

Fostering New Relational Experience: Clinical Process in Couple Psychotherapy

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One of the most critical goals for couple psychotherapy is to foster a new relational experience in the session where the couple feels safe enough to reveal more vulnerable emotions and to explore their defensive withdrawal, aggressive attacking, or blaming. The lived intimate experience in the session offers the couple an opportunity to gain integrative insight into their feelings, expectations, and behaviors that ultimately hinder intimacy. The clinical processes that are necessary include empathizing with the couple and facilitating safety within the session, looking for opportunities to explore emotions, ruptures, and unconscious motivations that maintain distance in the relationship, and creating a new relational experience in the session that has the potential to engender integrative insight. These clinical processes will be presented with empirical support. Experts from a session will be used to highlight how these processes influence the couple and promote increased intimacy.¹

Keywords: couples, marital therapy, psychotherapy process, empathy

As a psychodynamic clinician, there are a few empirically supported clinical objectives that I hold in mind in each and every session. My overall goal is to re-create a new relational experience in the session where the couple feels safe enough to reveal more vulnerable emotions and to explore their defensive withdrawal, aggressive attacking, or blaming. This new relational experience offers the couple an opportunity to gain insight into their implicit feelings, expectations, and behaviors that hinder intimacy. The most important things I try to do in each session are (1) empathize with the couple and facilitate safety within the session, (2) look for opportunities to explore emotions, ruptures, and unconscious motivations that maintain distance, and (3) create a new relational experience in the session that has the potential to engender integrative insight and emotional closeness.

Empathic Attunement: Theory, Research, and Couple Psychotherapy

Psychoanalytic/dynamic couple therapists (Bagnini, 2012; Clulow, 2001; Livingston, 1995; McCormack, 2000; Scharff & Scharff, 1991; Zinner, 2008) and nondynamic couple therapists and researchers (Gottman, 1993; Johnson & Greenberg, 1985) emphasize the necessity for the couple therapist to facilitate each partner's ability to begin to move toward one another. The therapist provides the environment needed for couples to begin the process of uncovering the complex interpersonal and intrapersonal struggles that hinder closeness.

McCormack (2000) argues that the affect-regulating function that couple therapists perform, similar to the early attachment figure, is the primary task of the therapist and provides this safety. The therapist creates the environment where both partners can feel their feelings, think their thoughts, and have the experience of being understood. This experience of feeling understood fosters the regulation of difficult emotions, encourages risk taking and trust, allows each partner to explore his or her own personal struggles that hinder intimacy, and allows for the necessary repair of relationship ruptures. It is not surprising that the emphasis on empathy underlies many diverse approaches to couple psychotherapy, including Object Relational perspectives (Bagnini, 2012; Scharff & Scharff, 1991; McCormack, 2000; Siegel, 1992), Self-Psychological approaches (Leone, 2008; Livingston, 1995; Solomon, 1985), Attachment-Focused treatment (Johnson & Whiffen, 2005), Behavioral approaches (Jacobson & Margolin, 1979), and Cognitive Behavioral treatment (Patterson, 2005).

In addition to theory, empirical research has demonstrated that empathy is a critical component of effective psychotherapy (Elliott, Bohart, Watson, & Greenberg, 2011), is strongly related to satisfaction with romantic partners (Cramer & Jowett, 2010), and that the manner in which a partner responds unempathically relates to increases in the tension in the relationship and the escalation of conflict (Carrère, Buehlman, Gottman, Coan, & Ruckstuhl, 2000). A recent study found that it is not only the accuracy of empathy that relates to satisfaction and conflict resolution, but it is also the partner's perception of empathic effort (Cohen, Shulz, Weiss, & Waldinger, 2012). These researchers found that empathic effort by one partner was more related to both partner's relationship satisfaction compared with the rating of the empathic accuracy of the response. In essence, the perception that the partner is trying to

This article was published Online First September 23, 2013.

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¹ Clinical material used was based on real couples, but it was significantly altered to protect confidentiality.

genuinely understand his or her experience is more important than how well the individual is able to actually do this. The therapist must take the lead in couples work to facilitate this empathic effort made by each partner.

