SYSTEMIC–CONSTRUCTIVIST COUPLE THERAPY (SCCT): DESCRIPTION OF APPROACH, THEORETICAL ADVANCES, AND PUBLISHED LONGITUDINAL EVIDENCE

DAVID W. REID, FAYE K. DOELL, E. JANE DALTON, AND
SAUNIA AHMAD

York University

The systemic–constructivist approach to studying and benefiting couples was derived from qualitative and quantitative research on distressed couples over the past 10 years. Systemic–constructivist couple therapy (SCCT) is the clinical intervention that accompanies the approach. SCCT guides the therapist to work with both the intrapersonal and the interpersonal aspects of marriage while also integrating the social–environmental context of the couple. The theory that underlies SCCT is explained, including concepts such as we-ness and interpersonal processing. The primary components of the therapy are described. Findings described previously in an inaugural monograph containing extensive research demonstrating the long-term utility of SCCT are reviewed.

Keywords: systemic-constructivist couple therapy (SCCT), interpersonal processing, "we-ness," relationship identity

In this article, we summarize the development of a new scientist–practitioner approach to couple therapy based on applying psychological science to understand the psychosocial dynamics of a marriage. It is called the systemic–constructivist approach to studying and benefiting couples, and it has led to the development of a therapeutic intervention called systemic–constructivist couple therapy, or SCCT (Fergus & Reid, 2001a, 2001b; Reid, Dalton, Laderoute, Doell, Nguyen, 2006). This approach stems from a decade-long research program developed to increase understanding of the inner workings of each marriage studied and from that develop a therapeutic approach that is more able to accommodate the complexity of marriage. SCCT is a therapy that is indigenous to marriage, not a transplant of individual psychotherapy to marital dynamics. The main aim of this research was to apply both qualitative and quantitative scientific methods to studying distressed marriages and then to develop interventions to enhance the level of functioning in the marriage. These ways of intervening were initially experimental interventions that in turn were expanded into a therapy protocol. Just as psychoanalysis was initially a research method, in this research the initial research method became the therapy. In this way, the approach presented here adheres to one of the tenets of the well-known scientist–practitioner, or Boulder, model, whereby the clinical psychologist is an applied scientist who is constantly learning while providing interventions that benefit the clients.

This approach addresses a need for a therapy that is fundamentally based on the study of distressed couples to ascertain the essential problems of distressed marriages and then to provide interventions designed to offer solutions to those problems. The research was designed to give practitioners and researchers a fluid and pragmatic approach that is better able than existing models to encompass the complexities of marriage as a unit, including how that unit is affected by the larger context and culture. This approach is complementary to existing couple therapy models insofar as it includes a focus on the four

traditional categories of variables: cognitions, behaviors, emotions, and systemic parameters. It differs in that it allows the practitioner to integrate these four sources of variance in a coherent and contextually sensitive way without placing undue emphasis on one source of variance over the others. Furthermore, this model also allows the practitioner to calibrate the intervention to suit the dynamics of each partner's idiosyncratic nature and his or her interpersonal patterns while taking into consideration the context in which the marriage exists outside the therapy sessions. Finally, the approach was designed to advance research and practice and to contribute toward more effective, integrative, and flexible therapy models in the future.

The Systemic–Constructivist Approach in the Evolution of Couple Therapy

Bradbury (1998) described how couple therapy has gone through three fundamental transitions, or waves, over the past 3 decades. The first began in the 1970s and continued into the 1980s when models were commensurate with behavioral couple therapy, attending to overt interpersonal behaviors and using observational recordings of couple interactions, reward sequences, and communication skills (e.g., Gottman, 1979). The second wave began in the 1990s when intrapersonal factors such as cognitions and emotions became a central focus in cognitive–behavioral couple therapy and emotion-focused couple therapy.

The third wave, characterized by increasingly rigorous research, entails a growing recognition of the complexity of marriage that has led to the development of a more encompassing view of marriage. Bradbury (1998, 2002) cited a dramatic rise in the number of longitudinal studies that, he argued, has the potential to explain how marriages succeed and fail. The advantage of this shift to studying both well-functioning and distressed marital relationships in depth, according to Bradbury (1998, 2002), is that paying attention to both can contribute to advances in couple therapy. Various third-wave models that reflect a broader perspective include Epstein and Baucom's (2002) contextual approach to cognitive–behavioral therapy for couples, Jacobson and Christensen's (1996) integrative couple therapy with its emphasis on partners' mutual acceptance, interpersonal therapy (Weissman, Markowitz, & Klerman, 2000), internal family systems theory applied to

couples (Schwartz, 1995), and Greenberg and Johnson's (1988; Greenberg & Marques, 1998; Johnson, 2004; Greenberg & Goldman, 2008) emotion-focused therapy that emphasizes the role of emotions and adult attachment needs.

The third wave recognizes the complexity inherent in working with two individuals within a relationship. For example, Karney and Bradbury (1995) determined that there are more than 200 empirically documented predictor variables for marital satisfaction and stability. These variables range from motivational, emotional, cognitive, and personality levels of functioning through social, familial, and cultural variables. Many of these variables are intrapsychic, whereas others are about interpersonal dynamics between the partners. Christensen (1998), who organized these variables into 10 categories, rightly commented on what a daunting task it is to design interventions that could possibly incorporate this multitude of variables.

Clearly, there is a need to develop approaches to couple therapy that encompass this complexity of variables. To achieve this end, we undertook carefully studying each couple, learning as we attempted to facilitate change; as Christensen (1998) stated, "If you want to know how something works, try to change it" (p. 38). The systemic–constructivist approach contributes to a larger evolution in couple therapy research whereby researchers have increasingly been developing interventions with a more encompassing view of marriage that takes into account both the intrapersonal and the interpersonal dynamics (Snyder, Catellani, & Whisman, 2006).

The systemic–constructivist approach shares similarities with other prominent third-wave models that adopt a more integrative perspective to couple therapy, but it also differs in its emphasis on facilitating partners' sense of personal identity with their relationship and their capacity for interpersonal processing. For example, this approach may be compared with emotion-focused couple therapy (EFCT; Greenberg & Johnson, 1988; Greenberg & Marques, 1998; Johnson, 2004; Johnson & Greenberg, 1994). Like SCCT, EFCT is an integrative approach that combines elements of systems theory, attachment theory, gestalt therapy, and emotion-focused therapy. At a theoretical level, both EFCT and SCCT are founded on the premise that creating a secure relationship is the key to relationship satisfaction. Johnson and Greenberg (1994), and

especially Johnson (2004; Johnson & Whiffen, 2005), have drawn heavily from Bowlby's (1969, 1988) attachment theory and his emphasis on our innate need for security and contact with a close other. Similarly, SCCT emphasizes the importance of "we-ness," which is conceptualized as one's personal identity with one's relationship. Although both approaches work toward the goal of fostering a sense of relationship security, the two therapies use some similar and some dissimilar approaches to reach this end.

