

1 CHAPTER 5

2 **Accurate Expression and Validating**
3 **Responses: A Transactional Model for**
4 **Understanding Individual and**
5 **Relationship Distress**

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7 Individual psychological problems and relationship distress or dysfunction
8 are often intertwined, and the clinical importance of relationship distress in
9 the diagnosis and treatment of individual psychological distress is well
10 established (e.g., Fruzzetti, 1996; Gotlib & Beach, 1995). Data from the
11 National Survey of Midlife Development in the United States (MIDUS)
12 collected in 1995 showed marital satisfaction to be the strongest predictor of
13 life satisfaction, surpassing health, work, children, and sexuality (Fleeson,
14 2004). Individuals are much more likely to be depressed or have other severe
15 psychological problems if they are in a distressed relationship (e.g., Fruzzetti,
16 1996). For example, O’Leary, Christian, and Mendell (1994) found that
17 individuals in distressed relationships are ten times more likely to meet
18 *Diagnostic and Statistical Manual of Mental Disorders* (DSM; American
19 Psychiatric Association, 2000) criteria for depression are than individuals in
20 nondistressed relationships. A study of more than 2,500 married and cohab-
21 iting adults found relationship discord to be “incrementally related to
22 impairment and psychological distress over and above the effects of psychi-
23 atric disorders” (Whisman & Uebelacker, 2006, p. 369). And, in another study
24 involving 1,675 married individuals, marital dissatisfaction significantly
25 predicted alcohol use disorders (Whisman, Uebelacker, & Bruce, 2006).
26 Similarly, individual distress and psychopathology (e.g., depression, anxiety,
27 substance abuse disorders, and borderline personality disorder) have been
28 shown to negatively affect relationship quality (Hoffman, Fruzzetti, &
29 Buteau, 2007).

30 Couples therapy is often effective in the treatment of individual psycho-
31 pathology, as well as in alleviating relationship distress and dysfunction. For
32 example, behavioral couples therapy was shown to be more effective than

1 individual cognitive therapy at alleviating relationship distress and at least
2 as effective as cognitive therapy for depression in women who were in dis-
3 tressed relationships (Jacobson, Dobson, Fruzzetti, et al., 1991; Jacobson,
4 Fruzzetti, Dobson, et al., 1993; O’Leary & Beach, 1990). Similarly, a pilot study
5 found emotion-focused therapy (EFT) for couples to be as effective as phar-
6 macotherapy in the treatment of major depressive disorder in the female
7 partner, and also some evidence that the females receiving EFT showed
8 greater improvements after concluding treatment than did those who had
9 received pharmacotherapy (Dessaules, Johnson, & Denton, 2003). One of
10 the conclusions from the Treatment of Depression Collaborative Research
11 Program, a large multicenter trial that compared treatments for depression,
12 was that “marital therapy may be indicated as a primary or maintenance
13 treatment for preventing relapse and recurrence of depression” (Whisman,
14 2001b, p. 129). Couple interventions, where at least one partner experiences
15 problems associated with chronic emotion dysregulation (e.g., borderline
16 personality disorder), have been shown to be effective. For example, Kirby
17 and Baucom (2007) found significant treatment effects, including a reduc-
18 tion in depressive symptoms and emotion dysregulation in the partner with
19 emotion dysregulation difficulties, and an increase in their partners’ rela-
20 tionship satisfaction. Also, family interventions have been shown to be
21 useful supplements to individual interventions in the treatment of individ-
22 uals with severe psychopathology (e.g., Fruzzetti, 1996).

23 Despite the overwhelming evidence linking individual distress and
24 psychopathology to relationship distress and dysfunction, exactly how these
25 processes are linked is not clear. For example, although ineffective commu-
26 nication, ineffective problem solving, poor distress tolerance skills, low
27 warmth, physical abuse and aggression, nonegalitarian relationship func-
28 tioning, and negative affect have all been shown to be associated with indi-
29 vidual distress, the actual mechanisms that explain, rather than simply
30 describe, the relation between individual and relationship distress have not
31 been identified (e.g., Fruzzetti & Iverson, 2006). Researchers generally have
32 focused less on specific partner interactions that mediate the relation
33 between relationship dysfunction and individual psychopathology, and
34 more on describing generic processes, and it is clear that we need a better
35 understanding of the specific factors that moderate and mediate this relation
36 (Whisman, 2001a).

37 However, there have been some hopeful recent developments in which
38 more detailed transactional perspectives have been proposed. For example,
39 “stress generation” describes a bidirectional relationship in which an individu-
40 al’s characteristics and behaviors influence rates of stressful events and rates
41 of depression (Hammen, 2006). Similarly, “excessive reassurance seeking”

1 has been shown to be related to depressive symptoms (Joiner, Metalsky,
2 Katz, & Beach, 1999). However, models are needed to explicate more fully
3 how individual psychological distress creates relationship distress, and
4 how relationship distress creates individual psychopathology, moment to
5 moment over time. Focusing on understanding the details of the underlying
6 transactions that constantly occur within couple relationships (even prior to
7 any reported individual or relationship distress) will help inform the devel-
8 opment of new and better intervention and prevention programs.

9 This chapter presents a transactional model for understanding more
10 specifically the linkages between individual and relationship distress within
11 couple interactions (c.f. Fruzzetti & Iverson, 2006; Fruzzetti, Shenk, &
12 Hoffman, 2005). It will describe how specific patterns of ineffective commu-
13 nication can develop over time, and how individual distress and relation-
14 ship distress are linked. We will first establish some groundwork for the
15 model by explicating the hypothesized role of emotion in relationships, and
16 then discuss the key components of the model. Examples of healthy and
17 unhealthy couple interactions will be used to illustrate the various princi-
18 ples involved. We will conclude with a brief discussion about the treatment
19 implications of the model and suggest some directions for future research.

20 **A TRANSACTIONAL MODEL: PRINCIPLES AND THEORY**

21 *Background and Relation to Models of Social Support Processes*

22 Social support may be defined as information leading one to believe that he
23 or she “is cared for, loved, esteemed, and a member of a network of mutual
24 obligations” (Cobb, 1976, p. 300). There are different hypothesized roles of
25 support in intimate relationships. Cutrona, Pierce, Sarason, and Sarason
26 (1996) argue that its most important role is in improving the quality of a
27 relationship. Gable, Reis, Impett, and Asher (2004) discuss the role of enthu-
28 siastic responses to a partner’s communication of personal positive events
29 in enhancing relationship well-being. Other roles of support include help-
30 ing a person to deal with negative life events (Cohen & Wills, 1985), or to
31 create a sense of “predictability, stability, clear role expectations, and a sense
32 of belonging and purpose” (Cutrona et al., 1996, p. 74).

33 Having an intimate partner does not imply, much less ensure, that a
34 person will receive effective support (e.g., Coyne & Bolger, 1990). Gleason,
35 Iida, Shrout, and Bolger (2008), in a diary study of couples over 31 days lead-
36 ing up to a major stressor, found that support in dyadic relationships may
37 increase distress (based on measures including anger, anxiety, and depressed
38 mood) in recipients. They note that support can be “ineffective and even

1 detrimental." Although receiving support may increase relationship close-
2 ness, it may make a person feel worse in other domains (e.g., mood). They
3 found large, unexplained differences among individuals in how they react
4 to support. In two daily diary studies, Iida, Seidman, Shrout, Fujita, and
5 Bolger (2008) found support provision in intimate dyads to involve charac-
6 teristics of providers, recipients, and their relationships. In summary, despite
7 considerable research, there is no agreement about the underlying mecha-
8 nisms associated with effective support in intimate dyads. This chapter
9 presents a model to try to begin to identify specific partner behaviors asso-
10 ciated with effective support that are relevant to both successful individual
11 and relationship functioning.

