

Improving dyadic coping in marital distress prevention programs and marital therapy

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Introduction

Traditionally, behavioral marital therapy and behaviorally oriented marital distress prevention programs have been inspired by empirical research that draws from social learning theories (e.g., Jacobson & Margolin, 1979; Stuart, 1969; Weiss, Hops, & Patterson, 1973). Based on this theoretical background, methods such as behavior exchange techniques (e.g., Lederer & Jackson, 1972; Stuart, 1969; Weiss, Birchler & Vincent, 1974), communication training (e.g., Gottman, Notarius, Gonso & Markman, 1976) and problem-solving training (e.g., Jacobson, 1979) were developed. These techniques of behavior therapy with couples demonstrated high efficacy and have become some of the classic elements of behavioral marital therapy all over the world (see Garfield & Bergin, 1986; Halford & Markman, 1997). These techniques are also among some of the basic elements of marital distress prevention programs such as *Prevention Relationship Enhancement Training* (PREP) (e.g., Markman, Renick, Floyd, Stanley, & Clements, 1993). In the last years, the couples therapy and marital distress prevention programs based on behavioral approaches have been evolving and have been the subject of ongoing research (see overview by Jakubowski, Milne, Brunner, & Miller, 2004). The resulting empirical findings have now opened the way for several new intervention strategies or methods, especially in the last fifteen years. Among these new methods, cognitive techniques are among the most prominent developments in the context of marital therapy (e.g., Baucom & Epstein, 1990; Baucom, Sayers & Sher, 1990; Epstein, Baucom & Daiuto, 1997; Emmelkamp et al., 1988; Halford, Sanders und Behrens, 1993). In the 90ies, additional intervention elements were proposed such as acceptance work (Jacobson, 1992; Jacobson & Christensen, 1996) and coping-based interventions that also were proposed for marital distress prevention programs such as the *Couples Coping Enhancement Training* (CCET; Bodenmann, 1997; Bodenmann & Shantinath, 2004).

While behavior therapy has been effective for couples, (e.g. with a mean effect size of $d = .95$ e.g., Dunn & Schwebel, 1995; Hahlweg & Markman, 1988; Jacobson et al., 1984; Jacobson & Addis, 1993; Shadish et al., 1993, and other studies that reveal that only 41% of the couples seeking marital therapy demonstrated clinical improvement), these findings suggest a need to search for additional ways to improve these outcomes. One promising avenue for improving these outcomes lies in the research that has been carried out in the area of couples and stress and coping. The research findings on stress and coping in couples suggest that this is one very promising avenue for further improving the outcomes of couple's therapy and distress prevention programs.

In this chapter the theoretical model and empirical basis of coping-oriented interventions in marital therapy and distress prevention will be presented along with concrete intervention strategies that have been developed within this approach.

Empirical findings on the effects of stress and coping on marriage

Stress and coping research in couples has a long and rigorous tradition of studying *internal stress* (stress that arises between the partners and has its origins within the relationship e.g. different aims, divergent needs) as manifest in the form of marital conflict (e.g., Gottman, 1994; Karney & Bradbury, 1995; Weiss & Heyman, 1997). However *external stress* (stress that arises due to factors outside of the couple relationship, e.g. stress at work) has been neglected for many years. Only since the 90ies have scholars in stress research begun to investigate how external stress affects marital quality, the development of close relationships and the risk of divorce. This line of research yielded convincing evidence for the deleterious spillover effects of external stress on marriage. Stress arising outside the marriage can influence the couple relationship by decreasing the quality of *marital communication* (e.g., Bodenmann, 2000; Crouter, Perry-Jenkins, Huston, & Crawford, 1989; Halford, Gravestock,

Lowe, & Scheldt, 1992; Repetti, 1989; Schulz, Cowan, Cowan, & Brennan, 2004), decreasing *marital quality and satisfaction* (e.g., Bodenmann, 1995, 2000, Neff & Karney, 2004) and increasing *risk of divorce* (e.g., Bodenmann & Cina, 2006; Rogge, Leonard, & Bradbury, 2005). On the other hand, studies have also revealed that the experience of high daily stress can be buffered by adequate levels of *individual coping* (e.g., Bowman, 1990; Guinta & Compas, 1993; Ilfeld, 1980; Perlin & Schooler, 1978; Sabourin, Laporte & Wright, 1990, Whiffen & Gotlib, 1989; Wolf, 1987) and *dyadic coping* (i.e. coping whereby both partners cope together and jointly face the stress that concerns one or both partners; see definition by Bodenmann, 2005). Subsequently, as a result of individual and dyadic coping, the negative impact of stress on close relationships and general well-being could be reduced (e.g., Badr, 2004; Bodenmann, 2000; Dehle, Larsen & Landers, 2001; Pasch & Bradbury, 1998; Walen & Lachman, 2000).

Theoretical model based upon stress and coping research in couples

Based upon empirical stress and coping research in couples, Bodenmann (2000) proposed a *stress-divorce model* where the negative impact of stress in marriage has been presented in detail. This model assumes that the pile-up of minor stresses (i.e., daily hassles; see Lazarus & Folkman, 1984) originating outside the relationship (e.g., at work) and spilling over into marriage are particularly deleterious for marriage as these stresses erode marital quality slowly, over time and in an insidious manner that is largely outside of conscious awareness (see Figure 1).

