic (individual), communal, and survival. In their development of the Need Fulfillment Inventory derived from the cluster analysis, the researchers further reduced the dimensions according to agency and communion. Results of the study indicated that intimacy predicted need fulfillment and need fulfillment predicted psychological well-being (e.g., increased life satisfaction).

Empirical findings suggest that partners' responses to unmet needs are related to overall well-being. In their study, Dirby, Baucom, and Peterman (2005) investigated partners' responses to unmet intimacy needs and measured couples on three dimensions: relationship satisfaction, intimacy need satisfaction, and attributional and communication responses. Results of the study indicated that less negative responses to unmet intimacy needs were associated with more relationship and intimacy need satisfaction and positive communication responses were associated with increased relationship satisfaction.

### **Spiritual needs**

Empirical studies suggest that religion and spirituality are not inherently linked, concluding that individuals do not necessarily express spirituality through religion or religious practices (Banks et al, 1984, Burkhardt, 1993, Carson et al, 1986).

Researchers emphasize the importance of the relationship between spiritual wellbeing and health (Young, Cashwell, & Scherbakova, 2000). Various attempts have been made to operationalize spirituality and several instruments have been developed to assess spirituality such

as: The Index of Core Spiritual Experiences (Kass, Friedman, Lesserman, Zuttermeister, & Benson, 1991), Spiritual Assessment Inventory (Hall & Edwards, 1996), Spiritual Well-Being Questionnaire (Mohberg, 1984), Spiritual Health Inventory (Veach & Chappel, 1992), Spiritual Well-Being Scale (Ellison, 1983; Paloutzian & Ellison, 1982), the Spiritual Assessment Scale (Howden, 1993), and the Holistic Spirituality Model (Rovers & Kocum, 2009).

These instruments have been used empirically to study the relationship between spirituality and various health variables. Researchers at the Centre for International Blood and Marrow Transplant Research (2008) used Ellison and Paloutzian's (1983) Spiritual Well-Being Scale to measure spiritual well-being of spouses of cancer patients. Results of the study indicate a relationship between spiritual well-being and depression. Spouses who reported less spiritual well-being, dyadic satisfaction, social support, and more loneliness were up to 3.5 times more likely to suffer from depression than controls. Howden's (1993) Spiritual Assessment Scale and Westgate's (1996) Spiritual Wellness and Depression Scale have been used to study spiritual wellness and depression. In their review of studies on depression, McBride, Brooks, and Pilkington (1998) used the INSPIRIT Scale to explore the relationship between spirituality and health. Results of the study indicated a small but significant relationship between the two variables. Westgate (1996) found a negative relationship between depression and all four dimensions of spiritual wellness as conceptualized in her scale: meaning and purpose in life, inner resources, positive interconnectedness, and transcendence.

Muse-Burke (2004) developed the Inclusive Spirituality Index (ISI), which defines spirituality as "part of one's identity that is concerned with purpose and meaning in one's life, interdependence with others, inner peace, and transcendence". Using Muse-Burke's (2004) four

constructs to define spirituality is a useful way of understanding and identifying spiritual needs in couple relationships.

There is a considerable amount of empirical research indicating a positive relationship between religiosity/spirituality and health and well-being (Gall & Grant, 2005; Gordon et al, 2002; Rowe & Allen, 2004). In their review of the literature on the relationship between spirituality and coping with illness, Kay and Raghavan (2002) identified the concept of transcendence as a common theme in which people “make sense out of pain and suffering” and transform illness-associated stress into an opportunity for spiritual development. Rapaport’s (1998) research suggests that the ability of an individual to attain positive spiritual meaning can assist in coping with stress.

Research in the area of spirituality and relationship processes suggests an interaction of the two in determining how couples cope with distress. In their research on couples coping with diabetes, Cattich and Knudson-Martin (2008) report a relationship between couples coping styles and the meaning they ascribe to the event, their relationship with each other, and their relationship with God.

Briefly, the literature strongly suggests that there is a strong link between unmet self, relational, and spiritual needs, and physical health, mental health, and general well being. This research defines needs in terms of self, relational, and spiritual needs and focuses on the relationship of these unmet needs to distress in couple relationships.

### **Summary and Statement of Hypotheses and Research Question**

The goal of the present research is to identify the unmet self, relational, and spiritual needs in distressed couple relationships. The study is framed in terms of Object Relations Theory and Self Psychology and the theoretical and empirical literature on spirituality and spiritual

needs. Object Relations Theory emphasizes relationships and suggests that unmet needs are at the root of sustained distress in couples.

Couple distress was defined according to DSM-IV-TR criteria. To provide a context to understand concepts from Object Relations Theory and Self Psychology, four theories that implicitly or explicitly address needs and describe couple distress were briefly presented and critiqued for their limitations. This was followed by a presentation of the major concepts from Object Relations Theory and Self Psychology, which define and situate self and relational needs within the context of the couple relationship and explain the origins of couple distress. Included among these concepts are the separation-individuation process, primary self and relational needs, ego states, projective identification, object constancy, and affect regulation. The concept of spirituality and its components and relationship to physical and mental health were summarized. Muse-Burke's definition of spirituality with its four components (i.e., purpose and meaning in life, inner peace, interdependence with others, and transcendence) was adopted for this research. This was followed by a review of the empirical literature on the internal and external factors which lead to distress with a focus on how unmet self and relational needs contribute to couple distress.

The present study defines needs according to Object Relations Theory of relational needs (Mahler et al., 1975), Self Psychology's concepts of self needs for idealizing and mirroring (Kohut, 1971), and Muse-Burke's (2004) definition of spirituality. Relational needs are defined as the need for connection in relationships without losing one's self while, at the same time, the need to take space for oneself whilst remaining emotionally and psychologically connected (Mahler et al., 1975). Self needs are defined as needs for affirmation for one's lovability (idealizing) and affirmation for one's competence (mirroring) (Kohut, 1971). Spiritual needs are

defined as needs for purpose and meaning in life, inner peace, interdependence, and transcendence (Muse-Burke, 2004). Couple distress is defined as ongoing, persistent and significant dissatisfaction with the relationship by one or both partners (American Psychological Association, 2000).

The purpose of the present study was to identify the unmet self, relational, and spiritual needs in distressed couple relationships. Based on the review of the literature, the research hypothesis was that these unmet needs are predictive of distress in couple relationships.

The research question is: What are the unmet self, relational, and spiritual needs in distressed couple relationships? The study will identify and assess the relationship between unmet self needs, unmet relational needs, and unmet spiritual needs, and distress in couple relationships. The relationship between unmet needs and couple distress will be assessed for group differences among High Distress and Low Distress couples. The study will also assess which of the unmet need(s) is (are) a predictor(s) of distress in couple relationships. Lastly, an indepth study of the relationship of unmet self, relational, and spiritual needs to relational distress is assessed by analyzing the transcripts of interviews with a High Distress and a Low Distress couple.

More specifically, the three research hypotheses for the quantitative study were:  
H1: High Distress couples will obtain higher reciprocal compatibility scores on relational needs than Low Distress couples as measured by each of the three FIRO-B subscales: need to include, need to control, and need for affection. The rationale for this hypothesis is that in distressed couples, neither partner is able to respond to the relational needs of the other. Therefore they will obtain higher reciprocal compatibility scores indicating greater incompatibility.

H2: High Distress couples will obtain higher reciprocal compatibility scores on self needs than Low Distress couples as measured by each of the three FIRO-F subscales: to feel included, to feel in control, and to experience affection. The rationale for this hypothesis is that distressed couples are preoccupied with their own needs and not able to respond to the self needs of their partner and therefore will obtain higher reciprocal compatibility scores indicating greater incompatibility.

H3: High Distress couples will obtain a lower combined couple score on spiritual needs than Low Distress couples as measured by each of the four ISI subscales: purpose and meaning in life, interdependence with others, inner peace, and transcendence. This hypothesis is based on the assumption that a partner's distress is related to unmet spiritual needs.

H4: Unmet self, relational, and spiritual needs as measured by the FIRO-F, FIRO-B, and ISI subscales respectively will predict distress as measured by the DAS.

The research question for the qualitative study was: What are the unmet self, relational, and spiritual needs underlying distress in couple relationships?

## CHAPTER II

### Method

This study investigated the unmet self, relational, and spiritual needs underlying distress in couple relationships. Self needs were defined as the need for affirmation for one's lovability (idealizing) and affirmation for one's competence (mirroring) (Kohut, 1971). Relational needs were defined as the need for connection in relationships without losing one's self while, at the same time, the need to take space for oneself whilst remaining emotionally and psychologically connected (Mahler et al., 1975). Spiritual needs were defined as the need for purpose and meaning in life, inner peace, interdependence with others, and transcendence (Muse-Burke, 2004). Couple distress was defined as ongoing, persistent, and significant dissatisfaction with the relationship by one or both partners (American Psychological Association, 2000).

This research was designed as a mixed method study which is defined as "the collection or analysis of both quantitative and qualitative data in a single study in which the data are collected concurrently or sequentially, are given a priority, and involve the integration of the data at one or more stages in the process of research" (Creswell, Plano Clark, Gutmann, & Hanson, 2003, p. 212). Specific steps in designing a mixed method study include "deciding an explicit theoretical lens, identifying the data collection procedures, and indentifying the analysis and integration procedures (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005, p. 226). In this study the theoretical lens used to interpret the data includes concepts from Object Relations Theory and Self Psychology and literature on spirituality and spiritual needs. The methods of gathering the data included the administration of psychometric tests and a semi-structured interview.

This chapter presents a description of the research participants, sampling procedures, measures, research design, and methods of data analyses for both the quantitative and qualitative study. This is followed by a section on researcher training for the qualitative study and a section on ethics.

### **Quantitative Study**

This section presents a description of the research participants, sampling procedures, measures, research design, and methods of data analyses.

#### **Research Participants**

The participants included 73 heterosexual couples who were living with their partner in a committed relationship for at least a five year period. The results from Table 1 show that the participants were primarily middle aged and living together/married an average of 15.59 years and 16 of the couples were in couple therapy for more than one and a half years. Men's annual income ranged from \$9,200 - \$800,000 with a mean annual income of \$103,675. Women earned considerably less than the males with a mean annual income of \$49,491.

Table 2 suggests that many of the participants had either a college, undergraduate or graduate degree, with the majority having an undergraduate degree. The majority of the participants were Christians and equally practiced Faith-Based and Humanistic spirituality. Depression was the most commonly reported emotional problem followed by Anxiety.

#### **Sampling Procedures**

Research participants were recruited through posters on bulletin boards in educational institutions, community agencies and centers, therapists' offices, on counselling and therapy websites, and by contacting therapists, managers, and employees from therapeutic settings,

Table 1

*Means and Standard Deviations for Groups per Gender for Age, Years Living Together and Married, Number of Dependent Children, Annual Income, and Years in Couple Therapy*

Variables	Gender	Group 1		Group 2	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	M	48.59 n=73	10.66	50.06	10.55
	F	45.89 n=72	11.14	48.56	12.18
Years living together/married	M/F	15.59	11.01	13.40	10.25
Number of dependent children	M/F	1.93 n=40	.85	1.86 n=7	1.06
Income	M	\$103,675 n=69	\$123,525	\$85,750	\$88,212
	F	\$49,491 n=67	\$33,773	\$39,786	\$26,526
Years in couple therapy	M/F	1.77 n=16		2 n=1	

*Note.* Group 1 N=73 couples, Group 2 N=16 couples (8 high + 8 low distress)

Table 2

*Frequency and Percentage for Groups for Level of Education, Practice and Type of Religion and Spirituality, Integration of Religion and Spirituality, Mental Health Diagnosis and Type, and Numbers in Couple Therapy*

	<u>Group 1</u>				<u>Group 2</u>			
	Frequency		%		Frequency		%	
Descriptives	M	F	M	F	M	F	M	F
Education								
< High School	3	2	4.2	2.8	0	2	0.0	12.5
High School	4	4	5.6	5.6	3	1	18.8	6.3
College	10	18	13.9	25.4	2	4	12.5	25.0
Undergraduate	28	26	38.9	36.6	5	6	31.3	37.5
Masters	20	18	27.8	25.4	4	3	25.0	18.8
Ph.D.	7	3	9.7	4.2	2	0	12.5	0
Practice Religion (R)	27	34	37.5	47.2	7	8	43.8	50
Christian	25	32	92.6	94.1	6	7	85.7	87.5
Muslim	1	2	3.7	5.9	1	1	14.3	12.5
Hindu	0	0	0	0	0	0	0	0
First Nations	0	0	0	0	0	0	0	0
Non-Specified	1	0	3.7	0	0	0	0	0
Practice Spirituality(S)	28	37	39.4	53.6	6	10	37.5	62.5
Faith Based	15	20	53.6	57.1	4	7	66.7	77.8
Humanistic	13	14	46.4	40	2	2	33.3	22.2
Knowledge	0	0	0	0	0	0	0	0
Non-Specified		0		0.1	0	1	0	0
(R) & (S) Integrated	17	16	27.0	22.5	4	9	26.7	56.3
Diagnosis	12	15	16.4	20.8	5	6	31.3	37.5
Anxiety	4	5	30.8	33.3	0	3	0	50.0
Depression	4	9	30.8	60.0	2	3	40.0	50.0
PTSD	2	0	15.4	0	0	0	0	0
BPD	0	1	0.0	6.7	0	0	0	0
Bipolar Disorder	1	0	7.7	0	1	0	20.0	0
Other	1	0	7.7	0	1	0	20.0	0
In Couple Therapy	16	16	21.9	22.5	1	1	6.3	6.7

*Note.* Group 1 N=73 couples / 146 individual partners, Group 2 N=16 couples (8 high +8 low distress)

academic and government institutions, as well as from public presentations and the general population.

Therapists in the community were contacted by email inviting them to participate in the recruitment process. For those who agreed to recruit clients from their practices, an information sheet explaining the nature and purpose of the research and recruitment process, posters advertising the research study, and self-addressed questionnaire packages were delivered or mailed. Posters and questionnaires were placed in training centres and counselling agencies. The study was presented and packages were distributed in university classrooms, at public presentations, marriage enrichment programs, government institutions, sports clubs, and community service agencies. Each package contained two questionnaire booklets which included a General Information Sheet (see appendix A), a Consent Form (see Appendix B), and two pre-stamped and pre-addressed envelopes. Each partner completed a separate questionnaire and filled out a voluntary consent form if they wished to be interviewed. Questionnaires were returned separately by mail.

## **Measures**

The *Fundamental Interpersonal Relations Orientation Questionnaires (FIRO; Schutz, 1967)*.

Two of the FIRO Scales, FIRO-B (Behavior) and FIRO-F (Feeling), derived from Schutz's 1958 three dimensional theory of interpersonal behavior (FIRO), were chosen because they can be used with couples to assess the extent to which they respond to each other's needs for Inclusion, Control, and Affection. The FIRO scales are specifically designed to work with dyads. The FIRO scales are the only known scales available that can be used to measure and predict the interaction of partners and if a partner of a couple is responding to their partner's

needs. It is the only scale available that measures how couples meet or fail to meet their partner's needs. The FIRO scales have been used in marriage counselling, in the selection of partners, to study dyadic compatibility, and in clinical work to explore inclusion, control, and affection as possible dimensions of psychiatric classification (Schutz, 1966, pp. v-vi). Given that these scales measure reciprocity in interpersonal needs in couple relationships, they are well suited for this research which has, as its goal, to study the reciprocity of relational and self needs. There is no other known scale that is designed for dyadic assessments, that is, to assess and “predict” (Schutz, 1967, p. 5) the interaction between people. The FIRO does this by asking the partner the extent to which they express inclusion, control, and affection towards their partner and the extent to which they want their partner to reciprocate these needs.