12 *Definitions*

13 The terms *accurate expression*, *emotion dysregulation*, *validation*, and *invalida-*
14 *tion* all refer to key components in the transactional model that follows.
15 Accurate expression refers to a description of a person's emotions, thoughts,
16 and wants/desires, without interpretation or judgment. If a person is feeling
17 sad, for example in response to a partner's absence, accurate expression
18 might involve the person noticing that she or he is sad and communicating
19 this to his or her partner (Fruzzetti, 2006). Note that, in contrast, *inaccurate*
20 *expression* in this situation might involve the person expressing anger toward
21 the partner (anger in this example would likely be a secondary emotional
22 response, described in detail later) rather than sadness or disappointment.
23 Emotion dysregulation may be defined as a level of emotional arousal that
24 is high enough to interrupt effective self-management: The individual
25 focuses, increasingly, on reducing painful emotional arousal. Thus, emotion
26 dysregulation interferes with a person's ability to pursue longer-term goals
27 and maintain self-control (Fruzzetti, Crook, Lee, Murphy, & Worrall, 2009).

28 Although there are many definitions of the term validation, it has a quite
29 specific meaning here. Validating responses communicate one's under-
30 standing and acceptance of another's feelings, thoughts, desires, actions,
31 and/or experience (Fruzzetti & Fantozzi, 2008). In contrast, invalidating
32 responses communicate a failure to understand, and accept as legitimate,
33 the other's experience or actions. In other words, invalidating responses
34 convey that the other's experiences or actions are illegitimate, invalid,
35 incomprehensible, or otherwise wrong. Invalidating responses typically
36 maintain or increase negative emotional arousal in the other person,
37 whereas validating responses facilitate reductions in negative arousal
38 (Shenk & Fruzzetti, 2009). Accurate expression and validating responses are
39 linked in important ways, just as inaccurate expression and invalidation are
40 linked. Figure 5.1 shows that it is much easier to validate another when the

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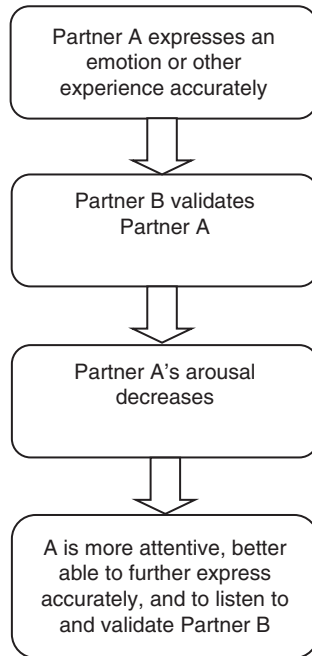
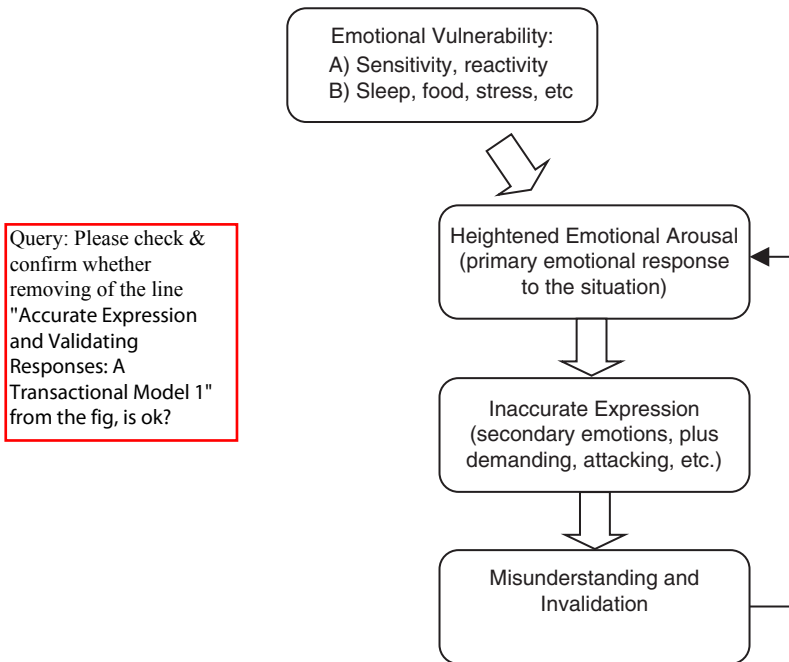


Figure 5.1 Accurate expression and validating responses: A transactional model 1.

1 person expresses him- or herself accurately. Validating helps keep arousal
 2 low, which in turn helps the individual stay oriented to goals and cognitively
 3 clear, which makes accurate expression (and the partner’s ability to listen,
 4 understand and validate) more likely. This transaction (accurate expression
 5 ← → validating response) continues over time, mediated by low or modest
 6 emotional arousal.

7 In contrast to accurate expression, inaccurate expression is much easier
 8 to *invalidate*, which further heightens the person’s emotional arousal, caus-
 9 ing confusion and increasing the urge to “escape” the situation (get out of it,
 10 regardless of longer-term impact), which typically keeps the focus away
 11 from the person’s initial descriptive experience (Fig. 5.2). This transaction
 12 (inaccurate expression ← → invalidating responses) continues over time,
 13 mediated by high negative emotional arousal. This high negative emotional
 14 arousal, of course, is the essential link between distressed individuals and
 15 distressed relationships. That is, high negative emotional arousal is the
 16 common pathway to both individual distress and relationship distress. When
 17 an individual has chronically high negative emotional arousal, he or she is
 18 more vulnerable to chronic individual distress, emotion dysregulation, and



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Figure 5.2 Unhealthy transaction (leads to escalating cycle of inaccurate expression and invalidation, co-occurring with high negative emotional arousal or dysregulation).

1 psychological disorders (e.g., depression substance, use, anxiety). Both the
 2 precipitants of that arousal, and how the person manages the arousal, affect
 3 the development of psychological disorder. In addition, when a person is
 4 highly negatively emotionally aroused, or sometimes even emotionally
 5 dysregulated, he or she is (a) more likely to say and do hurtful things,
 6 (b) less likely to listen empathically and respond to a partner in a validating
 7 way, and (c) less likely to receive support and validation in a constructive
 8 (helpful) way (Fruzzetti et al., 2009). Thus, elevated negative emotion and emo-
 9 tion dysregulation create a dysfunctional cycle that can quickly lead to a dis-
 10 tressed relationship, as well as to individual distress and psychopathology.

11 As noted, we prefer the term *transaction* to describe these processes, for
 12 a variety of reasons (cf. Fruzzetti et al., 2005). Most importantly, the term
 13 captures the reciprocal and ongoing nature of what happens between part-
 14 ners, both in a given situation (conversation or exchange) and over time, as
 15 these shorter exchanges develop into patterns. With each cycle, what one
 16 person does affects the other, back and forth, resulting in either a moderat-
 17 ing pattern (healthier) or an exacerbating pattern (less healthy). The factors
 18 are constantly changing, influencing each other over time.

1 *Emotion in Relationships*

2 An emotion may be conceptualized as a “process and a multisystemic
3 response involving neurobiology, cognition, and behavior, most often occur-
4 ring in a largely social context” (Fruzzetti et al., 2009). Of course, emotional
5 responses may be triggered by internal events (e.g., thoughts, memories,
6 somatic events) or external events (other people, events, etc.). There are two
7 kinds of emotions, primary and secondary. A *primary emotion* is a universal and
8 adaptive (healthy) emotional response to a situation or stimulus (Greenberg &
9 Safran, 1989). Alternatively, a *secondary emotion* is a learned emotional
10 reaction, perhaps to the primary emotion itself or to the situation or stimu-
11 lus, sometimes mediated by particular kinds of thinking (e.g., judgments).
12 Although secondary emotions may be adaptive in a narrow situation, they
13 are less broadly adaptive. For example, one partner who is looking forward
14 to the other one coming home may be disappointed that the other one is late
15 (disappointment is the primary emotion here). However, he or she may
16 express annoyance or anger (a secondary emotion in this situation) upon
17 the partner’s arrival, which is both less accurate (not describing the disap-
18 pointment) and likely to be less effective in achieving relationship goals
19 because anger is likely to create more distance—the opposite of what the
20 partner was wanting (close time together).