Clinical Example of Empathy in Couples

John and Mary walk into my office and joke about the car ride over. Within a few minutes, Mary starts to describe how she and John visited her mother to help her pack up and leave the home that she grew up in. Her mother was forced to leave the home owing to financial debt. As she is talking, she starts to tear up and then suddenly attacks John. He interrupts and says that he was trying to help, but she quickly shuts him down.

M: You are just so unbelievably selfish. Admit it. You don't hear me at all. All you want is to try and take things from my house so you can have them. That is just how you are. You just care about yourself. She starts to tear up, stops herself, and then stares at me.

T: Mary, you are furious about this weekend and John, you must be feeling completely misunderstood. (I leaned into my space with Mary) Mary, I know that when you get so angry at John it is often because you feel very hurt and needed him in some way.

M: We had to decide what we were going to take and my mom was getting upset. I was there trying to be there for her . . . that is when John keeps bringing things to us to see if we should take them . . . like the hardware in the kitchen (said with sarcasm) . . . he has no idea . . . he . . .

T—(I interrupt her shift to John) I apologize for interrupting Mary, but before you shifted to John, you were saying something really important about what was going on for you . . . (I am looking directly into her eyes) . . . It sounds like it was very difficult being there for your mother and sorting through everything. I can only imagine walking through the home one grew up in and having to say goodbye. All of the memories and things from growing up. You really needed John to understand. (Rather than focusing on her defensive blaming of John, I interrupted Mary and focused on her needs and her disappointment, which are harder for her to express. My intention was to empathize with her underlying sadness and needs rather than her defensive blaming of John.)

M—At first, I was helping my mother . . . and then I had to decide what to take and what to throw away for myself . . . There was no room to take it all. I had to decide . . . I went through my stuff from high school and realized . . . I have no place for all of the things, and I wanted to keep them. I can't take this home with me but I do not want to throw it out. This was the place that had all of my things. This was my bedroom where everything was. How can I throw this all out? (Tears filled her eyes, but John is looking down and looking very blank.)

Rather than getting caught in blaming John, I notice how the blame is preceded by her tear and recognize that under Mary's rage is sadness and longing. I also notice how John is attacked repeatedly and is not able to respond, preventing him from comforting her or understanding his reaction. I attempt to empathize with both of their different experiences in the room and aim to help Mary stay with her more vulnerable feelings of loss. Although I initially empathize with Mary's anger and John's experience of being misunderstood, I am also aware that there are underlying complex issues that reside beneath the

manifest content of the argument they present with (Bagnini, 2012; Zinner, 2008).

Exploring Beneath the Surface to Facilitate Intimacy

Empathy requires an intense immersion in the couple's experience, including experiences and feelings that may be currently out of awareness (Bagnini, 2012). It is all too easy to take on the role of referee determining whose version of reality is correct while missing the underlying struggle both members of the couple share (Bagnini, 2012; Zinner, 2008). Wallin (2007) states,

"Expressively empathizing with the patient's subjective experience can also be helpful, but only so long as our empathy is not confined to the patient's manifest feelings, but extends to emotions the patient may as yet be unable to feel or express. This caveat is especially significant when the feelings expressed (say anger or hostility) cover other feelings (of dependence or vulnerability, say) whose expression seems more problematic, but is potentially more adaptive." (p. 334).

To avoid empathizing only with the couple's subjective experience, it is important for the couple therapist to imagine and explore the underlying emotional experience of the couple (Bagnini, 2012; Zinner, 2008) or underlying vulnerability (Johnson & Whiffen, 1999; Zinner, 2008). Rather than remaining focused on the manifest content of the session, the couple therapist listens for the more vulnerable struggles that are being defended against such as fears of intimacy or engulfment or struggles with grief and loss (Scharff & Scharff, 1991). According to Zinner (2008), the couple therapist looks for the triggers of the conflict to understand the underlying issues within each partner that are being acted out in the relationship through projective identification. He states that the therapist helps shift each partner from blaming the other to exploring the internal struggle within each partner, and this internalization of conflict increases the capacity for empathy and compassion for one another.

Johnson (2000) similarly argues that the couple therapist looks for intense conflicts in the session because the emotional intensity of the couple's interactions often indicates significant ruptures that are most likely related to deeper more meaningful attachment injuries. These theoretical approaches all emphasize the importance of the couple therapist interpreting more defensive conflict cycles and exploring the more vulnerable emotions that lie beneath the surface to create less defensive and empathic patterns of relating. According to Johnson and Whiffen (2005) exposing the "softer" emotions in the session often engenders more empathy and openness compared with the defensive anger or withdrawal.