The *Fundamental Interpersonal Relations Orientation-Behavior* Questionnaire (FIRO-B; Schutz, 1966, 1967) was used to measure relational needs. The FIRO-B is a 54-item scale which measures three interpersonal needs: Inclusion, Control, and Affection on two levels, wanted and expressed (i.e., wants to be included, includes others). For this research, it was hypothesized that the need for affection and inclusion corresponds to the relational need for connectedness, and the need for control would correspond to the need to be autonomous and independent; that is, to assert one’s psychological space according to Mahler et al. (1975).

The *Fundamental Interpersonal Relations Orientation-Behavior* Questionnaire (FIRO-F; Schutz, 1966, 1967) was used to measure self needs. The FIRO-B is a 54-item scale which measures three interpersonal needs: Inclusion, Control, and Affection on two levels, wanted and expressed, in relation to feeling significant, feeling competent, and feeling lovable. In the case of affection, for example, the person wants to feel lovable to others (wanted affection) and makes others feel lovable (expressed affection). For this research, it was assumed that the need to feel

significant and lovable corresponds to the self need for lovability, and the need to feel competent corresponds to the need to be admired for being competent, according to Kohut (1971).

Studies have shown that the FIRO scales produce both good internal consistency and stability scores. Internal consistency (reproducibility) scores of FIRO-B scales were .93 to .94 for the six scales (Inclusion, Control, and Affection: wanted and expressed)) and the test-retest scores ranged from .71 to .82. The authors report very good concurrent validity scores for FIRO-B (Schutz, 1978). The intercorrelations among the FIRO-B scales range from .06 for Wanted Inclusion and Expressed Control to .47 for Expressed Inclusion and Expressed Affection. Of the 15 possible intercorrelations, 10 were .25 or lower. These correlations suggest the FIRO scales measure different aspects of relationships (Schutz, 1967).

Schutz points out that, although not many studies have investigated the psychometric properties of the FIRO-F, the results are assumed to be similar since the FIRO-B and FIRO-F are identical in “theoretical derivation and in methodological development” (Schutz, 1978, p. 11). For the FIRO-F scales, the intercorrelations range from .20 for Expressed Control and Wanted Inclusion to .58 for Wanted Inclusion and Wanted Affection. Of the 15 possible intercorrelations, 8 were .30 or lower. These correlations suggest the FIRO scales measure different aspects of relationships (Schutz, 1967).

Reciprocal FIRO-B and FIRO-F scores were calculated using the test manual’s formula to produce a reciprocal compatibility score (Schutz, 1967). Reciprocal compatibility refers to the extent to which one partner’s expressed behavior (E) matches the other partner’s wanted (W) behavior. This formula provides couple compatibility scores on each of the three dimensions of the respective tests for the couple. In applying this formula to couples, the reciprocal compatibility score for affection (Aff) would be: (Partner1’s EAff – Partner2’s WAff) +

(Partner2's EAff – Partner1's WAff). A reciprocal compatibility score for affection that is more than zero or less than zero, means that the partner's need for affection is unmet.

The *Inclusive Spirituality Index* (ISI; Muse-Burke, 2004) was used to measure spiritual needs. The ISI is a self report measure consisting of 47 items rated on a 7-point Likert scale. Spirituality is defined as “part of one’s identity that involves purpose and meaning in life, interdependence with others, inner peace, and transcendence” (Muse-Burke, 2004). The index is comprised of four subconstructs or subscales. Purpose and Meaning in Life refers to experiences and relationships that give one’s life purpose and meaning. Interdependence with Others refers to one’s relationship with self, other, and the world. Inner Peace is defined as finding peace within oneself. Transcendence refers to that which is experienced beyond the limits of the material world. Initial validation of the ISI showed an internal consistency of two of its subscales (i.e., Interdependence with Others and Inner Peace) of .70 while Purpose and Meaning in Life was .64 and Transcendence was .69. Test-retest reliability for the ISI and its subscales (i.e., Purpose and Meaning in Life, Interdependence with Others, Inner Peace, and Transcendence) was .810. Initial evidence suggests that the ISI is a reliable and valid measure of spirituality (Muse-Burke, 2004).

The *Dyadic Adjustment Scale* (DAS; Spanier, 1976) was used to measure couple distress. The scale is frequently used by researchers and clinicians to measure partner’s adjustment in couple relationships (Spanier, 1985). The DAS is a 32- item scale used to measure the quality of relationships for both married and cohabitating couples. The normative data for the DAS were established. The mean DAS score for divorced sample was 70.7. The mean DAS score for married sample was 114.8. The range of scores for the global scale is 0-151. The cutoff scores between distress and non-distress is approximately 98. Scores below 92 indicate distress. Scores above 107 indicate adjustment (Graham et al., 2006).

The scale contains four subscales: Dyadic Satisfaction, Dyadic Cohesion, Dyadic Consensus, and Affectional Expression. The Dyadic Satisfaction subscale measures the amount of tension in the relationship as well as the degree to which the partner has contemplated ending the relationship. The Dyadic Cohesion subscale measures the couple's shared common interests and activities, and the extent to which the couple shares positive emotional connection. The Dyadic Consensus subscale measures the couple's agreement on important matters such as religion, recreation, friends, household tasks, and time the couple spends together. The Affectional Expression subscale measures the partner's satisfaction with the expression of affection and sex in the relationship. A high score on each of the subscales indicates high level of adjustment and a low level of distress. The DAS has been shown to reliably distinguish between distressed and non-distressed samples (Crane, Allgood, Larson, & Griffin, 1990). Individual DAS scores were added to form one couple score for both the distressed and non-distressed groups.

Permissions from the authors of the instruments were obtained for their use in this study. The tests were collated to form a questionnaire booklet.

### **Research Design**

The design for this research was a quasi-experimental between-group design. For the purpose of this study, from the 73 couples who participated, two groups were formed to conduct the analysis. The first group was formed to conduct Multiple Regression Analysis (MRA) and consisted of the 73 couples. The second group was formed to conduct the Multivariate Analysis of Variance (MANOVA) and comprised 16 of the 73 couples, eight couples who scored high on the distress scale and eight couples who scored low on the distress scale. The numbers of couples (n=8 per cell) meets the requirement for MANOVA which assumes that the number of

participants per cell is greater than the number of dependent variables analyzed. As the two scales are considered to measure different phenomenon, separate MANOVA's were applied to the FIRO scales (i.e., six dependent variables) and the ISI scale (i.e., four dependent variables, and therefore this assumption was met (Tabachnick & Fidell, 1996, p. 377). Although the authors state that having only one or two more cases than dependent variables (as is the case for the FIRO scales having six dependent variables, which is only two cases greater) might result in the rejection of the assumption for homogeneity of variance-covariance, the results from the Box test for the FIRO scales presented in chapter three indicate the assumption for homogeneity of variance-covariance was met (i.e., Box's  $M=44.22$ ,  $F_{21,720}=1.089$ ,  $p=.355$ ). Descriptive statistics for each group taken separately are presented in Tables 1 and 2.

Questionnaires were coded using a numbering system. Both questionnaires in the same package were coded with the same number so they could be matched once received by mail. Questionnaire data were input by the principal researcher into an SPSS program database. SPSS syntax were developed to calculate total scores for each variable by participant from responses to test item scores and to calculate the reciprocal scores for couples on each of the FIRO-B and FIRO-F variables.

The data for the Two-Way Multivariate Analysis of Variance comprised the reciprocal compatibility scores on the FIRO-B and FIRO-F and the combined ISI scores of eight couples (HD group) that obtained DAS scores at the second standard deviation below the mean or lower, and eight couples (LD group) that obtained DAS scores at the second standard deviation above the mean or higher. The rationale for dichotomizing the couple data in terms of standard deviations is based on research by DeCoster, Iselin, and Gallucci (2009). They conceptually and empirically examined the justification for dichotomization by reviewing the literature and by

contacting researchers who used dichotomized scales. From these investigations, they concluded that there are situations where dichotomization is appropriate including when the “field has identified theoretically meaningful cutoff points ...[and] ... the study uses extreme group analysis” (p.364). This research met these criteria for dichotomizing the DAS scales scores.

The data for MRA comprised the reciprocal compatibility scores on the FIRO-B and FIRO-F, and the combined ISI couple score as the predictors and the combined DAS couple score of 73 couples as the dependent variable.

### **Analysis of data**

Tests for similarity of scores and homogeneity of scores for Group 1 (i.e., 8 High and 8 Low Distress couples) according to gender were conducted for the variables age, years living together/married, and income using one-way ANOVA (George & Mallery, 2007) and Levene’s Test (Levene, 1960) and are presented in Table 3. As shown in Table 3, there were no significant differences for males in the High Low group on age, number of years living together, number of years of married, number of dependent children, and level of income. Similarly, no significant differences were found for females in the High Low group on age, number of years living together, number of years of married, number of dependent children, and level of income. Test for nominal data including level of education, religion, spirituality, and diagnosis were not carried out due to insufficient numbers. Numbers of participants for each nominal variable are summarized in Table 4.

### ***Multivariate Analysis of Variance.***

Multivariate Analysis of Variance (MANOVA; George & Mallery, 2007) was conducted to test for group differences (i.e., high distress and low distress groups) on self, relational, and

Table 3

*Results from One-way ANOVAs to Assess for Similarity of Scores and Homogeneity of Variance for Group 1 (High/Low) According to Gender on Descriptive Statistics.*

Variable	<u>ANOVA (df=1)</u>				<u>Levene's Test</u>					
	F		p		F		df		p	
	M	F	M	F	M	F	M	F	M	F
Age	1.65	2.98	.220	.106	1.30	.154	1,14	1,14	.273	.701
Years living together	7.76	7.76	.206	.206	.031	.031	1,14	1,14	.863	.863
Years married	.338	.338	.571	.571	.818	.818	1,13	1,14	.382	.382
Dependent children	.042	.042	.846	.846	.060	.060	1,5	1,5	.817	.817
Income	.153	.889	.702	.362	.298	.380	1,14	1,14	.594	.547

Table 4

*Frequency and Percentage of Participants in Group (High/Low) for the Nominal Data.*

Variables	<u>High Distress Couples</u> (n=8M,8F)				<u>Low Distress Couples</u> (n=8M, 8F)			
	Frequency		%		Frequency		%	
	M	F	M	F	M	F	M	F
Education								
<High School	0	0	0	0	0	2	0	25.0
High School	3	0	37.5	0	0	1	0	12.5
College	1	3	12.5	37.5	1	1	12.5	12.5
Undergraduate	3	4	37.5	50.0	2	2	25.0	25.0
Masters	1	1	12.5	12.5	3	2	37.5	25.0
Ph.D.	0	0	0	0	2	0	25.0	0
Practice Religion (R)	3	3	37.5	37.5	4	5	50.0	62.5
Christian	2	2	66.7	66.7	4	5	100.0	100.0
Muslim	1	1	33.3	33.3	0	0	0	0
Practice Spirituality(S)	1	3	12.5	37.5	5	7	62.5	87.5
Faith Based	1	1	100.0	33.3	3	6	60.0	75.0
Humanistic	0	2	0	66.7	2	0	40.0	0
Non-Specified	0	0	0	0	0	1	0	12.5
(R) & (S) Integrated	0	3	0	37.5	4	6	50.0	75.0
Diagnosis	2	3	25.0	37.5	3	3	37.5	37.5
Anxiety	0	2	0	66.7	1	1	33.3	33.3
Depression	0	1	0	33.3	2	2	66.7	66.7
Bipolar Disorder	1	0	12.5	0	0	0	0	0
Other	1	0	12.5	0	0	0	0	0

*Note.* Group 4 N=16 couples (8 high + 8 low distress)

spiritual needs. A significant MANOVA F was followed by ANOVA's for each of the dependent x independent variables. MANOVA and ANOVA results are presented in Chapter 3.

### ***Multiple Regression Analysis***

Multiple Regression Analysis (MRA; George & Mallery, 2007) was conducted to identify the relationships between the dependent and independent variables to discover which of the independent variables (i.e., self, relational, or spiritual needs) predict distress. It was hypothesized that unmet self, relational, and spiritual needs predict distress in couple relationships (see H4 in chapter one).

The rationale for conducting two types of quantitative analysis should be noted. As this research intended to investigate what differentiates high distress (HD) couples from low distress (LD) couples in terms of their unmet self, relational, and spiritual needs, MANOVA was an appropriate choice of analysis. This analysis considered the unmet needs of 16 of the 73 couples recruited for this study. Eight HD couples and LD couples were selected. Given that these two groups represent a limited sample of the total population, the study was also interested in identifying if these same results were represented in the total population and if so, which of the unmet needs (the predictor variables) predicted distress (the dependent variable) in couple relationships. To answer this question, MRA was conducted. MRA was used to characterize the relationship between the dependent and independent variables in terms of determining the "extent, direction, and strength of the association" (Kleinbaum Kupper, Nizam, & Muller, 2008). Results of the analysis are presented in chapter 3.

### **Qualitative Study**

A qualitative study has been included in this thesis with the purpose of understanding in greater depth the couple's experience of relational distress in terms of unmet self, relational, and

spiritual needs. The method chosen for this study is the Psychological Phenomenological Method (Giorgi, 1985) which is adept in discovering the components of relational distress. Giorgi (1985) alludes to the fact that the practice of science can take place within the “context of discovery” or in the “context of verification” (p. 14). Unlike experimental studies whose goal is verification, the goal of Psychological Phenomenological Method is the discovery of the constituents of a given phenomenon.

This section includes a description of the research participants, sampling procedures, measure used, research design, method of analysis, and researcher training. This is followed by a section on ethics.

### **Research Participants**

Two couples participated in the qualitative study. A detailed description of the couples chosen for the research is presented in Chapter 4.

### **Sampling Procedures**

On the questionnaire, participants could indicate to their willingness to participate in the qualitative study. A total of 13 couples agreed to be interviewed. Of those who volunteered, only one couple scored in the high distress (HD) group range on the DAS and two couples scored in the low distress (LD) range on the DAS.

### **Measure**

A *Semi-Structured Interview* comprised of twenty-four open-ended questions was developed and designed to gather in depth information on the three dimensions of self needs, relational needs, and spiritual needs (see Appendix C). The questions were designed to elicit information to understand how unmet self, relational, and spiritual needs impact distress in the relationship as well as how the interaction of these unmet needs are played out in the

relationship. Examples of the interview questions were: *What sorts of things cause you to become distressed in your relationship? How do you manage your distress? To reduce your relationship distress, what is needed?* The questions were used as a guide and not all of the questions were asked directly as often the participants answered more than one question in their responses.

### **Research Design**

From the 13 participants who consented to be interviewed, the only HD couple and one randomly selected LD couple were interviewed by the principal researcher. The interviews of the two couples were conducted with both partners present. Interviews lasted approximately one hour. With the consent of the participants, interviews were audio taped and transcribed. Couples were advised that they could decline to respond to any questions that they did not feel comfortable answering. The researcher moved from partner to partner using semi-structured interview questions as a guide to elicit their responses.

The couple interviews were transcribed and checked for the accuracy of the verbal and non-verbal content according to the transcription standards proposed by Mergenthaler and Stinson (1992). A method of data *triangulation* (Cresswell, 1998) was used for verification of the findings. “In triangulation, researchers make use of multiple and different sources, methods, investigators, and theories to provide corroborating evidence....typically this process involves corroborating evidence from different sources to shed light on a theme or perspective” (p.202). In this research, the researcher used methodological and data triangulation in that a mixed method was used to ensure trustworthiness of the findings (Berg, 1998), and two couples interviewed for the qualitative study were contacted and asked to verify the accuracy of the researcher’s interpretation of the interview material.

With their consent, the results from the qualitative analysis were sent to the two couples for their feedback. Their written comments were as follows. LD couple: “We were pleased with the results and found it very accurate and reflective of our marriage.” HD couple: “It is very interesting...I (we) understand the writings... There is no wrong news.”

The interview transcripts were prepared according to defined standards intended to preserve as accurately as possible, the turns of speech, interruptions, and other interview phenomena (Mergenthaler & Stinson, 1992). Transcripts were reviewed and corrected by a verifier other than the principal researcher while listening to the audiotaped interviews. Transcripts were corrected and then printed for segmentation.