21 Emotions play a central role in intimate relationships, and negative
22 emotion is a core feature of relationship distress. Individuals’ cognitive,
23 physiological, and overt behavioral repertoires (and hence their transactions
24 with the partner) are mediated by the extent to which they are able to stay
25 emotionally regulated (e.g., Fruzzetti & Iverson, 2004; Fruzzetti et al., 2005).
26 In addition, having difficulties regulating emotion increases the likelihood
27 of developing a variety of forms of individual psychopathology (e.g., depres-
28 sion, anxiety, borderline personality disorder; Ehring, Fischer, Schnülle,
29 Bösterling, & Tuschen-Caffier, 2008; Fruzzetti et al., 2005).

30 *Emotion Regulation and Dysregulation*

31 Thompson (1994) maintains that “emotion regulation consists of the extrin-
32 sic and intrinsic processes responsible for monitoring, evaluating, and mod-
33 ifying emotional reactions, especially their intensive and temporal features,
34 to accomplish one’s goals.” Gross (1998) describes a process model of emo-
35 tion regulation in which “emotion may be regulated at five points in the
36 emotion generative process: (a) selection of the situation, (b) modification of
37 the situation, (c) deployment of attention, (d) change of cognitions, and
38 (e) modulation of responses” (p. 271). This process of regulating emotions as
39 an individual is central to partners transacting in a healthy way. If one partner
40 becomes emotionally dysregulated, he or she becomes focused on escaping

1 the aversive experience of painfully high negative emotion, without much
2 regard for the longer-term costs associated with escape. This often takes the
3 form of expressing hostility and destructive criticism, but could take other
4 forms that are destructive (such as demanding, judging, interpreting, etc.).
5 These are not examples of accurate expression, which instead would be
6 more descriptive of primary emotions, and include heart-felt wants and
7 desires (those experienced under low or moderate levels of arousal), consis-
8 tent beliefs or opinions, and so on. Moreover, in states of high emotional
9 arousal people simply cannot optimally solve problems, communicate, or
10 perform complex tasks like those needed to negotiate in a difficult interper-
11 sonal situation.

12 Emotion regulation skills and abilities enhance effective functioning
13 both in the short and long term. In particular, they help the individual
14 manage social interactions effectively and pursue both short- and long-term
15 goals simultaneously (Thompson, 1994).

16 Thus, the core problem for many distressed couples may be dysregu-
17 lated emotion, either across situations in general or at least in relationship
18 situations (Fruzzetti, 2006; Fruzzetti & Fantozzi, 2008). High emotional
19 arousal overwhelms a person's thinking and reasoning abilities. Otherwise
20 "normal" individuals (i.e., even without severe individual psychopathology)
21 may learn to react strongly and quickly with high negative emotion in the
22 context of a significantly distressed relationship (negative escalation; cf.
23 Weiss & Heyman, 1990). The more emotional arousal increases, the less
24 likely it is that a person will be able to think logically or problem-solve effec-
25 tively. Following an emotional event, if a person's emotional arousal is high
26 enough, inaccurate expression of the emotion (especially expression of a
27 secondary emotion instead of the primary) is likely to follow. The individual
28 may, for example, express anger when the more authentic emotion is sadness,
29 fear, or hurt. Many factors may be associated with dysregulated emotion.
30 However, interpretations, assumptions, and, in particular, judgments (right/
31 wrong or good/bad interpretations, about oneself or another), exacerbate
32 emotional arousal and contribute to inaccurate expression.

33 Importantly, one partner's response to the other partner's inaccurate
34 expression may further reinforce it by giving desired (albeit negative) atten-
35 tion to the person when he or she expresses a secondary emotion (or other
36 less descriptive and less accurate expression). Giving extra attention to or
37 trying to soothe a partner may positively and/or negatively reinforce that
38 partner's expression of anger, increasing the likelihood of similar patterns
39 of behavior in the future. And, even if the partner does not soothe, but rather
40 reciprocates with additional inaccurate and negative expression him- or
41 herself, this may elicit further arousal and inaccurate expression. Thus, one

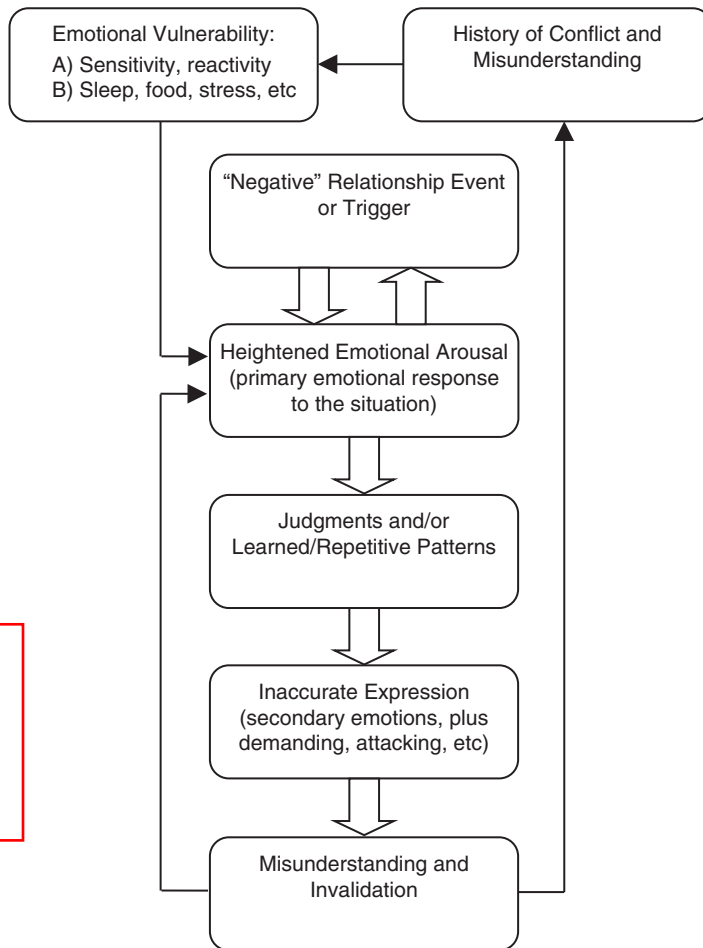
1 person's inaccurate expression can easily lead to the other's. It is difficult
2 for one partner to provide appropriate, useful, or meaningful support when
3 the other partner is not expressing accurately what she or he thinks, feels, or
4 wants.

5 *Vulnerabilities to Negative Emotional Arousal and Dysregulation*

6 The greater a person's vulnerabilities to negative emotional arousal, the
7 higher his or her emotional arousal is likely to be immediately after a given
8 emotional event and *prior* to expressing anything publically or anyone else
9 responding to him or her. In addition to the event itself, four other factors
10 contribute to higher levels of negative emotional arousal in a specific situa-
11 tion: (1) the person's emotional temperament, (2) the person's current
12 biological disposition, (3) immediate prior events, and (4) the judgments or
13 appraisals the person makes (or does not make) about the event, the other
14 person (in an interpersonal situation or event), or about him- or herself, just
15 as the event occurs or unfolds. Let us explore how each of these factors func-
16 tions (see Fig. 5.3).

17 **Negative Events.** The negative "events" noted in Figure 5.3 are typically
18 small daily events, things that happen throughout the course of the day. This
19 might include perceiving a look of disapproval on a colleague's face at work,
20 or a partner not arriving home from work on time as expected. Of course, the
21 event could be less routine (a relationship breakup, loss of job, car accident,
22 etc.), but most events are more mundane. For purposes of this model,
23 however, events between partners or otherwise directly relevant to their
24 relationship are the most important daily events. Indeed, for partners in a
25 couple, many relationship "events" occur throughout the course of a day. The
26 "negative" quality of an event is determined to some extent by its objective
27 qualities (e.g., being blamed or judged is almost always a negative event),
28 but also by context and emotional impact. And, context includes both direct
29 relationship factors (e.g., recent conversations or interactions) and individ-
30 ual vulnerabilities.

