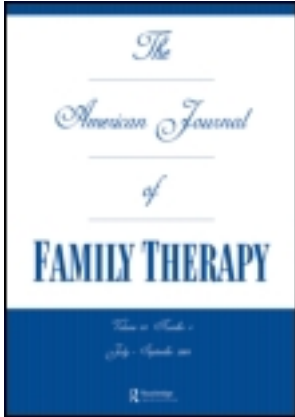


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Healing the Attachment Injury of Marital Infidelity Using Emotionally Focused Couples Therapy: A Case Illustration

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This case illustration is a demonstration of a therapist handling the betrayal of infidelity through the application of Emotionally Focused Couples Therapy (EFT), specifically utilizing the attachment injury resolution model. An actual dialogue from a key couples session is included as it applies to the model, providing clinicians with an example for how EFT can be applied to the common clinical occurrence of infidelity.

SALIENCE OF MARITAL ATTACHMENT IN CASES OF INFIDELITY

Attachment theory is based largely on the work of John Bowlby (1988). More recently, the theory has been applied to adult romantic relationships to explain deep affectional bonds that adults facilitate and maintain in pair bonding (Selcuk, Zayas, & Hazan, 2010). Within these pair bonds, the hallmark of secure romantic attachment is mutual responsiveness and accessibility, which can increase tolerance for weathering stress associated with both expected and unexpected life stressors (Johnson, 2005).

INFIDELITY AS ATTACHMENT INJURY

In emotionally focused couples therapy (EFT) terminology, infidelity can be considered an “attachment injury,” which is an intense trauma or “violation of trust that brings the nature of the whole relationship into question and must be dealt with if the relationship is to survive,” (Johnson, 2005, p. 19).

Special thanks to my (LCS) clients who agreed to allow their story to be published.

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It is defined by the absence of comfort in a high moment of need, which can be experienced as a relationship trauma in which one's basic assumptions about the partner and the relationship are shattered, leaving the spouse profoundly vulnerable (Johnson, Makinen, & Milikin, 2001). When partners suddenly feel that they cannot count on their spouses for emotional safety, they become disoriented and often alternate between anxious clinging responses and avoidant responses. Exaggerated emotional sensitivity becomes the norm. Frequently the result of infidelity is a repetitive process wherein the injured partner is repeatedly triggered to recall the event with a great deal of emotion, similar to a traumatic flashback, with the potential to overwhelm the offending spouse, who then reacts with defensiveness, thus effectively blocking any possibility of safe interaction with healing potential (Johnson et al., 2001).

EMOTIONALLY FOCUSED COUPLES THERAPY

EFT is an increasingly popular approach which is based on an attachment paradigm and specifies particular steps and stages for therapists to apply (Denton, Johnson, & Bureson, 2009; Johnson, 2004). It is considered an empirically validated model for healing couples with varying degrees of marital distress (Wood, Crane, Schaalje, & Law, 2005). One study demonstrated that EFT was effective in its application for couples dealing with affairs, and that they experienced significant improvements in marital satisfaction and forgiveness (Makinen & Johnson, 2006). The model promotes the restructuring of couple interactions to promote safe emotional bonding experiences.

ATTACHMENT INJURY RESOLUTION MODEL

Makinen and Johnson (2006) specifically define the attachment injury resolution model as an approach which can be replicated by clinicians treating extramarital affairs using an EFT framework. They conducted a study coding behaviors to validate process changes in therapy using the model. Couples treated with this approach experienced significant levels of resolve and forgiveness. A 3-year follow-up study demonstrated that dyadic adjustment gains, increased trust and forgiveness were stable and that the approach had distal, durable effects (Halchuk, Makinen, & Johnson, 2010). Following is a summary of the steps of the model (Makinen & Ediger, 2011, pp. 255–257):

1. The injured partner begins to describe the incident in which he or she felt betrayed, abandoned, and helpless, and experienced a violation of trust that damaged his or her belief in the relationship as a secure bond.