Insert Figure 1 about here

As Figure 1 shows, stress affects marital quality by (a) decreasing the amount of time that partners spend together, which in turn results in a loss or considerable reduction of joint experiences (fewer common activities), weakening feelings of togetherness (decrease of the feeling of “we-ness”), decreased self-disclosure (lower rate of emotional or intimate communication and higher frequency of superficial, problem-oriented communication due to the lack of time for private moments), and poorer dyadic coping (paradoxically, couples experience a high amount of stress but are not able to turn to dyadic resources for stress management as the time is lacking). The second mechanism for how stress affects marriage is reflected by the decrease of the quality of marital communication. This includes such things as fewer opportunities for eliciting positive interactions (such as interest in one another, compliments, care, affection) and an increase in negative interactions (such as contempt, belligerence, criticism, withdrawal) see also Bodenmann, 2000; Crouter, Perry-Jenkins, Huston and Crawford, 1989; Halford, Gravestock, Lowe and Scheldt, 1992; Repetti, 1989). Third, chronic stress is likely to increase the risk of psychological and physical problems, such as sleep disorders, sexual dysfunction or even mood disturbances (depression, anxiety disorders) (e.g., Kiecolt-Glaser et al., 2003). Fourth, external stress also increases the likelihood that problematic personality traits (e.g., intolerance, rigidity, hostility, lack of self-esteem, anxious personality traits) will be expressed between partners. The result of these processes is in many cases *mutual alienation* (otherwise referred to as disaffection, disillusionment, or declining commitment by Huston, Caughlin, Houts, Smith, & George, 2001; Johnson et al., 1999; Kayser, 1990), as the partners continually reveal less about their private lives, their personal needs, and their goals and interests, so that they gradually become strangers to each other and mutual understanding is decreasing. Dyadic conflicts become still more frequent and further erode marital quality. If an external trigger (e.g., new partner, knowledge of an extramarital affair of the partner, critical life event, marital violence) occurs, partners engage in a personal evaluation of facilitating conditions (attractors for divorce such

as economic independence, high self-esteem, high social acceptance of divorce, living in big cities) and inhibiting conditions (such as children, religious pressure to stay married, social pressure of relatives, low belief in one's ability to find a new partner etc.). The outcome of this internal evaluation process defines whether a divorce will happen or not (see Figure 1). These deleterious effects of stress on close relationships, however, can be moderated by means of appropriate and effective individual and dyadic coping (Bodenmann, 2005). When the partners are able to deal with daily stress – both individually and jointly – in a more effective way then their chances of their reducing the negative effects of stress on their marital life is improved and as a result the risk of divorce is reduced. Thus one main message of this model for marital therapy is that individual and dyadic coping skills should be improved when seeking to improve marital outcomes. While behavioral marital therapy traditionally focuses on the enhancement of communication skills (e.g., Garfield & Bergin, 1986; Halford & Markman, 1997), the findings on stress and coping research in couples and the underlying and substantial link between stress and the deterioration of marital communication, informs us about the need to teach couples how to improve coping skills in addition to communication skills. Very often stress may be a causal factor for poor communication, thereby indicating a need to improve coping in order to maintain adequate communication levels within the relationship. For this reason, in addition to communication training and problem-solving training, couples stand to benefit from being taught how to deal with stress and daily hassles more effectively. This is the main focus of the 3-phase-method that has been developed by Bodenmann (2000, 2004) within the context of the Couples Coping Enhancement Training (CCET). This method is used in marital therapy as well as in skills training programs that seek to prevent marital distress.

The 3-Phase-Method

The 3-phase-method is based upon the classic communication training of the speaker and listener technique and extends this method by adding new elements, which consist of the *funnel technique* and the provision of dyadic coping to each other. Thus the background of the method encompasses: (1) *methods from behavioral marital therapy* (e.g., Jacobson & Margolin, 1979); (2) the concept of *dyadic coping* (Bodenmann, 1995, 1997, 2000, 2005); (3) *transactional stress theory* by Lazarus and Folkman (1984) or Gruen, Folkman, & Lazarus (1988); and (4) theoretical assumptions and intervention techniques drawn from the realm of *cognitive therapy* (Beck, Rush, Shaw, & Emery, 1979). This integrated technique allows the partners to: enhance their ability to communicate their stress explicitly to their partner (Phase 1); adapt their dyadic coping efforts to the specific needs of the stressed partner (Phase 2); and refine and improve their ability to offer dyadic coping based on the partner's feedback and concrete needs (Phase 3). This entire sequence takes approximately 45 minutes per partner. In each session – whether during therapy or in the context of the distress prevention program (CCET) the therapist supports the couple as each person sequentially engages in both roles (i.e., speaker and listener). The setting used in this method is the *dyadic setting* whereby both partners speak with each other while the therapist facilitates the process by unobtrusively supporting both partners as they engage in dyadic communication concerning a stressful event (see Bodenmann, 2004) (see Figure 2).

Insert Figure 2 about here

The three phases of the 3-Phase-Method are presented in Table 1.

Insert Table 1 about here

First phase: emotional stress exploration

The first phase lasts approximately 30 minutes and consists of the emotional stress exploration using the “funnel method” whereby one partner (partner A) begins at the top of the funnel with a short problem-oriented description of a concrete stressful situation that is not related to the couple (e.g., job stress, disagreement with neighbors). The speaker then tries to uncover the emotional responses (e.g. anger, annoyance, nervousness, trepidation, sadness, disgust, shame), cognitions related to the stressful experience (e.g. appraisals of threat, damage, impairment, loss, challenge etc.), and physiological signs (e.g. tense feeling in chest or back, changes in respiration and pulse rate, sweating etc.), that are linked to this stressful experience. An important aspect of this stress related self-disclosure is to strive for a specific understanding of why this event is relevant for the person rather than to describe it in general terms.