31 For purposes of this model, negative events are both those that are
32 negative in quality and those that are simply less positive than desired. For
33 example, when one partner is doing something and the other partner rolls
34 his or her eyes and sighs deeply in an exasperated way, it is clearly experi-
35 enced as a negative event. In addition, if one partner is looking forward to
36 seeing the other at the end of the work day, really wanting to be together,
37 and is met with a tepid response upon reuniting (partial smile, gentle but
38 not enthusiastic "hello"), the differential between what is desired (a very
39 positive response) and what is received (a modest, more neutral or mildly



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Figure 5.3 Transaction between individual emotion dysregulation and partner invalidating responses; individual and couple distress results.

- 1 positive response) is also “negative” in this model. That is, we expect that
- 2 disappointment (in the class of negative emotions) will naturally follow as a
- 3 primary emotion.
- 4 **Emotional Temperament.** Certain temperamental factors make people
- 5 more or less vulnerable to emotion dysregulation (Fruzzetti et al., 2005;
- 6 Linehan, 1993a). Some individuals may be particularly sensitive in general
- 7 or sensitive only to certain kinds of emotional stimuli. Importantly, in close
- 8 relationships that have been distressed over time, one or both partners may
- 9 develop extreme vulnerabilities to negative arousal, mostly in situations

1 with each other (and not in other situations). Thus, we may consider
2 emotional temperament a marker that is stable in the short term, but not
3 necessarily stable in the long term.

4 We may consider three different types of temperamental vulnerability:
5 sensitivity, reactivity, and length of time it takes to return to emotional base-
6 line. Sensitivity refers to how big the emotional cue or stimulus needs to be
7 for the person to notice or perceive it. Higher sensitivity means the person
8 is more acutely aware of emotional cues. Of course, some individuals may
9 be relatively insensitive and may tend to miss important stimuli, in particu-
10 lar in interpersonal situations. This may contribute to missed opportunities
11 for giving or receiving support, for problem prevention and problem solving,
12 or for closeness. In couples, when partners mismatch on sensitivity (one
13 being keenly sensitive, the other more detached from emotion cues), con-
14 flict is likely.

15 Reactivity defines how much a person responds emotionally after
16 perceiving an emotional cue, and is relatively independent of sensitivity
17 (Fruzzetti et al., 2005). That is, a more reactive partner may notice a certain
18 emotional cue and have a very big, negative response, whereas a less reactive
19 partner may notice a similar cue but not react to it much at all. It is possible
20 that when one partner's arousal matches the arousal of the other partner
21 (especially at low to moderate levels), it is easier for the couple to maintain
22 effective communication. If one partner's reactivity is substantially lower or
23 higher than that of the other, the potential for misunderstanding is increased.
24 For example, low reactivity may result in a lack of response to an emotional
25 cue (e.g., an upset expression on a partner's face). This has the potential to
26 be misinterpreted by the other partner (e.g., "he doesn't care about me").
27 Conversely, an emotionally reactive person may become highly negative
28 when under stress (e.g., Fruzzetti & Iverson, 2006). This can result in ampli-
29 fied discomfort when negative life situations arise, including disagreements
30 or conflict with a partner (Gardner, Busby, & Brimhall, 2007).

31 Some individuals, after becoming emotionally activated, take a relatively
32 long time to return to their normal (baseline) level of emotional arousal, and
33 others return to baseline rather quickly. A slow return to baseline means that
34 the individual tends to stay at higher levels of emotional arousal longer.
35 Events that would otherwise result in a moderate reaction are likely to seem
36 to trigger more extreme responses if an individual's emotional arousal is
37 already high (the modest stimulus, plus still elevated arousal from a long
38 time prior, results in high negative arousal or even dysregulation). Thus, slow
39 return to baseline also creates more opportunities for misunderstanding.

40 These vulnerabilities are not mutually exclusive, nor do they necessarily
41 covary greatly. An individual may be very sensitive, highly reactive, and also

1 have a slow return to baseline. But, a person may also have none of these
2 vulnerabilities, or any combination of one or two of them. Various combina-
3 tions may make couples more resilient to aversive conflict (e.g., if neither is
4 particularly sensitive or reactive), or more prone to aversive conflict (e.g., if
5 one partner is very sensitive and the other is highly reactive). Consequently,
6 the matching or mismatching of temperamental factors can contribute to a
7 variety of couple interaction patterns (Fruzzetti & Jacobson, 1990), and of
8 course any partner with high vulnerabilities to negative arousal and dys-
9 regulation is more at risk for developing significant psychological distress
10 associated with a variety of disorders (Fruzzetti et al., 2005).

11 **Current Biological Disposition.** Other vulnerabilities are more transient,
12 and may be environmental or situational. Examples of transient vulnerabil-
13 ities that apply to almost everyone at one time or another include being
14 tired (insufficient sleep or poor quality of sleep), having a physical illness,
15 not eating properly, not getting enough exercise, and the use of mood
16 altering-drugs such as alcohol, caffeine, or prescription or street drugs.
17 Other transient vulnerabilities that affect arousal and contribute to emo-
18 tional distress and dysregulation in the short term include employment-
19 related stressors (or lack of employment and its associated financial
20 stressors), health-related stressors, social stressors, and stressors related to
21 children and family. Importantly, a healthy relationship may represent an
22 important resource to help an individual deal with stressors. However, a
23 distressed or dysfunctional relationship may itself be a major stressor in a
24 person's life. When this occurs, the person also loses a key support structure
25 (a healthy relationship) to help them cope with other stressors.

26 **Immediate Prior Events.** Temperamental factors and current biological
27 disposition contribute to negative emotional reactions due to any negative
28 event. In addition, very recent prior events interact with these factors to
29 create an emotional baseline just prior to the next event. Thus, a partner
30 who just had a disagreement with a co-worker will enter into a couple situ-
31 ation or event with higher negative arousal than a partner who just had a
32 fun time exercising. Prior events also interact with temperamental factors
33 and current biological dispositions to create more or less aversive arousal.

34 **Judgments And Appraisals.** Of course, how we think about events also has
35 an impact on our arousal. Of particular interest in this model are judgments,
36 which are a particular type of appraisal, classifying something (an action of
37 the partner or oneself) as good/bad or right/wrong. Judgments have a sig-
38 nificant and immediate impact on emotional arousal (Fruzzetti et al., 2009).

1 Typically, if a person is judgmental toward his or her partner, anger will
 2 result (and the primary emotion will be lost, at least temporarily). Conversely,
 3 if a person is judgmental toward oneself, guilt or shame follows. And, people
 4 tend to become increasingly judgmental in states of high negative emotional
 5 arousal.

6 The alternative to judgments and appraisals (including positive ones) is
 7 mindful description. *Mindfulness*, or nonjudgmental awareness, has signifi-
 8 cant implications for healthy relationships. Mindfulness in the context of a
 9 couple relationship involves awareness of the other person, engaging in
 10 interactions without judgments, letting go of judgments quickly when they
 11 do occur, staying present (focused on the current moment or activity), being
 12 aware of and allowing primary emotions (experiencing primary emotions
 13 without suppression or escape), enjoying being together in daily activities,
 14 and reminding oneself of long-term goals as context (e.g., “I love my partner
 15 and my partner loves me”; Fruzzetti, 2006; Fruzzetti & Iverson, 2004).

16 *Accurate Expression of Emotions, Thoughts, and Wants*

17 Accurate expression refers to a partner’s abilities to observe and be aware of
 18 his or her emotions (especially primary emotions), thoughts, and wants and
 19 desires, and to *describe* them as they are, without interpretation or judgment.
 20 Accurate expression typically includes the description of primary emotions,
 21 whereas inaccurate expression involves expression of secondary emotions
 22 or a distortion of the importance of a topic and one’s feelings about it (e.g.,
 23 “anniversaries aren’t important, I don’t care that he forgot my anniversary”
 24 when the partner is genuinely disappointed; Fruzzetti & Fantozzi, 2008).
 25 As noted, primary emotions are universal responses to a situation, whereas
 26 secondary emotions are responses to the primary emotion mediated by
 27 appraisals and judgments, or are conditioned over time (Fruzzetti & Fantozzi,
 28 2008). Fear, sadness, surprise, disgust, and joy are all examples of emotions
 29 that are typically experienced as primary emotions. Although anger is often
 30 a secondary emotion, in particular in close relationships, it can also be a
 31 primary emotion. Anger is normative and justified (a primary emotion) in
 32 situations of significant injustice, and when a person experiences a lot of
 33 pain and distress. Thus, in close relationships, anger often is expressed
 34 when a person primarily feels hurt. This is paradoxical, of course, because
 35 the hurt partner typically is hurt because of distance in the relationship and
 36 truly wants more closeness. Yet, by expressing anger, further distance is
 37 more likely to follow, rather than increased closeness.