### **Analysis of Data**

The transcribed interviews were analysed using Giorgi’s (1985, 1994) Empirical Phenomenology qualitative method. A variety of qualitative methods and their respective goals were reviewed (Wertz et al., 2011; Tesch, 1990). For example, Grounded Theory (Wertz et al., 2011; Strauss & Corbin, 1990) has as its goal to generate theories from observed phenomena. Giorgi’s (1985, 1994) Psychological Empirical Phenomenological method has as its goal to study a lived experience in great depth. The purpose of the current study was to study in depth the lived experience of distress in couples relative to their unmet self, relational, and spiritual needs. Since Giorgi’s (1985, 1994) method is designed to study a phenomenon, a lived experience, in depth, this method was chosen for this study.

The clinical material for two couples, one HD and one LD, was analyzed using Giorgi’s method. The phenomenon being studied was the lived experience of distress relative to self, relational, and spiritual needs. A detailed description of Giorgi’s method and the required steps for the analysis follows.

## **Psychological Phenomenological Method**

Giorgi's (1985, 1994) Psychological Phenomenological Method is designed to elicit implicit invariant characteristics from clinical material. Invariant characteristics are defined as stable and "context-laden" constituents related to the phenomenon being studied (Giorgi, 1985, p. 14). These constituents form the underlying structure of the relative phenomenon. Requisites for carrying out the method require the participant to accurately describe the phenomenon as it is experienced in everyday life, allowing material contained within the phenomenon to clearly emerge, and permitting the essential and invariant characteristics of the phenomenon to emerge. To facilitate this process, the researcher is required to disengage from all theories, biases, assumptions, or knowledge of the phenomenon being studied (Giorgi, 1985) and engage in "free imaginative variation whereby aspects of the concrete phenomenon are varied until its essential or invariant characteristics show themselves" (Giorgi, 1994, p. 206).

Practically, the empirical phenomenological method entails four steps. The first step requires the researcher to review entire transcripts to form a "whole" sense of the clinical material using as a reference the phenomenon being studied. The second step involves segmenting the text into meaning units within a psychological perspective keeping in mind the phenomenon being studied. Meaning units are defined as psychologically significant changes or shifts in the participant's meaning of the situation. This requires that the researcher adopt a psychological frame of reference where he/she is sensitized to material which is psychologically significant. To perform this task, the researcher must "bracket" his/her theoretical and personal preconceptions in order to be open to that which is contained in the descriptive texts. The third step involves transforming meaning units into psychological language. This requires the therapist to use both reflection and imaginative variation. Imaginative variation involves imaginatively

varying all themes, relations, constituents composing the phenomenon in order to distinguish and disclose its essential features. The final step involves synthesizing the transformed meaning units into a consistent description of the psychological structure for the phenomenon studied. This requires the researcher to integrate insights gained in the transformed meaning units into a description of the psychological structure of the phenomenon studied. This takes on two forms: situated structure and general structure. Situated structure refers solely to the meanings of the individual's perception whereas general structure refers to the general phenomenon derived from the meaning structures of the individual participants.

Example:

*Meaning unit:* "Father (S) gives his oldest son a chess set which had been in his possession for a number of years. For a variety of sentimental reasons S considered the chess set to be a possession of rare personal significance. Its value to S could not be equated with its market price. Consequently, the decision to pass this treasure on to his oldest son was arrived at with all due consideration; and the actual passing on had for S all the significance of a sacramental act – a deeply intimate encounter between a father and son".

*Transformed meaning unit:* "Father (S) presents a gift that had deep personal significance for him, after considerable deliberation, to his son in an encounter that S perceived to be intimate and highly significant" (Giorgi, 1985, p. 14-15).

### **Researcher Training**

The principal researcher was trained by an accomplished researcher to use Giorgi's (1985) Psychological Phenomenological Research Method for segmenting the transcribed interviews into meaning units, transforming meaning units into psychological language, and synthesizing the meaning units into a consistent description of the psychological structure. This

was done by using practice protocols. Training continued until there was a consensus between the coding of the trainer and the principal researcher. The principal researcher learned how to allow the material to emerge from the transcribed interviews while bracketing her own biases and presuppositions.

Participants were contacted after the interview material was transcribed and analyzed and asked to review the written report pertaining to them in order to assure fidelity to the phenomenon as experienced in everyday life by the couple. Participants' feedback was taken into consideration in preparation for the final report. For this study, only the principal researcher coded and analyzed the qualitative data. The number of coders to be used in doing qualitative research is being debated with some suggesting that one coder is sufficient (Giorgi, 1985) and others recommending a team of coders (Hill et al., 2005). Giorgi (1985) takes the position that "consensus among researchers is not an intrinsic demand of the method" (p. 13). A qualitative study tends to capture a glimpse of a phenomenon rather than the entire phenomenon. Regarding the number of participants required for qualitative research, Giorgi (1985) takes the position that if "specific situated structures ... [are] ... desired ... these could be based on only one subject" (p. 19). The goal of the qualitative part of the research is discover the situated structure of one couple with low distress and one couple with high distress.

### **Ethics**

Ethics approval was granted through Saint Paul University's Ethics Research Committee. Two consent forms were included in the participants' questionnaire package for those who wanted to volunteer to participate in a subsequent interview. Participants who provided a written consent and who met the criteria on their DAS scores (i.e., within the high/low) range were contacted by telephone or email and scheduled for an interview. To safeguard the confidentiality

and privacy of the participants, identifying information was removed or altered and personal identifying information within the written material was coded.

## CHAPTER III

### Results of Quantitative Study

The first part of this chapter presents the results from the Two-Way Multivariate Analysis of Variance (MANOVA) of the couples' reciprocal compatibility scores on the Fundamental Interpersonal Relations Orientation Behavior Scale (FIRO-B; Schutz, 1960), the couples' reciprocal compatibility scores on the Fundamental Interpersonal Relations Orientation Feeling Scale (FIRO-F; Schutz, 1960), and the couples' combined scores on the Inclusive Spirituality Index (ISI; Muse-Burke, 2004). The second part presents the results from the multiple regression analyses of couples' scores on the same scales.

The FIRO-B comprises six subscales, namely, Expressed Inclusion, Wanted Inclusion, Expressed Control, Wanted Control, Expressed Affection, and Wanted Affection. The FIRO-F also comprises six subscales, namely, Expressed Inclusion, Wanted Inclusion, Expressed Control, Wanted Control, Expressed Affection, and Wanted Affection. The ISI comprises four subscales, namely, Purpose and Meaning in Life, Interdependence with Others, Inner Peace, and Transcendence. The FIRO-B was used to measure relational needs, the FIRO-F to measure self needs, and the ISI to measure spiritual needs. Two comparative groups, one High Distress (HD) and one Low Distress (LD) were formed using the couples' scores on the Dyadic Adjustment Scale (DAS; Spanier, 1976) which measures the independent variable distress. Subscales of the DAS include: Dyadic Consensus, Dyadic Satisfaction, Dyadic Affectional Expression, and Dyadic Cohesion.

As mentioned in chapter two, two types of statistical analysis were used. MANOVA was used to investigate what differentiates HD couples from LD couples in terms of their unmet self, relational, and spiritual needs. Multiple Regression Analysis (MRA) was used to characterize the

relationship between the dependent and independent variables by determining the “extent, direction, and strength of the association” (Kleinbaum Kupper, Nizam, Muller, 2008). This group comprised 73 couples. The following sections present the results from MANOVA and MRA respectively.

### **Results from the Two-Way MANOVA**

The normative (standardized) raw scores for DAS (Spanier, 1989) for married couples ranged from 63 to 151 and the normative T-scores ranged from 21 to 70. The DAS scores for the sample (couples) of the current research ranged from 68 to 124 and the T-scores ranged from 24 to 55. This means that the current sample did not include couples with scores at the extremes, high and low. For this research, the couple mean raw scores for the HD group ranged from 68 to 83 and the T-scores ranged from 24 to 32. For the LD group, the couple mean raw score ranged from 119 to 124 and the T-scores ranged from 52 to 55. The 16 couples were selected from a total of 73 couples that took part in the research.

### **Means and Standard Deviations**

The means and standard deviations for the males and females for the 73 couples, on the FIRO-B, FIRO-F, and ISI scales are presented in Table 5. The means and standard deviations for the males and females for the eight HD couples and for the eight LD couples on the FIRO-B, FIRO-F, and the ISI scales, and the means and standard deviations for reciprocal compatibility (FIRO-B; FIRO-F) and combined (ISI) couple scores are presented in Table 6.

At a preliminary glance of the data for the 73 couples, the women tended to score relatively higher on the FIRO-B and FIRO-F scales than the men with the exception of Expressed Control. Both males and females tended to have similar scores on the ISI (see Table 5).

Table 5

*Means and Standard Deviations by Gender for the 73 Couples on FIRO-B, FIRO-F, ISI, and DAS Scores*

Variable	Males <i>M</i>	Males SD	Females <i>M</i>	Females SD	Couple <i>M</i>	Couple SD
<b>FIRO-B</b>						
Expressed Inclusion	3.25	2.05	3.99	2.05	3.62	2.08
Wanted Inclusion	2.52	3.24	2.97	3.44	2.75	3.34
Expressed Control	3.38	2.72	2.78	2.45	3.08	2.60
Wanted Control	2.66	1.88	3.16	2.11	2.91	2.01
Expressed Affection	3.56	2.52	4.37	2.41	3.97	2.50
Wanted Affection	4.15	2.65	5.08	2.56	4.62	2.64
<b>FIRO-F</b>						
Expressed Inclusion	3.96	2.75	4.84	2.17	4.40	2.50
Wanted Inclusion	4.07	2.42	4.77	2.34	4.42	2.39
Expressed Control	2.64	2.19	3.26	2.10	2.95	2.16
Wanted Control	4.73	2.27	4.84	2.29	4.78	2.27
Expressed Affection	3.48	2.61	4.04	2.49	3.76	2.56
Wanted Affection	3.74	2.44	4.55	2.35	4.14	2.42
<b>ISI</b>						
Purpose Meaning	36.41	5.44	37.73	5.56	37.06	5.52
Interdependence	98.44	13.89	102.96	13.32	100.64	13.75
Inner Peace	68.37	12.94	67.44	14.20	67.92	13.53
Transcendence	32.29	7.16	34.32	6.86	33.28	7.07
<b>DAS</b>						
Dyadic Consensus	46.08	6.72	46.67	6.92	46.38	6.81
Dyadic Satisfaction	31.59	4.55	31.21	4.33	31.40	4.43
Affectional Expression	7.49	3.06	7.74	2.63	7.62	2.85
Dyadic Cohesion	16.26	4.47	16.07	5.00	16.16	4.73
Total Dyadic Adjustment	101.43	15.31	101.69	15.00	101.56	15.10

*Note.* FIRO-B = Fundamental Interpersonal Relations Orientation Behavior Scale; FIRO-F = Fundamental Interpersonal Relations Orientation Feeling Scale; ISI = Inclusive Spirituality Index; DAS = Dyadic Adjustment Scale.

Table 6

*Means and Standard Deviations for the High Distress and Low Distress Groups per Gender for Individual Partners for the FIRO-B, FIRO-F, and ISI Scores and per Gender for Couples for the Reciprocal Compatibility FIRO-B, Reciprocal Compatibility FIRO-F, and Combined ISI Scores*

Variables	Males <i>M</i>		Males <i>SD</i>		Females <i>M</i>		Females <i>SD</i>		Couple <i>M</i>		Couple <i>SD</i>	
	HD	LD	HD	LD	HD	LD	HD	LD	HD	LD	HD	LD
FIRO-B												
E-Inclusion	3.75	4.13	2.31	2.42	4.00	4.50	2.83	2.39				
W-Inclusion	2.13	1.75	3.68	1.98	2.63	4.50	3.46	4.34				
E-Control	3.63	3.75	3.34	1.67	1.63	4.13	1.19	3.60				
W-Control	3.38	2.25	2.26	1.75	5.25	3.38	3.28	1.69				
E-Affection	3.63	4.75	2.72	3.20	5.38	4.75	2.77	2.82				
W-Affection	4.00	4.00	2.62	2.39	6.13	5.25	2.03	2.76				
FIRO-F												
E-Inclusion	3.50	5.63	2.93	3.20	4.88	5.75	2.17	1.75				
W-Inclusion	3.25	4.25	2.82	2.71	5.63	5.25	2.56	2.60				
E-Control	2.13	2.25	1.73	2.12	3.88	4.00	1.81	2.00				
W-Control	4.25	4.25	2.71	1.98	4.88	5.63	1.81	1.51				
E-Affection	2.63	5.00	2.39	2.42	4.38	5.38	2.56	2.88				
W-Affection	4.25	3.25	2.96	1.98	5.63	5.63	2.26	2.72				
FIRO-B												
RC- Inclusion									3.00	2.38	3.78	3.21
RC- Control									-3.38	2.25	4.31	3.49
RC -Affection									-2.13	2.50	3.00	5.04
FIRO-F												
RC- Inclusion									-5.00	1.88	5.01	4.97
RC -Control									-3.13	-3.63	4.19	4.44
RC- Affection									-2.88	1.50	2.53	3.51
ISI												
Purpose Meaning	32.00	39.50	5.21	5.55	33.50	42.38	7.09	4.90	65.50	81.88	9.65	7.16
Interdependence	92.75	111.75	10.71	11.09	93.75	113.63	21.86	10.27	186.50	225.38	17.55	18.06
Inner Peace	58.63	71.25	14.90	11.26	53.00	81.75	16.28	5.95	111.63	153.00	24.13	9.29
Transcendence	30.00	37.63	7.48	8.07	30.25	40.50	7.50	5.68	60.25	78.13	9.97	13.35

*Note.* W = Wanted; E = Expressed; RC = Reciprocal Compatibility, HD = High Distress; LD = Low Distress

For the HD and LD groups presented in Table 6, the men from the LD group when compared to the men from the HD group, scored relatively higher on Expressed Affection on the FIRO-B, on Expressed Inclusion, Wanted Inclusion, Expressed Control, and Expressed Affection on the FIRO-F, and on all of the ISI subscales of Purpose and Meaning in Life, Inner Peace, Interdependence with Others, and Transcendence. HD males relative to LD males score higher on Wanted Control on FIRO-B. The women from the HD group, when compared to the women from the LD group, scored relatively higher on Wanted Control on FIRO-B. The women from the LD group, when compared to the women of the HD group, scored relatively higher on Wanted Inclusion and Expressed Control on FIRO-B and on all of the ISI subscales.

#### **Assumptions of MANOVA: Homogeneity of Variance and Normality of Scores**

Two assumptions in applying the MANOVA were tested including homogeneity of variance and normality of scores (Tabachnick & Fidell, 2007). Homogeneity of variance means that the variance of scores within one group is similar to the variance of scores within a second group. To test for homogeneity of variance, Levene's test (Levene, 1960) was applied to each dependent variable for the two groups. The results from this analysis, presented in Table 7, indicate that this assumption was met for all of the dependent variables. To test for normality of scores, Kurtosis and Skewness scores were calculated and transformed into z-scores. The distribution is considered normal if the z-score values for both Kurtosis and Skewness are within  $\pm 3.29$  (Tabachnick & Fidell, 2007). Each of the dependent variables met the assumption for normal distribution as measured by the statistic for Skewness and Kurtosis (Green & Salkind, 2005, p. 220). The z-scores for Skewness ranged from -0.67 to .51.0 and the z-scores for Kurtosis ranged from -0.40 to 1.39.