2. With the therapist's help, the injured spouse stays in touch with the injury and begins explicitly to articulate its impact and attachment significance. Newly formulated emotions frequently emerge at this point. Anger often evolves into vivid, clear expressions of hurt, helplessness, fear, and shame. The connection of the injury to the present negative cycles in the relationship becomes clear.
3. The partner, supported by the therapist, begins to hear and understand the significance of the wounding event, and to understand it in attachment terms as a reflection of his or her importance to the injured partner, rather than as a reflection of his or her personal inadequacies or "crimes." This partner is then guided to acknowledge the injured partner's pain and suffering, and to elaborate on how the wounding event evolved for him or her, so that his or her actions become clear and understandable to the injured partner.
4. The injured partner then tentatively moves toward a more integrated and complete articulation of the injury. A core moment of pain and wounding where loss and despair flooded this partner is often pinpointed. With the help of the therapist, the negative shift in cognitions about the self, the partner, and the viability of secure connection and the tsunami of emotions and body sensations and coping strategies are made into a coherent and organized narrative. This encapsulates the loss surrounding the injury and specific attachment fears and longing. This partner, supported by the therapist, allows the other to witness his or her vulnerability.
5. The other spouse now becomes more emotionally engaged and acknowledges responsibility for his or her part in the attachment injury or infidelity and is able to express empathy, regret, and/or remorse in a direct, congruent, and emotionally engaged manner.
6. Supported by the therapist, the injured spouse then risks asking for the comfort and caring from the partner that were unavailable at the time of the injurious event, the discovery of the infidelity, or the couple's previous discussions of the infidelity or injury.
7. The other spouse responds in a caring manner that acts as an antidote to the traumatic experience of the attachment injury. The partners are then able to construct together a new narrative of the injury. This narrative is ordered and includes, for the injured partner, a clear and acceptable sense of how the other came to respond in a defensive manner or became involved with another person and how this crisis in their relationship is able to be resolved.

Once the attachment injury in the relationship is resolved, the therapist can more readily facilitate cycle of positive interaction, reinforcing the comfort, reassurance and nurturing that define a secure attachment bond. The couple can become more responsive to one another and begin to understand the injury in terms of a newly consolidated couple narrative about

their marriage. The purpose of this article is to illustrate a case study in which this attachment injury resolution process was applied in an EFT framework by a certified EFT therapist, with a couple experiencing the trauma of an extramarital sexual affair.

CASE ILLUSTRATION

David and Sarah were a couple in their mid-forties who had four children and had been married for just over 20 years. They initially sought therapy for what they described as increasing disconnection in their marriage and frequent conflict manifested in escalated verbal arguments. David had a history of chronic illness. After 8 sessions, the couple discontinued therapy when their conflict had de-intensified and their schedules became busier. Both reported that the quality of their marriage was improved, but Sarah still expressed concern that her husband was flirting inappropriately with a co-worker. Approximately seven months later, the therapist (LCS) noticed that Sarah was scheduled for a therapy session. David called and admitted that he had indeed been having a sexual affair with his co-worker all along and apologized profusely for his deception. Both partners explained that Sarah had been having volatile emotional episodes in which she would cry and/or become enraged. Sarah initially expressed some ambivalence about staying in the marriage.

In the first session back, the therapist normalized the traumatic quality that is typical of the betrayal of an extramarital sexual affair. Sarah displayed both anxious and avoidant attachment behaviors typical of a partner who has been betrayed, indicative of the type of disorganization representative of a situation in which the attachment figure is both the source of injury and antidote to healing the emotional pain (Makinen & Johnson, 2006). Her report of hypervigilance, intrusive thoughts and memories, and numbness were consistent with the traumatic aftermath of infidelity (Macintosh, Hall, & Johnson, 2007). David expressed helplessness about Sarah's strong emotional reaction and wanted to know what he could do to help her heal. The therapist validated and highlighted their desire to heal the relationship, in accordance with EFT therapy, and facilitated enactments to encourage David to comfort and reassure Sarah and disclose his primary emotion.

The therapist proceeded to create a treatment plan using an attachment injury resolution model stemming from the attachment paradigm of EFT, and consistent with the steps and stages of traditional EFT (Makinen & Ediger, 2011). Following is an example of a key session in which the attachment injury was handled using the attachment injury resolution model. Included is session dialogue highlighting the key changes evident in the resolution of an attachment injury.