Insert Figure 3 about here

During this stress exploration the therapist coaches the speaker (as well as the listener) in applying the communication guidelines (such as the *speaker rules*: (1) concrete stress episode; (2) emotional self-disclosure; (3) finding the meaning of the situation (exploration of relevant constructs); *listener rules*: (1) active listening; (2) summarizing/paraphrasing; (3) open questions). By doing so, the speaker works his or her way to the bottom of the funnel where he or she speaks about the deeper aspects of the stressful event and explores personal

constructs (see below) that are activated by the event. Partner A is prompted by the therapist to go deeper into his or her emotions, thoughts, and perceptions that are linked with the stressful event and is helped to explore which personal constructs (e.g., perfectionism, dependency, need to control everything) might be involved in the stressful event. In a soft and quiet voice, the therapist encourages and coaches partner A in the process of emotional exploration with short, open-ended questions focusing on *emotions* such as “How did you feel?” “What happened to you?”, *cognitions* such as “What did this mean to you?” “Why was this so stressful?”, *physiological symptoms* such as “Where in your body do you feel that?”; “What does your body tell you?” and by stimulating *images* such as “Describe this state in an image”; “Close your eyes and tell your partner what you see in your mind’s eye” (see Table 2).

Insert Table 2 about here

Simultaneously, the therapist coaches Partner B to listen and summarize important aspects of what partner A is saying and to ask open-ended questions if clarification is needed. During the whole process the therapist also has a strong bond with the listener (by watching him or her, asking him or her to summarize etc.).

Through this process, both partners, (i.e. partner A who explores the causes of his or her stress and partner B who tries to understand why partner A was so stressed by the event), have a clearer understanding of the reasons why the situation was so stressful for partner A. For example, being late for an important appointment may at first trigger more easily accessible emotions, such as a more general arousal that goes along with nervousness, embarrassment and perhaps also anger and irritation. By further exploring this event, (i.e. progressing further down the funnel), the speaker is trying to touch upon beliefs such as being perceived by others as unreliable, incompetent, or untrustworthy. Such appraisals of one’s self may lead to activation of emotions, such as disappointment, guilt, shame, anxiety, or sadness, and reveal personal constructs (such as not being worthy to receive attention from others, not being in control or not being perfect).

In the funnel method, the speaker begins with a description of the situation that is concrete and involves recalling objective features (first step). Next, he or she tries to remember relevant cognitions and emotions in this situation (second step), and then takes an inventory of all of the relevant emotions experienced in this situation (third step). Then he or she deepens their emotional experience by “diving” into deeper emotions (fourth step). Step four is facilitated by questions from the therapist and subsequently, by the partner, when he or she is sufficiently skilled to work with this method of supporting an emotional exploration and helping the speaker to understand what was the strongest and most salient emotion experienced in the stressful situation. Lastly, the process ends with the speaker recognizing relevant personal constructs that were activated by the stressful situation (fifth step).

This process of emotional exploration allows both partners to understand that stress emotions are a logical consequence of their appraisals and the activation of relevant personal constructs (see the concept of central hassles by Gruen et al., 1988; Park & Folkman, 1997). They understand that even a situation that might seem banal when viewed objectively can nevertheless be highly relevant for oneself when personal constructs are activated. This experience makes it easier to understand and accept why a partner comes home irritable, excited or withdrawn and allows the other partner to react in a more understanding and supportive way. When partner A experiences stress, it is quite possible that he or she will behave in ways that can provoke negative reactions such as feelings of disappointment and rejection in partner B (and vice versa). Without an understanding of extrinsic stress and partner A’s reactions to the stressful event, partner B might simply attribute this negative interaction as a sign that things are not going well between them for reasons that are within the couple (e.g., “My partner does not care about me”; “My partner does no longer love me”). Or partner B might respond in a way that is unconstructive, (e.g. minimizing the importance of the stressful event). However, by using the method of emotional exploration (funnel method) described here, the couple has a chance to understand and discuss stressful events in

a more constructive manner that opens the door for the couple to cope with the negative event jointly (i.e., engage in dyadic coping), instead of starting an argument that is likely to end in an escalation.

Furthermore, by understanding the meaning of the stressful event for partner A, partner B can promote more accurate emotion-focused supportive dyadic coping that fits the needs of partner A. The aim of the funnel method is, however, not just to speak rationally about emotions but also to really feel and experience them. When done successfully, all three of the participants (i.e. partners A and B and the therapist) will experience a genuine and substantial understanding of the stressful event experienced by partner A.

Case study:

Transcript of the first phase of the 3-phase-method (funnel method)

Partner A.: Last week, we had a meeting in our team where the vacation schedule for next year was discussed. As you know, I had planned two weeks of vacation in July as this is what we had decided together...However, all of a sudden two of my co-workers declared that they too would like to take their vacation days during this period and that they would not be able to take them at another time. They argued that I could take my vacation later in August, as we do not have children in school. The boss agreed and asked me to make suggestions for when I might take my vacation days in August or September.

Therapist (with soft voice). How was this for your?

Partner A.: First, I was feeling absolutely nothing. I was in a state of feeling like this was not real. Then I was completely overwhelmed and shocked. It was so rude that I couldn't believe it. Then I thought OK, I will change my vacation plans and adapt...and said to myself, "It's not so bad ... August is also a nice month and there are less people at the seaside, it is no longer so hot and..."

Therapist (with soft voice). ... and what did you feel?

Partner A.: ...I was angry and upset, but didn't show it.... I found it awful ...Why should I change my plans? Why did they decide what I had to do...? I mean, we also have our plans and for many years I have taken my vacation in July. It felt so inconsiderate.

Therapist (in a soft voice turning towards the listener, partner B): Can you summarize please...

Partner B.: Yes. You said that you felt that they were dominating you and went against our vacation plans...

Therapist (with a soft voice and with hand gestures that signal to B that her comments are to be directed to A): What did he say? How was he feeling?

Partner B.: You said that you got upset... That you felt angry and cheated....

Partner A.: Yeah, I am always the loser... the nice guy that gives in... and the two others had arranged this behind my back... it was all decided in advance and I was the one who had to adjust and to give in....

Therapist (with soft voice). ...how was this for you?

Partner A.: very bad...

Therapist (with soft empathic voice): ...what did you feel?

Partner A: Anger, frustration...

Therapist (with soft voice). Anger against whom?