Both EFCT and SCCT focus on interpersonal and intrapersonal processes and the dynamic interactions between them. For example, in EFCT the first phase of therapy, deescalation, entails examining negative interaction patterns between partners. In addition, throughout the therapy significant attention is paid to how cues from one partner act as triggers of emotions and behaviors in the other. Similarly, SCCT pays careful attention to interactions between partners throughout the course of therapy, including recognition of how these are affected by broader systemic parameters. Furthermore, both therapeutic approaches include a focus on intrapersonal processes, although they diverge in terms of which aspect of intrapersonal processing is given primacy. Although EFCT gives primacy to emotions and attachment needs, SCCT incorporates consideration of these aspects with a heavier focus on fundamental identification with the relationship conceptualized as we-ness on the basis of interpersonal processing. The theory behind EFCT is that the route to fostering secure attachment is the expression of unmet adult attachment needs. Emotions are seen as the route to accessing these attachment needs. In SCCT, the route to creating a secure relationship includes examination of both the emotional–experiential aspects and the more rational–cognitive aspects of partners' relational experience of self.

The concept of we-ness, which is discussed in greater detail later, is akin to Bowlby's (1973) construct of internal working models that represent the self, others, and important relationships. It is also parallel to other, more cognitive conceptualizations of internal working models that serve to create secure relationships, such as cognition in close relationships (Fletcher & Fincham, 1991), knowledge structures in close relationships (Fletcher & Fitness, 1996), relational schemas (Baldwin, 1992), and interpersonal cognition (Baldwin, 2005). Furthermore, the concept of we-ness is highly related to an extensive research literature on the meaning of self as an identity that one learns in relation to others. This literature begins with Cooley's (1902) concept of the looking-glass self, in which one's sense of self is a reflection of what we think others may be thinking. It also includes Harry Stack Sullivan's (1953) observation of how an individual's personification of self is indelibly associated with his or her interactions with others.

Overview of Research Program

A major reason for undertaking this long-term research program was not only the central role that a happy and well-functioning marriage plays in the lives and health of couples, their children, and society, but also the need to apply scientific procedures to understand marriage and especially distressed marriages and change processes. Jerome Singer (2006), commenting on psychotherapy research after his more than 50 years as professor, researcher, supervisor, and practitioner of psychotherapy, emphasized that there is an "increased opportunity to build clinical practice from basic psychological science rather than from the separate quasi-psychologies of the burgeoning psychotherapy schools" (p. 6). Similarly, this research began with careful, systematic observation of couples, one couple at a time, referred for therapy. The couple knew from the outset that central to the therapy was an examination of their relationship. While the therapy was underway, each couple was studied with a view to discerning the underlying dynamics as they unfolded. Gradually, insights took hold, many of these rooted in David W. Reid's background in personality and social psychology research.

The hypotheses that were acquired in this research program were tested in a series of pre–post longitudinal studies that in one case included a follow-up study in which the initial therapeutic gains not only remained approximately 2 years later but were associated with changes measured during therapy (Reid et al., 2006). These research studies provided replicated evidence supporting the validity of the theoretical premises and related hypotheses, including the main theoretical premise that a sense of personal identity with the relationship is at the core of a satisfying marriage. Personal identity with a relationship means that one experiences oneself as integral to the rela-

tionship such that the quality of the relationship includes one's own proactive contributions. This personal identity was studied qualitatively and called *we-ness*, a concept that is explained in greater detail later. The central hypothesis, based on that theoretical premise, is that facilitating a greater sense of we-ness with the relationship for each partner will coincide with greater satisfaction with the marriage. The initial research found individual differences in the ease with which we-ness is enhanced, and this required in-depth examination of how to accommodate this individual variation. Thus, a subsequent theoretical premise, derived from the research, is that interpersonal processing is likely the key mechanism involved in the change process. That is, to induce a greater sense of we-ness it is useful to engage each partner in undertaking interpersonal processing. Interpersonal processing is a way of using knowledge of oneself in the relationship as well as knowledge of the partner's perspective of the relationship in terms of how each thinks and experiences the relationship. Interpersonal processing involves using these two forms of knowing each other together with an understanding of the reciprocal dynamics of the shared relationship. This attention to the partner's knowledge of self, other, and both interactively allows SCCT to be calibrated to a partner's idiosyncrasies, including individuals whose initial self-identity is weak in relation to significant others. It is argued that establishing this sense of identity (i.e., we-ness) and interpersonal processing likely contributes to the success of various models of couple therapy, and in this way the new systemic–constructivist approach makes a contribution to understanding couple therapy in general.

History of Research on the Systemic–Constructivist Approach and SCCT

This systemic–constructivist approach began when David W. Reid undertook in-depth, qualitative observations over several years of a series of 15 heterosexual couples undergoing therapy. All sessions were audiotaped for subsequent examination between sessions, and various techniques were derived to test notions about the observed dynamics of the marriage. These observations were in turn integrated with ideas derived from the theoretical and research literature. Interpretations of the data and development of interventions followed the notions of both classic systems approaches and constructivist views of epistemology because these seemed particularly appropriate for interpreting the complexity of marital dynamics and the change process. It became apparent that whatever the presenting complaints from the partners, these complaints invariably reflected a problem within the relationship, and thus the best approach to facilitating change was to set aside the complaints and focus on the dynamics of the marriage. A guiding metaphor is that of the figure–ground illusion in perception. The relationship is the background, and the presenting problems are the foreground. One can only understand the presenting problems from within the context of the relationship. Thus, improving the quality of the relationship changes the background, and the presenting problems are subsequently seen differently and become more solvable by the partners as a result of improvements in their relationship.