Attachment Injury Resolution Model (AIRM) in Practice

By the time the couple came to this example session, initial assessment was completed and the couple's interaction de-escalated to a satisfactory level. The couple had learned their negative cycle before, so the negative cycle was delineated relatively quickly. The focus became healing the attachment injury of infidelity. Up to this point, David had been very apologetic toward his wife, but she continued to be highly triggered into volatile emotions, which was becoming increasingly difficult for him to tolerate. His inability to tolerate her emotion placed him at risk for getting defensive and ultimately withdrawing further, leaving her feeling more devastated and abandoned.

Dialogue from this session demonstrates high emotion still associated with the affair and the therapist's facilitation of accessing primary emotion for the injured spouse, while supporting the withdrawing partner to hear the injury's impact. Sarah begins by talking about a situation in which she was experiencing high emotion at home and David could not hear it, and withdrew by leaving the house. Throughout most of the session, he sat with his arms folded and maintained an emotionless expression. By the end of the session, she became softer and he became more engaged. This was session four of their joint sessions:

Sarah: *I was getting a grip for a few days and it felt so liberating, and then this week it's back to crying and anxiety, and what kind of triggered it is that our daughter was looking at old family pictures on the computer, and as miserable as that life was, because he had just been diagnosed with his medical condition, I cried because as miserable as that life was . . . I trusted him . . . and it's a nightmare not trusting your spouse.*

Therapist: *So you were looking at these pictures of a time when you didn't have to be hypervigilant, or wonder, or worry, and you probably were longing for that?*

Sarah: *Mm-hmm . . . where did that man go? I trusted him. We had a bad day the other day because I came to him . . . things just pop into my head and I'm not thinking about the affair, and all of a sudden something will just pop into my head and I'll think, "That was so mean of him, I've got to go talk to him about it." And I'll question him and the other day I was saying in a shaky voice, "Do you see how mean that was, do you see how cruel you were," and he said, "Now I do but at the time I didn't realize I was being that mean." There were things he did that were really cruel. It will just pop into my head. I'll be taking a shower and I'll think of something, and it infuriates me. So I just went down to his office to ask him . . .*

David: *You wanted more details. (arms folded, appears uncomfortable and guarded)*

Sarah: *So I was angry and I went on and on and he got furious . . .*

David: *(agrees)*

Therapist: *Your anger helps you stay protected?*

Sarah: *I get angry because he was so mean.*

David: *I can't blame you for getting angry. I totally agree with you. But, I just couldn't take it, and I left.*

Sarah: *He left . . . he left the house.*

David: *I said, "I am outta here." We're back doing this again and I feel horrible and I'm just sitting here taking this beating, and I just didn't want to . . .*

At this point, the therapist continued to weave between the experience of both couples while attempting to facilitate the expression of the injury in attachment terms and help the couples understand how the injury plays into the cycle.

Therapist: *You needed him but you were sending him a message to push him away because it felt too scary to tell him that you needed him*

Sarah: *Yeah, but I needed him. He got up to walk out and I said, "Please stay, I need you to stay, please stay, and he left." That traumatized me. I sobbed and sobbed and sobbed.*

Therapist: *What did that mean to you?*

Sarah: *I was devastated but I thought about it and I understood why he left, but it was hurtful.*

Therapist: *The minute he walked out the door, when he decided he couldn't take it because it was too hard for him to bear, what did you say to yourself?*

Sarah: *Damn him! (Illustration of escalated anger confounded with emotional pain)*

Therapist: *What did it mean to you?*

Sarah: *He abandoned me!*

Therapist: *What did it remind you of?*

Sarah: *He abandoned me when he was having an affair for a year. He didn't exist for a year. He was non-existent.*

Therapist: *He wasn't there when you needed him back then, and then he walked out on you again . . .*

Sarah: *I understood it, though.*

Therapist: *Somehow you weren't able to be vulnerable and you put up a wall where he couldn't get in.*

David: *There was no hope for me. I needed to cool off somewhere.*

Therapist: *What started to happen internally? You didn't get blaming and argue back like you have done in the past?*

David: *I have always agreed with her complaints. I take it the best I can because I deserve it.*