Table 7

*Levene's Test of Homogeneity of Variance for High and Low Distress Groups*

Variables	F	df1=1	df2 = 14	Sig.
<b>FIRO-B</b>				
RC score for Inclusion	.678			.424
RC score for Control	.070	1	14	.795
RC score for Affection	.155			.700
<b>FIRO-F</b>				
RC score for Inclusion	.028			.869
RC score for Control	.162	1	14	.693
RC score for Affection	.449			.514
<b>ISI</b>				
CS for Meaning & Purpose	.456			.511
CS for Interdependence	.011	1	14	.916
CS for Inner Peace	3.494			.083
CS for Transcendence	1.201			.292

*Note.* RC= Reciprocal Compatibility Score; CS=Couple Score

## **Group Differences**

To test hypothesis 1 and 2 (stated in Chapter 1) for group differences (HD and LD), two separate Two-Way MANOVAs were applied. The first MANOVA was applied to FIRO-B and FIRO-F scores, and the second MANOVA was applied to the ISI scores. These analyses were followed up by Univariate ANOVAs for each dependent variable.

### **FIRO-B and FIRO-F Analyses**

A Two-Way MANOVA (Green & Salkind, 2005) was applied to the group mean reciprocal scores to test for between-subjects (group) differences regarding FIRO-B (Inclusion, Control, Affection) and FIRO-F (Inclusion, Control, Affection). To test for the assumption of equality of variance/covariance matrices, the Box Test (Box, 1949) was applied. As shown in Table 8, the testing showed that this assumption was met (Box's  $M=44.22$ ,  $F_{21,720}=1.089$ ,  $p=.355$ ). The results of the MANOVA (Green & Salkind, 2005) indicated that there were significant between-subjects (group) differences (Wilks'  $\Lambda=.274$ ,  $F_{6,9}=3.98$ ,  $p=.032$ ; Wilks, 1932) The multivariate  $\eta^2p$  was .73 and observed power was .76 (see Table 9).

Univariate ANOVAs were conducted on each dependent variable as follow-up tests to the MANOVA. Using the Bonferroni method, each univariate was tested at the .05 divided by 2 or .025 level. The results from this analysis, summarized in Table 10, indicate that there were significant differences for the Reciprocal Compatibility Scores for FIRO-F Affection, and for FIRO-B Control. The effect size ( $\eta^2p$ ) for the two dependent variables was .37 and the observed power for was .76. When the mean scores for the HD and LD group are compared on the FIRO-F Affection and the FIRO-B Control variables, it becomes apparent that the partners of the HD group are less compatible than the partners of the LD group. This is evidenced by the mean scores of the HD group being further removed from zero than the mean scores of the LD group,

Table 8

*Box's Test of Equality of Covariance Matrices – FIRO B and F*

---

Box's M	44.22
F	1.09
df1	21
df2	720.89
Sig.	.36

---

Table 9

*Multivariate Tests – FIRO B and F*

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared	Noncent Parameter	Observed Power
Intercept	Pillai's Trace	.857	9.013	6.000	9.000	.002	.857	54.075	.988
	Wilks' Lambda	.143	9.013	6.000	9.000	.002	.857	54.075	.988
	Hotelling's Trace	6.008	9.013	6.000	9.000	.002	.857	54.075	.988
	Roy's Largest Root	6.008	9.013	6.000	9.000	.002	.857	54.075	.988
High Low	Pillai's Trace	.726	3.977	6.000	9.000	.032	.726	23.864	.763
	Wilks' Lambda	.274	3.977	6.000	9.000	.032	.726	23.864	.763
	Hotelling's Trace	2.652	3.977	6.000	9.000	.032	.726	23.864	.763
	Roy's Largest Root	2.652	3.977	6.000	9.000	.032	.726	23.864	.763

Table 10

*Results from the Univariate Tests for the Dependent Variables in High /Low Group*

Source Sphericity assumed	Type III Sum of Squares	df	Mean Square	F.	*p.	n <sup>2</sup> p	Observed Power
FIRO-B							
RC Inclusion	1.563		1.563	.127	.727	.009	.063
RC Control	126.563	1	126.563	8.227	.012	.370	.760
RC Affection	22.563		22.563	1.314	.271	.086	.188
FIRO-F							
RC Inclusion	22.563		22.563	.905	.357	.061	.144
RC Control	1.000	1	1.000	.054	.820	.004	.055
RC Affection	76.563		76.563	8.190	.013	.369	.758
ISI							
CS Purpose/Meaning	1072.56		1072.56	14.85	.002	.515	.947
CS Interdependence	6045.06	1	6045.06	19.05	.001	.576	.982
CS Inner Peace	6847.56		6847.56	20.49	.000	.594	.987
CS Transcendence	1278.06		1278.06	9.212	.009	.397	.806

*Note.* \*Critical p-value = .025; \*\*Did not meet the test of sphericity; RC= Reciprocal Compatibility Score, CS=Couple Score

which indicates incompatibility. This suggests that partners of the HD group do not respond adequately to each other's need to "establish and maintain a feeling of mutual affection with others" (Schutz, 1966, p.20) and have not "established and maintain a satisfactory relation with people with respect to control and power" (Shutz, 1966, p. 18). The mean scores for the HD and LD group males and females suggests that with regards to the differences in the FIRO-F affection score, the major contributor is the LD male who expresses more than he wants. For FIRO-B control, the major contributor is the HD female who wants more control from her partner than she exercises in the relationship (see Table 6).

### **ISI Analysis**

To conduct the analysis for the ISI, partner's individual ISI subscale scores were combined to create a couple ISI subscale score. A Two-Way MANOVA (Green & Salkind, 2005) was applied to the group means of the couple's combined scores to test for between-subjects (group) differences (hypothesis 3 stated in chapter one) regarding ISI subscales (Purpose and Meaning in Life, Interdependence with Others, Inner Peace, and Transcendence). The Box Test was used to test for the assumption of equality of variance/covariance matrices. As shown in Table 11, the test indicated that this assumption was met (Box's  $M=17.58$ ,  $F_{10,937}=1.199$ ,  $p=.287$ ). The results of the MANOVA (Green & Salkind, 2005) indicated that there were significant between-subjects (group) differences (Wilks' Lambda=.254,  $F_{4,11}=8.088$ ,  $p=.003$ ). The multivariate  $n^2p$  was .746 and observed power was .97 (see Table 12).

Univariate ANOVAs were conducted on each dependent variable as follow-up tests to the MANOVA. Using the Bonferroni method, each univariate was tested at the .05 divided by 2 or .025 level. The results from this analysis, summarized in Table 10, indicate that there were significant differences for all the ISI subscales. The effect size ( $n^2p$ ) for the four subscales ranged

Table 11

*Box's Test of Equality of Covariance Matrices – ISI*

---

Box's M	17.58
F	1.2
df1	10
df2	937.05
Sig.	.29

---

Table 12

*Multivariate Tests – ISI*

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared	Noncent Parameter	Observed Power
Intercept	Pillai's Trace	.995	523.295	4.000	11.000	.000	.995	2093.179	1.000
	Wilks' Lambda	.005	523.295	4.000	11.000	.000	.995	2093.179	1.000
	Hotelling's Trace	190.289	523.295	4.000	11.000	.000	.995	2093.179	1.000
	Roy's Largest Root	190.289	523.295	4.000	11.000	.000	.995	2093.179	1.000
High Low	Pillai's Trace	.746	8.088	4.000	11.000	.003	.746	32.352	.970
	Wilks' Lambda	.254	8.088	4.000	11.000	.003	.746	32.352	.970
	Hotelling's Trace	2.941	8.088	4.000	11.000	.003	.746	32.352	.970
	Roy's Largest Root	2.941	8.088	4.000	11.000	.003	.746	32.352	.970

from .397 to .594. The observed power ranged from .806 to .987.

As indicated in Table 6, the HD group's combined mean score is lower than the LD group's combined mean score on all of the ISI subscales. The HD group's combined mean score on Purpose and Meaning in Life was 65.50 compared the LD group's combined mean score of 81.88; Interdependence was 186.50 for the HD group compared to 225.38 for the LD group; Inner Peace was 111.63 for the HD group compared to 153.00 for the LD group; and Transcendence was 60.25 for the HD group compared to 78.13 for the LD group. When the mean scores for the partners of both the HD and LD groups are compared, it is observed that both the male and female of a given group are similar and contribute relatively equally on all of the ISI subscales. For example, the mean scores for the males and females of the HD group on Purpose and Meaning in Life are 32.00 and 33.50 respectively; on Interdependence with Others, 92.75 and 93.75 respectively; on Inner Peace, 58.63 and 53.00 respectively; and on Transcendence, 30.00 and 30.25 respectively. In the males and females of the LD group, both partners also contribute relatively equally with the exception of Inner Peace. LD males mean score was 71.25 (SD=11.26) whereas the LD females' mean score was 81.75 (SD=5.95). Thus, both partners of a couple contribute equally to the combined score in the HD group where as in the LD group, males and females do not contribute equally on Inner Peace (see Table 6). Women in the LD group contribute significantly more than their male partners to the total group mean score on Inner Peace ( $F_{1,425}=6.024, p=.034$ ).

The results suggest that in comparison to the HD group, LD couples are more inclined to seek out purposeful and meaningful experiences and relationships and more fully know and understand their purpose and meaning for living (Purpose and Meaning in Life). They are respectful and concerned about others and able to share themselves in relationships and

understand themselves in relation to others (Interdependence with Others). They are able to achieve calmness in times of uncertainty and maintain perspective when faced with adversity, and tend to seek out loving and fulfilling experiences and relationships in life, and they strive toward holism and an integration of their identity (Inner Peace). They are able to transcend the emotional, intellectual, and physical aspects of life and relationships, and achieve "wellness and self-healing" (Transcendence) (Muse-Burke, 2004, pp 135-136). Of interest is the finding that women in the LD group manifest greater inner peace or a sense of calmness than their male partners.

In summary, the results from the statistical analysis indicate that when participants are grouped according to their level of distress as measured by the DAS, there are group differences on the Reciprocal Compatibility FIRO-F Affection and on the Reciprocal Compatibility FIRO-B Control mean scores. The HD group, when compared to the LD group, manifest more dissatisfaction in the expression of their affectional needs and have unresolved issues of control, power, and autonomy. These results provide information for couples but not for partners within a couple, which can provide additional information useful for interpretation. For example, when one views the FIRO-B scores (see Table 13) for the male and female of the HD group for affection, one observes that the female wants more affection ( $M=6.13$ ) than the male provides ( $M=2.63$ ). For control, the female of the HD group wants more control ( $M=5.25$ ) than she expresses ( $M=1.63$ ) whereas the female of the LD group wanted control ( $M=3.38$ ) is similar to her expressed control ( $M=4.13$ ). Regarding the FIRO-F scores (see Table 14) of the HD group, the females want more affection ( $M=5.63$ ) than their male partners express ( $M=2.63$ ) and the females want more control ( $M=4.88$ ) than their male partners express ( $M=2.13$ ), As for the LD group, the pattern is similar to that for the women of the HD group as in the LD group, the

females want more control ( $M=5.63$ ) and their male partners express ( $M=2.25$ ). As for the scores on the ISI subscales, the LD group scored higher on all subscales than the HD group and women in the LD group scored significantly higher on Inner Peace than their male partners.

Although there will be a full discussion of the meaning of these findings in chapter five, a few observations are pertinent here. Regarding the FIRO-B Affection and FIRO-B Control group differences, it appears the participants of HD group have not resolved their issues around wanted and expressed affection and wanted and expressed control (i.e., being able to take charge of their lives). It is apparent then that the unmet needs for affection and working out control issues are associated with couple distress. As for the group differences on the four ISI subscales, (i.e., Purpose and Meaning in Life, Interdependence with Others, Inner Peace, and Transcendence), it appears that LD couples group are more able to form experiences and relationships which are meaningful and purposeful, are more able to develop interdependent relationships with others, are more able to attain a sense of inner peace, and are more able to take distance from the issue at hand (Muse-Burke, 2004). In LD relationships, women appear to be the calming force in comparison to their male partners.

### **Results from the Multiple Regression Analyses**

In choosing the method for regression analysis, *Stepwise*, *Hierarchical* and *Enter All* methods were considered. The stepwise method orders the entry of the predictors based not on theory but on statistics and requires a larger number of cases (i.e., 40 cases per independent variable according to Tabachnick & Fidell, 1989) than were available from this study; therefore, this method was not considered. Hierarchical analysis assumes a theoretical justification for the entry of the predictors. Such a theoretical reason could not be provided for this study since it is not known how self, relational, and spiritual needs relate to couple distress. Based on the

Table 13

*FIRO-B Mean Scores for Total Couple Group and High and Low Distress Couples*

Couples	Affection				Inclusion				Control			
	W/M	E/F	W/F	E/M	W/M	E/F	W/F	E/M	W/M	E/F	W/F	E/M
Total N=73	4.15	4.34	5.08	3.56	2.52	3.97	2.97	3.25	2.66	2.78	3.16	3.38
HD N=8	4.00	5.38	6.13	2.63	2.13	4.00	2.63	3.75	3.38	1.63	5.25	3.63
LD N=8	4.00	4.75	5.25	4.75	1.75	4.50	4.50	4.13	2.25	4.13	3.38	3.75

*Note.* W/M=Wanted Male, E/F= Expressed Female, W/F= Wanted Female, E/M= Expressed Male, HD= High Distress Couples, LD= Low Distress Couples

Table 14

*FIRO-F Mean Scores for Total Couple Group and High and Low Distress Couples*

Couples	Affection				Inclusion				Control			
	W/M	E/F	W/F	E/M	W/M	E/F	W/F	E/M	W/M	E/F	W/F	E/M
Total N=73	3.74	4.04	4.55	3.48	4.07	4.84	4.76	3.96	4.73	3.26	4.84	2.64
HD N=8	4.25	4.38	5.63	2.63	3.25	4.88	5.63	3.50	4.25	3.88	4.88	2.13
LD N=8	3.25	5.38	5.63	5.00	4.25	5.75	5.25	5.63	4.25	4.00	5.63	2.25

*Note.* W/M=Wanted Male, E/F= Expressed Female, W/F= Wanted Female, E/M= Expressed Male, HD= High Distress Couples, LD= Low Distress Couples

MANOVA results, variables from the three measures (FIRO-B, FIRO-F, and ISI) related to couple distress and therefore are potential predictors of distress. The purpose was to identify which among these possible predictors are the strongest predictors and provide the best fit. Enter All allows for the entry of a set of data and provides information as to which of the entered predictors provide the best fit. The purpose was to identify the strongest predictors, not to verify a theoretical model. Since Enter All met this purpose, it was chosen as the method for regression analysis.

The data for MRA comprised the reciprocal compatibility scores on the FIRO-B and FIRO-F, the combined ISI couple score and the combined DAS couple score of 73 couples. The normative (standardized) raw scores for DAS (Spanier, 1989) for married couples ranged from 63 to 151 and the normative T-scores ranged from 21 to 70. The DAS scores for the 73 couples of the current research ranged from 68 to 125 and the respective T-scores ranged from 24 to 56. The mean DAS raw score for this sample was 96 and the T-score 39. The sample for this analysis was skewed more toward the distressed end of the continuum. The following section will report the means and standard deviations, the assumptions tested, and the results from the analyses.

### **Means and Standard Deviations**

The means and standard deviations for the males and females, and for the 73 couples, on the FIRO-B, FIRO-F, and ISI scales were presented in Table 11. A description of the data was provided in the first section of the chapter under the results of the MANOVA.

### **Practical Issues and Assumptions for Regression Analysis**

Practical issues in regression analysis regarding number of cases, missing data, and

outliers were addressed. The assumptions for regression analysis were tested including: independence, normality, linearity, homoscedasticity, and multicollinearity.

### **Number of cases**

The literature on regression analysis proposes that the required number of cases for regression analysis varies from a minimum of five cases per independent variable, a ratio of 5:1, to 20 cases per independent variable, a ratio of 20:1 (Tabachnick & Fidell, 1998, p.128). For this study, as a total of ten independent variables were used, a minimum of fifty couples was therefore required. FIRO-B comprises three subscales; namely, Inclusion, Control, and Affection, FIRO-F comprises three subscales; namely Inclusion, Control, and Affection, and ISI comprises four subscales; namely, Purpose and Meaning in Life, Interdependence with Others, Inner Peace, and Transcendence. The number of couples used in this study is an adequate ratio of participants to independent variables.