Empirical research supports couple treatment that helps couples de-escalate conflict that occurs in the absence of empathy and compassion and treatments that help partners reveal more vulnerable emotions and experiences that have the potential to create new relational experiences (Greenberg, Ford, Alden, & Johnson, 1993; Greenberg & Johnson, 1988). Specifically, studies have shown that Emotion-Focused Couple Psychotherapy (emphasizing interventions that address vulnerable emotions) facilitates more change compared with Behavioral Couple Psychotherapy (emphasizing

interventions that mainly target behavioral changes) (Johnson & Greenberg, 1985).

Mitchell et al. (2008) found that disclosure and empathic responding predicted intimate feelings in couples, indicating that therapists need to create the environment in the session where partners feel safe enough to disclose and to feel understood. Repeating hostile, aggressive, and neglectful patterns in the relationship during therapy session only continues to foster escalation during conflict (Gottman, 1993; Greenberg & Johnson, 1988). It is critical that the therapist look below the manifest content, interrupt defensive cycles, and aim to facilitate new relational experiences in the session.

Clinical Example of Exploring Beneath the Surface

Contd from prior excerpt

T—Mary, I can see it in your face that it was really terrible to leave things behind and be forced to say goodbye. Saying goodbye pulls so many different things . . . many different feelings, experiences, and thoughts . . . John, I noticed you looking down as Mary was talking and wonder what was going on inside of you?

J: Silence . . . Nothing. Just listening . . .

T—I appreciate you hanging in there and know that this process is not easy, you did not have a chance to respond, but I recall you saying earlier that during this time . . . you wanted to do something?

J—I did want to do something . . . and decided to take something from the house. I thought . . . The hardware since it would be easy to take.

T—You wanted to do something . . . take something . . . what were feeling or thinking that led you to want to do that?

J—I just wanted to do something . . . and I saw Mary with her mother . . . I thought that if I helped them take something from the house, it would be better . . . It made sense to me.

T—It would be better?

J—I could see that Mary and her mother were so upset, and it was not fair that they had to give up the house just because of the financial problems. I thought that having something would make them feel better. Maybe taking something would help them . . . they would have it and could keep it in her new place. When she looked at it, she could have part of the house with her.

T—I see. You wanted to take something to make them feel less of a loss, especially since it was so unfair, . . . and you were feeling angry for them . . . taking something might help alleviate the anger and sadness?

J—I guess . . . I was angry since they were forced to leave and they could not take everything. . . . I was not being selfish and trying to take things for myself . . . I did think it might help them. (As he is talking, Mary starts to move on the couch and is now facing him. Her posture is leaning in toward him and her body language is more open. He starts to look at her.)

M—To John, you know it reminds me . . . when I first met your family, they were so proud of this tapestry they had in the living room. You remember? (She turns to me) . . . It was from their home . . . it is the only thing they have from their home when they left their country and was one of the first things they showed me when I met them. They were so proud of it.

J—(Smiles briefly for the first time in the session . . .) yes, it is the only thing we have from our home. It is very special because

it was in the living room in our house. We do not have anything else. It was all my father could take, or carry I should say, when he left.

T—No wonder taking something is so important to you . . . you still have something from your home. Something Mary remembered in here and something your family still has. What was it like when you said goodbye to your home? (I was unaware of the details of history of his leaving his Country as a child).

J—long silence . . . I never said goodbye.

M—You had to leave quickly, right? (Looking at him with more curiosity and very engaged)

J—I never knew we were leaving for good. I was told that my younger sister, my mother, and I would be visiting family in the US and that we would be back in a few weeks. My father was not going so that he could do work. I thought we were going on a vacation. I only packed for a few weeks. (Although John speaks without much emotion, the feeling of loss is palpable in the room. Unlike the escalating anger-withdrawal interaction between them, both are more vulnerable and engaged with one another.)

T—so, you never knew you were leaving . . . When did you realize?

J—Well, I eventually figured it out. No one really said anything ever.

M—How did you figure it out?

J—John shrugs his shoulders. I do remember getting off the plane when we got to the US. We were walking and I realized that my mother was not behind me. I turned around and saw her drop her bags she just stood there still and dropped them. Then she grabbed her face and started sobbing. She sat down right there and cried. I ran to her and thought someone had stolen her purse . . . but she said no, no . . . and kept crying. Her hands were covering her face.