38 These particular six emotions correspond to identifiable facial expres-
 39 sions in humans (one of the key roles of emotions in humans is to help in
 40 communication; Ekman, Friesen, & Ellsworth, 1972). Secondary emotions

1 are generally reactions to underlying emotional processes, not a person's
2 direct response to the event or situation. According to Greenberg and Safran
3 (1989) dysfunctional and maladaptive emotions are usually secondary emo-
4 tions that block the experience and expression of primary emotions. Anger
5 and shame are commonly experienced as secondary emotions, although
6 other emotions also could become secondary emotions.

7 Anger is particularly problematic in close relationships because, even
8 when justified, it is typically corrosive. Anger is usually associated with an
9 urge to "attack" (at least verbally), which is experienced by the receiving
10 partner as a threat. At this point, both partners fail to appreciate the other
11 (likely more) primary emotions the first partner missed (disappointment,
12 hurt, etc.). This "inaccurate" expression of anger may be complete (anger
13 may be entirely secondary) or partial (it may be justified, but one or more
14 additional emotions are neither identified nor expressed because anger
15 expression dominates). In negotiation or conflict situations, fear (that the
16 partner will not get desired outcomes) and disappointment (he or she has
17 not been getting what has been desired) are primary emotions that are likely
18 to be missed through the inaccurate expression of anger. Of course, it is dif-
19 ficult for the other partner to respond to the sadness or fear in the face of
20 criticism and attack (expression of anger). Thus, support and other validat-
21 ing responses are unlikely to be provided.

22 Multiple forms of inaccurate expression can easily be misunderstood,
23 thus eliciting negative and invalidating responses that exacerbate already
24 high (and often rising) negative emotional arousal. In contrast, accurate
25 expression is much easier to understand, which helps to facilitate self-
26 validation and validating responses from others, and in turn, to reduce neg-
27 ative emotional arousal and to regulate emotion adaptively. If a partner
28 experiences and is able to express accurately his or her primary emotion
29 (e.g., sadness), to allow and accept the emotion, and to understand that it
30 makes sense in the context of the situation or relationship history, this alone
31 is likely to help him or her to stay emotionally regulated and to express the
32 experience accurately to his or her partner.

33 In contrast, inaccurate expression is a key part of ineffective communi-
34 cation. For example, someone may react to a feeling of sadness or hurt by
35 expressing anger toward his or her partner. The feeling of anger may be
36 easier to tolerate than feelings of sadness or hurt (or, the partner—or
37 others—may have responded to sadness in a punishing way in the past).
38 Over time, the anger reaction to sadness may become automatic. The person
39 may not be aware that the anger is a response to another, more authentic,
40 emotion. His or her partner may only be aware of and respond to the anger,
41 thus setting the stage for a dysfunctional pattern of interaction to develop,

1 with its associated relationship and individual distress. Alternatively, she or
 2 he may “self-silence” by not communicating private experiences to his or
 3 her partner (e.g., by pretending nothing is wrong when feeling sadness
 4 or hurt). Thus, avoidance is one way to express experiences inaccurately,
 5 which also leads to unhealthy patterns of interaction and an increase in the
 6 risk for individual psychological problems and conflicted, dysfunctional
 7 relationships (Fruzzetti, 2006; Fruzzetti & Jacobson, 1990; Whiffen, Foot, &
 8 Thompson, 2007).

9 *Validating Responses*

10 There is something very basic about feeling understood and accepted, which
 11 is communicated via validating responses. In close relationships we thrive
 12 on acceptance and validation from our partner or spouse. Healthy relation-
 13 ships thrive on heavy doses of validation and little invalidation (Fruzzetti &
 14 Iverson, 2006). For example, Iverson, McLaughlin and Fruzzetti (2009) dem-
 15 onstrated that couples with a depressed partner showed significantly more
 16 invalidating responses, and fewer validating ones, than matched couples
 17 without a depressed partner. And, in a study involving distressed couples
 18 seeking treatment, a brief couple intervention (six sessions) that focused on
 19 increasing accurate expression and validating responses (and decreasing
 20 invalidating ones) led to significantly increased validating and decreased
 21 invalidating responses. These changes were highly associated with decreased
 22 levels of both individual and relationship distress at both post-treatment
 23 and at follow-up (Fruzzetti & Mosco, 2009).

24 There are a lot of different ways to validate what someone feels, thinks,
 25 does, or wants. Validation may involve acknowledging and legitimizing the
 26 “facts,” the situation, or another person’s feelings, opinions, and responses.
 27 It requires respecting the other person’s emotions and reactions, and wants
 28 and desires, in addition to focusing on logic and reason (Linehan, 1997). In
 29 the context of an intimate relationship, it is likely to involve communicating
 30 that the relationship is important and that the other person is important
 31 (Fruzzetti, 2006). More specifically, validation may be categorized into sev-
 32 eral different levels or types: (a) nonjudgmental (mindful) listening and
 33 observing, paying attention; (b) accurate reflection (verbal and nonverbal),
 34 which involves nonjudgmentally acknowledging the other’s feelings,
 35 thoughts, and/or wants and desires; (c) asking about the other’s perspective
 36 or experience to seek clarification, or articulating their un verbalized emo-
 37 tions, thoughts, or wants and desires; (d) validating based on a person’s his-
 38 tory or relationship history that their emotions, thoughts, and/or wants and
 39 desires make sense (understanding his or her experience in a larger con-
 40 text); (e) normalizing the other’s experience, communicating that it makes

1 perfect sense (e.g., “of course anyone in this situation would feel that way”);
2 (f) treating the other as an equal, not as fragile, even if current circumstances
3 make the person vulnerable; and (g) self-disclosing one’s own vulnerability
4 to match the other’s vulnerability (e.g., if one partner says “I love you,” the
5 other partner says, “I love you, too,” or, if one says “I am so unhappy we have
6 been fighting about this ... I really want to make things better” the other
7 says, “me, too” in a soft or even sad way; Fruzzetti, 2006; Fruzzetti & Iverson,
8 2006).

9 Validation can be nonverbal as well as verbal. This may take the form of
10 nurturance and support that reflects an understanding of the other’s experi-
11 ence and desires. This includes being responsive to the other’s needs and
12 experiences, which clearly reflects understanding and acceptance (e.g., by
13 helping with a partner’s chores when it is clear he or she has had a tiring day
14 at work; treating him or her as you would like to be treated in a similar situ-
15 ation), and by one partner showing that he or she takes the other partner
16 seriously (e.g., by joining in activities that are important or meaningful to
17 the other; Fruzzetti, 2006).

18 For reasons that are likely evolutionary, validation and invalidation have
19 very different immediate effects on negative emotional arousal. Even in ongo-
20 ing stressful situations, validation helps reduce aversive emotional arousal,
21 whereas being invalidated does not (Shenk & Fruzzetti, 2009). Thus, validat-
22 ing responses help soothe and reduce negative emotional arousal, which in
23 turn make it easier for a partner to express him- or herself accurately.

24 Validation is not appeasement, advice, or simply agreeing with someone.
25 One partner may not agree, for example, that he or she did what the other
26 says (e.g., spoke in a critical tone). However, that partner can still validate
27 the other’s experience (it sounded that way to the other, therefore feeling
28 hurt makes sense). And, validating is not always easy or pleasant to do. Just
29 because a person tries to be validating does not mean that the other person
30 will necessarily feel validated. It requires a willingness to experiment, to be
31 curious about the other person’s experience, and to ask questions. This may
32 include asking a partner if he or she feels validated, understood, or valued.
33 Just asking this question may be experienced as supportive and validating
34 because it communicates caring and that one partner is putting a lot of effort
35 into understanding and accepting the other (Fruzzetti, 2006).