### **Missing data.**

Only one case was missing data. As this single case appeared to be a random subsample of the total sample, it was deleted from the sample.

### **Outliers**

To test for outliers, Cook's Distance measure (Kleinbaum, Kupper, Nizam, Muller, 2008, p.297) was applied to the dependent and independent variables. The minimum d (distance) was .000 and the maximum d was .101. The range of d-values was <1 which indicates that all of the values are within the normal distribution.

### **Independence**

Independence refers to the independent variables being independent of one another. To test this assumption, the Durbin-Watson test was applied. The Durbin-Watson statistic for the

two predictor variables of Inner Peace and Transcendence was 1.743. This statistic is close to the ideal score of 2 (reference: [www.duke.edu/~mau/testing.htm](http://www.duke.edu/~mau/testing.htm)) indicating that the assumption for independence was met.

### **Normality**

To test for normal distribution of scores, a histogram of the dependent and independent variable was constructed (Abrams, 2007). It was observed that the distribution was normal.

In addition, Kurtosis and Skewness for each of the independent variables were calculated. Each of the independent variables met the assumption for normal distribution as measured by the statistic for Skewness and Kurtosis (Green & Salkind, 2005, p. 220) which were transformed into z-scores. The z-scores fell within the plus or minus 3.29 range (Tabachnick & Fidell, 2007). The z-scores for Skewness ranged from -0.18 to 0.10 and the z-scores for Kurtosis ranged from -0.09 to 0.43.

### **Linearity**

To test for linearity, scatter plots of predicted and residual values for the dependent (DAS) and independent variables (FIRO-B, FIRO-F, and ISI) were created (Abrams, 2007). It was observed that the points were symmetrically distributed around a diagonal line in the scatter plot. This supports the assumption for linearity.

### **Homoscedasticity**

The assumption for homoscedasticity was checked by visually examining the plot of the standardized residuals by the regression standardized predicted values (Abrams, 2007). It was observed that the variability in the independent variables corresponds with values of the predicted dependent variable.

## **Multicollinearity**

Multicollinearity is used to describe the situation when a high correlation is detected between two predictor variables (George & Mallory 2007). To check for multicollinearity, one can use *variance influence factor* (vif) or *tolerance* (tol) which is calculated by dividing 1 by the vif (1/vif). A Vif value which exceeds 10 or a tol value which exceeds 1.0 is of concern (Kleinbaum, Kupper, Nizam, Muller, 2008, p.310). The vif value for the two predictor variables ISI Inner Peace and ISI Transcendence was 1.049. The tolerance value for the two predictor variables ISI Inner Peace and ISI Transcendence was .953 (1/1.049). As the vif values do not exceed a value of 1.0, and the tolerance values do not exceed a value of 1.0, the assumption for multicollinearity was met.

## **Results of Regression Analysis**

A multiple regression analysis was conducted to discover which of the unmet self, relational, and spiritual needs predict couple distress. All of the independent variables/predictors on the subscales were entered as one set including FIRO-B (Inclusion, Control, and Affection) to measure relational needs, FIRO-F (Inclusion, Control, and Affection) to measure self needs, and the ISI subscales (Purpose and Meaning in Life, Interdependence with Others, Inner Peace, and Transcendence) to measure spiritual needs.

From this analysis it was found that ISI Inner Peace and ISI Transcendence were the best fit to predict the DAS scores. According to Green & Salkind (2005) “correlation coefficients of .10, .30, and .50 irrespective of sign, are, by convention, interpreted as small, medium, and large coefficients, respectively” (p. 256). As presented in Table 15, the regression was a large fit ( $R^2_{adj}=40.8\%$ ) and the overall relationship was significant ( $F_{10,62} = 5.96, p = .000$ ) (see Table 16).

Table 15  
*Model Summary*

Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	Std. Error
1	.700	.490	.408	21.74934

*Note:* Model 1= Reciprocal Compatibility Score on FIRO-B Inclusion, Control, and Affection; Reciprocal Compatibility Score on FIRO-F Inclusion, Control, and Affection; and Couple Score on ISI Purpose and Meaning, Interdependence, Inner Peace, and Transcendence

Table 16

*Anova Results From the Regression Analyses*

Models		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	28169.03	10	2816.90	5.96	.000 <sup>a</sup>
	Residual	29328.09	62	473.03		
	Total	57497.12	72			

*Note:* Model 1= Reciprocal Compatibility Score on FIRO-B Inclusion, Control, and Affection; Reciprocal Compatibility Score on FIRO-F Inclusion, Control, and Affection; and Couple Score on ISI Purpose and Meaning, Interdependence, Inner Peace, and Transcendence

The results of this analysis indicated that only the beta weights for ISI variables Inner Peace and Transcendence were significant. Beta weights on the FIRO-B (Inclusion, Control, and Affection); FIRO-F (Inclusion, Control, and Affection); and ISI subscales variables (Purpose and Meaning in Life and Interdependence with Others) were not significant (see Table 17).

In summary, the results from the regression analysis suggest that the best predictors of couple distress were variables from ISI subscales of Inner Peace and Transcendence. Contrary to expectation, no predictors were found from the FIRO-B or FIRO-F subscales.

### **Summary of Findings**

The results of the MANOVA found differences between the High and Low Groups on Reciprocal Compatibility scores for FIRO-F Affection and FIRO-B Control mean scores as well as group differences on all ISI subscales: Purpose and Meaning, Interdependence with Others, Inner Peace, and Transcendence. The results of regression analysis found the best predictors of the DAS scores to be ISI Inner Peace and ISI Transcendence. The two methods of analyses found an association between Inner Peace and Transcendence and couple distress. The two analyses differed in that MANOVA produced significant findings on both the FIRO-B (i.e., Control) and FIRO-F (i.e., Affection), whereas regression analysis did not find these variables predictors of couple distress. This is to say that the results from the MANOVA support the idea that self needs (FIRO-F Affection), relational needs (FIRO-B Control), and spiritual needs (Purpose and Meaning in Life, Interdependence with Others, Inner Peace, and Transcendence) are associated with distress whereas regression analysis indicates that only spiritual needs (Inner Peace and Transcendence) are associated with distress. In sum, both methods of analysis suggest that there is a relationship between unmet needs and couple distress. The unexpected finding that

the FIRO-B and FIRO-F subscales are not predictors of distress will be discussed further in the Discussion Chapter.

Table 17

*Coefficients for the Predictor Variables for Model 1*

Variable	<u>Unstandardized Coefficients</u>		<u>Standardized</u>	t	Sig.
	B	Std. Error	Beta		
FIRO-B					
RC Inclusion	-.320	.816	-.048	-.392	.696
RC Control	-.526	.806	-.070	-.653	.516
RC Affection	.895	1.033	.112	.866	.390
FIRO-F					
RC Inclusion	.347	.670	.055	.518	.606
RC Control	-.064	.633	-.011	-.101	..920
RC Affection	.407	.775	.055	.526	..601
ISI					
CS Purpose/Meaning	.0274	.392	.087	.699	.487
CS Interdependence	-.165	.214	-.123	-.771	.444
CS Inner Peace	.744	.183	.538	4.076	.000
CS Transcendence	.824	.329	.337	2.502	.015

*Note:* RC = Reciprocal Compatibility; CS = Couple Score  
 Dependent variable: Couple DAS score

## CHAPTER IV

### Results of the Qualitative Study

This chapter presents the results from the qualitative analysis of the transcripts of the sessions of the two couples interviewed for the research. The transcribed interviews were analysed using Giorgi's (1985, 1994) Psychological Phenomenology Method. The qualitative analysis was carried out according to the four steps described by Giorgi. In brief the steps are: reviewing the entire transcripts to form a "whole" sense of the clinical material keeping in mind the phenomenon being studied, segmenting the text into meaning units within a psychological framework, transforming meaning units into psychological language, and synthesizing the transformed meaning units into a consistent description of the psychological structure for the phenomenon studied. A meaning unit comprises a segment of a participant statement that refers to distress and self, relational, and spiritual needs. The meaning units, for this study, varied in length from one participant statement to several participant statements. Psychological structures take one of two forms: situated structure and general structure. Situated structure refers solely to the meanings of the individual's perception whereas general structure refers to the general phenomenon derived from the meaning structures of two or more individual participants. As there is only one couple per group (HD and LD), only a situated structure will be presented for each couple.

The researcher's biases which might influence the results are several. The researcher's belief that unmet self, relational, and spiritual needs are at the root of couple distress could influence the results. The researcher is psychodynamically trained and oriented and therefore may tend to look at things from a psychodynamic point of view. The researcher is trained in spirituality and her lived spirituality is humanistic in nature. The researcher is a couple's

therapist who works with couples from a wide range of problems and distress. Finally, the researcher is a woman in a heterosexual relationship with a wealth of life experiences. The task of the researcher was to bracket these biases so as to not allow them to influence the interpretation of the data.

The presentation for each of the couples begins by summarizing relevant background information to provide a context to interpret the qualitative data. The reciprocal scores on the FIRO-B and FIRO-F and the combined scores on the ISI and the DAS are presented for each couple in Table 18 and for individual partners in the couple in Table 19. A summary of the meaning units is presented next. The meaning units are then synthesized to form a situated structure for the couple. This procedure is followed for the presentation of each of the two couples. The researcher had access to the quantitative data only after the qualitative analysis of the two interviews were completed and therefore these data did not influence the researcher's analysis of the transcribed interviews and the description of the situated structures.

### **High Distress Couple**

#### **Background information.**

The couple was married for over a decade and had one dependent child. The husband was 40 years of age and the wife 36 years of age. Both partners reported an average annual income of less than \$20,000. Both had graduate degrees, practiced religion (i.e., Islam) and only the wife reported practicing spirituality. They had never been in couple therapy. The wife has a diagnosis of depression. The couple immigrated to Canada from the Middle East due to the wife's desire to move away from her husband's family and namely her mother-in-law who was a great source of distress for her and for their marriage. She and her husband and child came to Canada to begin a new life. The wife is resentful that she had to make the decision to move and start over in

Canada. The couple have not reconciled their issues concerning the husband's reported inability to stand up to his mother who was often disrespectful and at times emotionally and psychologically "abusive" toward his wife.

### **Scores on FIRO-B, FIRO-F, ISI, and DAS**

The couple's scores on the FIRO-B, FIRO-F, ISI, and DAS are presented in Table 18. Each partner's individual scores on the FIRO-B, FIRO-F, ISI, and DAS are presented in Table 19. From Table 18, one observes that, in the case of the one extreme negative score (i.e., -11) on FIRO-B Control, both partners want the other to take more control of situations affecting their relationship versus exercise control over the other which would be indicated by a positive value. Table 19 suggests that the wife wants the husband to take more control than he exercises in the relationship (FIRO-B). She also wants him to feel more competent to take control than he expresses in reality (FIRO-F). Similarly although to a lesser extent, the husband wants the wife to take more control than she exercises.

In terms of their spirituality scores, relative to normative data reported by Muse-Burke (2004), the couple scores on Purpose and Meaning in Life and Transcendence are in the expected range. On Inner Peace, he is within the expected range while she is much below. On Interdependence, he is below the expected range and she is above. This might suggest that he is the calming influence in the relationship and she is more dependent on others. Relatively speaking, from their individual DAS scores presented in Table 19, both partners are distressed on all four subscales. He reports more distress on the subscales of Consensus and Affectional Expression. She reports lower scores on the subscales of Satisfaction and Cohesion. Their total DAS scores indicate that they are poorly adjusted.

Table 18

*High Distress Couple Scores on FIRO-B, FIRO-F, ISI, and DAS*

Variables	High Distress Couple
FIRO-B	
RC- Inclusion	4.00
RC- Control	-11.00
RC- Affection	0.00
FIRO-F	
RC- Inclusion	-3.00
RC- Control	-1.00
RC- Affection	1.00
ISI	
Meaning and Purpose in Life	70
Inner Peace	107
Interdependence with Others	202
Transcendence	66
DAS Score	159

Table 19

*Individual FIRO-B, FIRO-F, ISI, and DAS Scores for Male and Female in High Distress Couple*

FIRO-B	Affection				Inclusion				Control			
	W/M	E/F	W/F	E/M	W/M	E/F	W/F	E/M	W/M	E/F	W/F	E/M
	2.00	9.00	9.00	2.00	0.00	9.00	9.00	4.00	6.00	3.00	9.00	1.00

FIRO-F	Affection				Inclusion				Control			
	W/M	E/F	W/F	E/M	W/M	E/F	W/F	E/M	W/M	E/F	W/F	E/M
	4.00	8.00	9.00	4.00	2.00	6.00	8.00	1.00	2.00	5.00	8.00	4.00

ISI	Purpose and Meaning		Inner Peace		Interdependence		Transcendence	
M	36.00		73.00		84.00		30.00	
F	34.00		34.00		118.00		36.00	

DAS	Consensus		Satisfaction		Affectional Expression		Cohesion	
M	38.00		23.00		4.00		13.00	
F	49.00		17.00		8.00		7.00	

*Note.* FIRO-B = Fundamental Interpersonal Relations Orientation Behavior Scale; FIRO-F = Fundamental Interpersonal Relations Orientation Feeling Scale; ISI = Inclusive Spirituality Index; DAS = Dyadic Adjustment Scale; W/M=Wanted Male; E/F= Expressed Female; W/F= Wanted Female; E/M= Expressed Male

In summary, the wife wants her husband to be more competent and both want the other to take more charge of the relationship, albeit the wife to a larger degree. She is not at peace with him or herself and depends on her husband to take charge whereas he is less dependent on her. In terms of their distress, both partners are distressed on all four subscales and poorly adjusted in their relationship.

### **Summary of Meaning Units**

H=Husband

W=Wife

H1-W6: The couple described an “adventurous” six month relationship over the telephone, eventually met after six months, and decided to get married.

W7-W8: When he doesn’t stand up for her, she feels disrespected and loses respect for him. To comfort herself, she turns to her friends to communicate her feelings.

H9-H11: He feels that his wife should treat him with respect and feels disrespected when she doesn’t. When he feels disrespected he loses his confidence, cannot work, turns into himself, and wants to heal himself.

W12: When he withdraws, she becomes more distressed and initiates a discussion to try to resolve the issue. She wants to reconcile the issues in the relationship and not end the relationship.

H13-H14: She needs him to talk, to interact, and to hear his opinion. He needs her to let go of the past hurts and focus on the present and live life today.

W15-W16: She needs him to stand up for her, to take her side, including with his family members who have humiliated her and disrespected her in the past.

H17: He felt pain to see his wife in distress but felt that he could not cross his mother. He did unsuccessfully attempt to speak to his mother privately about the situation.

H18-W20: She needed him to be neutral and see both sides, both hers and his mother's.

H21-W21: He deals with distress through prayer and not by talking with her to resolve the issue. She prays irregularly, meditates, keeps herself busy, and turns to friends when distressed.

W22-W23: Her mental distress preoccupies her mind. If she could change the situation, she would make the decision to stand up for herself.

W24-25: To reduce distress, she would like her husband to be more romantic and caring, more extroverted. She would like them to be more of a team, to make decisions together.

H26: If he could change something about himself, he would like to develop techniques to deal with conflict, to communicate more with his wife, and stand up for her to others.

H27: To diffuse distress, he would like to do more together, be a team, have mutual agreement and respect.

### **Situated structure**

The wife becomes distressed when her husband does not stand up for her to his family and friends and when he does not respect nor respond to her expressed feelings and needs. To manage her distress, she turns to friends for comfort, and occasionally meditates and uses prayer. The husband becomes distressed when his wife does not respect him publicly or in front of his friends and when she asserts her negative feelings and needs to him. This affects the husband as he loses his "confidence" and feels disrespected. He manages his distress by disconnecting from the wife, by turning to God through prayer, and meditation.