M—how awful. I did not know that . . . as soon as you get off the plane she starts sobbing?

New Relational Experiences: Facilitating Integrative Insight

Marion Solomon (1985) argues that the couple therapist facilitates change by creating a safe environment in therapy that is different from what exists currently in the couple and what existed in each of the partner's family of origin. The couple therapist, unlike the partners or the primary caregivers, facilitates a secure base within the couple (Johnson & Whiffen, 2005; Livingston, 1995; Solomon, 1985) where underlying resentment, fears, losses, and vulnerabilities can be explored (Johnson & Greenberg, 1985; Snyder, 2002). In a sense, the couple therapist encourages a more intimate interaction where less defensive affect is expressed and empathy is used to facilitate the longed for sense of being understood and cared for. The therapist's empathy, curiosity, openness, and ability to encourage multiple realities in the session facilitate this new experience and the movement away from defensiveness and projection of badness or unwanted parts of the self onto the other (Scharff & Scharff, 1991; Zinner, 2008). When the couple is able to share a new, more intimate, experience, it is important for the therapist to explore what that felt like and what facilitated the different exchange.

The new lived relational experience in the session fosters what is called integrative insight (Gelso & Harbin, 2007). Gelso

and Harbin (2007) describe two different kinds of insight that are critical to change in psychotherapy. Intellectual insight, the cognitive process that links experiences logically (i.e., When I lash out and humiliate you, I realize that it stems from my own feelings of inadequacy), and emotional insight, which involves affect and links intellectual experience with feelings that may be out of awareness (i.e., I initially express anger and blame at you and when it is explored, painful feelings of my own loss are experienced. Through the lived emotional experience, I learn that these feelings exist within me, are tolerable, and you reach out to me when they are expressed). Gelso and Harbin (2007) suggest that both interact and are critical to change. They argue that “when patients experience integrative insight, they are able to grasp cognitively the causes of their conflicts and problems simultaneously experience feelings that had not been previously been in awareness and attached to cognitive understanding” (p. 296).

In couples therapy, each partner may learn what inhibits intimacy personally and how each may project intentions and motivation onto the other (Mary’s intellectual insight when she realizes she projects selfishness onto John and that it stems from her relationship with her father), and each may discover feelings or needs that had been disavowed when experiencing them for the first time in the session (John’s emotional insight as he experiences his own grief and loss that had been out of awareness). Almost all couple therapies focus on developing insight into oneself and the couple (Snyder, 2002). Object relational couple therapists focus on developing insight into internal objects and what is projected onto the other (Bagnini, 2012; Scharff & Scharff, 1991); emotion-focused couple therapists focus on developing insight into attachment-based reactions that hinder intimacy (Johnson & Whiffen, 2005), whereas cognitive-behavioral couple therapists focus on developing insight into automatic schematic processes and attributions based on past relational experiences (Patterson, 2005).

Snyder, Wills, and Grady-Fletcher (1991) compared the effectiveness of behavioral couple therapy with insight-oriented marital therapy and found that there was no significant difference between the two treatments at termination and 6-month posttreatment; however, they found that at 4-year follow-up, a higher percentage of couples who received behavioral therapy had divorced compared with those receiving the insight-oriented treatment. The authors hypothesized that insight-oriented treatment emphasized the exploration of underlying dynamics, developmental issues, and unconscious feelings and beliefs and that linking them to marital difficulties was critical to treatment outcome.

To explore what promotes change in emotionally focused couple psychotherapy, Greenberg et al. (1993) studied change processes and found that couples focusing inward on their internal experience and integrating new meanings to their emotional reactions led to more intimate interpersonal interactions and resolution of conflict compared with blaming. Bradley and Furrow (2004) found that therapist interventions that promoted more vulnerable underlying emotions intensified the couple’s emotional experience, facilitated insight, and changed attachment-related interactions.

Clinical Example of Integrative Insight

J—I started to panic and wondered what I could do to make her feel better. My sister was there and we were standing there by ourselves. I didn’t know what to do. It felt like a long time. I started to wonder if I had done something to make her cry. I could not figure out what I could have done to upset her like this . . . I didn’t know what to do. I just stood there . . . waiting . . . eventually she stopped, picked up the bags, and we left. We never talked about it again. I eventually figured out why she was crying and that we were never going back home. It was not a vacation. We were forced to leave. (Mary reaches out to hold John’s hand).