At one point the transcripts of pre- and post-therapy sessions were transcribed and submitted to qualitative analyses using such methods as the Non-Numerical Unstructured Data Indexing Searching Theorizing (NUDIST) software to assist in coding a phenomenon being inferred from the therapy sessions. That phenomenon appeared to be at the core of marital dynamics across the couples studied. This core phenomenon was the degree to which each partner was unwittingly conveying an identity with his or her marital relationship. We call this identity with the relationship one's sense of we-ness. The initial ideas of the systemic–constructivist approach were published by Fergus and Reid (2001a, 2001b), but the recently published monograph by Reid et al. (2006) provides a more elaborated explanation of the approach, the therapy, examples of the clinical technique, and the results of two studies with referred distressed couples and a 2-year follow-up of the second study. Thus, the following is only a brief précis of the approach and the therapy method, followed by a summary of the published empirical evidence derived from previous research.

The SCCT is based on research with heterosexual married couples. It is an empirical question as to whether SCCT can be applied efficaciously to same-sex couples and nonmarried couples. Nevertheless, because SCCT lends itself to calibration to suit the idiosyncrasies and unique dynamics of a couple, we expect that future research will find SCCT effective for

same-sex partners and nonmarried heterosexual couples in a committed relationship.

A Description of the Systemic–Constructivist Approach (to Studying and Benefiting Couples)

This approach is founded on two seminal notions: classic systems theory and constructivist views of epistemology (Neimeyer & Mahoney, 1995). The systemic–constructivist approach, a version of the larger systems approach, was developed to examine the intrapersonal dynamics of each partner while at the same time examining the ongoing interplay between the partners. This approach is a heuristic, used to guide the scientific and clinical investigation of the couple being studied. An initial heuristic step is to observe the marriage as two interlocked systems. Each individual is a complex biopsychosocial system unique to that individual. When two persons come together in marriage, these two systems become increasingly interconnected, and that is a dynamic process whereby the marriage can be assessed as being its own dyadic psychosocial system that is intimately tied to the individual systems that define each partner's uniqueness (Schwartz, 1995). Interestingly, as any family or couple therapist likely knows, each partner brings to the marriage habits, values, and so forth he or she learned from their respective families; this fits the old saying that when two individuals marry two families merge. This adage is particularly relevant in couples whose familial heritage is from a more collective society such as South Asia, where the extended family is normally involved in the approval of marital partners and consequent psychosocial support (Ahmad & Reid, 2007).

The term *constructivist* is used to emphasize the importance of how each partner's actions are rooted in his or her rational and experiential ways of knowing (S. Epstein, 1994). Rational ways of knowing are analytical and linear and include conscious appraisal of events. Experiential ways of knowing are holistic, intuitive, and more determined by feelings and often express knowing in images and metaphors. Experiential knowing is more action oriented and emotion focused and relies on imagining. These dual "ways of knowing" are important because they influence and are influenced by the interpersonal dynamics of the marital dyad. Thus, both ways of knowing are encouraged and explored as they occur naturally for the married partners.

The systemic–constructivist approach is a way of thinking and approaching the interplay of many intrapersonal, interpersonal, and contextual variables that affect a given marriage. Thus, the application of the approach to a particular marriage can easily be recalibrated to accommodate many of the variables that affect that unique marriage. In this way, the approach lends itself to creating couple therapy that is more encompassing of marriage's complexity. Each marital union is unique, requiring an approach that is designed to be adapted to that uniqueness. Rather than being a rigid manualized process, the protocol is rigorously developed and designed to allow the practitioner to deliberately accommodate to the complexities of the marriage in ways that are integrative. The latter can include integrating techniques derived from other forms of therapy such as behavioral, cognitive, and emotion focused. The systemic–constructivist approach allows the integration to be conceptually coherent and focused while avoiding the risks of trial-and-error failure that accompany an eclectic application of therapeutic techniques.

The systemic–constructivist approach guides the practitioner–scientist to be aware of the ongoing intrapersonal and interpersonal processing of both partners and of the contextual circumstances that impinge on the marriage. This kind of systemic approach typically has a series of assumptions. One of these assumptions is that permanent change is best facilitated by engendering the change from within the system (Fergus & Reid, 2001a, 2001b; Reid et al., 2006). The challenge is to create a fundamental change in how the marital system functions, one that creates a "new normal" in how the marriage operates. The new normal will accompany the development of a marital alliance based on the partners' deepening their identity with the marital relationship. This identity is called we-ness, a core construct that is fundamentally the essence of a successful marriage.

We-ness as a Core Concept of SCCT and the Systemic–Constructivist Approach

The following description of we-ness is a product of careful qualitative investigations done cumulatively from couple to couple in which each notion about we-ness was subsequently tested

and modified over sessions and across the couples studied. The result is that we-ness meets the criterion of saturation in grounded theory, which means in this case that the construct of we-ness appears to apply to or can be inferred from the discourse data of every couple. The format for coding we-ness from couples' discourse is explained with an appended coding form in Reid et al. (2006). Furthermore, evidence for the construct validity of we-ness has been demonstrated through repeated correlations of coded we-ness scores with self-report measures of mutuality, similarities, and closeness (Reid et al., 2006).

We-ness is defined as the identification of each partner with the relationship. This identity was best measured by attending to and coding the partners' use of words when talking about themselves in the relationship. It is well known that words are normally a product of thought and feeling, and thus the partners' words are used metaphorically as a map to explore and apprehend the underlying patterns and themes of meaning and emotions that appear to reflect their assumptive worlds. These are captured especially well in the discourse between the partners. Thus, the frequent use of *we* when describing what one is doing or planning is a sign that the person is identifying with the relationship. Furthermore, the meaning of *we* is more than awareness of the relationship; rather, it is a sense of the relationship being part of one's self.

We-ness was used because of the connotations of the word and also because of the following adaptation from William James, the American philosopher. When a person talks about him- or herself with a reference of *me*, he or she speaks from a sense of an "I." Similarly, when a person identifies with the relationship, his or her use of *us* or *our* reflects an underlying sense of a "we." The connotations of we-ness are qualitatively deeper than the connotations of such words as *togetherness, friendship,* or *business partners.* The extent to which a partner talks in terms of a sense of we-ness in conjunction with his or her sense of an autonomous self is a psychological window through which, metaphorically speaking, one can get at the covert assumptive world of the partners, an inner world that is central to affecting each partner's commitment, openness, and motivation to make the marriage work. For example, any hint that the partner was implicitly assuming that the relationship was a product of his or her

own sense of self would be enhanced or probed through use of a Socratic form of polite enquiry, eliciting further expression of what the partner was possibly thinking in the moment. Frank and Frank (1991) have suggested that "the aim of psychotherapy is to help people feel and function better by encouraging appropriate modifications in their assumptive worlds, thereby transforming the meanings of experiences to more favorable ones" (p. 30). Similarly, we-ness seems to reflect the psychological essence of a marital relationship, and what makes it dynamic is the ongoing interplay of the partners' respective identities with the marital relationship while also retaining their uniqueness as individuals. When partners are communicating intimately, each is bringing a sense of who they are as individuals and is tacitly relying on the other to either validate or assist in their self-knowing, understanding, and experiencing. We-ness is not enmeshment; it encourages the distinctiveness of each other within the relationship.