Partner A.: Well, I think.... mhm..., anger mostly against myself....but also against the two others, also against my boss, who seems to favor the others and who did not support me...I was angry against myself for not standing up. I was too ready to accept and to give in. Yeah... I felt angry with myself... I am not able to fight for my rights...I always want to be accepted by others and to be seen as a nice guy ...

Therapist (with soft voice). Mhm, continue...

Partner A.: I felt ashamed... I felt ashamed like I am a coward... I am not courageous enough to defend my interests...I also felt ashamed because of what you might think (*says this while looking at his wife*)...I knew you were looking forward to going to the coast in July and... I knew that you would be disappointed if we had to change our vacation to August or September...I realized that I will disappoint you....

Therapist (in a soft voice, first turning to partner A and saying: Yes...mm...(and then turning towards the listener, partner B): Can you please summarize?

Partner B (while looking at partner A): Yes, you were angry and upset, but mostly against yourself... because you feel that everyone can manipulate you...you are not strong enough to fight for your rights... give up too quickly and take it too easy....

Therapist (with soft voice, towards partner B): Did he say that?

Partner B.: Ah... no... uh..., you said that you are too much sweetheart, too kind...gets too easily pushed around by others...

Therapist (with soft voice, still towards partner B). Yes, and how did he *feel* in that moment?

Partner B: Weak... ashamed....

Therapist (with soft voice). Yes, very good...*(towards the partner A):* Continue

Partner A.: Yes, I felt ashamed, also because *you* are able to fight for your rights. *You* are able to get what you want, but not me...I thought that you might be disappointed with me...I was afraid...

Therapist (with soft and warm voice looking at partner A): mhm....

Partner A.: yeah, I felt afraid but also... ..inferior... like I am not good enough.

Therapist (with soft voice directed towards Partner A). Mhm, mhm. What was the strongest feeling that you experienced in this situation?

Partner A (after some reflexion) ...sadness and a feeling of inferiority... I felt so sad....helpless....like I was out of control. I was standing there in front of them, feeling this terrible pain that hurts so much, ...I felt it deep in my chest but couldn't react. Again I was passed over.... always me... I thought you are a nobody... a nothing...a piece of shit...

Therapist (with soft voice). Mhm...

Partner A.: *(slowly but highly aroused).* I had lost all respect for myself... I heard how I said OK to them... "No problem. I'll manage. We don't have children with school schedules... so easy for us to adapt"... I was even friendly and empathetic towards them....

Therapist (with soft voice directed towards partner A): Mhm....*(then turning towards the listener, partner B):* Please summarize...

Partner B.: *(deeply emotional).* You wanted to fight for our vacation, but you couldn't, you were like paralyzed, and unable to react and be yourself. What you were saying to them was not what you were feeling...

Therapist (with soft voice asking partner B). Mhm, and how did he feel?

Partner B.: *(slowly, searching for the right answer).* You felt very hurt...very sad and helpless..., oh my God, you were suffering a lot in that moment...

Partner A.: I have no backbone... I am a coward. I always think that I have to give in order to be accepted or loved...

Therapist (with soft voice). Why?

Partner A.: *(deeply moved and emotional):* I can't stand it when others don't like me or when others criticise me or reject me. I'm afraid that they might not like me as much... I am so terribly afraid of all sorts of conflicts and arguments... I always feel personally attacked and put down... I think that if I disagree, people will abandon me and that no one will be my

friend... that I will be alone... and this thought hurts so much... it is very painful... I always felt lonely, not loved by my parents... they had no time for me, no affection... *(starts to cry)*...

Therapist (says to partner A with warm and empathic voice): Yes, mhm... this hurts a lot ...

(Then turns towards the listener, partner B, with soft voice): Please summarize....

Partner B.: (very worked up and emotional). You.... you said that you felt very bad in this situation... you were afraid that everyone would abandon you... that others reject you when you dare to confront them with your wishes and needs... You felt very lonely and deeply sad.... You felt like you felt when you were a child... unloved and abandoned...

Partner A. (very emotional): Yeah, that's right....

Partner B (emotional and highly empathic): You felt very, very sad. You'd like to be assertive but you are not able to do so as you are afraid of being rejected and no longer being loved by others when you start to criticise them... I understand...

Partner A (deeply moved): right...

Second phase: Providing of dyadic coping

In the second phase of the 3-Phase-Method, which lasts approximately 10 minutes, partner B is asked to provide positive supportive dyadic coping that matches the level of emotional self-disclosure that partner A had reached at the end of the first phase. At this point, partner B should now be aware of the meaning that the stressful event holds for partner A and thus should be able to express real empathy and authentic interest and to support the partner in an adequate and appropriate manner. Expressing empathy and understanding are important first steps in this process. Additionally, the previous listener also may now provide a variety of emotion-focused supportive dyadic coping, such as: helping to reframe the stressful situation in a positive light; promoting a sense of solidarity with the partner; telling the partner how he or she is appreciated by the partner or others; pointing out the partner's positive qualities and strengths; helping the partner to slow down and to relax; and helping the partner to actively find solutions for the problem (see Table 3).

Insert Table 3 about here

In this phase partner A just listens but is not allowed to offer any evaluative comments in response to partner B. Again the therapist is prompting both partners, although partner B is the recipient of some what more coaching as he or she is encouraged to develop his or her repertoire of emotional supportive dyadic coping. The therapist explores the situation for possibilities of offering support that the partner might not have initially recognized and encourages partner B to try these out.

Case study:

Transcript of the second phase of the 3-phase-method

Therapist (towards the previous listener, partner B): Would you please try now to support your partner?

