

Methods for Overcoming the Fear of Intimacy

Robert W. Firestone and Lisa Firestone
The Glendon Association

An intimate relationship is one in which neither party silences, sacrifices, or betrays the self.

—Lerner (1989, p. 3)

People's basic sense of self is formed originally in a relationship constellation that predisposes their attitudes toward themselves, others, and the world at large. Studies have demonstrated that people often replicate early patterns of attachment with care givers in their adult romantic relationships (Ainsworth & Eichberg, 1991; Bartholomew, 1993; Bretherton, Ridgeway, & Cassidy 1990; Feeney, Noller, & Hanrahan, 1994; George & Solomon, 1996, 1999; Main, Kaplan, & Cassidy, 1985; Shaver & Hazan, 1993). Research has also shown that early attachments with parents or other significant figures create feelings of wholeness and security or states of anxiety and insecurity that can persist for a lifetime (Ainsworth, 1989; Bartholomew, 1993; Bowlby, 1988; DeWolff & van IJzendoorn, 1997; Fonagy, 1998; Main, et al., 1985; Scharfe & Bartholomew, 1994; Shaver & Hazan, 1993).

Intimate relationships can be the ultimate source of happiness and fulfillment; at the same time, they have the potential to generate considerable pain and suffering. Although other issues in life cause us concern—crime, poverty, war, existential issues of aloneness and death—we seem to experience the most distress in relation to the problems we face in our closest associations. This chapter focuses on understanding the difficulties that people encounter as they strive to develop and sustain intimacy in their personal relationships, and describes methods for helping individuals overcome these barriers.

A DEFINITION OF INTIMACY

According to Sexton and Sexton (1982), "the word intimacy is derived from the Latin *intimus*, meaning inner or inmost. To be intimate with another is to have access to, and to comprehend, his or her inmost character" (p. 1). The authors believe that intimacy also involves "seeing" and being "seen," that is, having an empathic perception and

a depth of understanding of the other. Intimate relating is made up of positive behavioral components that are not merely ideational but have an outward manifestation, a style of communication where both partners experience a sense of shared meaning. We view intimacy as characterized by affectionate companionship, nondefensiveness, and honest communication, an essential component in a close, loving relationship. Intimacy is usually experienced through a wide range of emotions, including kindness, tenderness, sexual attraction, pleasure in satisfying the wants and needs of the other, and joy in sharing meaningful moments, activities, and projects.

Maintaining intimacy presupposes an ongoing capacity for giving and receiving love. Fundamental to maintaining intimacy is the willingness to experience the poignant feelings of sadness that inevitably arise at times when one feels especially close, both sexually and emotionally (Firestone, 1985; Schnarch, 1991). Schnarch asserted that

when couples far exceed their wildest imaginations of increased intimacy and sexual pleasure, the resulting increased desire for the partner triggers physical pain and sorrow. Some patients experience it as 'bittersweet' melancholy, while others report it as chest-bursting heartache. (p. 192)

Firestone and Catlett (1999) explained the psychodynamics involved in this type of poignant sadness: "People who have suffered painful childhoods are often deeply saddened by love and tenderness in their sexual lives" (p. 27). Viewing this phenomenon from an existential perspective, loving sexuality and emotional closeness remind us that

we are truly alive and really do exist, and in embracing life and love we are forced to be cognizant of our personal death as well. Giving value to our existence makes us poignantly aware of our mortality. (Firestone, Firestone, & Catlett, 2003, p. 384)

BARRIERS TO INTIMACY

From our experience with individuals representing both clinical and nonclinical populations, we found that the key issues in distressed couples and the corresponding breakdown in relationships are not those commonly thought to be responsible: economic hardship, religious differences, problems with inlaws, breakdown of church and family, sexual incompatibility, etc. It seems that relationships fail primarily because the defensive processes that each person brings to the relationship limit his or her ability to develop and maintain closeness and intimacy. This intolerance of intimacy is based on negative attitudes toward self and others as well as an essential fear of vulnerability, abandonment, rejection, and potential loss.

Individuals who become involved in a romantic relationship sooner or later find themselves faced with a basic dilemma. Most have a fear of intimacy and at the same time they are terrified of being alone. Their solution is to form a fantasy bond—an illusion of connection and closeness—that allows them to stay together while maintaining a nonthreatening emotional distance (Firestone & Catlett, 1999).

In *Intrusiveness and Intimacy in the Couple*, Rusczyński and Fisher (1995) emphasized the importance of distinguishing between "apparent" and genuine intimacy. Their approach is in line with our own thinking in relation to a vital function served by the fantasy bond, that of maintaining the form of the relationship after the substance (the behavioral operations of love, companionship and, sexuality) has deteriorated.