Marital partners can talk about tensions between them. Typically, such tensions are negative for distressed couples, but those in a happy relationship can describe examples of positive tensions. The interpersonal negative tension that distressed partners talk about is often about the self-awareness that each brings out in the other, interactively. An example would be a wife who feels she is routinely criticized, interrupted, and put down by her husband. Her sensitivity toward him also reflects her own sensitivity toward herself and her needs in relation to him. In a reciprocal way, the past interpersonal diatribes primed in part from her sensitivity in turn created his own negative tension toward her because those diatribes also brought attention to his self. A couple attempting and appearing to succeed in being civil with each other can suddenly explode, triggered by an indiscreet comment or gesture that anyone else would think innocuous. The likely reason is that the self versus other sensitivity is primed, and a misstep leads to the reaction. In our example, the explosion reflects each partner's reaction to how she or he feels about her- or himself ricocheted from the other's actions (Cummins, 2006). We-ness is a state of relationship identity that seemingly absolves such indiscreet comments, if they are even seen to be indiscreet. Indeed, there are also very positive tensions in relationship identity such as the sense of tenderness and pleasure when witnessing or

vicariously experiencing one's partner's enjoyment of a task such as attending to a baby. Talking about these positive and negative tensions with clients is also a way to elicit notions of each partner's sense of we-ness. We prefer the word *we-ness* over a phrase such as *couple awareness* because *we-ness* includes the experiential ways of knowing the relationship, not just a rational knowing.

We-ness also includes an appreciative awareness that the views and feelings of one's partner remain her or his own and that these may be different from what the perceiver is tentatively presuming. This appreciative awareness of how the other thinks and feels contributes to an empathetic anticipation that, in turn, helps override the egocentric tendency to think one understands the partner's thoughts and feelings from only one's own viewpoint. The result of this kind of identity with the relationship is that the partner allows input from the spouse and listens to the views and reactions of one's spouse as being self-informative as if to juxtapose one's own thinking and experiencing with that of the other, constructively. We-ness is complex and subtle. A sense of we-ness is integral to how a couple in a well-functioning relationship adapts to the ongoing vicissitudes of marriage, adjusting as a unit to all the variables that can affect marital satisfaction and function (Karney & Bradbury, 1995).

An epiphenomenon that accompanies a partner's sense of we-ness is that there is also an increased ease with which the partners can express their own independence and distinctiveness as a result of the interdependence. Indeed, partners will work toward encouraging each other to be themselves as if this benefits the relationship. There is a paradox that the increased closeness that is central to we-ness permits or inspires if not encourages the partner to be her- or himself. This idea was derived from clinical observations over the years, and Feeney (2007) recently published research on the same phenomenon that she called a "paradox in close relationships where accepting dependence promotes independence" (p. 268).

It is also crucial to assess the marriage in terms of how the broader social, cultural, and economic variables affect the marriage and to engage these also in the therapy because they too can affect we-ness (Bradbury, 1998). Furthermore, humans are usually not only conscious of how they appear and are treated as individuals, but when they are married, they also have an added sensitivity to how their marriage is seen and treated by others. For example, when a spouse takes exception to an intrusion by a third party such as a flirtatious person or an indiscreet mother-in-law who fails to recognize the integrity of the marriage, the spouse's emotional response likely indicates a reaction directed toward gaining recognition of their relationship in the minds of the intruders. There is a sense of boundaries and not allowing others to cross these boundaries lest they challenge the relationship's integrity. When the integrity of the marriage is challenged, much effort can be placed on one partner's gaining assurance from the other partner to uphold those boundaries as well. The latter has a lot to do with identity and the conjoint image of us and me together, what we term *we-ness*.

How Does SCCT Work?

SCCT works through focusing on enhancing interpersonal processing that in turn engenders an identity with the marital relationship called we-ness. We-ness is necessary to a marital alliance that equips the partners to work together to meet the vicissitudes of marriage over the long term. SCCT is best applied by also using the systemic–constructivist approach to studying and benefiting couples. Doing both enhances the practitioner's acumen to always consider the contextual influences (Wampold, 2001), alongside the intrapersonal and interpersonal variables that affect the marriage they are working with. Using SCCT within the context of the systemic–constructivist approach avoids the problem of the therapy's (SCCT) becoming merely a set of techniques. SCCT evolved from being a research intervention to being an empirically based clinical intervention. The reader is referred to Reid et al. (2006) for a detailed explanation of SCCT in terms of specific techniques in the protocol and examples of its application. Nevertheless, the following provides an overview of key elements of SCCT.

SCCT is normally effective in six or seven 2-hr sessions. The first one to two sessions are used for assessment and introducing the therapy. In the first session, the problems, issues, and therapeutic goals are elicited with the intent to return to these goals in the final session, but from then on the therapy is largely focused on process as explained below. During the remaining five to six sessions, the SCCT protocol contains a series of

procedures such as listening to understand, talking in the third person, and interviewing the internalized partner, all described in Reid et al. (2006). However, these and other procedures are applied in ways that are consistent with the principle of equifinality that recognizes that there are many routes to the same outcome. That outcome is an enhanced sense of we-ness, which is facilitated by engaging the partners in automatically beginning to think using interpersonal processing. All of these procedures and the "working on our relationship" atmosphere of the sessions are directed toward inducing the interpersonal processing that in turn engenders we-ness. Consistent with systemic–constructivist theorizing, the SCCT protocol is a gestalt that is greater than the sum of the parts and is best conceptualized and applied that way to allow the therapist to encompass the many variables that couples bring to the therapy. The SCCT is designed to engender a substantive change within the existing dyadic marital system.