Therapist: *When she gets that escalated . . .*

David: *I don't know what to do . . .*

Sarah: *When he left, I thought, "He's going to go to her . . ."*

Therapist: *That's how scared you were?*

Sarah: *Yes. I thought, "He's going to go to her." That's what I thought and I know when I beat up on him like that he will beat up on himself twice as much . . . I want him to know how much it hurt.*

Therapist: *He withdraws and you feel abandoned, so I wonder if when he does get escalated somehow you're able to say, "Ok, now I've got his attention," because sometimes it has been hard to get his attention or get him engaged.*

Sarah: *Yeah because he doesn't show any emotion, ever, hardly ever, and he doesn't talk about his emotions.*

Therapist: *If he starts to feel more disconnected, you still get very panicky, and you feel alone and then it turns into . . .*

Sarah: *an escalation.*

Therapist: *He has a very difficult time tolerating and being with you and you create a situation that feels more scary?*

Sarah: *And I think, "Ok, well I can't go to him."*

Therapist: *It's so hard to see the vulnerable part of him because he doesn't show a lot of emotion and if he does, it's anger, but then you know you've got his attention?*

Sarah: *I get panic-stricken because I feel like he's not understanding my world and my hurt and my devastation, like he's forgetting about it.*

Therapist: *You worry that he'll forget?*

Sarah: *And that he won't be attentive to my needs, and if I don't get those needs met, will the marriage really work out? So I go through all this . . .*

Therapist: *When you say you worry, what goes with it?*

Sarah: *Anxiety, sadness, despair, "how am I going to do this?" Petrified . . . I can't even come up with a word . . . It's more than fear. I can't function.*

Therapist: *So fear is the foundation of all the emotions, that, "I won't be able to trust him," or "I'll start trusting him and he'll betray me," . . . you are terrified?*

Sarah: *Yeah, "terrified," is a good word.*

Therapist: *So (you think), "I'm afraid that he won't understand?"*

Sarah: *He'll forget . . . if he forgets, he'll go back to the old him and he won't be attentive to my needs and I'm afraid my emotional needs won't be met, because that's how he was before the affair.*

Therapist: *"If I don't keep reminding him of what this did to me, then he'll stop being vigilant and stop trying?"*

Sarah: *And this is what I have needed for the last 20+ years. My love for him is actually stronger than when we first got married. It's a deeper*

love. The last half of our marriage has been hell and it's finally feeling good.

Therapist: Tell me why that's so scary?

Sarah: Because I don't want to get hurt again. I can't go through this again (starts to display anger again) . . .

Therapist: Try to stay with the scary part so he can attend to it, which means you might have to leave a wall down.

Sarah: That scares me to death.

Therapist: Just thinking about that is scary?

Sarah: Yeah.

Therapist: I want you to try. I want you to try talking to him about how you do feel closer to him, but in a way, that makes it that much scarier, and that's why you can have deeper connection but still flip into anger and disconnection. Can you talk to him about that?

Sarah: (To him) I have felt closer to you than I have ever felt before (To therapist) I'm scared to death to do this . . .

Therapist: Say that to him. Tell him how scary it is to even talk to him about this.

Sarah: It is terrifying to even talk to you about the affair. It scares me to death.

Therapist: Talk to him about scary it is to get this close.

Sarah: This is hard for me. I don't know if I can do this. It scares me to get close but I want it, but it scares me because I really feel like it will kill me if I get betrayed again. I keep you out with my anger. I can't get hurt anymore. When we're not talking about it and we're going about our day, I feel disconnected from you and so that's why I approach you all the time about things because I have to reconnect but I can't reconnect as deeply as I want to because I'm terrified. I'm afraid.

Therapist: So you keep up walls (she nods) so tell him how you keep them up . . . what do you use?

Sarah: I lash out at you. I get mad at you. I want to make sure you can see what a jerk you've been.

(He is turned toward her, engaged, listening, arms unfolded. Therapist encourages him to talk about how hard it is for him and he admits that he feels ashamed when she gets upset).

David: So when you feel this disconnected, can you approach me with something other than the anger? Just come talk to me if you're feeling disconnected.

Sarah: (to therapist) I'd be going to him all the time, though. He'd get sick of it.