Partner B: I was very touched to hear all this from you. I feel very moved and also sad... I feel very troubled.... I always thought that you do not worry about others, are not interested in their opinion and are not affected by what they think or do, because you are not interested in them. You always gave me this impression of someone who is.... who is invulnerable. When you came home and told me that we have to delay our vacation, I got very angry about the people at work that don't really give a damn about you...I got angry and was upset also after you... you did not show any sign of guilt or annoyance... as if it didn't matter to you. I often felt neglected in our marriage and thought that you don't care about my needs or me. But now, I understand... and it makes me feel sad... and it also hurts... But it's also precious to hear this from you... and to see what goes on inside you.

Therapist: Mm, what else would you like to tell him?

Partner B.: I feel comfortable with you and feel a sense of real intimacy and closeness...

Therapist: ...yeah....

*Partner B.:*But I also think that you have the right to defend yourself, to fight for your rights and to tell them off....I think you should stop always giving in .Otherwise it will destroy you....and also us....You need to stand up and show more character...This is important for you, but also for me and our children... We all like a daddy with a strong personality...and we will also love you, even more, when you show us what you need and what bothers you...

Partner A.: I can not be a strong personality, that is exactly what I'm not, deep inside....

Therapist (towards partner A): no comments just listen and be aware of what helps and what does not...*(towards partner B)* what else could help your partner to feel better....

Partner B.: I did not mean that you have to be different... I love you how you are...I just realized that I don't need a superman. ... I feel better with someone who has faults and weaknesses...someone who is like we are all.... You always gave me the impression that you are too confident ... you never really showed your feelings or weakness...

Therapist: Mhm... continue...

Partner B.: I think you are a great person...with a lot of strengths and skills... But you also have weaknesses. But that is what makes you human. Don't be afraid of your weaknesses. I think others, like your friends, our children and me; we all will like you even more when you are more of yourself... You don't have to wear a mask in front of us. We love you just the way you are.

Third phase: Feedback from the partner who received supported

In the third and last phase, which lasts approximately 5 minutes, partner A is now invited by the therapist to give partner B feedback about the following: (a) How satisfied he was with the dyadic coping provided by partner B; (b) How helpful the support was; and (c) What else might have helped him to cope adequately with the situation and to feel better about it. The aim of this feedback is to enhance and develop the mutual dyadic coping repertoire of both partners. This repertoire should be closely related to the specific needs in the specific situation, but should also be in agreement with the couple's lifestyle and couple's general philosophies and values.

Case study:

Transcript of the third phase of the 3-phase-method

Therapist: (turning to partner B): Well...thanks (Then turning towards partner A: Please tell your partner about how this support was for you. What was helpful? What else might you have liked in addition?

Partner A.: I am still moved... but I felt... it was great to feel understood by you (referring to the partner).

Therapist: yes...

Partner A. (towards partner B): It was very difficult to tell you all this.... it took quite an effort... but I felt comfortable in this setting and now I am happy that I did it...It's very important and great for me to see that you understand me... and that you still...seem...to love me... even with my shortcomings and weaknesses.

Therapist: Mhm....

Partner A.:I won't be able to change quickly... this feeling of not being accepted when I express my needs...It's a feeling deep inside...

Partner B.: No, I don't want you to be a different person... I just wanted to encourage you to realize more of your own needs and to stand up for them... You won't lose our love and affection by standing up for your needs.

Partner A.: Mhm...

Therapist (towards partner A): What else might you have wished... What else would have been helpful?

Partner A. (towards partner B): I don't know... It was a really positive experience.... and... and... I feel happy to have received all this understanding and affection from you... If we were at home, it would have been nice to be hugged by you... and ... I hope that I can change and that you'll help me...

Upon completion of the third phase, the partners reverse roles, and partner B then becomes the speaker and describes a stressful event that she had experienced. Partner A then takes over the role of the listener, and in phase 2 offers dyadic coping. It is important that both partners are involved in both roles so that they can experience what it is like to describe their stress-related emotions, and to know what it is like to offer support and receive support. In order to ensure full impartiality, the therapist should make sure that in every session, both partners have the chance to experience receiving dyadic coping and offering dyadic coping. Both of these roles are demanding and clients need training, supervision and support from the therapist as they learn the 3-phase-method.

Effects of the 3-Phase-Method

By engaging in the 3-phase-method the couple are able to reach two goals: the partners learn to provide supportive dyadic coping in a way that truly meets the needs of the other; and they strengthen the feeling of “we-ness” (i.e. cohesion, intimacy, solidarity and mutual trust) (see also Bodenmann, 2000; Cutrona, 1996). The experience of being understood and supported by one's partner is a very profound and essential one as our experience with the 3-phase-method shows. This is also supported by empirical data obtained from those couples that have learned to use this method. In three treatment studies evaluating the efficacy of CCET (Couples Coping Enhancement Training) was well documented (Bodenmann &

Shantinath, 2004). In a 1.5-year-follow-up-~~follow-up~~intervention study, conducted in the context of looking at effective ways to treat affective disorders, individual cognitive behavior therapy (CBT) (Beck et al., 1979), interpersonal therapy (ITP) (Klerman & Weisman, 1984) and behavioral marital therapy (BMT) (using the 3-phase-method; Bodenmann, 2004) were compared. This comparison was done because in many instances, poor marital functioning can contribute to depressive symptoms and alternatively, depressive symptoms can contribute to marital distress. Thus, in an effort to understand the efficacy of our coping-oriented marital intervention these three methods were compared. During the course of this comparison, detailed data were collected about the impact of our method on the couples. Results showed that the effects for the behavioral marital therapy approach (using the 3-phase-method) were very promising and showed that the effects of this approach are comparable to CBT and in some instances, even more effective. Couples reported a high benefit from the treatment and particularly from the 3-phase-method.