T—Mary, you just reached out to hold John’s hand. Can you tell John what is it like to hear him talk about this painful experience?

M—I am sad. I never heard this story before. It never occurred to me that John (I motion for her to tell John) that you also experienced being forced to leave your home. That taking something was what your family had done. (Mary is now beginning to link John’s experience of loss with her experience last week, demonstrating more cognitive insight into his motivations. John looks sad and looks away).

T—John, you looked away as Mary said she felt sad.

J—I never thought about being sad. It was a really nice home we had . . . it was huge and I had my very own bedroom. I had all my toys and things. Can you believe that I never knew I would never see that room again. I never got to take what I wanted . . . like what Mary and her mother got to do last weekend. (John also becomes more emotional and more aware of painful feelings that he was not aware of instilling emotional insight).

Later in the session:

T—Mary you seem to be really touched by John’s experience . . . Very different than when you came into the session.

M—I do feel differently now. I can see that John cares, I just feel like when I start thinking about last weekend, I get so angry, sometimes it feels as though nothing gets through to John. It feels as though he is not listening to me at all. Then I think, it must be that he just doesn’t care. That is when it hits me, and I lose it. All I see is this selfish, self-absorbed, person I married.

T—“It hits you and you lose it.” What “hits you?”

M—Silence. I don’t know . . . (pauses) . . . I guess that I married someone like my dad (tears up).

T—and that is very painful for you

M—Yes (crying). There is no way I will be in that position again. I saw how my mother dealt with him until he passed away. She tolerated it, and I was the one who stood up to him. I fought back all my life. I just can’t live the rest of my life like that. (Mary is moving toward having more integrative insight into her own projections of her father onto John by first experiencing her sadness of being in the same situation she found herself in as a child and later linking this to why she may become so angry and attacking of John. John is gaining cognitive insight as well into Mary’s anger at him and why she protects herself from being close to him).

Discussion

The sense of safety that emerges when the therapist is able to empathize with the couple reduces the defensiveness and fosters the reflection of underlying feelings and experiences. When the

couple feels emotionally regulated, they can move into a more reflective mode (Elliott et al., 2011). The lived experience of being more intimate, the experience of bypassing defensive anger or avoidance, fosters the beginning of integrative insight in the session.

After the therapist interrupts the early defensive responses (Mary attacking and John withdrawing), Mary and John are able to engage with one another in a different way. Their increased vulnerability leads to greater emotional intimacy and the ability for both of them to be more curious about the conflict that often ensues between them. Mary is able to see for herself that John is not just “selfish.” Feeling less alone and less threatened, she is able to start to understand her own part in the conflict between them and become curious about her polarized view of John that emerges when he disappoints her. It becomes apparent that she often projects her father’s selfishness and malevolent intentions onto John. The couple therapy helps Mary start to explore her own struggles with intimacy and her desire, much like John’s, to be independent, self-sufficient, and strong.

John also opens up about his traumatic history, which reveals a much more complex struggle. His withdrawal, desire to fix things, and emotional avoidance are a result of his childhood where he coped with painful feelings on his own. During the session, he is able to experience some of the sadness that he had disavowed. Later in the treatment, he is also able to see how his withdrawal triggers Mary’s feelings of abandonment. Their shared stoicism and outward expression of self-sufficiency help them both avoid vulnerability, but it also masks their underlying longings and hinders their ability to be intimate with one another.

Although Mary and John came to the session defensive, they are able to reveal their more vulnerable feelings with the help of the therapist. Both Mary and John are able to experience each other differently in the session, and the new experience allows them to later reflect on what inhibits intimacy between them. Although the process of change was slow and both frequently moved back to a safe distance where conflict reigned, over time, they were able to sustain more intimacy and were able to achieve more insight into their own personal issues with vulnerability. They were able to see one another as more complex and less polarized, feel safer and more trust in the relationship, and repair ruptures in the relationship with more compassion and empathy toward one another.

These change processes in couple psychotherapy that have been described are powerful and in need of further empirical research. Understanding what processes facilitate change for different couples is critical to moving the field forward (Snyder, Castellani, & Whisman, 2006).