36 Thus, validating responses help to soothe emotions (i.e., to reduce nega-
37 tive emotional arousal) and to reduce reactivity. They help build trust and
38 self-respect in both partners. Validating responses also help to create a con-
39 text of safety (physical, sexual, emotional, and verbal; when we feel under-
40 stood and accepted we tend to feel safe). Although validation is an acceptance
41 strategy, it can also help to facilitate change (needed change is usually easier

1 when we know we are also accepted as we are). By validating our partner's
2 behaviors, we are strengthening the relationship, facilitating problem solv-
3 ing (as needed), and laying the groundwork for getting the support we may
4 need later. By soothing our emotions and creating a context of safety,
5 validating one another (emotions, opinions, desires, and other experiences)
6 makes it easier to tolerate life's stressors (Fruzzetti, 2006). In essence,
7 validating is effective support.

8 *Invalidating Responses*

9 When one partner understands and acknowledges or legitimizes the other
10 partner's experience or behavior, he or she "accepts" it *as it is* (at least at that
11 moment). Communicating this acceptance and understanding helps to
12 reduce high negative emotional arousal immediately, which helps the part-
13 ner regulate his or her emotion, which in turn facilitates problem solving,
14 realistic goal setting, frustration tolerance (including delaying of satisfac-
15 tion in the service of long-term goals), and other effective action. As much as
16 humans thrive on validation, we react negatively to invalidation. Invalidation,
17 which conveys rejection or delegitimizing of the other's experience as valid
18 and/or disregard for the other person's experience (e.g., as unimportant or
19 irrelevant), typically results in an increase in negative emotional arousal
20 (Fruzzetti & Shenk, 2008; Shenk & Fruzzetti, 2009). Of course, this increases
21 the likelihood that the partner being invalidated will not express him- or
22 herself accurately, which elicits further invalidation, and the cycle contin-
23 ues. This is the situation experienced by many distressed couples.

24 In addition to problems in the relationship, partners who are chronically
25 invalidated (it may be one or both, depending on the pattern) are at high
26 risk for developing severe individual distress associated with high negative
27 emotional arousal and dysregulation (Fruzzetti, 1996; Fruzzetti & Iverson,
28 2004). Problems with emotion dysregulation are associated with a variety of
29 psychological disorders, including depression, anxiety, and substance use
30 disorders (cf. Barlow, 2004).

31 **DEVELOPMENT OF INTERACTION OR** 32 **TRANSACTIONAL PATTERNS**

33 Healthy couple interactions typically involve partners accurately identifying
34 their emotions, thoughts, and/or wants/desires, and expressing these to their
35 partner. For example (see Fig. 5.1), partner A accurately expresses his or her
36 feelings about an event (the event may directly involve the other partner or
37 not). Partner B responds by accepting partner A's behavior and experiences,

1 and attempts to understand those experiences. Partner B then communi-
2 cates that acceptance and understanding (including asking questions to
3 help understand). This helps to reduce the emotional arousal of partner A,
4 who in turn is able to be more attentive and better able to listen to and vali-
5 date partner B. Healthy transactions are characterized by each partner's
6 regulated emotion and nonjudgmental awareness (mindfulness) of his or
7 her own, as well as the partner's, emotions, thoughts, and/or wants and
8 desires. This not only promotes satisfaction across a variety of relationship
9 domains, it also promotes individual well-being for both partners.

10 Unhealthy couples interactions are often characterized by emotion dys-
11 regulation, inaccurate expression, and a lack of mindfulness, acceptance,
12 and validation that together result in an escalating cycle of conflict and
13 misunderstanding, culminating in both severe relationship distress and indi-
14 vidual distress and psychological disorder in one or both partners (Fig. 5.3).
15 When a person's emotional arousal is very high, his or her thinking and
16 reasoning abilities tend to diminish precipitously, and the ability to take a
17 balanced view (e.g., to see both sides of an argument) and to make effective
18 decisions in the moment is compromised. Instead of taking a balanced view,
19 the dysregulated partner is more likely to judge the other partner, to become
20 defensive, to catastrophize about the situation, to make incorrect assump-
21 tions, and/or to start feeling hopeless (or other secondary negative emo-
22 tions). The invalidated and dysregulated partner likely says and does things
23 that do not reflect authentic or primary emotions, wants, and desires
24 (e.g., genuine desire for acceptance, understanding, and closeness). This
25 inaccurate expression often leads to more negative emotional arousal, in
26 part because it is likely to incite conflict with a partner. Thus, high negative
27 arousal and dysregulation lead to inaccurate expression in one partner,
28 which likely results in him or her being invalidated, which leads to contin-
29 ued dysregulation. This partner, in turn, is very likely to respond to the other
30 partner in invalidating ways, which further corrodes the possibility of mean-
31 ingful communication, peaceful acceptance, negotiation of difficulties, the
32 provision of support, and closeness and intimacy.

33 In contrast, when a person is emotionally regulated, it is easier to be
34 descriptive rather than judgmental. It is also easier to communicate authen-
35 tic (primary) emotions, thoughts, and wants and desires, and to be able to
36 validate the other partner's various expressions of his or her experiences.
37 Reciprocity keeps this pattern moving forward (Fruzzetti, 2006), resulting in
38 effective negotiation (or the ability to tolerate insoluble problems), and a
39 pattern of effective communication, mutual understanding and acceptance,
40 mutual support, and satisfying levels of closeness and intimacy.

1 Couples tend to develop fairly consistent patterns of interaction over
2 time, especially with respect to dealing with disagreements and conflicts
3 (Fruzzetti, 2006; Fruzzetti & Jacobson, 1990; Holtzworth-Munroe, Smutzler,
4 & Stuart, 1998). The goal is a *constructive engagement* pattern in which part-
5 ners bring up relevant issues in a nonattacking way that accurately reflects
6 what they are feeling or thinking, and what they want. One partner listens,
7 accepts the other partner's behavior, and tries to understand it. The other
8 partner communicates his or her acceptance and understanding from a
9 position of respect. In this way, many problems get resolved. However, this
10 type of healthy interaction depends on both partners being aware of their
11 own emotions, thoughts, and wants, and on each partner's ability to regu-
12 late (or quickly re-regulate) his or her emotions (Fruzzetti, 2006; Fruzzetti &
13 Iverson, 2006).

14 In contrast, dysfunctional couples have frequent interactions marked by
15 escalating negative emotional arousal, inaccurate expression, and invalidat-
16 ing responses. Unhealthy interaction patterns may be divided into three
17 types, depending on a variety of factors (e.g., Fruzzetti & Fantozzi, 2008); a
18 mutual avoidance and withdrawal pattern, a mutual destructive engage-
19 ment pattern, and an engage–distance pattern. In the *mutual avoidance and*
20 *withdrawal* pattern, when one partner has a negative reaction to the other
21 and starts to become negatively emotionally aroused, the other partner
22 reacts to this and also starts to become negatively emotionally aroused (per-
23 haps fueled by their own judgments: e.g., “I didn’t do anything wrong, what’s
24 the matter with him/her?”). One partner may become very sensitive to the
25 other’s tendency to become dysregulated and react negatively, then become
26 dysregulated him- or herself. They tend to avoid bringing up important
27 issues or generally avoid interactions (they may both feel like they are “walk-
28 ing on eggshells”). Partners in this pattern either find it so aversive to engage
29 in conflict that they increasingly avoid it, or, they have better skills at recog-
30 nizing the “danger zone” early on, opt out, and withdraw prior to becoming
31 dysregulated per se. Of course, avoiding difficulties does not resolve them,
32 so over time more and more must be avoided, or they must engage in some
33 kind of conflict in an attempt at resolution.

34 In the *mutual destructive engagement* pattern, partners engage in mutual
35 attacks. However, the partners may not start out with rapid negative emo-
36 tional arousal, but find that it grows over the course of an argument into
37 dysregulated affect. At some point in the transaction, they begin to display a
38 great deal of negative emotion (especially anger), which interferes with their
39 ability to listen, problem solve, and remember the reasons why they are
40 together and that they love each other. This pattern is characterized by

1 inaccurate expression (e.g., anger, when the more authentic emotion is
2 something else, for example hurt or disappointment) and invalidation. This
3 kind of interaction heightens vulnerability to greater negative emotional
4 reactivity the next time a conflict occurs. Attacking one another may leave
5 them with more negative feelings (e.g., shame, in addition to sadness, worry,
6 and anger), further adding to the mix of negative emotions.