Feedback from clients in our clinical work, and from participants of the Couples Coping Enhancement Training (CCET) with regard to the 3-phase-method has been strongly favourable and encouraging. The method is well accepted by the couples and can be applied in the context of marital therapy, marital distress prevention and skills training programs. However, the training of therapists and prevention program providers is rigorous and time consuming (about 50 hours of training). The 3-phase method calls for an integration of many skills on the part of the therapist: a high capacity of empathy on the one hand, the ability to interact in a highly structured way, and at the same time to do so in an unobtrusive manner such that the therapist or trainer stays in the background, and keeps the couple in the foreground at all times, while empowering them to speak, to listen and to support one another.

Indications for the 3-Phase-Method

The 3-phase-method is an integral and standard element of our couples' therapy and couples skills training (CCET) that we offer. It represents an additional component of intervention techniques, grounded in stress and coping theory (Lazarus & Folkman, 1984), and is apart from "classical" components such as behaviour exchange techniques, communication training and problem-solving training. Generally, the 3-phase-method is applied when couples are capable of demonstrating mutual respect and understanding and are able to work with the communication rules that they have learned from the communication training. In practical terms, this means that couples are not in a heated state of conflict. The 3-phase-method is generally used after the fifth or sixth session in the therapeutic process. As this method enhances mutual understanding and intimacy, it is also appropriate for use with interventions based upon the acceptance work approach to couples therapy (Jacobson & Christensen, 1996) (see Figure 4).

Insert Figure 4 about here

The 3-phase-method is, however, not indicated when the couple does not express the explicit wish to stay together and to try to improve the relationship. When partners engage in self-disclosure using the funnel method, there is the potential for fostering intimacy and a sense of security within the relationship. At the same time, persons might also experience a heightened sense of vulnerability when engaging in this process. Thus this method is not recommended when mutual respect and tactfulness are not existent. This is especially so in the context of distress prevention training where it must be clear that both partners are interested in investing in the relationship and share a common goal of staying together for the long-run.

Differences between the 3-phase-method and other communication trainings

The 3-phase-method differs in several ways from other methods such as the classical communication training or the emotionally focused couples therapy (Greenberg & Johnson, 1986, 1990; Johnson, Hunsley, Greenberg, & Schindler, 1999). The first difference is related to the fact that in the 3-phase-method a personal experience concerning external stress is

described, and that no internal stress (i.e. in relation to the partner) is addressed. This aspect is different from both the behavioral communication training as well as the emotionally focused couples therapy. The latter approach basically focuses on internal stress (i.e. emotional experiences during negative dyadic interaction with the partner). Second, the 3-phase-method has a completely different scope than the two other approaches. Communication training employs speaker and listener rules in order to permit the couple to discuss conflict prone topics in a safe manner that does not escalate into fighting, and emotionally focused couples therapy tries to enhance the awareness of feelings experienced in the interaction with the partner. In comparison with these two methods, the 3-phase-method, tries to promote the sharing of a personal experience (i.e. exploring reasons why a stressful situation was so stressful for the concerned person) with the partner in order to enhance mutual understanding and to enhance the process of dyadic coping. This personal self-exploration is intended to help the stressed partner better understand his or her own functioning, but at the same time, also is intended to help the other partner enhance his or her understanding of their partner. Because external stress experienced by one partner can often affect the relationship between both partners, it is very important that both persons understand that sometimes, negative mood expressed within the context of the couple relationship, may in fact, have nothing to do with the relationship itself, but rather, is caused by the “spillover” of stress from outside of the marriage into the marriage. To share the insight that each partners brings to the relationship strengths and weaknesses, helps to promote a sense of “we-ness” and encourages both partners to let go of having to wear a mask and attempt to cover up personal imperfections. Third, while the other approaches to helping couples stays on the level of learning communication exchanges, the 3-phase-method integrates communication training along with mutual support and the provision of dyadic coping. Fourth, the discovery of personal constructs and the high level of emotional self-disclosure that takes place in the 3-phase-method represents a very personal and intimate aspect that is unique and not shared with either of the other two methods. However, as Smythe and Pennebaker (1999) showed, this sharing of emotionally relevant experiences can be highly beneficial for the well-being of both partners. Our empirical results and clinical experiences with regard to the quality and longevity of close relationships are in accord with these findings (Bodenmann, 2000; Bodenmann & Cina, 2006).

Conclusion

In this chapter, the 3-phase-method, one of the central elements of the Couples Coping Enhancement Training (CCET; Bodenmann, 1997; Bodenmann & Shantinath, 2004) and of modern behavioral marital therapy (Bodenmann, 2004) is presented. It is argued that in many cases external stress (i.e. stress that arises from outside the relationship and initially affects only one partner, e.g. job stress) spills over into the close relationship and thus affects marital life. Bringing stress home is likely to increase the risk of marital tension and conflict, and in the longer run, increases the risk of divorce (Bodenmann, 2000; Crouter et al., 1989; Neff & Karney, 2004; Repetti, 1989). This external stress that is brought home is potentially harmful in two ways. First it threatens to deteriorate the state of the couple by increasing mutual disaffection and alienation. Second, it creates insecurities about the partner's functioning within the relationship. As a result of behavior that is influenced by external stress, partners may begin to raise questions such as "Why does he or she react in this way?" or "Is he or she no longer in love with me?" or "My spouse is disconnected from the relationship.... might he or she be engaged in an extra-marital affair?". An understanding of the negative effects of external stress on the couple interaction can help to considerably reduce doubts and uncertainties about the relationship. Furthermore the 3-phase-method allows both partners to increase awareness of how each of them reacts to stress, and to gain greater awareness about the kinds of situations that are likely to provoke a strong stress response. The realization that that both partners have their personal constructs, which when activated by stress, can impinge upon their relationship, can enhance mutual understanding, and makes both partners more human. They become conscious of the fact that everyone has his or her personal history, which influences their sense of individual vulnerability and sensitivity. At the same time, this is one of the very special things that make a person human, and sharing this understanding with one's partner can help to deepen the bonds in a relationship. In many studies, dyadic coping is one of the most powerful predictors of marital quality and marital stability (see Bodenmann, 2000, 2005 for an overview). Thus, the enhancement of dyadic coping (which is promoted in three ways by the 3-phase-method: by the improvement of one's own stress communication, the enhancement of one's ability to understand the partner's stress, and the enhancement of mutual dyadic coping) can be a very relevant goal in the prevention of marital distress and divorce. We hope that an increasing number of professionals who work with couples (either in the context of prevention or therapy) will use the novel methods presented in this chapter to enhance dyadic coping to the benefit of their clients.