Both partners expressed a desire to develop ways to reconcile issues in the relationship but have not found a way of doing so. To reduce their distress, both partners express a "need" to

be more connected and a work as a “team”. The husband expressed a desire to develop his ability to stand up for his wife and assert himself with others. The wife expressed a desire to develop more effective ways to deal with her distress, to be able to calm her mind in order to let go of past negative experiences. The situated structure is depicted in Figure 1.

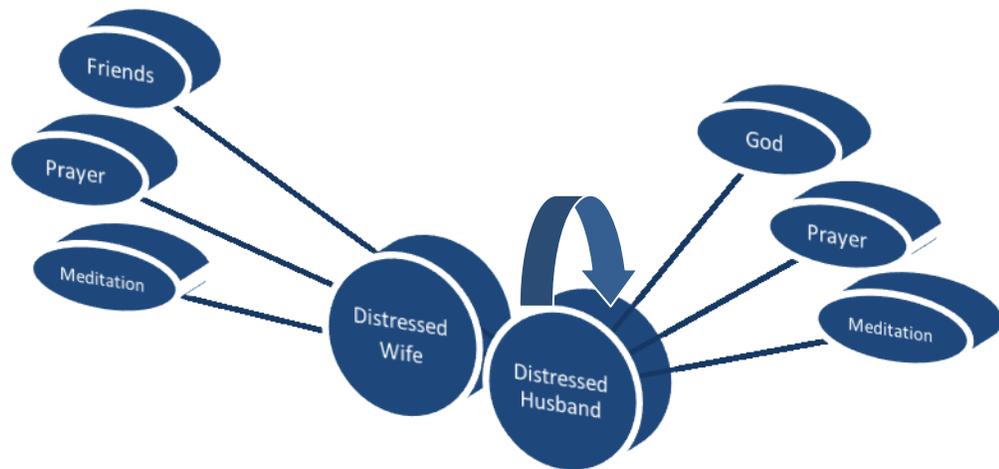
The results from the qualitative analysis are consistent with the FIRO-B, FIRO-F, ISI, and DAS scores for the couple but do go beyond in describing the nature of the distress and the manner in which they manage it. Rather than turning towards the partner, they try to reconcile their distress alone by either turning away from the relationship toward friends, meditation, or God. The commonalities between the two sets of data are the wife’s wish that the husband “be a man” and stand up for her and for their relationship. As well, the wife is more dependent in the relationship. Both do not feel that they are a team (consensus) or a cohesive couple.

### **Low Distress Couple**

#### **Background Information**

The couple were married for over 15 years. The husband, age 67, earned over \$150,000 and the wife, age 56, earned \$50,000. The husband held a Ph.D. while the wife had an undergraduate degree. The husband was previously married and has grown children from his first marriage. The couple have no children of their own. Neither partner practiced religion but both reported practicing humanistic spirituality. They were not in couple therapy and the wife had a diagnosis of depression. The husband and wife work in private practice. The husband has suffered many physical illnesses in the past and the wife was recently diagnosed with a life threatening illness.

**Figure 1. Situation Structure for the High Distress Couple**



#### Wife's Distress

1. Husband does not stand up for her to family and friends.
2. Husband does not respond to her attempts to discuss her feelings or reconcile issues.

#### Husband's Distress

1. Wife's disrespect toward him in public and in front of friends.
2. Wife's pursuing him to stand up for her and reconcile issues in the relationship.

### **Scores on FIRO-B, FIRO-F, ISI, and DAS**

The couple's scores on the FIRO-B, FIRO-F, ISI, and DAS are presented in Table 20. Each partner's individual scores on the FIRO-B, FIRO-F, ISI, and DAS are presented in Table 21. From Table 20, one observes that the couple is compatible as all of their reciprocal compatibility scores on the FIRO-B and FIRO-F are close to zero. The couple is able to work out issues around Inclusion, Control, and Affection (FIRO-B scales). They feel part of each other's life, are able to manage the aspects of daily living, and feel lovable (FIRO-F) within themselves and to each other. Using as a reference point the results from Muse-Burke's (2004) study which included 251 participants whose mean age was 27.3 years (range=18-59), both partners scored above the mean score of the normative data on all of the ISI subscales. Their individual scores presented in Table 21 suggest that the wife exercises more control than the husband wants. He wants to feel more in charge than she allows (FIRO-F). Their individual DAS subscale scores are similar and suggest agreement on Consensus and Cohesion in the relationship. The wife reported a lower score than the husband on Affectional Expression and Satisfaction in the relationship. Their individual and combined DAS scores indicate that they are a well adjusted couple.

### **Summary of Meaning Units**

H=Husband

W=Wife

W1-H2: The couple met in their mutual work environment. They were both attending the same support group and in relationships at the time. Husband was in a previous unhappy marriage and common law relationship and sought therapy to develop insight into himself.

H3-H6: Husband was attracted to wife's attractiveness, intelligence, kindness, her like of sports, family values, and that she got along with both her family and his children. When with her, the

Table 20

*Low Distress Couple Scores on FIRO-B, FIRO-F, ISI, and DAS*

<u>Variables</u>	<u>Low Distress Couple</u>
FIRO-B	
RC- Inclusion	1.00
RC- Control	3.00
RC- Affection	-2.00
FIRO-F	
RC- Inclusion	-2.00
RC- Control	-2.00
RC- Affection	1.00
ISI	
Meaning and Purpose in Life	88
Inner Peace	165
Interdependence with Others	231
Transcendence	70
<u>DAS Score</u>	<u>244</u>

Table 21

*Individual FIRO-B, FIRO-F, ISI, and DAS Scores for Male and Female in Low Distress Couple*

FIRO-B	Affection				Inclusion				Control			
	W/M	E/F	W/F	E/M	W/M	E/F	W/F	E/M	W/M	E/F	W/F	E/M
	3.00	2.00	2.00	1.00	0.00	1.00	1.00	1.00	2.00	5.00	4.00	4.00

FIRO-F	Affection				Inclusion				Control			
	W/M	E/F	W/F	E/M	W/M	E/F	W/F	E/M	W/M	E/F	W/F	E/M
	3.00	3.00	4.00	5.00	5.00	4.00	7.00	6.00	4.00	5.00	6.00	3.00

ISI	Purpose and Meaning		Inner Peace		Interdependence		Transcendence	
	M	36.00		73.00		84.00		30.00
F	34.00		34.00		118.00		36.00	

DAS	Consensus		Satisfaction		Affectional Expression		Cohesion	
	M	57.00		37.00		11.00		23.00
F	50.00		37.00		7.00		22.00	

*Note.* FIRO-B = Fundamental Interpersonal Relations Orientation Behavior Scale; FIRO-F = Fundamental Interpersonal Relations Orientation Feeling Scale; ISI = Inclusive Spirituality Index; DAS = Dyadic Adjustment Scale; W/M=Wanted Male; E/F= Expressed Female; W/F= Wanted Female; E/M= Expressed Male

husband felt comfortable to be himself, felt competent, and was not criticized for his lack of competency which was an issue in his previous marriage.

W7-W9: Wife was attracted to his attentiveness, generosity, agreeableness, interest in her, common interests at work and outside of work, his devotion, character, maturity and stability, and felt very important and special when with him.

W10: The greatest stressors in the relationship are mutual serious health conditions and past difficulties with his children.

H10-W13: In the past, she would become distressed when his children treated him with disrespect. Although she was aware of the bond he had with his children, she would become frustrated with his generosity, his tolerance of his children's mean and hurtful behavior, and the way in which he dealt with his children's disrespect toward him. She later came to realize that his parenting strategies were effective.

H14-H16: He understood her frustration and agreed that his children were disrespectful which he believed to be related to the circumstances of his divorce.

W17: She would become frustrated when he did not protect himself against his children's behavior. His way of responding was different than what she thought it should be.

W18-W20: He tends to process things and respond in a slower manner than her. Over the years, she has come realize their differences and allows him to process and respond to situations in his own way.

H20-H21: He feels protected and loved by her and believes that what she says comes from a good place and therefore doesn't feel criticized by her or resentful toward her. He is able to manage his reactions, acknowledge their differences, and validate her statements because of this.

W22-W23: Initially she would become distressed when she interpreted his slowness as a lack of passion or disinterest and she came to realize that this was not the case namely after she was fired from her employment and he became angry at the boss who tried to put the situation in a positive light and left his job also. She felt his reaction to her devastation was perfect.

W24-W25: Distress with his health issues brought to the fore their age differences. She felt frightened at the realization that she might be widowed and alone, wondering how she would manage financially. She panicked about the possibility that her life would change, that her relationship might end and that she would have to take care of herself if something should happen to him.

H26: In facing his own mortality, he became distressed when she recently developed a life threatening illness. The idea of losing her and of her dying causes him distress. They had assumed that she would outlive him given her age and health and they had arranged their life accordingly in terms of their Wills and children. Now they realize it could be the other way, she could die first.

W26-H28: He feels that the illness related distress brings them closer. They face reality when they talk about dying, doing their Wills, and humanistic issues. They spend more time together doing things they are able to do. His proposal to move to a climate where her health condition could be more manageable causes her to become despondent. He is preparing to shut down their practice and will quicken the process if her condition worsens.

W29: She is not yet accepting of her physical limitations as exercise was a stress release. Both remain physically active, socialize with their families, and attend social groups. It is difficult for her to accept that they only have each other and have gotten more cocooned.

H29-W30: She feels unhappy and frustrated with herself that she is unable to function as before and with the changes in her body due to menopause and weight gain as a result of her inability to exercise. She is displeased with how she has coped with her situation and wants to figure out better strategies. She finds it difficult to integrate these changes into her life and feels he is ahead of her in this area.

W31-W33: In the past, deep discussions about meaning of life and where they were going were positive. However now, for her, these existential questions take a lot of energy and are too real for her so she avoids discussions and denies the situation.

W34-W36: She is comfortable avoiding making decisions about the future whereas he wants to discuss the future and solutions. She wants to close down the practice in order to travel in retirement but is unsure she will be able to it.

H37: He thinks she minimizes the seriousness of her illness. He saw her close to dying.

W38-H38: She feels that roles are reversed now as, in the past, she witnessed him in a similar situation and felt powerless and anxious. He feels frustrated with her denial about the seriousness of her condition and is trying to accommodate her but she is not in the same place.

H39-H40: He continues to look at options and hopes she'll see the necessity of accommodating her health. He needs her to take care of herself and her health. He is fearful that he might lose her. He understands her not wanting to move but fears she may only have a few years to live.

H41-H47: Spirituality, but not religion, plays a role in how they cope. She feels that life is about searching for the meanings in life and feels more aligned with Buddhism in terms of how she thinks and feels. He meditates. His spirituality and religion are not integrated.

W48: Her spirituality helps her manage her distress related to her illness. She considers herself more philosophical in general and tries to be ok where she is, in the here and now. She would like to seek some spiritual guidance.

W49-W50: To manage their distress, they enjoy walking their dogs and being with nature. He sees his dogs as able to be in the moment and loves that. She enjoys their excitement and consistent welcoming greeting.

H51-W52: He feels they have a good relationship. She feels that they are strong and solid and that is what gets them through.

### **Situated structure**

The wife becomes distressed when he allows his children to treat him with disrespect and does not stand up for himself, and when he confronts her avoidance and persists in making decisions or finding solutions concerning their future. She manages her distress by acknowledging his need to process situations differently than her and by understanding his need to remain connected with his children. She is helped to manage her distress by acknowledging his need to deal with reality and believing that his motives are to accommodate her declining health and preserve her life. She also becomes distressed with her physical limitations (i.e., inability to exercise) and resultant changes to her body (i.e., weight gain). She copes through denial (she cannot yet accept her physical limitations) and by attempting to remain active with her horses and by walking her dogs in nature.

The husband becomes distressed when she does not acknowledge the seriousness of her health issues and becomes despondent. This leaves him in fear of her dying and not being able to manage the distress of the loss. He manages his distress by believing in her goodness, by making efforts to understand both her perspective as well as that of his children, by pursuing her in hopes

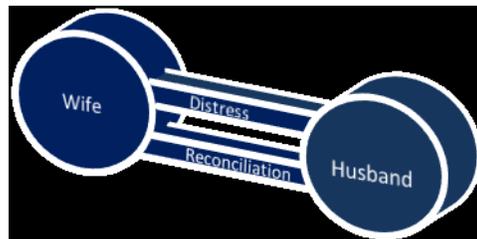
of finding a solution, and by connecting with his own spirituality which is manifested in relationships, nature, spending time with his dogs, and practices of meditation. The situated structure for the high distress couple is depicted in Figure 2.

The results from the qualitative analysis are consistent with the findings from the FIRO-B, FIRO-F, ISI, and DAS measures. Both the qualitative and quantitative data suggest a couple that is well adjusted and have each other's interests at heart – she that his children respect him and he that she take care of her health. The qualitative data enriches the quantitative data by including the sources of distress and how each manages the stress.

### **Summary and Comparison of the High and Low Distress Couple**

The results of the qualitative data suggest that there are differences between the HD and LD couple in terms of their ability to reconcile distress. For the HD couple, when they become distressed, after her failed attempts to reconcile the distress, both partners turn away from the relationship. She turns outward toward friends and to occasional practices of prayer and meditation whereas he turns away from the relationship and toward God and through regular practices of prayer and meditation. In comparison, in times of distress, the partners in the Low Distress couple turn to each other and reconcile or reduce their distress. This difference in the Low Distress couple's ability to reconcile their distress begs the question as to why the LD couple is able to turn toward each other and what mitigating factor(s) allow them to reconcile or reduce their distress. This question will be addressed further in the Discussion chapter.

**Figure 2. Situation Structure for the Low Distress Couple**



#### Wife's Distress

1. Frustration with husband's way of handling his children
2. When husband pursues her concerning decisions about her health issues and future.

#### Husband's Distress

1. Wife's frustration with his way of handling his children
2. When wife becomes despondent concerning her health issues and future.

## **CHAPTER V**

### **Discussion**

This thesis was designed as a mixed method study. The quantitative part of the thesis provided statistical data and conceptual information regarding the relationship between unmet self, relational, and spiritual needs and couple distress to respond to the research question. The qualitative study provided an in depth study of the same relationships. The first section of this chapter provides a summary and discussion of the findings from the three methods of analysis, namely, Multivariate Analysis of Variance (MANOVA), Multiple Regression Analysis (MRA), and the Psychological Phenomenological Method (PPM). The findings are discussed with reference to the hypotheses and/or research question particular to the method and with reference to each other. The second section provides an interpretation of the findings relative to Object Relations Theory, Self Psychology, and the literature on spirituality with reference to unmet self, relational and spiritual needs. The third section discusses the relationship of the findings to existing research. The fourth section presents the contributions of the research. Section five discusses the limitations of the research and the sixth section presents suggestions for future direction.

#### **Discussion of the Research Findings**

The research findings are presented and discussed according to each method of analysis. The results are discussed with reference to the research hypothesis or research question for each method and in terms of their support or failure to support the research hypothesis and/or answer the research questions. The results from the three methods of analyses are compared and discussed.

### **Findings from the Multivariate Analysis of Variance.**

The MANOVA tested three research hypotheses. The first of these hypotheses was: High Distress (HD) couples will obtain higher reciprocal incompatibility scores on relational needs than Low Distress (LD) couples as measured by each of the three FIRO-B subscales: need to include, need to control, and need for affection. This hypothesis was partially supported since there was a significant group difference for the FIRO-B subscale, Control, on which the HD couples scored higher ( $M=-3.38$ ) than the LD couples ( $M=2.25$ ) in the sense that their score was further removed from zero. A score of zero represents compatibility. A negative sign in front of the score means that the HD couple wants their partner, male and female, to take more control (take charge) of the relationship than the control he/she expresses in the relationship. In the LD couple, both partners take charge of their relationship, that is, they equally express control. This higher mean score for the HD couples might mean that they are emotionally needy and expect the other to take care of them.