Sometimes the wish to be close, to be intimate, is associated with a concern for the other. . . . Sometimes, however, the apparent intimacy is an expression of an intrusive

determination to control the other. At heart, such an intrusiveness consists in treating the other as an extension of the self. . . . In other words, it is an "intimacy," . . . we suggest, that is delusional insofar as it denies separateness. (Ruszczynski & Fisher, 1995 p. 1)

In the following pages, the authors define the fantasy bond and describe a conceptual model integrating psychoanalytic and existential frameworks that helps clarify why people retreat from closeness and intimacy. It explains why so many marriages end in divorce and why so often those that remain intact do so at great expense to the individuality of the participants, why sexual relationships often deteriorate or become routinized, and why so many couples distance themselves from one another and become, in effect, intimate enemies (Firestone, 1997).

The second part of the chapter focuses on the application of the techniques of voice therapy in the context of a couples' group. Voice therapy, a cognitive-affective-behavioral methodology, can be used to help individuals identify and counter negative thoughts or internalized "voices" about themselves and their partners that interfere with intimacy. Preliminary results from a small pilot study of four couples in the couples' group are reported. A case study of one of these couples is presented, along with data from a three-year follow-up using an initial version of the Firestone voice scale for couples (FVSC) and the experiences in close relationships inventory (Brennan, Clark, & Shaver, 1998). Findings are discussed in terms of their implications for theory development and empirical research.

SEPARATION THEORY

A Developmental Perspective

The theoretical approach described here, Separation Theory, elucidates how painful experiences early in childhood lead to defense formation and how these original defenses are reinforced as the developing child gradually becomes aware of his or her own mortality (Firestone, 1997). There are two primary sources of psychological pain, *interpersonal* and *existential*, that impinge on children and lead to the development of self-protective defenses. Interpersonal pain is caused by frustration and separation experiences in addition to the intentional and unintentional aggression and mistreatment that children experience to varying degrees in their earliest relationships with parents or caretakers. Existential pain refers to the pain of aloneness, potential loss of love objects, and the inevitability of aging and death. Both factors continue to have an impact on an individual's personality development and personal relationships throughout the life span.

Formation of the Fantasy Bond

The fantasy bond is the primary defense against interpersonal pain, separation anxiety, and later, the fear of death. It is formed originally in early childhood as a substitute for love and care that may be missing in the infant's environment (Firestone, 1984). The fantasy bond is highly effective as a defense because a human being's capacity for imagination provides partial gratification of needs and reduces tension. The illusion of being connected to the mother (or primary caregiver), together with self-gratifying, self-soothing patterns such as thumb sucking, nail biting, and excessive masturbation, are an attempt to heal the fracture in separation experiences and compensate for emotional deprivation. They lead to a posture of pseudoindependence in the developing child, an attitude that "I don't need anyone, I can take care of myself." The irony is that the more individuals come to rely on this fantasy process, the more they strive

to keep other people in the background and the more helpless and ineffective they become in coping with the real world.

Once children form a fantasy bond, they feel this false sense of self-sufficiency because they have taken into themselves the image of the "good and powerful" parent. At the same time, they take on their parent's rejecting attitudes toward them as well as the negative beliefs and attitudes their parents held toward themselves. These internalized parental attitudes form the basis of their negative self-image. Children tend to idealize their parents and see themselves as bad, unlovable, or undeserving of love. It is important that the image of the parent is positive because it would be impossible for the child to feel safe or secure with an internalized parent perceived as inadequate or destructive.

In effect, children simultaneously develop a feeling of being the strong, good parent and the weak, bad child. In denying their needs and wants in relation to other people, they become a system unto themselves. The more seriously deprived children are, the more they depend on the fantasy bond as a compensation and reject genuine closeness and affection from others. As adults, they continue to parent or treat themselves the way they were treated as children, and often the way their parents treated themselves. Bollas (1987) described the *self as object* in similar terms when delineating the defensive functions of this form of self-parenting. According to Bollas,

[e]ach person transfers elements of the parents' child care to his own handling of himself as an object. . . . If we look closely at our patients we would probably all agree that each has his or her own sense of existence but that, by virtue of the persistent pathology of their defences, they live by disowning the self. (pp. 59-63)

A number of theorists, beginning with Kaiser, have dealt with the modes of relating based on fantasy processes or a delusion of fusion (Karpel, 1976, 1994; Wexler & Steidl, 1978). Kaiser (Fierman, 1965) asserted that the universal psychopathology was "the attempt to create in real life by behavior and communication the illusion of fusion" (pp. 208-209). Kaiser's germinal idea that this illusion represents the universal symptom of neurotic disturbance is analogous to the conceptualization of the *fantasy bond* or self-parenting process as the primary defense mechanism in neurosis (Firestone, 1984).

It is important to differentiate the specific use of the word *bond* from its other uses in the literature. It is not a bond as in *bonding* (a secure maternal-infant attachment) in a positive sense, nor does it refer to a relationship characterized by real loyalty, devotion, and genuine love. The authors' concept of the fantasy bond uses *bond* rather in the sense of bondage or limitation of freedom. It describes an imaginary connection to a parent or significant figure in one's adult life rather than a real attachment (Firestone, 1985).