7 Finally, the *engage–distance* pattern is characterized by one partner
8 moving toward the other (e.g., by wanting to be together, do things together,
9 or discuss relationship-related topics) and the other pulling back or even
10 seeking more distance. In this case, the conflict often relates to one or the
11 other partner not feeling heard or understood, or to issues of closeness.
12 However, the most common form of this pattern is when the engaging part-
13 ner (the one wanting more closeness, more response from the other)
14 expresses these desires in an ineffective way. For example, the engaging
15 partner may criticize the other’s independent activities, blame the other for
16 a variety of apparent transgressions, or otherwise make caustic demands for
17 the other to change. Each of these attempts is, of course, an example of inac-
18 curate expression, and has a paradoxical effect: He or she wants more close-
19 ness but engages in a way that results in less closeness (more distance). The
20 other partner likely responds to these criticisms and demands in an invali-
21 dating way, which typically ends in aversive withdrawal (and emotional
22 distance). Often referred to as a “demand–withdraw” pattern (Christensen,
23 1987, 1988; Fruzzetti & Jacobson, 1990), the utility in describing it more as
24 “engage–distance” lies in the fact that the partner’s original “approach” and
25 desire may well have been less demanding and more affiliative, but that
26 over time (and following successive invalidating responses) the engager
27 may become more negatively emotionally aroused and less accurate in his
28 or her expression, ending up appearing only to make aversive demands.
29 This pattern leaves both partners quite dissatisfied, and may also be associ-
30 ated with individual distress. In fact, each of these unhealthy interaction
31 patterns results in less closeness and intimacy, more relationship-related
32 stressors (negative relationship events), less relationship satisfaction, and
33 more individual distress and emotion dysregulation. And, in all cases, inac-
34 curate expression and invalidating responses predominate.

35 **BRINGING IT ALL TOGETHER**

36 A healthy intimate relationship can be a major source of effective support to
37 help a person cope with life’s stressors, and through the support process
38 closeness can grow and individuals can thrive. Here, support is understood

1 specifically as those behaviors in transactions that include modulated
2 emotional arousal; accurate expression of wants, emotions, opinions; and
3 other experiences by one partner, about which the other partner is mind-
4 fully aware and to which he or she responds in a validating way. Partners, of
5 course, take turns seamlessly being in the expressing or validating role.

6 Healthy relationships tend to be characterized by higher rates of valida-
7 tion and lower rates of invalidation. In a healthy relationship, validation
8 is made easier because both partners accurately express their primary emo-
9 tions to each other, which not only facilitates communication and fosters
10 closeness, but helps each partner manage his or her emotion and protects
11 against chronic problems (psychological distress and disorders) related to
12 emotion regulation (Baumeister, Zell, & Tice, 2007; Burum & Goldfried, 2007;
13 Fruzzetti et al., 2005). Consistent accurate expression is easier because each
14 partner is more emotionally regulated, and validation is easier because each
15 person's expression is more descriptive and accurate. Lower arousal helps
16 partners stay mindful of their long-term goals and mutual commitments
17 and affection (e.g., remembering that they love their partner and that their
18 partner loves them), which keeps them on track to meet these goals.

19 In sharp contrast, a distressed or dysfunctional relationship, instead of
20 being a source of effective support for a person, tends to be a major stressor.
21 Thus, not only are partners left to manage life stressors from outside the
22 relationship on their own, the relationship itself is an additional source of
23 distress (and often the most significant). Distressed and dysfunctional rela-
24 tionships are characterized by higher rates of invalidation and lower rates of
25 validation, which contribute both to lower levels of closeness and relation-
26 ship satisfaction and to higher levels of individual distress and psychopa-
27 thology (Iverson, McLaughlin, & Fruzzetti, 2009). Partners tend to be more
28 avoidant, less aware, and less accepting of their own experiences and those
29 of the other partner, and they demonstrate lower levels of accurate expres-
30 sion (more inaccurate) commensurate with higher levels of negative emo-
31 tional arousal and dysregulation (frequency and intensity), all of which
32 result in a cycle of increasing and reciprocal relationship and individual
33 distress.

34 **IMPLICATIONS FOR TREATMENT**

35 Each step in this model of the breakdown of support and closeness offers
36 opportunities for rather novel intervention approaches. For example, individ-
37 ual interventions that increase awareness of one's own experiences help foster
38 accurate expression. Thus, mindfulness and emotion regulation interventions

1 may be very useful. In addition, relationship skills such as mindful listening
2 and very precise validation skills build closeness and support (Fruzzetti &
3 Iverson, 2006). Interventions that help couples learn and apply these skill sets
4 have been shown to help reduce individual and relationship distress (e.g.,
5 Fruzzetti & Mosco, 2009; Kirby & Baucom, 2007). The treatment goal is to
6 change the transaction from one of negative emotional arousal → inaccurate
7 expression → invalidating responses → more negative emotional arousal
8 and dysregulation (along with relationship distance and dissatisfaction, and
9 psychological distress), instead to a transaction of modulated arousal →
10 accurate expression → validating responses → continued emotion regula-
11 tion (along with relationship closeness and satisfaction, and individual well-
12 being). Intervention can focus on any of these steps, and because the steps
13 are cyclical, interventions may be effective in a variety of orders.

14 *Mindfulness and Relationship Mindfulness*

15 Mindfulness skills are essential to effective emotion regulation and inter-
16 personal interactions. Linehan (1993a, 1993b) developed a set of mindful-
17 ness skills as part of dialectical behavior therapy (DBT) (these are called the
18 DBT “core skills”), and many other applications of mindfulness are now
19 employed in a variety of approaches to individual psychotherapy. However,
20 they are less commonly found in relationship interventions (Fruzzetti &
21 Iverson, 2004). Mindfulness skills may be learned and practiced in an indi-
22 vidual or couples therapy setting or in a group setting, or they may be
23 learned and practiced individually through the use of self-help materials
24 (e.g., audio recordings or books). Individual mindfulness skills, in part, help
25 the person become aware of his or her experience without judgments or
26 interpretations (Bishop et al., 2004). This, of course, is the foundation for
27 accurate expression. Relationship mindfulness skills involve practicing
28 mindful awareness of the other person (Fruzzetti, 2006; Fruzzetti & Iverson,
29 2004). At a very basic level, relationship mindfulness provides the founda-
30 tion for effective listening and is itself one simple way to validate. Being
31 mindful of the other partner facilitates understanding and makes it possible
32 to validate the other verbally and functionally. Mindful self-awareness helps
33 the partner be aware of the larger context (e.g., of one’s love for one’s part-
34 ner and their love for you) and relationship goals (e.g., to build a life together;
35 Fruzzetti, 2006; Fruzzetti & Iverson, 2004). Together, these mindfulness skills
36 operate on both sides of the transaction (increasing emotion awareness and
37 acceptance and accurate expression on one side, increasing awareness and
38 acceptance of the partner, and validating responses, on the other). Mindfulness
39 is a component of several evidence-based individual psychotherapies,
40 including DBT, acceptance and commitment therapy (Hayes & Wilson, 1994),
41 mindfulness-based stress reduction (Miller, Fletcher, & Kabat-Zinn, 1995),

1 and mindfulness-based cognitive therapy (Teasdale, Segal, Williams,
2 Ridgeway, Soulsby, & Lau, 2000). As such, mindfulness has been used to help
3 treat a wide range of psychological disorders, including depression and anx-
4 iety, eating disorders, bipolar disorder, and borderline personality disorder.