The second research hypothesis tested was: HD couples will obtain higher reciprocal incompatibility scores on self needs than LD couples as measured by each of the three FIRO-F subscales: to feel included, to feel in control, and to experience affection. This hypothesis was supported in part since there was a significant group difference for the FIRO-F subscale, Affection, on which the HD couples scored higher ( $M=-2.88$ ) than the LD couples ( $M=1.50$ ) in the sense that their score was further removed from zero.

Although Schutz (1966) suggests that the absolute value of the reciprocal compatibility score be used as the “main concern is with the size rather than the direction of the difference” (p. 108), there appears to be some value in looking at the sign of the value. For instance, when looking at the wanted and expressed needs of both individual scores and couple scores, a

negative reciprocal compatibility score means that more of that quality is wanted than expressed. A positive score means that more of the quality is expressed than wanted. The negative value of 2.88 suggests that the HD couple wants their partner to help them to feel lovable more so than helping their partner to feel lovable. The opposite is true for the LD couples where both feel lovable. Theoretically, the finding for FIRO-F is consistent with the results for the FIRO-B, Control. Focusing on their need to feel lovable in place of making efforts for their partner to feel lovable, also means that both partners of HD couples are emotionally needy and not ready to put their needs aside in order to assume responsibility for the relationship. That is, to take charge of the relationship or to take control/power over the other in order to respond to the needs of their partner.

The third hypothesis tested stated: HD couples will obtain a lower combined couple score on spiritual needs than LD couples as measured by each of the four ISI subscales: Purpose and Meaning in Life, Interdependence with Others, Inner Peace, and Transcendence. The results from the MANOVA supported this hypothesis fully as the LD couples scored higher than the HD couples on all four of the ISI subscales (see Table 2). It was observed that the male and female for each group taken separately, obtained similar scores on each of the four ISI subscales with the exception that for the LD couples, the females scored higher ( $M=91.75$ ) than their male partners ( $M=71.25$ ) on Inner Peace. The results from the MANOVA suggest that the LD couples, when compared to the HD couples, have more meaningful and purposeful experiences and relationships (Purpose and Meaning in Life), are respectful and concerned about others, understand themselves in relation to others, and are able to share themselves in relationships (Interdependence with Others), are able to remain poised and collected in times of uncertainty and adversity, seek out meaningful relationships, and strive towards wholeness and identity

integration (Inner Peace), and are able to transcend the physical, emotional and intellectual aspects of their lives and relationships (Transcendence).

The results of the ISI are consistent with the FIRO-B and FIRO-F findings. In the HD group, it can be seen how the failure to take charge of one's life and expect one's partner to take charge (FIRO-B), and being preoccupied with one's lovability (FIRO-F) impact on the ISI scores. The lack of readiness to take charge of one's life and relationships and concern about one's lovability interfere with the emotional freedom to seek meaningful and purposeful things in life, with one's readiness to share themselves in a relationship, with one's sense of inner peace and tranquility, and one's ability to see things outside of him/herself. Otherwise stated, couples who are highly distressed are unable to manage their self needs and rely on their partner who is unable to respond to their needs. Further, they have not acquired sufficient spiritual resources to mitigate their distress. Thus, there is a consistency in the findings from the FIRO-B, FIRO-F, and ISI.

### **Findings from the Multiple Regression Analysis**

The purpose of the MRA was not to provide a regression equation that would predict couple distress as this would require the inclusion of many predictors such as level of education, job satisfaction, salary, years of employment, home ownership, in-laws, to name a few. The purpose of the MRA was to determine whether the subscales of FIRO-B, FIRO-F, and ISI are predictors of distress as measured by the DAS. The hypothesis (H4 in chapter one) was that unmet self, relational, and spiritual needs as measured by the FIRO-F, FIRO-B, and ISI subscales respectively will predict distress as measured by the DAS.

The findings from the MRA that scores on Inner Peace and Transcendence were the only predictors of scores on distress as measured by the DAS whereas none of the FIRO-B or FIRO-F

subscales nor the ISI subscales of Purpose and Meaning, and Interdependence with Others were predictors of distress give rise to the question: What might be a possible explanation for these results? One possible explanation is that both Inner Peace and Transcendence refer to inner qualities or resources that are stable and acquired not necessarily in the context of a relationship for example, but through practices of meditation, yoga, mindfulness, and cognitive restructuring, and determine in a consistent manner how one deals with the tasks of relationships and daily living. On the other hand, Purpose and Meaning, and Interdependence with Others, according to the definition used in this study, are qualities acquired within the context of relationships (e.g., relationship to family, friendships, lovers, music, sport, etc). Similarly, the FIRO-B and FIRO-F subscales Inclusion, Control, and Affection, are relational in nature and therefore are influenced by the quality of the relationship. The same may be said for the ISI subscales, Purpose and Meaning, and Interdependence with Others which may also be influenced by external factors and namely relationships. The finding that Inner Peace and Transcendence are strong predictors of couple distress is consistent with the results from FIRO-B and FIRO-F in the sense that the LD couples are more able to take charge and feel lovable and, therefore, are seemingly more at peace with themselves than the HD group. This possible explanation is not to say that one can reduce the ISI findings to psychological meaning as the two variables come from two separate disciplines (i.e., FIRO-B and FIRO-F are psychological whereas ISI is spiritual). Another explanation for the failure of the FIRO-B subscales of Inclusion and Control, and FIRO-F subscales of Inclusion and Affection to emerge as predictors of distress as measured by the DAS, is the manner in which the FIRO-B and FIRO-F reciprocal compatibility scores were determined. Perhaps another manner of determining, or formula for calculating, couple scores on these two

scales would have yielded different results. More will be said about this in the section on the limitations of this study.

### **Findings from the qualitative Psychological Phenomenological Method**

The research question for the qualitative method PPM was: What are the unmet self, relational, and spiritual needs underlying distress in couple relationships? In the HD couple selected for this research, both the husband and wife become distressed when they feel that their needs to be respected and feel lovable go unmet. In response to their unmet needs, they become angry towards each other, turn away from the relationship in their distress, and seek solace in things exterior to the relationship including friends, meditation, prayer etc. That is, they are not able to put aside their own needs or manage their distress to respond to the needs of the other. In the LD couple, both the husband and wife become distressed when they perceive the other is not taking care of him/herself. They reconcile their distress by turning toward each other and talking about their concerns. That is, they are able to understand each other and have the inner strength to talk through difficult aspects of their relationship and therefore reconcile their distress. The results from the qualitative analysis contextualize the mutual needs of the HD couple to take charge, feel respected and lovable. As well, the results from the qualitative study contextualize how the LD couple respond to each other's need to take care of themselves. Both partners of the LD couple are able to resolve their conflict and reconcile their distress interdependently rather than independently. The results from the qualitative study are consistent with the findings from the subscales of the FIRO-B, FIRO-F and ISI in that the LD couple experiences greater inner peace and has the capacity to set aside or take distance from their own needs to respond to the needs of the other. Of particular interest was the role of empathy in the LD couple's ability to attune themselves to the experience of the other and respond to their partner's needs. In this

couple, it appears that the interplay of their empathic capacities and inner qualities of inner peace and transcendence, mitigate their distress.

### **Interpretation of the Findings Relative to Theory**

The interpretation of the findings will be discussed according to the following five concepts presented in Chapter 1 (a) projective identification, (b) self and relational needs, (c) spirituality and spiritual needs, and (d) regulation of affect and object constancy, (e) the separation-individuation process.

#### **Projective identification**

A projective identification involves an emotional and behavioral manipulation of others and a response from them (Cashdan, 1988, p. 56). The findings support the notion of projection identification in terms of dependency and helplessness in the HD couple. The wife in HD couple depends on her husband to stand up for her to his family and friends to feel respected. When he fails to do so, she becomes angry which induces his behavior to withdraw into himself, feeling incompetent and unable to respond to her need. Thus, he does not respond to her projective identification and she is left feeling disrespected, helpless, and unable to depend on him to stand up for her. This negative cyclical pattern of interaction characterizes their relationship and is at the root of their distress. In the LD couple, there is no apparent projective identification, but rather realistic expectation of self and other to which they are able to respond.

#### **Self and relational needs**

Self Psychology emphasizes two primary self needs which are the need to be affirmed for one's lovability and the need to be admired for one's competency. The finding that the HD group experiences greater difficulty in the area of affection provides evidence to support Kohut's (1971) theory that the absence of experiencing oneself as lovable in relationships, leads to

distress. Although the results cannot infer the relational affectional dynamic (i.e., which partner is not experiencing him/herself as lovable), the qualitative results provide an example in that in the HD couple, the wife's expressed need is for her husband to be more romantic and caring toward her.

According to Object Relations Theory, the two fundamental relational needs are to be connected and to be separated to become one's own person while remaining connected in the relationship. The findings indicated that the HD group differed from the LD group on the FIRO-B subscale of Control with HD group wanting their partner to take more charge of the relationship and exercise more control in the relationship, and the LD group having worked out issues around power and control of their relationship. This finding supports Mahler et al.'s (1975) notion that the unmet relational need for separateness to become and assert one's own person, preferences, and choices may lead to distress in relationships, particularly if the partner does not feel respected for wanting to assert these needs or feels oppressed, ignored, and/or dismissed. This situation may lead to nagging, blaming, complaining, withdrawing, etc., behaviors which lead to couple distress. Further, a partner's inability to stand on his/her own two feet, to take control of the relationship, and/or respond to the need of the partner to take control in the relationship is also related to distress. The findings of the qualitative study provide further support for the notion of unmet self and relational needs underlying distress in couple relationships. In the case of the HD couple, it was observed that their unmet needs driving the projective identification are the relational need for control (to separate to become one's own person and take decisions in the relationship) and inclusion (connection), and the self need for affection (lovability).

## **Spirituality and spiritual needs**

There is no known published study which has used the ISI to look at population differences based on emotional problems and to differentiate one group from the other. This study is the only known study to have used the ISI to differentiate emotional problems in different populations. The results from the ISI differentiated HD couples from LD couples on all of the four ISI subscales: Purpose and Meaning in Life, Interdependence with Others, Inner Peace, and Transcendence. However, from these results, one cannot infer how spirituality impacts distress. Is it in terms of a coping strategy, an internal resource, or an integrated practice? The question we are left with is: Why are the scores on Inner Peace and Transcendence predictors of scores on distress whereas the scores on Purpose and Meaning in Life and Interdependence with Others are not predictors?

The findings of the study support the literature on spirituality that strongly links spirituality to mental health psychological distress, and well being both for individuals and couples (e.g., Young, Cashwell, & Scherbakova, 2000; Koenig, 2009, Pargament, 2007; Griffith & Griffith, 2002; Burke, Chauvin, & Miranti, 2005), These findings give rise to the question: What characterizes Inner peace and Transcendence as separate from Purpose and Meaning in Life and Interdependence with Others? Could it be that Inner Peace and Transcendence are pre-conditions for having Purpose and Meaning in Life and for having Interdependence with Others? Might Inner Peace and Transcendence be a necessary source to develop Meaning and Purpose in Life and to establish meaningful relationships? Or, are they a consequence of scoring high on Interdependence with Others and Purpose and Meaning? Are Inner Peace and Transcendence qualitatively different from Purpose and Meaning in Life and Interdependence with Others?

There might be developmental differences between them with Purpose and Meaning and Interdependence being more basic needs than Inner Peace and Transcendence.

The findings that the LD group scored higher on all of the ISI subscales of Purpose and Meaning in Life, Interdependence with Others, Inner Peace, and Transcendence than the HD group support the notion that spirituality plays a fundamental role in a person's tendency to become distressed. The findings that both Inner Peace and Transcendence are predictors of distress provide further support that spirituality or lack of these inner resources plays a pivotal role in determining whether a couple will become distressed. The qualitative analysis lends further support to the notion that in couple relationships, spirituality is useful to mitigate distress, cope with distress, and to reconcile distress.

### **Object constancy and regulation of affect**

Object Relations Theory postulates that couple distress is related to the partner's lack of object constancy; that is, a good internal object (e.g., a person such as caregiver) to turn to in times of distress to regulate affect and to self-soothe. The theory suggests the child's relationship with the internal object is a fundamental part of the development of self, capacity to form relationships, and to regulate affect. The child strives toward the object to have its relational needs met and to gain perspective and regulate affect. These objects could include a human relationship with a primary caregiver (e.g. mother/father/babysitter) or a transitional object (e.g., a teddy bear). It is through the relationship with these objects that the child incorporates a sense of self and develops the capacity to form healthy human relationships later in life and to regulate affect.

The finding that the HD Group couple scored lower on all ISI subscales suggests that they lack internal resources to turn toward to assist them in regulating affect and managing their

distress. The findings that Inner Peace and Transcendence are predictors of distress indirectly support the concept of object constancy and regulation of affect. The findings suggest that distress may be mitigated by a couple's ability to remain calm in times of distress and rise above distressing events.

The findings of the qualitative study support this notion in that the HD couple does not have a good object, an introject to turn toward when they become distressed in the relationship. As a result, they are unable to remain connected and turn away from the relationship to manage their distress. On the other hand, the LD couple are able to regulate their affect by turning inward to a good object (i.e., he hangs onto the knowledge that her motives are good, she reminds herself of the importance of his needs) and manage their distress such that they are able to turn to each other, communicate their needs, and reconcile their distress.

### **Separation-individuation process**

In the separation-individuation phase, the developmental task is for the child to psychologically separate from the mother, develop a sense of separateness and individuality, and manage the emotional distress through object constancy. In adulthood, successful development or negotiation of the separation-individuation phase would result in a person being able to feel connected in intimate relationships without losing oneself and at the same time, being able to take distance for oneself and still remain connected to one's partner. On the other hand, when one partner has not negotiated the symbiotic phase and craves for intimacy and his/her partner wants to engage in independent and autonomous functioning, the couple may experience a disproportionate amount of stress in their couple relationship. The failure to negotiate either one of the phases or the subphases could result in unmet childhood needs which manifest themselves in unmet couple relational and self needs and ultimately in couple distress.

The findings from the MANOVA suggest that the HD group have difficulty in the areas of taking control, and the expression of affection. The FIRO-B finding of Control is related to Mahler's et al.'s (1975) theory whereas the FIRO-F finding of Affection relates to Kohut's (1971) theory. Mahler et al. would say that a goal in the separation-individuation process is to take control, to take charge of one's life and mastering it (Control). In the HD group, control is an unresolved issue and underlies their distress. From this finding, we cannot infer the dynamic, such as who wants more or less control, or the direction of the need for control between the partners. According to Mahler's theory, for the HD couples, they have not completed the separation-individuation process, are unable to take charge, to take control in relationships. Developmentally, they are closer to the symbiotic stage – dependency – than they are to the individuation stage which characterizes the LD couple. The qualitative research provides an example of this direction in that in the HD couple, the wife's distress is related to her husband's inability to take charge of the relationship and deal with his mother's disrespect toward her. Kohut's theory proposes that the self need to be affirmed for one's lovability (Affection) plays a pivotal role in the development of a healthy and cohesive self. In the absence of these affirmations, a person will have difficulty forming healthy adult relationships in which they experience themselves as lovable.

The findings of the qualitative study suggest that the LD couple has worked out the separation individuation process. They have been able to separate from each other and remain connected to each other. In the HD couple, the partners have not worked this out. The husband is unable to remain connected in times of distress and the wife is unable separate and stand up for herself. They express a desire to work out this process in that they both want to develop ways to assert themselves in relationships.