The overall thrust of SCCT is to engage the partners in an exploration of their relationship through a process that enhances not only each other's awareness of the dynamics of the marriage, but also their latent identity with the relationship they share. The SCCT approach begins during the first session after each partner has disclosed extensively his or her basis for seeking therapy and goals for the therapy. The partners are told from the outset that the therapy will start with their working together to understand their relationship better and that there will be three components that will deepen their understanding while they work together with the therapist. The first component is an exploration of what they already know about the relationship, the second component will be an automatic shift in their understanding (harnessing their natural intelligence), and the third component will be their creating and implementing new ways of interacting that work well for them. Although the partners are told of each of these components, they are conveyed below in a way that explains how these components have been observed to work in the therapy sessions.

First Component: Implicit Knowledge

Partners are first told to expect that there is much implicit knowledge that they already have about their relationship and that over the course of therapy this implicit knowledge will become more explicit. They are told, for example, that,

> You personally already have much knowledge that is either taken for granted as insignificant or you are not aware you have that knowledge. Furthermore, you will as a result of the therapy sessions experience at times that what you know you will come to understand in a better way than you do now. You will also discover that some of what you know, your partner surprisingly does not know and you assumed she [he] did.

It is stressed that they, as a couple, will find out what they have not been conscious of in the relationship and that knowing this will be beneficial. The couples' knowledge is highlighted to emphasize the concept that they are experts on their relationship, and the therapist is an expert in assisting their exploration of the relationship. Part of this is the therapist's unstated attitude to encourage the partners to talk as if those listening are learning with them. This creates a participatory alliance, allowing the couple and the therapist(s) to learn together. Furthermore, inviting their sharing of this knowledge is a subtle means of drawing out their common sense and ways of understanding their self, partner, and the relationship. The so-called common sense is the default position in which the therapeutic change is to begin insofar as common sense is the way of understanding that the client returns to outside of therapy. The therapist elicits that common sense by using an agnostic or not-knowing stance that draws the partner(s) into deeper processing via sharing their knowing of the relationship, a method well described by Anderson (1995). To do this the therapist draws on the algorithm developed by David W. Reid that understanding = experiencing + knowing, an algorithm that is based on S. Epstein's (1994) 20 years of research demonstrating that people use two basic modes of processing information in everyday life. *Experiencing,* according to S. Epstein (1994), is processing that includes affect, associative stream of thought, feeling, fantasy, ideals, metaphors, narratives, stereotypes, prototypes (Fehr, 2005), and a state of being seized by emotions and intuitions. *Knowing* is processing that has a rational as opposed to emotional flavor and is typically conveyed as facts or evidence-based knowing complete with analytic attitude and logical and linear thinking and tends to be highly differentiated into pieces rather than gestalts. *Understanding* requires a merging of both of these modes of processing information. Thus, the agnostic therapist, listening carefully to what and how the partners

share their knowing, guides them to shift from one form of processing to the other through his or her queries. It is this shifting, as well as bringing attention to how different pieces of what each partner is saying may be contrasted or juxtaposed, that expands their common sense and level of understanding. This implicitly trains the partners to have both a deeper level of reflexive thinking and also to think more systemically so that their common sense is more circular, reciprocal, and contextual. This drawing out and amplifying the common sense is done with both partners side by side.

This exploration of what each knows allows many previously unstated intrapersonal, interpersonal, and contextual variables to be brought more directly into the relationship discussions. The therapist plays a major role in assisting the exploration, discovery, and awareness of the variables that appear over sessions to be primary for the couple. What is central is that the partners are processing together, and the SCCT practitioner emphasizes this active processing while observing how the partners use and grow with their mutual understanding of themselves as a couple.

Second Component: Their Natural Intelligence

The couple is then told that as a result of increasing their awareness of their implicit knowledge the second component, their natural intelligence, will automatically take over. This is because the new knowledge will be so compelling that they will begin to think and experience their relationship differently.

Third Component: Novel Applications

The third component comes a bit later when the couple is encouraged to apply and experiment with their capacity to creatively use that developing, largely intuitive knowing in ways that are essentially novel in comparison with their current ways of being married. Assignments are given to try these behaviors at home on the basis of the assumption that novel behavior undertaken contextually can lead to insights about one another and the relationship. It is important to emphasize that these assignments are derived and conveyed in ways that suit their individual and interactive styles, and the partners are encouraged to experiment with how to make these work. They are guided in being sure to be mindful in the moment

to apply a new approach—applications of their growing knowledge that they can create in the moment. In particular, they are taught to replace past habits or patterns with new ones rather than carry the burden of only inhibiting past patterns. This is done in light of research that has shown that attempts at change involving a focus on inhibiting past patterns of behavior tend to meet with only temporary success. This kind of advice is based on the expectation derived from Watzlawick, Weakland, and Fisch (1974) that often changes in behavior more effectively create insight into oneself and the partner than does attempting to create insight first and assuming the insight will lead to changes.

In addition to discussing the three aforementioned components, time is spent in the first session reviewing each partner's answers to three questions presented in the following order. First, they are each asked whether they want their relationship to change. Then each partner is asked, "If the relationship changes the way you want it to, how will you change?" They are left to explore and overtly reason out their answer, being sure they comprehend the question. Then, the third question is "If you change, will the relationship change?"

This series of three questions has two functions. The first is to encourage partners to think of their relationship reciprocally and to realize through the chicken-or-egg analogy that they are part of what the relationship is and yet they very much want that relationship to change because that affects each of them personally. The second function, stated clearly by the therapist, is to use their answers to convey that if either or both of them thinks that the couple therapy is only about changing the other partner, then the couple therapy will not work. Answers to these questions are used in part to begin a semiconscious social cognition priming (Baldwin, 2005) of systemic ways of thinking about their self and their relationship. These questions are also presented to raise the partner's consciousness of being committed to change. Deliberately having the partners talking together about their own answers to the question, notwithstanding considerable distress between the partners, also draws them tacitly into thinking and communicating about their relationship in proactive ways. That tactic here is to use language to begin to objectify the relationship by deliberately guiding each partner to enter into reflexive thinking about the relationship as

though it is something independent and that they can talk about it without finger pointing. Thus, increasing relationship awareness is a step toward facilitating an increased sense of we-ness in later sessions.