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Table 1. The 3-Phase-Method

First Phase <i>(30 minutes)</i>	Second Phase <i>(10 minutes)</i>	Third Phase <i>(5 minutes)</i>
<p>Emotional stress exploration by partner A</p> <ul style="list-style-type: none"> ▪ He/she tells the partner about a stressful experience that happened outside the close relationship (i.e. external stress) and that was emotionally relevant, and does so in a way that uses three guidelines: describe the concrete aspects of the situation, focus on emotions and cognitions felt in the situation and seek to understand why the situation was so stressful. During this phase, the other partner, in the role of the listener, applies the following three rules: active listening, summarizing important issues that the partner told him/her and asking open-ended questions. 	<p>Provision of dyadic coping by partner B</p> <ul style="list-style-type: none"> ▪ In contrast with the first phase where partner B was primarily listening, and did not provide any support, in this phase he or she is invited to support the partner on the level of emotional engagement that matches the level of intimate emotional disclosure on the part of partner A in the first phase. This phase consists of two elements: (1) emotional support in the form of empathy, understanding and, reframing are offered. (2) When appropriate, this is followed by practical instrumental support. . 	<p>Feedback from partner A about his or her experience of dyadic coping received from partner B:</p> <ul style="list-style-type: none"> ▪ Partner A tells partner B: ▪ How satisfied he or she was with the dyadic coping. How helpful this support was ▪ What else he or she would have needed to feel better and to cope more effectively with the stressful situation.

Table 2. Methods for Enhancing the Stress Exploration

Asking open-ended questions: What does this mean? What did you feel? What were you thinking? How did you feel? What kind of sensation did you experience? How did you realize this? Why? Tell us more...; Continue...; Can you go further with this emotion?

Paraphrasing : Yeah, you did not feel understood; Mhm, you felt hurt; Yes, you felt worthless in that moment.

Channeling of emotions: You said you felt disgust. Please continue...; What does feeling lonely mean for you? Keep going; what does this tension you feel in your body tell you?

Narrowing down the theme: Did you also feel disappointment because...? Against whom did you feel anger? Go on...; What aspect of the situation bothered you the most) ?

Exploring concrete emotions or cognitions: Was it shame?; How about trepidation was it this feeling? What kind of anxiety did you feel? What about loneliness...? How did you feel in that moment? Did you feel lonely or abandoned or something else?

Table 3. Possibilities for providing dyadic coping

Problem-oriented supportive dyadic coping	Emotion-focused supportive dyadic coping
<ul style="list-style-type: none">◆ Practical advice◆ Supporting in resolving specific tasks◆ Providing information to help clarify the situation◆ Analyzing problems and searching for solutions◆ Helping the partner by taking over tasks and duties that he or she usually does◆ Reducing the partner's burden by organizing external help◆ Offering financial support	<ul style="list-style-type: none">◆ Offering empathy and understanding◆ Showing an interest in the partner's experience◆ Helping the partner to reframe the situation◆ Helping the partner to calm down and relax◆ Showing solidarity with the partner◆ Expressing one's belief about the abilities of the partner◆ Encouraging the partner◆ Engaging in physical tenderness and hugging◆ Offering massages