References

- Bagnini, C. (2012). *Keeping couples in treatment: Working from surface to depth*. Lanham, MD: Jason Aronson, Incorporated.
- Bradley, B., & Furrow, J. L. (2004). Toward a minitheory of the blamer softening event: Tracking the moment-by-moment process. *Journal of Marital and Family Therapy*, 30, 233–246. doi:10.1111/j.1752-0606.2004.tb01236.x
- Carrère, S., Buehlman, K. T., Gottman, J. M., Coan, J. A., & Ruckstuhl, L. (2000). Predicting marital stability and divorce in newlywed couples. *Journal of Family Psychology*, 14, 42–58. doi:10.1037/0893-3200.14.1.42
- Clulow, C. (2000). *Adult attachment and couple psychotherapy*. London: Brunner-Routledge.
- Cohen, S., Schulz, M. S., Weiss, E., & Waldinger, R. J. (2012). Eye of the beholder: The individual and dyadic contributions of empathic accuracy and perceived empathic effort to relationship satisfaction. *Journal of Family Psychology*, 26, 236–245. doi:10.1037/a0027488
- Cramer, D., & Jowett, S. (2010). Perceived empathy, accurate empathy and relationship satisfaction in heterosexual couples. *Journal of Social and Personal Relationships*, 27, 327–349. doi:10.1177/0265407509348384
- Elliott, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. *Psychotherapy*, 48, 43–49. doi:10.1037/a0022187
- Gottman, J. M. (1993). The roles of conflict engagement, escalation, and avoidance in marital interaction: A longitudinal view of five types of couples. *Journal of Consulting and Clinical Psychology*, 61, 6–15. doi:10.1037/0022-006X.61.1.6
- Greenberg, L. S., Ford, C. L., Alden, L. S., & Johnson, S. M. (1993). In-session change in emotionally focused therapy. *Journal of Consulting and Clinical Psychology*, 61, 78–84. doi:10.1037/0022-006X.61.1.78
- Greenberg, L. S., & Johnson, S. M. (1988). *Emotionally focused couples therapy*. New York: Guilford Press.
- Jacobson, N. S., & Margolin, G. (1979). *Marital therapy: Strategies based on social learning and behavior exchange principles*. New York: Brunner/Mazel.
- Johnson, S. (2000). Emotionally focused couples therapy. *Comparative Treatments for Relationship Dysfunction*, 163–185.
- Johnson, S. M., & Greenberg, L. S. (1985). Differential effects of experiential and problem-solving interventions in resolving marital conflict. *Journal of Consulting and Clinical Psychology*, 53, 175–184. doi:10.1037/0022-006X.53.2.175
- Johnson, S. M., & Greenberg, L. S. (2007). Emotionally focused couple therapy: An outcome study. *Journal of Marital and Family Therapy*, 11, 313–317. doi:10.1111/j.1752-0606.1985.tb00624.x
- Johnson, S. M., & Whiffen, V. (1999). Made to measure: Attachment styles in couples therapy. *Clinical Psychology: Science & Practice, Special Edition on Individual Differences and Couples Therapy*, 6, 366–381.
- Johnson, S. M., & Whiffen, V. E. (Eds.) (2005). *Attachment processes in couple and family therapy*. Guilford Press.
- Gelso, C. J., & Harbin, J. (2007). Insight, action, and the therapeutic relationship. In L. Castonguay & C. Hill (Eds.), *Insight in psychotherapy*. Washington, DC: American Psychological Association.
- Leone, C. (2008). Couple therapy from the perspective of self psychology and intersubjectivity theory. *Psychoanalytic Psychology*, 25, 79. doi:10.1037/0736-9735.25.1.79
- Livingston, M. S. (1995). A self psychologist in couplesland: A multisubjective approach to transference and counter transference-like phenomena in marital relationships. *Family Process*, 34, 427–439. doi:10.1111/j.1545-5300.1995.00427.x
- McCormack, C. C. (2000). *Treating borderline states in marriage: Dealing with oppositionalism, ruthless aggression, and severe resistance*. Northvale, NJ/London: Jason Aronson.
- Mitchell, A. E., Castellani, A. M., Herrington, R. L., Joseph, J. I., Doss, B. D., & Snyder, D. K. (2008). Predictors of intimacy in couples’ discussions of relationship injuries: An observational study. *Journal of Family Psychology*, 22, 21–29. doi:10.1037/0893-3200.22.1.21
- Patterson, T. (2005). Cognitive behavioral couple therapy. *Handbook of Couples Therapy*, 119–140.
- Scharff, D. E., & Scharff, J. S. (1991). *Object relations couples therapy*. New York: Jason Aronson.
- Siegel, J. P. (1992). *Repairing intimacy: An object relations approach to couples therapy*. Lanham, MD: Jason Aronson.
- Snyder, D. K. (2002). Integrating insight-oriented techniques into couple