Therapist: So you're trying to fix it yourself, and it ends up escalating and that ends up with you feeling abandoned when he can't tolerate the high level of emotion . . . say, "I'm scared to tell you when it's happening because I'm afraid I'll wear you out."

Sarah: *I'm afraid I'm going to wear you down and wear you out. And I can see that it's wearing you out, because you left yesterday. And I'm afraid when you leave that you're going to leave for good because you basically did for a year. You left.*

David: *I'm not going to leave for good.*

Therapist: *(To David) You've done all of these things to show her that she matters. You've been there enough of the time that I feel hopeful.*

David: *I feel myself slipping. I feel it getting harder and harder.*

(At this point, we explore more about how it is hard for him to see his wife in pain, which allows his wife to soften enough to engage him positively)

Sarah: *I think I married a good, honest guy. Just for a year you kind of left a little bit. I really believe that you don't ever want to do this again and that you don't ever want to cause any more pain and it's hurt you even more in some ways than it has me, but you're just not showing it. You know it's devastating. I know all this. I know you're a good guy. I know you're honest, I know all that. This is incredibly hard to do, and now if you hear me say I trust you it's like giving you an open window to go betray me again.*

David: *That won't happen. You can trust me. It gives me hope that you'll be able to trust me completely again someday. How can I help you with your fears?*

Sarah: *I can't have you leave the house like you did yesterday.*

David: *What can I do when it gets that hard for me? You have these claws out for me. The walls are thick (Withdrawer is increasing engagement and responsiveness).*

Sarah: *The walls would be broken down if you would take me in your arms and gave me a hug and say, "I know I've hurt you." I would melt.*

David: *I will do my best (he reaches out to her; she allows him to hug her and breaks down sobbing).*

Therapist: *Do you feel safer?*

Sarah: *(Nods, and to David) "It's hard for you to see me cry."*

Therapist: *But then he can move in closer. This helps build safety (validates his ability to comfort her).*

The steps of the attachment injury resolution model are illustrated in the dialogue between David and Sarah. She brought up a trigger which reminded her of the devastating effects of the affair in a highly emotional manner, consistent with step one. David remained emotionally distant at first, with his arms folded. While being supported by the therapist, Sarah was able to explain a more cogent narrative about what the affair and David's current behaviors mean to her. She began identifying her fear and hurt and was able to relate it to her angry displays and distance maintenance, consistent with step two. David was able to begin to see that part of Sarah's fear

was related to how much he was beginning to mean to her again in the marriage after years of disconnection, consistent with step three. Sarah was able to begin to identify a meaningful, integrated narrative and could speak more authentically about her attachment fears and longings, as identified in step four. When she began to articulate this integrated narrative, her previously withdrawn partner became more visibly engaged and began to begin to communicate his remorse by hearing her, demonstrative of step five. The couple moved into step six, in which Sarah was able to ask for connection and comfort from David. Lastly, step seven was demonstrated by David's staying engaged and caring verbally and responding physically. The dialogue demonstrates how the affair happened and how the relationship can be eventually healed and rebuilt.

While this was a pivotal therapeutic conversation, the couple needed similar additional bonding experiences to replace positive safe experiences for their old destructive patterns which began several years before the infidelity. Eventually, the couple became more proficient at fostering connecting moments at home, in which they took turns asking for and receiving comfort. Sarah began rating her marriage a "5," out of "5," for satisfaction and commitment on a marital questionnaire.

CONCLUSION

Marital infidelity is a devastating attack on the marital attachment system. This case illustration demonstrates how employing the methods defined by EFT can heal attachment injuries and correct the developmental trajectory to avoid divorce or chronic conflict or distance. Ultimately, resolving attachment injuries provides the fertile ground required for forgiveness in the marital system.

By applying the attachment resolution model, the therapist in the dialogue choreographed a conversation to allow the couple to experience one another in a different, healing way. EFT shows promise in its use of emotion to create safe bonding experiences in marital couples who frequently consider their marital partner as the most important attachment figure next to a parent. Obviously, this was one case and is limited in its lack of generalizability to a general population. The author hopes that the example can be useful to clinicians desiring to apply EFT in their own cases of marital infidelity. By reading a real-life example, the process can be studied in depth, facilitating the practical application of the model with an attachment lens.

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