Interpersonal Processing as Social-Emotional Intelligence

Interpersonal processing is the core mechanism of change, and it is central to SCCT therapy. Interpersonal processing is based on three intertwined ways of processing, consisting of processing of self, processing of partner, and then integrating these to process reciprocally the overt and covert interactions of the relationship. The first two ways of processing are essential for the third to operate effectively. The first way of processing is the partner learning more about her- or himself from the relationship, a form of reflexive thinking that is commonplace in most psychotherapy approaches, but in this case contextualized within the marital relationship. It is important not only for each partner to do more of this self-directed processing, but also to do it in the presence of her or his spouse so that the latter may learn too. This kind of processing also serves to motivate the partner's continuation in the couple therapy out of self-interest and can spark a curiosity about what the spouse might be learning about her- or himself as well. Furthermore, this form of self-disclosure, a hallmark of healthy functioning (Jourard, 1974), encourages greater openness systemically on the part of each partner.

The second form of processing is attempting to understand deeply how the spouse thinks and experiences the relationship. This is largely learned vicariously when the partner is focused on what the spouse is sharing about her or his self-understanding. The second form of processing is not only perspective taking, such as looking at an issue from the spouse's perspective, but also becoming aware of how the spouse is experiencing the relationship. In essence, each partner becomes more aware of the way the spouse thinks and feels with regard to the relationship and the context within which the relationship exists. Because this processing takes place substantively, the partner typically finds value in this ability to see matters from the other's ways of being. The value the partner finds in thinking this way is enhanced when each feels understood by the other.

The knowing that comes from both forms of processing will automatically enhance a capacity to realize one can recognize and give consideration to each other's idiosyncratic ways of thinking, feeling, and behaving. As these two forms of processing become enhanced, the words each hears now have a deeper meaning. That meaning includes a kind of connection not unlike a code of implicit understanding of each other interactively, and that inspires a sense of intimacy in their relationship. The couple is encouraged by the therapist to respect that understanding, not to explain it so much as to act on it. Thus, there is a form of sharing with each other one's own self-awareness and in the process opening up access to how each other thinks, feels, reacts, and so forth. Through this process, they learn more about each other's strengths and weaknesses and each other's ideals and realities in ways in which they had not understood before participating in the SCCT protocol. Reid et al. (2006) gave examples and further detail as to how this is done, using several techniques including listening skills that highlight how to understand the other's meaning while temporarily suppressing one's own compulsions and reactive responses.

However, these two forms of processing are also used as necessary schemata or ways of knowing to then achieve a more reciprocal and integrative form of interpersonal processing. This type of deeper interpersonal processing is assumed to be a latent form of social–emotional intelligence (Kihlstrom & Cantor, 2000) that can be enhanced, although some clients seem to build on this capacity more easily than do others. This interpersonal processing is thinking about self and other interactively in a reciprocal way. Thus, one is sensitive to the impact of one's words on the other and vice versa. This way of thinking is not merely empathy for the other; it includes additional capacity to go beyond merely being empathic. If empathy is defined as "vicarious experiencing of the feeling, thoughts or attitudes of another person" (*Random House Dictionary,* 1968), then interpersonal processing includes in addition to empathy an intellectual awareness of one's own reactions, thoughts, and actions toward the other and how those play out interactively. Interpersonal processing is thinking about the reciprocal nature of one's relationship, bringing to bear one's sense of self in relation to the other and vice versa, and in this way it is more deeply reciprocal than mere empathy for the

other. This is a key difference, the inclusion of one's own impact and reactions along with consideration of those thoughts and feelings that the other has.

The use of interpersonal processing leads to an increasing capacity to grasp how each other mentally and experientially (i.e., emotionally, intuitively, and imaginatively) relates to each other reciprocally while at the same time supporting one's own distinctiveness. It is interdependence without dependence. This interpersonal processing is exhibited in many ways, including the repartee and connection each feels with the other. As this processing begins to take hold, with each partner understanding her or his self, the spouse, and how these are intertwined in real time, the partners begin to respond differently to the relationship. Their response to the relationship becomes an increasingly more open and spontaneous collaboration that accompanies each partner's feeling and experiencing identification with the relationship. The partners will often talk enthusiastically about this change, but feel they cannot adequately explain it. We think this is because much that has changed is more intuitive and done with actions and new ways of seeing and being oneself with the other and is beyond rational explanation. The latter is why SCCT allows partners to include intuitive thinking to guide their understanding of their selves in the relationship. This experience of not being able to adequately explain what has happened is symptomatic of a dynamic system working so well in unison that it is hard for the partners to step outside to observe. In life, all individuals are culturally bounded insofar as they are not conscious of their culture. Similarly, in a well-functioning marriage the members have created their own dyadic culture in which they live happily immersed (Fergus & Reid, 2001a).

Near the end of the final session, when the initial client therapy goals are raised, partners typically realize either that the goals are either no longer relevant (dissolved) or that they had already been working to solve those issues together and are confident they will make gains on achieving those goals.

Research Evidence for SCCT

The following is a summary of two studies and the 2-year follow-up of the participants in the second study published by Reid et al. (2006) in an extensive monograph. Both studies followed the traditional process–outcome correlation design used to investigate how changes in psychotherapy interventions lead to changes in outcome (Hayes, Gastonquay, & Goldfried, 1996; Orlinsky, Grawe, & Parks, 1994). There are four criteria required in this design. The first is that the therapy process be derived from theory. The second is that the therapy be demonstrated to be empirically effective. The third is that the process variables (coded therapy transcripts) be derived independently from self-report outcome measures. The fourth is that the process variables correlate with outcome variables. All four criteria were met in these studies, although the second criterion of being empirically effective is based only on significant pre–post increases in each study, not on a controlled study with appropriate control groups.

These studies were designed to meet the call for research that not only addresses the need for therapies derived from scientifically rigorous methods, but that also has capacity to translate into applications in the field locations where diversity among clients is the norm. Thus, the participants were not screened to create a homogeneous sample and were either referred by other professionals or were self-referred. The clients paid for their therapy, which took place in a secluded professional office at a university. Payments were deposited into a university research account.

The method and procedure in each study was the same. The hypotheses are provided below along with the results. In Study 1, there were 13 couples referred for therapy with a mean age of 45.9 years and a mean length of marriage of 20.2 years (range = 8–32 years). In Study 2, there were 13 couples, and the mean age was 48.5 years and mean length of marriage was 23.1 years (range = 17–30 years). In both samples, the participants were White, with the exception of one husband, who was South Asian.