## **Relationship of Findings to Existing Research**

The empirical research on unmet, self, relational, and spiritual needs underlying distress in couple relationships suggests that there is a strong link between mental health, physical health, and well-being. The findings suggest that HD couples are unable to be autonomous, independent, take their own space and/or control of the other/relationship, and are unable to respond to each other's need to "establish and maintain a satisfactory relation with people with respect to control and power" and a "feeling of mutual affection with others." These findings support the empirical literature and are consistent with White's (1959) notion that competency plays an important role in the development of self-confidence. The findings also support Bandura's (1977) suggestion that self-efficacy, that is, the belief about one's ability to accomplish desired results and Carver and Scheier's (1990) notion that one's belief in their progress toward the completion of a goal is important for psychological health and well-being. The findings also support Sheldon et al.'s (1996) findings that autonomy and competency fulfillment are positively correlated to well-being.

The finding that HD couples' distress is related to their inability to feel lovable and express affection to make others feel lovable, and are unable to respond to each other's need to "establish and maintain a feeling of mutual affection with others" is consistent with Reis and Patrick's (1996) study which found a positive relationship between intimacy, that is, one's feelings of being understood, validated and cared for, and individual and relational psychological functioning. The findings are also consistent with Gottman's (1994a) study on communication in marriage which indicated a positive relationship between feeling validated by one's partner and relationship satisfaction.

The research results which suggest a strong relationship between unmet needs and distress in couple relationships supports Drigotas and Rusbult's (1992) notion of the importance of need fulfillment in romantic relationships and the adverse affect which results when needs are unmet. The findings lend further support for Prager and Buhrmester's (1998) findings that intimacy predicts need fulfillment and need fulfillment predicts psychological well-being.

The findings from the qualitative study that LD couple is able set aside their own needs in order to respond to the needs of their partner, as well as communicate their needs and reconcile their distress, is consistent with Dirby, Baucom, and Peterman's (2005) findings that nature of a partner's response to unmet intimacy needs influences relationship and intimacy need satisfaction.

The results from the MRA which suggest that Inner Peace and Transcendence are strong predictors of distress in couple relationships are consistent with Westgate's (1996) findings of her study with depressed patients. She reported a negative relationship between depression and all four dimensions of spirituality used for her study and conceptualized in her scale including meaning and purpose, inner resources, positive interconnectedness, and transcendence. The findings also support Kay and Raghavan's (2002) concept of transcendence which refers to an individual's ability to find meaning in pain and suffering in order to transform illness-related stress to an opportunity for spiritual development.

The results of the MANOVA that LD group obtained higher scores on all of the ISI subscales including Purpose and Meaning in Life, Interdependence with Others, Inner Peace, and Transcendence than their HD counterparts supports the notion that spirituality is linked to mental health (Centre for International Blood and Marrow Transplant, 2008; Westgate, 1996), and health and well-being (Young et al., 2000; McBride et al., 1998, Gordon et al., 2002; Gall &

Grant, 2005; Rowe & Allen, 2004). The findings are also consistent with Rapaport's (1998) research which suggests that the attainment of positive spiritual meaning assists individuals to cope with stress.

### **Contributions of Research**

This study produced two significant findings. The first finding is that the unmet self need for lovability (Affection), the relational need for individuation (Control) and the spiritual needs of Purpose and Meaning in Life, Interdependence with Others, Inner Peace, and Transcendence are related to couple distress. The second significant finding is that Inner Peace and Transcendence are strong predictors of couple distress.

These findings are useful to understanding the specific nature of distress in couple relationships. Further, the inclusion of these findings in the assessment and treatment of distressed couples are important. The weakness of current couple therapy models is that they do not pay adequate attention to couple's self, relational, and spiritual needs. Mainstream models of couple therapy typically focus on cognitions, behaviors, and affect. As such, there is no known model of couple therapy designed to treat highly distressed couples which operationalizes and conceptualizes self, relational, and spiritual needs in a manner consistent with this research. Such a model would contribute to the field of couple therapy since there is currently no known model that incorporates these aspects.

The uniqueness of this research is its integrated approach to addressing needs in couple relationships and therapy. The development of a model of couple therapy designed to treat distressed couples by including unmet self, relational, and spiritual needs, has both social and academic implications. If effective, the intended model would contribute towards effective

treatment of distressed couples wherein one or both partners are highly distressed and might otherwise not receive adequate treatment.

The findings from this study could potentially lead to the development of a couple therapy model that is inspired by Objects Relations Theory and Self Psychology and literature on spirituality and spiritual needs, and integrates self, relational, and spiritual needs into its approach. The approach would assume that these unmet needs underlie distress in couple relationships. It is in the pursuit of the meeting of these needs that couples become distressed. The role of the therapist would be to assess the maladaptive cyclical patterns in which the partners engage, and identify each partner's unmet needs which are driving these patterns. Treatment would work to assist the couple in the meeting of their respective needs with the overall goal of shifting the maladaptive patterns in a healthy direction which will ultimately reduce the couple's distress.

### **Limitations of the Research**

The findings must be interpreted in light of the limitations of the study. One limitation is the small sample used for this study which is skewed toward the distress side. This study would have benefitted from a wider spectrum of participants who scored in both the HD and LD range on the DAS. A further limitation is the scales used to measure self, relational, and spiritual needs. The scales used to measure self and relational needs were assumed to correspond to but were not direct measures of self and relational needs. The FIRO-B and FIRO-F subscales of Inclusion, Control, and Affection were assumed to correspond to relational and self needs respectively. It may be that these scales may not have accurately or sufficiently measured self and relational needs. In his definitions, Schutz (1966) used similar terms to define the variables with the exception of FIRO-B Control which is measured on a continuum from taking total control in

relationship to taking no control or being controlled (Schutz, 1966). Control is viewed in terms of decision making (Schutz, 1966) and leadership (Griffin, 2013). Schutz's definition of control is complicated and as Griffin points out, allowing others to take control or control you can be viewed as positive in that some partner's don't want to make decisions or lead whereas others do. From this perspective, control or taking charge of decisions and providing leadership in the relationship is similar to the relational need to be autonomous. Allowing others to exercise control without becoming distressed may mean that a partner has worked out the separation-individual phase of development and can allow others to take control without becoming distressed. Therefore, this aspect of Control as defined by FIRO-B can be regarded as a good but indirect measure of autonomy. Further, the formula used to calculate the reciprocal compatibility scores may not have effectively measured the couple's compatibility. It was noted earlier that in spite of Schutz's (1966) suggestion that absolute values be considered, on further observation of the individual and couple reciprocal compatibility scores, it appears that a negative score provides information about the direction of the unmet need (e.g., one partner wants the other partner to take more than he/she expresses). Similarly, the ISI subscales of Purpose and Meaning, Interdependence, Inner Peace, and Transcendence were used to define spiritual needs. This definition of spirituality and its subscales may not be a sufficient measure of spiritual needs.

A further limitation of this study is that it did not take into account external factors such as culture, poverty, life stages etc. which the research suggests is related to distress. For example, when comparing the HD couple to the LD couple, the HD couple left their culture to immigrate to Canada and had a significantly lower income than the LD couple. The study was interested in internal factors (i.e., unmet needs) and therefore neither cultural factors nor levels of income were considered in the analysis and might have contributed to their distress. An interesting

observations however, is that the HD couple reported being upper class yet distressed while living in their culture which might suggest that culture and poverty did not influence their distress. In spite of these limitations, the findings of the study moderately indicate that the unmet self need to feel respected and lovable, the unmet relational need to be autonomous and take control of one's life and relationship is related to distress. Further, the spiritual needs to find purpose and meaning in one's life, to acquire inner peace, to work together as a couple, and to be able to rise above difficulties plays an important role in couple relationships and in terms of mitigating distress.

### **Future Directions**

This study provides a foundation for future studies that examine highly distressed couple relationships from the perspective of unmet needs. Specifically, future studies could be designed to investigate the nature of unmet needs in highly distressed couples in terms of different configurations of needs. Possible research questions might be: What is the relationship between one partner not taking charge of the relationship and the other partner feeling unlovable? How does a couple, where both partner's relational need for control is unmet, differ from a couple where only one partner's need for control is unmet? How does a couple, whose self needs to experience themselves as lovable is unmet, differ from a couple whose relational needs for control are unmet? Future research could also explore how these unmet needs are dynamically played out in the relationship. For example, when one partner does not experience themselves as lovable, how do they manage their distress? How does spirituality mitigate distress in couples whose psychological or emotional needs are not met?

Future research could also investigate these configurations of needs in specific high distress couple configurations. For example, borderline-narcissistic couples, proposed to be one

of the most difficult couples to treat and who often present in therapy as highly distressed (Lachkar, 2004), would be one type of couple configuration that could be investigated to determine the relationship between specific personality types, types of unmet needs, and distress. Highly distressed couples are difficult to treat and mainstream models of couple therapy are inadequate to conceptualize and treat distress at a level of personality organization. Hence, these types of couple tend to “fall between the cracks” or receive inadequate treatment. This research would require the development of effective tools of measurement of needs scales to accurately measure self, relational, and spiritual needs. Tools to measure unmet self, relational, and spiritual needs together with distress scales would be useful for couple therapists to assist in the development of an accurate assessment and effective treatment plan, and in improving prognosis. Couple therapy approaches need to integrate self, relational, and spiritual needs or a model of couple therapy which emphasizes the fundamental role of unmet needs underlying distress may be developed.

Future research may also examine the nature and function of spiritual needs. For instance, can one say that spiritual needs are a means of coping when one becomes distressed, or, do they serve as acquired internal resources which mitigate distress? Finally, future studies could investigate the relationship between empathy and distress in couples as well as how empathy influences the couple’s ability to reconcile their distress.

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## *Appendix A*

### **General Information Sheet**

#### **What are the unmet self, relational and spiritual needs in distressed couple relationships?**

This research is being conducted to explore relationship needs in distressed couple relationships. Relationship needs are characterized as self, relational and spiritual needs which form the basis for a healthy couple relationship. Specifically, I am interested in identifying what are the unmet self, relational and spiritual needs in distressed couple relationships.

Your answers are strictly confidential. Only the principal researcher Shelley Briscoe-Dimock, the Dissertation Supervisor and Committee Chair Dr. Martin Rovers and a research assistant will have access to the questionnaire and interview material. You are encouraged to be completely honest as this will provide the most accurate results.

You have the right not to fill out this questionnaire. Please be advised that filling out this questionnaire implies consent to having your responses used anonymously for educational and research purposes only. In the final report, no identifying information will be used.

The questionnaire will take approximately thirty minutes to complete. As the questions are personal and sensitive in nature, I would appreciate that you answer the questions as honestly and accurately as possible and that you refrain from discussing the questionnaire with others until completed.

Upon completion of your individual questionnaire, please insert it into the self-addressed and pre-stamped envelope included.

Thank you for your participation.

Sincerely,

Shelley Briscoe- Dimock, M.A., Ph.D. (Cand.)  
Faculty of Human Sciences  
Saint Paul University, Ottawa, ON

## *Appendix B*

### **Consent Form**

#### **Purpose of the Study**

The purpose of this study is to explore relationship needs in distressed couple relationships. For this study, relationship needs are characterized as self, relational and spiritual needs which form the basis for a healthy relationship.

#### **Research Questionnaire**

Corresponding to the stated purpose of the research, the questionnaire is designed to assess unmet self, relational and spiritual needs as well distress in the couple relationship.

#### **Study Procedures**

A questionnaire package will be given to heterosexual couples both in therapy and not in therapy. Couples must be living together in a committed relationship for at least five years.

Each individual partner is asked to complete the paper and pencil questionnaire separately and return them separately in one of the two pre-addressed stamped envelopes included. The questionnaire package takes approximately thirty minutes to complete.

Voluntary individual interviews with each partner will be conducted following the completion of the questionnaire. If you and your partner are agreeable to an individual interview with the principal researcher, please write your name and phone number at the bottom of your questionnaire. If you do not wish to be interviewed, please do not complete this section to ensure your anonymity. Interviews will be audio-taped, transcribed by the principal researcher and verified by a research assistant and stored for ten year period.

Participation in this research is voluntary. You may choose not to participate in this research, to abstain from answering specific questions or to withdraw from the research at any time without reason.

#### **Confidentiality**

All of the information provided is confidential. Individual participant's information is confidential and will not be shared with partners. Only the principal researcher Shelley Briscoe-Dimock, the Dissertation Supervisor and Committee Chair Dr. Martin Rovers and a research assistant will have access to the questionnaire and interview material.

Results of the study will be used for educational and research purposes by the principal researcher. Results will be reported to ensure the confidentiality of all participants. No identifying information will appear in any reports about this study, published or otherwise. In such reports, individuals will be identified by numerical codes.

Questionnaires, consent forms, interview audio-tapes and transcripts will be stored in a secure and locked area according to research ethical guidelines for a period of ten years upon completion of the study, and then destroyed. Interview audio-tapes will be transcribed by the principal researcher.

**Possible Risks**

The research questionnaire and interview addresses personal issues which may cause minimal emotional discomfort. If you experience any discomfort or have any questions about this study, you may contact the principal researcher or Dissertation Supervisor/Committee Chair.

**Shelley Briscoe-Dimock, Ph.D. Candidate**  
**Principal Researcher**  
**Faculty of Human Sciences**  
**Saint Paul University**  
**613-786-9989**

**Martin Rovers, Ph.D.**  
**Dissertation Advisor**  
**Committee Chair**  
**Faculty of Human Sciences**  
**Saint Paul University**  
**613-236-1393x2301**

If you have any questions or comments concerning the ethics and procedures of the study, you may contact the principal researcher or Dissertation Supervisor/Committee Chair mentioned above or:

**Ming Zhang**  
**Director of Research Services**  
**Saint Paul University**  
**223 Main Street**  
**Ottawa, ON**  
**K1S 1C4**  
**236-1393x2312**

**Raymond Jahae, O.M.I..**  
**Chairman**  
**Research Ethics Board**  
**Saint Paul University**  
**223 Main Street**  
**Ottawa, ON**  
**K1S 1C4**  
**613-236-1393x2452**

**Consent**

I have read this Consent Form and have had an opportunity to ask the researcher any questions I have about this study. My questions and/or concerns have been answered to my satisfaction and I agree to participate in this study. I understand that I may choose to withdraw from the study at any time. By signing this consent, I voluntarily agree to a follow up individual interview with the principal researcher.

A copy of this Consent Form will be provided to me should I want to review the information at a later date, make contact regarding the study or my participation in the study, or for my personal records.

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Researcher's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## *Appendix C*

### **Semi-Structured Individual Interview Protocol and Interview Questions**

#### **Introduction**

The focus of my research is on needs in couple relationships. Specifically, I am interested in identifying unmet needs in distressed couples' relationships. I am going to be you a series of questions to understand how you experience distress, how you react to distress and how you deal with distress.

All information provided on the questionnaire and from the interview is confidential. I will be asking you both a series of the same questions but the interview is not limited to these questions. Please feel free to elaborate on anything or let me know if you feel that something is important for me to better understand your experience. If you have any questions, please feel free to ask me questions at anytime or to refrain from answering the questions if you do not feel comfortable.

#### **Interview Questions**

1. How do you experience distress in your personal life?
2. How does personal distress affect you?
3. What sorts of things cause you to become distressed in your personal life?
4. How do you deal with personal distress?
5. What or who do you turn to for comfort when you are personally distressed?
6. Can you tell me about your most distressing personal event?
7. What was the cause of that personal distress?
8. How did you manage your personal distress?
9. Within your personal life, if you could change one thing about yourself when you feel distressed, what would it be?
10. To reduce your personal distress in general, what is needed?
11. How does your unmet personal needs play a role in your distress?
12. How does your spirituality play a role in how you deal with distress?
13. How do you experience distress in your relationship?
14. How does relationship stress affect you?
15. What sorts of things cause you to become distressed in your relationship?

16. How do you deal with distress in your relationship?
17. What or who do you turn to for comfort when you are distressed in your relationship?
18. Can you tell me about the most distressing event in your relationship?
19. What was the cause of the distress?
20. How did you manage your distress?
21. In your relationship, if you could change one thing about your partner, what would it be?
22. In your relationship, if you could change one thing about yourself what would it be?
23. To reduce your relationship distress in general, what is needed?
24. How does your spirituality play a role in how you deal with distress as a couple?