5 *Emotion Regulation*

6 Emotion regulation skills may involve both acceptance and change strate-
7 gies (Fruzzetti et al., 2009; Linehan, 1993a). Acceptance-based skills include
8 noticing, discriminating, labeling accurately, tolerating (including self-
9 soothing and self-validation), and accurately expressing emotions. Change-
10 based skills include changing the type of emotion experienced, or altering
11 the intensity or duration of the emotion (Fruzzetti & Iverson, 2004). Of
12 course, the emphasis in emotion regulation is for partners to be able to
13 identify, allow, experience, and express primary emotions, and to move
14 away from getting stuck in secondary emotions. Given that anger in close
15 relationships typically has mostly properties of secondary emotions, emo-
16 tion regulation helps partners let go of anger and focus instead on more
17 useful and accurate primary emotions.

18 When partners are stuck in a highly reactive cycle of negative escalation
19 (high negative emotional arousal and invalidating responses), partners need
20 to regulate their own emotions prior to trying to express themselves or listen
21 to and/or respond to their partners. Emotion regulation strategies can be
22 powerful tools to help them do this. Emotion regulation is a core skill taught
23 in DBT. Managing emotion is also an important concept in other models
24 and therapies, although the specific techniques and language often differ
25 (e.g., EFT; Johnson, 2007).

26 *Accurate Expression*

27 Accurate expression skills also build on both mindfulness skills and emo-
28 tion regulation strategies. After using mindfulness skills to become aware of
29 genuine goals and using emotion skills to let go of anger and identify the
30 primary emotion, accurate expression, of course, includes expressing these
31 more genuine thoughts, wants, emotions, and other experiences to the part-
32 ner in a way that she or he can understand. The other key to accurate expres-
33 sion is that it is descriptive (rather than judgmental or evaluative). Accurate
34 expression is an important target in particular in both DBT (Fruzzetti, 2006)
35 and EFT (Johnson, 2007).

36 *Validating Responses*

37 Validating includes communicating acceptance and understanding of the
38 partner's experience (Fruzzetti & Iverson, 2004). Thus, validating does not
39 necessarily mean agreeing in total with the partner. For example, one partner

1 might be disappointed by something the other partner did, although the
2 other partner does not believe he or she did what the first one described.
3 Regardless, the second partner can validate the first partner's disappoint-
4 ment (e.g., "I understand that you are disappointed" or "I can see that you
5 are disappointed" or even "it makes sense that you're disappointed").

6 Thus, validating is the essence of support and, verbally, it can take many
7 forms (cf. Fruzzetti, 2006 or Fruzzetti & Iverson, 2004, 2006 for more details):
8 (a) attentive, genuine, mindful listening; (b) acknowledging what the other
9 person is wanting, thinking, feeling (i.e., his or her descriptive experience:
10 "I can see that you feel frustrated" or "I know you are tired"); (c) summarizing
11 the other's experience or perspective; (d) gently asking about (or "hypothe-
12 sizing" about) what the partner might be experiencing, even if he or she is
13 not expressing it (e.g., "I wonder if you're also a bit disappointed it didn't go
14 the way you wanted?"); and (e) normalizing the partner's experience (e.g.,
15 "of course you feel this way" or "anyone would react that way"). More subtly,
16 validating also requires treating the other person in a respectful, equal way
17 that demonstrates an active partnership, without any hint of condescension,
18 nor any implication that the other person is fragile or incompetent. In addi-
19 tion, it is at times validating to respond nonverbally, with action. For exam-
20 ple, if one partner is tired, it is validating (conveys understanding, legitimacy,
21 and acceptance) for the other partner to do some of his or her chores. Or, if
22 one is obviously confused, for the other to stop doing other things and help
23 the partner sort out the confusion.

24 Validating provides support, but also helps the other person manage his
25 or her emotion. Being validated results in much lower emotional arousal
26 even under ongoing stress, whereas being invalidated contributes to ele-
27 vated levels of emotional arousal (Shenk & Fruzzetti, 2009). Thus, validating
28 has an immediate impact both on the relationship and on the other part-
29 ner's well-being (and, reciprocally, on the partner doing the validating). Of
30 course, the therapist can use validation in-session to help create a "safe"
31 environment for both partners (a key intervention in EFT [Johnson, 2007]
32 and other therapies), whereas explicitly teaching partners what, when, and
33 how to validate is a core target in DBT (Fruzzetti, 2006).

34 **FUTURE DIRECTIONS**

35 Although research has provided support for various components of the model
36 described in this chapter, more basic observational/longitudinal research is
37 needed to evaluate the model. In addition, more comprehensive treatment
38 outcome studies are needed to evaluate the utility of the interventions based

1 on this model. In particular, longitudinal research that evaluates longer-term
2 outcomes with appropriate outcome measures (in addition to the observa-
3 tional coding approach often used to evaluate relationship functioning) is
4 needed. Addressing these and other methodological issues with couples
5 intervention research is required in order to integrate the various aspects of
6 the model into effective treatment (cf. Whisman, Jacobson, Fruzzetti, &
7 Waltz, 1989; Wright, Sabourin, Mondor, McDuff, & Mamodhousen, 2007).

8 The model presented in this chapter describes transactions that may
9 underlie many of the processes that have been described for intimate rela-
10 tionships in the research literature. It helps to explain how individual emo-
11 tion dysregulation and partner invalidating responses mediate the relation
12 between individual distress or psychopathology, and couple dysfunction
13 (Fruzzetti et al., 2005). If the interactions described in this model underlie
14 many of the processes present in intimate relationships, integrating aspects
15 of this model into others may help to inform changes in how individual
16 psychopathology and relationship dysfunction are diagnosed and treated.
17 Indeed, this has implications for the next version of the *Diagnostic and*
18 *Statistical Manual of Mental Disorders* (DSM-V).

19 “There is widespread, empirically supported clinical use of relational
20 interventions” (Beach, Wamboldt, Kaslow, Heyman, & Reiss, 2006, p. 366).
21 However the importance and complexity of the connections between rela-
22 tional processes and individual psychopathology are not well addressed in
23 the current DSM (DSM-IV-TR; American Psychiatric Association, 2000).
24 Interpersonal stressors, including problems related to social support, and
25 their bidirectional relation with individual psychopathology, are addressed
26 via DSM Axis IV “Psychosocial and Environmental Problems” or on Axis I
27 via “Other Conditions That May Be a Focus of Clinical Attention.” In connec-
28 tion to relational problems, the DSM states: “These problems may exacer-
29 bate or complicate the management of a mental disorder or general medical
30 condition in one or more members of the relational unit, may be a result of
31 a mental disorder or a general medical condition, may be independent of
32 other conditions that are present, or can occur in the absence of any other
33 condition” (American Psychiatric Association, 2000, p. 737). However, part-
34 ner relational problems (DSM code V61.10) only get a short paragraph, and
35 the social, relational, and intimate context of individual distress and disorder
36 are essentially ignored (Fruzzetti, 1996). In contrast to 1994 (when the
37 original DSM-IV was released) “the current literature suggests a rich net-
38 work of connections between relational processes and specific diagnostic
39 outcomes” (Beach et al., 2006, p. 360).

40 Lebow and Gordon (2006) discuss a variety of obstacles to relational
41 assessment and diagnosis, including the inherent complexity. Denton (2007)

1 argues that “important relational processes ... could become part of the text
 2 describing associated features in existing conditions.” Beach et al. (2006,
 3 p. 1146) argue that a diagnostic system that better guided the use of relation-
 4 ship interventions would be of great clinical benefit. The transactional
 5 approach explicated in this chapter could have a role in helping to under-
 6 stand psychopathology in the context of (putatively) intimate relationships.

7 CONCLUSION

8 This chapter presented a model for both relationship and individual distress
 9 that discriminates between the patterns of interaction found in healthy
 10 versus distressed and dysfunctional couple relationships. In essence, valida-
 11 tion is effective support. When partners are validated, they feel emotionally
 12 supported, safe, understood, and accepted, and are more likely to experi-
 13 ence primary emotions and be able to manage and regulate them.

14 The model may help explain many healthy and dysfunctional relationship
 15 processes (e.g., support, communication, conflict, problem-solving, negative
 16 escalation), as well as individual distress and psychopathology, in a clini-
 17 cally useful way. Interventions based on the model are promising, but con-
 18 siderably more empirical research studies, including randomized clinical
 19 trials, are needed to develop and evaluate interventions.

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