Each couple received six 2-hr SCCT sessions from a licensed psychologist and one of several clinical graduate student cotherapists. The partners completed measures of relationship satisfaction (Relationship Assessment Survey, adapted from the Enrich Marital Satisfaction Scale; Fowers & Olson, 1993), closeness (Inclusion of Other in Self Scale; Aron, Aron, & Smollan, 1992), and mutuality (Couples Mutuality Questionnaire; developed in this research program) and a modified ver-

sion of the Interaction Similarity Scale (Genero, Miller, Surrey, & Baldwin, 1992).

We-ness was reliably coded from transcriptions of therapy discourse in the first and final sessions. The transcripts were each chunked according to criteria for selecting relationship episodes similar to those used by Luborsky (1996) and Grenyer and Luborsky (1996). These "relationship episodes" were then coded by raters unaware of whether the respondents were in the first or final sessions, using a coding format for coding degree of we-ness.

The specific hypotheses tested using two-tailed probability standards, and results for Studies 1 and 2, respectively, were that (a) when we-ness is fully formed by the final session of therapy, it is correlated with marital satisfaction ($r = .90$, $p < .001$, and $r = .71$, $p < .01$, respectively) and (b) increases in we-ness will correlate with increases in relationship satisfaction ($r = .81$, $p < .01$, and $r = .64$, $p < .05$, respectively). The scores used in these and following analyses were dyad scores composed of summing the scores of each spousal pair and calculating the mean. This was done as a statistically conservative step because the intervention was with dyads and not individuals. Nevertheless, the pattern and magnitude of results were the same using individual scores. Construct validity of we-ness was examined by testing the third hypothesis that we-ness would correlate with self-report measures of mutuality (rs = .79 and .70, $p < .001$), similarity (rs = .41 and .42, $p < .05$), and closeness (rs = .64 and . 71, $p < .001$) in the final session, as these latter measures were assessing facets of we-ness. It was hypothesized and supported in both studies that the latter three self-report measures would correlate with relationship satisfaction in the final session. The fifth hypothesis was that we-ness would increase significantly from pretherapy to posttherapy following six 2-hr sessions of SCCT (paired $t = 16.01$, $p < .001$, and $t = 11.71$, $p < .001$, respectively) and that this increase would parallel significant increases on measures of mutuality (paired $t = 6.78$, $p < .001$, and $t = 7.20$, $p < .001$, respectively), similarity (paired $t = 7.76$, $p < .001$, and $t = 3.58$, $p < .01$, respectively), and closeness (paired $t = 1.19$, ns, and $t = 4.56$, $p < .001$, respectively). In both studies, the correlation of we-ness with other factors in the first session was much lower and often not significant, whereas the significant correlations occurred at the completion of the therapy when we-ness was

more firmly established. The Reid et al. (2006) monograph provides further details of these studies including examples of SCCT, explanation of the coding of we-ness (including an appended copy of the coding form), and more detail on the research method and analyses.

Participants in Study 2 were contacted, with consent, an average of 21.2 months later (range = 11–32 months). The results are based on 12 couples because 1 of the 26 participants failed to provide follow-up data despite promises to do so. Repeated analysis of variance found that increased scores on marital satisfaction, mutuality, similarity, and closeness achieved by the end of the therapy were retained at follow-up. Furthermore, we-ness scores coded from the final therapy transcripts correlated with marital satisfaction ($r = 69$, $p < .05$), mutuality ($r = .65$, $p < .05$), similarity ($r = .16$, ns), and closeness ($r = .79$, $p < .01$) almost 2 years later (Reid et al., 2006).

Although the findings have supported the theoretical suppositions of this research, the studies have some limitations. For example, the evidence is largely correlational, notwithstanding the longitudinal designs. Furthermore, the participant samples were generally in long-term marriages, not new marriages. Nevertheless, the research forms a basis for randomized control studies that further examines SCCT and the systemic–constructivist approach. Now that the directional evidence for SCCT's efficacy has been provided and replicated, more research is planned, including further follow-up studies and a direct examination of interpersonal processing as the mechanism of change. Of interest is determining whether interpersonal processing is different from increased awareness of the relationship (Acitelli, Rogers & Knee, 1999). Research is underway with maritally distressed South Asian Canadian couples to identify cultural variables and to test whether SCCT may accommodate such variables while increasing the satisfaction of those marriages. Included in the next phase of research will be behavioral measures of how SCCT can facilitate married partners' better understanding of how each other thinks and feels (i.e., empathic accuracy) and to integrate these capacities, which are postulated to be central to the success of a systemic–constructivist approach.

References

ACITELLI, L. K., ROGERS, S., & KNEE, R. C. (1999). The role of identity in the link between relationship thinking and relationship satisfaction. *Journal of Social and Personal Relationships, 16,* 591–618.

AHMAD, S., & REID, D. W. (2007). *The relationship of traditionalism with marital satisfaction in South Asian couples living in Canada: The role of interpersonal complementary equality and listening to each other.* Unpublished manuscript.

ANDERSON, H. D. (1995). Collaborative language systems: Toward a postmodern therapy. In R. H. Mikesell, D. Lusterman, & S. H. McDaniel (Eds.), *Integrating family therapy: Handbook of family psychology and systems theory (*pp. 27–44). Washington, DC: American Psychological Association.

ARON, A., ARON, E. N., & SMOLLAN, D. (1992). Inclusion of Other in the Self Scale and the structure of interpersonal closeness. *Journal of Personality and Social Psychology, 63,* 596–612.

BALDWIN, M. W. (1992). Relational schemas and the processing of social information. *Psychological Bulletin, 112,* 461–484.

BALDWIN, M. W. (Ed.). (2005). *Interpersonal cognition.* New York: Guilford Press.

BOWLBY, J. (1969). *Attachment and loss: Vol. 1. Attachment.* New York: Basic Books.

BOWLBY, J. (1973). *Attachment and loss: Vol. 2. Separation, anxiety and anger.* New York: Basic Books.

BOWLBY, J. (1988). *A secure base.* New York: Basic Books.

BRADBURY, T. N. (Ed.). (1998). *The developmental course of marital dysfunction.* New York: Cambridge University Press.

BRADBURY, T. N. (2002). Invited program overview: Research on relationships as a prelude to action. *Journal of Social and Personal Relationships, 19,* 629–638.