- therapy. In J. H. Harvey & A. E. Wenzel (Eds.), *A clinician's guide to maintaining and enhancing close relationships* (pp. 259–275). Mahwah, NJ: Erlbaum.
- Snyder, D. K., Castellani, A. M., & Whisman, M. A. (2006). Current status and future directions in couple therapy. *Annual Review of Psychology*, 57, 317–344. doi:10.1146/annurev.psych.56.091103.070154
- Snyder, D. K., Wills, R. M., & Grady-Fletcher, A. (1991). Long-term effectiveness of behavioral versus insight-oriented marital therapy: A 4-year follow-up study. *Journal of Consulting and Clinical Psychology*, 59, 138–141. doi:10.1037/0022-006X.59.1.138
- Solomon, M. (1985). Treatment of narcissistic and borderline disorders in marital therapy: Suggestions toward an enhanced therapeutic approach. *Clinical Social Work Journal*, 13, 141–156. doi:10.1007/BF00755479
- Wallin, D. J. (2007). *Attachment in psychotherapy*. New York: Guilford Press.
- Zinner, J. (2008). Psychodynamic couple psychotherapy: An object relational approach. In G. Gabbard (Ed.), *Textbook of psychotherapeutic treatments* (pp. 581–601), Washington, DC: American Psychiatric Publishing, Inc.

Received January 31, 2013

Accepted February 1, 2013 ■

Call for Papers: Comments on Clinical Supervision Processes

Psychotherapy seeks contributions from practicing psychotherapists on aspects of 'Clinical Supervision Processes'. Clinical supervision processes are driven by theory, clinical experiences, and best available research and practices. These supervisory behaviors or techniques challenge trainees to develop sound clinical judgment, new skills, or ways to conceptualize clients and the process of psychotherapy. They may be things that the supervisor says or does regularly in almost every supervision session, or just occasionally when specific topics are mentioned or events occur. Another way to frame the focus of these papers would be to answer the question: What specific things do you do during a supervisory session that you believe help your trainees learn the knowledge, skills, and awareness to be an effective and competent psychotherapist?

Manuscripts should describe 2–3 such supervisory actions that you believe are important for a useful supervisory session. For each supervisory action included, the author needs to provide information on each of the following areas: a) the theoretical basis for this action and describe how students are expected to gain new knowledge, skills, or/and awareness, b) 2–3 verbatim supervisory exchanges clearly demonstrating this action, and c) any supervisory or research that supports the use of this action. These contributions are to be organized in a series of focused brief comments, 10 to 15 pages maximum (all-inclusive). Each supervisory action described should be only 2–3 pages in length, with each of the 3 content areas outlined above (i.e. a, b and c) being only a few paragraphs.

We are interested in submissions from the widest range of practice orientations, as well as integrative perspectives. Manuscripts submitted must have a very clear statement on the implications for supervision and psychotherapy. As such, papers would need to have very clear and accessible implications for supervisors in applied clinical practice. The suggestions may also be helpful in generating research ideas in the future.

In addition, consistent with the ethical guidelines of the Journal, if clinical case material is reported authors are required to state in writing which criteria they have used to comply with the APA ethics code (i.e. specific informed consent, de-identification or disguise), and if de-identification or disguise is used how and where it has been applied.

Manuscripts can be submitted through the Journal's electronic portal, under the Instructions to Authors at: <http://www.apa.org/pubs/journals/pst/0>. Please note in your cover letter that you are submitting for this special issue. Deadline for submitting manuscripts in this special issue is **April 1, 2014**. Any inquiries or questions regarding topic or scope for the special issue can be sent to the Associate Editor Jesse Owen, PhD., at jesse.owen@louisville.edu