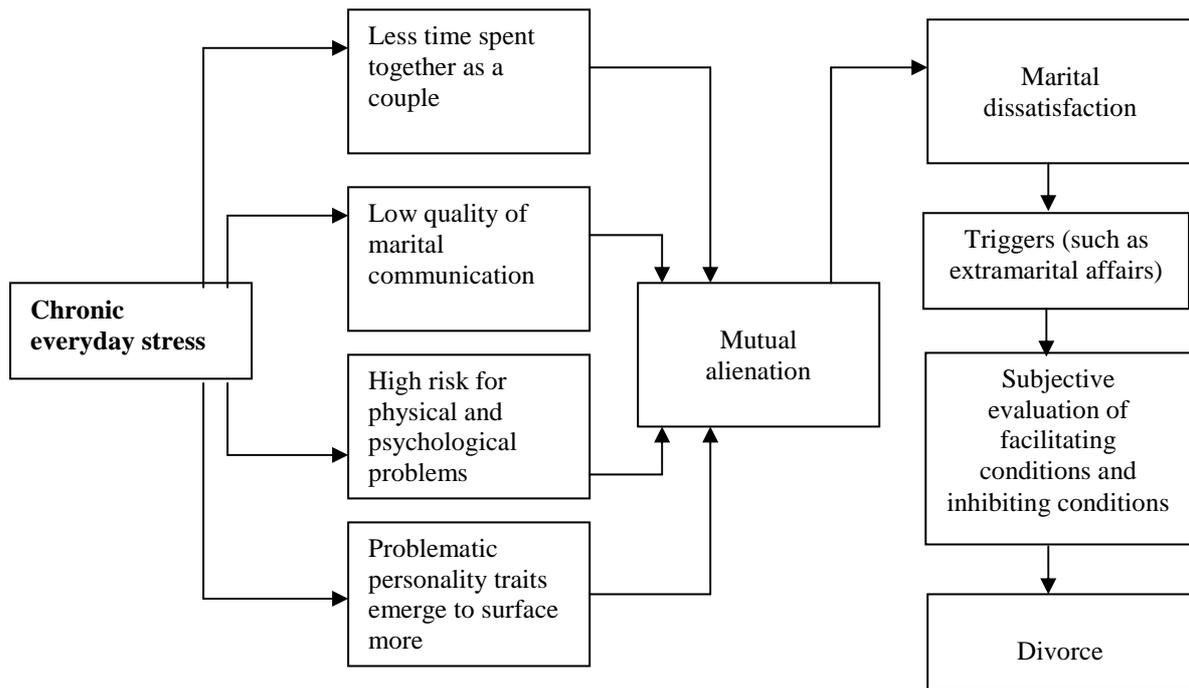


Figure 1. Bodenmann's Stress-Divorce Model

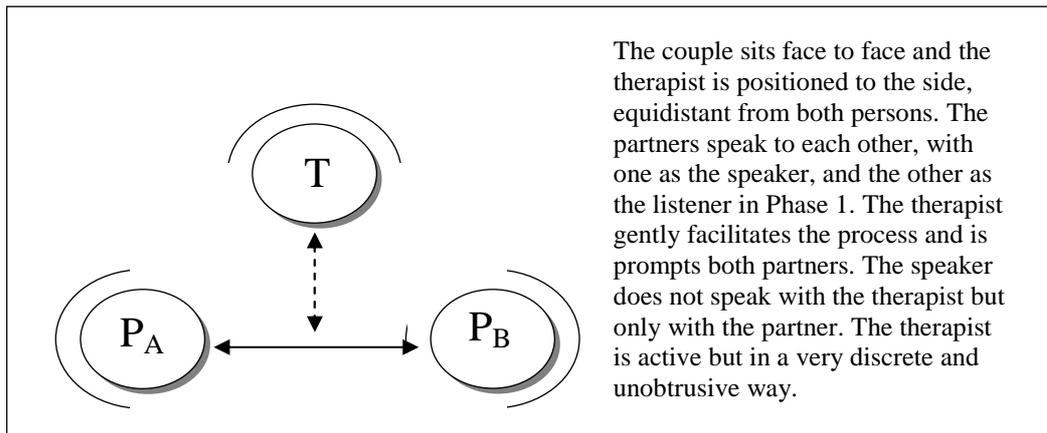


Figure 2. Setting during the 3-phase-method

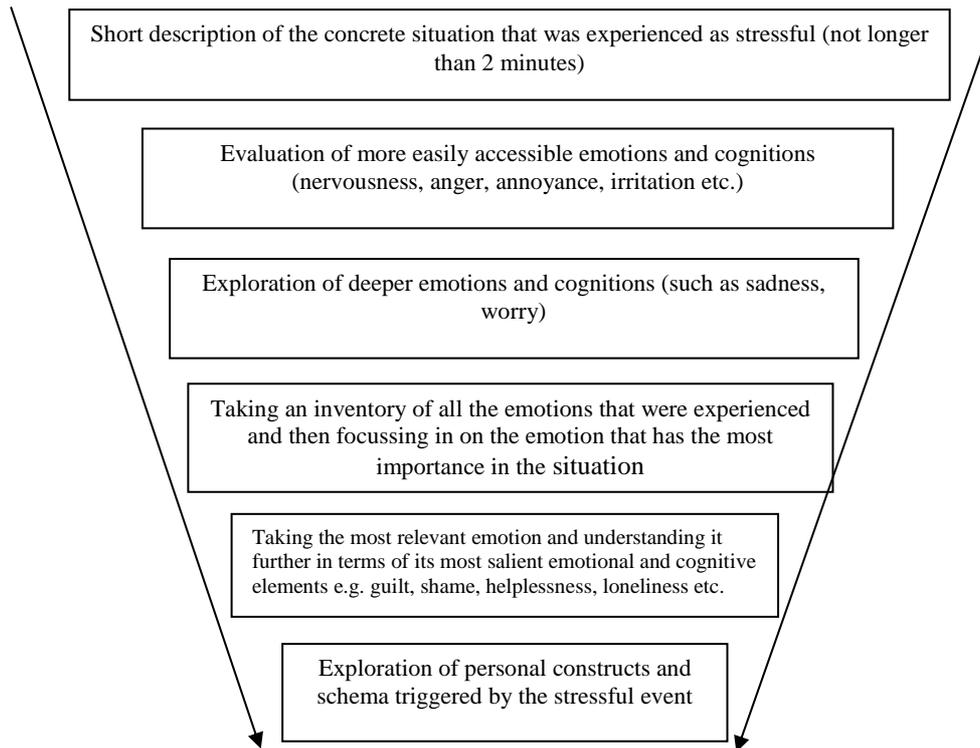


Figure 3. The funnel-method: Different steps of deepened emotional stress experience

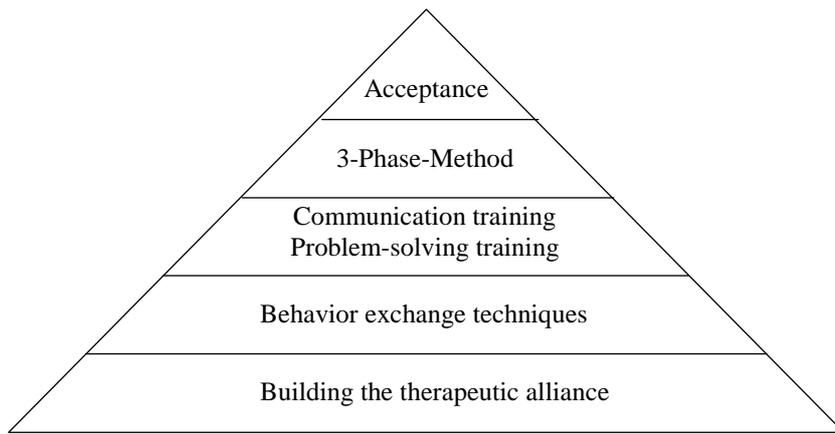


Figure 4. Components of behavioral marital therapy according to our model