CHRISTENSEN, A. (1998). On intervention and relationship events: A marital therapist looks at longitudinal research on marriage. In T. N. Bradbury (Ed.), *The developmental course of marital dysfunction* (pp. 377–392). New York: Cambridge University Press.

COOLEY, C. H. (1902). *Human nature and the social order.* Glencoe, IL: Free Press.

CUMMINS, P. (Ed.). (2006). *Working with anger: A constructivist approach.* West Sussex, England: Wiley.

EPSTEIN, N., & BAUCOM, D. H. (2002). *Enhanced cognitive-behavioral therapy for couples: A contextual approach.* Baltimore: Port City Press.

EPSTEIN, S. (1994). Integration of the cognitive and psychodynamic unconscious. *American Psychologist, 49,* 709–724.

FEENEY, B. C. (2007). The dependency paradox in close relationships: Accepting dependence promotes independence. *Journal of Personality and Social Psychology, 92,* 268–285.

FEHR, F. (2005). The role of prototypes in interpersonal cognition. In M. W. Baldwin (Ed.), *Interpersonal cognition* (pp. 180–205). New York: Guilford Press.

FERGUS, K. D., & REID, D. W. (2001a). The couple's mutual identity: A systemic-constructivist approach to the integration of persons and systems. *Journal of Psychotherapy Integration, 11,* 385–410.

FERGUS, K. D., & REID, D. W. (2001b). Integrating constructivist and systemic metatheory in family therapy. *Journal of Constructivist Psychology, 15,* 41–63.

FLETCHER, G. J. O., & FINCHAM, F. D. (1991). *Cognition in close relationships.* Hillsdale, NJ: Erlbaum.

FLETCHER, G. J. O., & FITNESS, J. (Eds.). (1996). *Knowledge structures in close relationships: A social psychological approach.* Mahwah, NJ: Erlbaum.

FOWERS, B., & OLSON, D. (1993). ENRICH marital satisfaction scale: A brief research and clinical tool. *Journal of Family Psychology, 7,* 176–185.

FRANK, J. D., & FRANK, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy* (3rd ed.). Baltimore: Johns Hopkins University Press.

GENERO, N. P., MILLER, J. B., SURREY, J., & BALDWIN, L. M. (1992). Measuring perceived mutuality in close relationships: Validation of the Mutual Psychological Development Questionnaire. *Journal of Family Psychology, 6,* 36–48.

GOTTMAN, J. M. (1979). *Marital interaction: Experimental investigations.* New York: Academic Press.

GREENBERG, L. S., & GOLDMAN, R. N. (2008). *Emotion-focused couples therapy: The dynamics of emotion, love and power.* Washington, DC: American Psychological Association.

GREENBERG, L. S., & JOHNSON, S. M. (1988). *Emotionally focussed therapy for couples.* New York: Guilford.

GREENBERG, L. S., & MARQUES, C. M. (1998). Emotions in couples systems. *Journal of Systemic Therapies, 17,* 93–107.

GRENYER, B. F. S., & LUBORSKY, L. (1996). Dynamic change in psychotherapy: Mastery of interpersonal conflicts. *Journal of Consulting and Clinical Psychology, 64,* 411–416.

HAYES, A. M., GASTONQUAY, L. G., & GOLDRIED, M. R. (1996). The study of change in psychotherapy: A reexamination of the process-outcome correlation paradigm: Comment on Stiles and Shapiro (1994). *Journal of Consulting and Clinical Psychology, 64,* 909–914.

JACOBSON, N. S., & CHRISTENSEN, A. (1996). Integrative couple therapy: Promoting acceptance and change. New York: Norton.

JOHNSON, S. M. (Ed.). (2004). *The practice of emotionally focused couple therapy* (2nd ed.). New York: Brunner-Routledge.

JOHNSON, S. M., & GREENBERG, L. S. (1994). *The heart of the matter: Perspectives on emotion in marital therapy.* New York: Guilford Press.

JOHNSON, S. M., & WHIFFEN, V. E. (Eds.). (2005). *Attachment processes in couple and family therapy.* New York: Guilford Press.

JOURARD, S. M. (1974). *Healthy personality: An approach from the viewpoint of humanistic psychology.* New York: Macmillan.

KARNEY, B. R., & BRADBURY, T. N. (1995). The longitudinal course of marital quality and stability: A review of theory, method, and research. *Psychological Bulletin, 118,* 3–34.

KIHLSTROM, J. F., & CANTOR, N. (2000). Social intelligence. In R. J. Sternberg (Ed.), *Handbook of intelligence* (2nd ed., pp. 359–379). Cambridge, England: Cambridge University Press.

LUBORSKY, L. (1996). *The symptom-context method:*

Symptoms as opportunities in psychotherapy. Washington, DC: American Psychological Association.

NEIMEYER, R. A., & MAHONEY, M. J. (Eds.). (1995). *Constructivism in psychotherapy.* Washington, DC: American Psychological Association.

ORLINSKY, D. E., GRAWE, K., & PARKS, B. K. (1994). Process and outcome in psychotherapy: Noch einmal. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behaviour change* (4th ed., pp. 270–376). New York: Wiley.

Random House dictionary of the English language, college edition. (1968). Toronto: Random House of Canada.

REID, D. W., DALTON, E. J., LADEROUTE, K., DOELL, F. K., & NGUYEN, T. (2006). Therapeutically induced changes in couple identity: The role of we-ness and interpersonal processing in relationship satisfaction. *Genetic, Social and General Psychological Monographs, 132,* 241–283.

SCHWARTZ, R. C. (1995). *Internal family systems therapy.* New York: Guilford Press.

SINGER, J. L. (2006). *Imagery in psychotherapy.* Washington, DC: American Psychological Association.

SNYDER, D. K., CATELLANI, S. M., & WHISMAN, M. A. (2006). Current status and future directions in couple therapy. *Annual Review of Psychology, 56,* 317–344.

SULLIVAN, H. S. (1953). *The interpersonal theory of psychiatry.* New York: Norton.

WAMPOLD, B. E. (2001). The great psychotherapy debate: Models, methods, and findings. Mahwah, NJ: Erlbaum.

WATZLAWICK, P., WEAKLAND, J., & FISCH, R. (1974). *Change: Principles of problem formation and problem resolution.* New York: Norton.

WEISSMAN, M. M., MARKOWITZ, J. C., & KLERMAN, G. L. (2000). *Comprehensive guide to interpersonal psychotherapy.* New York: Basic Books.