Children develop their original defenses to protect themselves against interpersonal pain in the family. Later, these defenses are strongly reinforced or crystallized when they learn about death. Sometime between the ages of three and seven, children come to realize that the life they thought and experienced as permanent is in fact impermanent (Anthony, 1971/1973; Kastenbaum, 1974, 1995; Lester, 1970; Nagy, 1948/1959; Rochlin 1967). Their world is turned upside down by the dawning awareness of first their parent's death, and eventually their own death. The defenses that they developed in relation to interpersonal distress are now used in an attempt to relieve this existential pain. From this point on, both kinds of pain, interpersonal and existential, trigger the defensive process and contribute to people's tendencies to lead inward, self-protective lives and to retreat from closeness and intimacy in interpersonal relationships (Firestone, 1994, 1997; Greenberg, et al., 1990; Solomon, Greenberg, & Pyszczynski, 1991).

Understanding the functions of the fantasy bond in protecting the child (and later the adult) against death anxiety helps explain why people tend to make self-limiting choices in life and in their relationships that condemn them to repeat the unfortunate circumstances of their early lives. In order to protect the fantasy connection, which they erroneously consider to be a matter of life and death, people can only tolerate gratification in fantasy. Real gratification and genuine loving relationships actually threaten an individual's psychological equilibrium and pseudoindependent posture. Therefore, in a seeming paradox, many people avoid personal gratification and prefer not to be loved or valued by others because it makes them more vulnerable and aware of their own death. They choose to merge with others and lose their distinctive characteristics rather than invest in a life they must certainly lose.

DESTRUCTIVE EFFECTS OF THE FANTASY BOND ON INTIMATE RELATING

By the time individuals reach adulthood, they have crystallized their defenses and exist in a psychological equilibrium that they do not wish to disturb. Conflict develops as partners strive to preserve their defenses while trying to hold on to their initial feelings of closeness and affection. As noted, the two conditions tend to be mutually exclusive. Eventually one or both partners unconsciously choose to preserve long-standing psychological defenses to maintain an illusion of security, thus threatening the intimacy they once shared. To mask this painful fact, both partners develop a fantasy of enduring love, substituting form for the substance of the relationship. Everyday routines, customs, and role-determined behaviors provide the structure and form of the relationship, often replacing the original warmth, affection, trust, and respect for one another.

Once an illusion of connection with the partner has been formed, experiences of genuine love and intimacy interfere with its defensive function, whereas symbols of togetherness and images of love strengthen the illusion. Any event that arouses an awareness of separateness threatens the fantasy of fusion, precipitating anxiety states that predispose anger and hostility. To protect the fantasy bond against these intrusions, most people recreate the destructive aspects of their family of origin in their current relationship using three methods: selection, distortion, and provocation. People tend to select partners who are similar to significant figures in their early lives because these are the people who fit in with their defenses and who they feel comfortable with. They distort their mates and see them more like the people in their past than they really are. If all else fails, they try to provoke responses in their partner that will duplicate their past. In effect, they relive rather than live their lives.

MANIFESTATIONS OF THE FANTASY BOND IN COUPLE RELATIONSHIPS

One early symptom of deterioration in a relationship can be observed in the couple's style of communication, which tends to become less honest and direct. Exchanges are characterized by small talk, bickering, speaking for the other, interrupting, or talking as a unit. Both partners tend to forsake their independence and begin to manipulate by playing on the other's guilt, becoming childlike and dependent, or by giving angry and parental responses.

As these methods of relating take a toll on the relationship, other symptoms of the fantasy bond become more apparent. Individuals who in the early phases of their relationship spent hours in conversation begin to lose interest in both talking and

listening, and spontaneity and playfulness gradually disappear. They become less personal in their exchanges and stop taking the time to make contact or to really notice how the other person is feeling. Often the partners develop a routinized, mechanical style of lovemaking and experience a reduction in the level of sexual attraction. As one or both participants sacrifice their individuality to become one half of a couple, their basic attraction to each other is jeopardized. In fact, people in a fantasy bond often experience the other as an appendage, a condition that causes their feelings of sexual attraction to wane.

In some cases, one partner may attempt to control various aspects of the relationship due to underlying feelings of insecurity and fears of potential rejection or loss. If the other partner submits to this form of control, he or she tends to become less attractive or appealing, and the couple's sexual relating often deteriorates accordingly. It is important to stress that this decline is generally not the inevitable result of familiarity, as many people assume. It is due to deadening habit patterns, exaggerated dependency, negative projections, loss of independence, and a sense of obligation.

In addition, one or both partners may begin to hold back the positive qualities that originally attracted the other in order to maintain a comfortable distance, and this withholding leads to a sense of guilt and remorse. Consequently, both may begin to act out of a sense of obligation and responsibility rather than out of a genuine desire to be together.

THE VOICE PROCESS

Within each person there exists an essential dualism, a primary split between forces that represent the self and those that oppose the self. These elements can be conceptualized as the "self system" and the "antiself system." The two systems develop independently; both are dynamic and continually evolve over time. In other words, people possess conflicting points of view and beliefs about themselves, others, relationships, and events in the world, depending upon which aspect of the personality, self or antiself, is dominant. One point of view is rational, objective, and life-affirming, while the other is made up of a destructive thought process or voice, an overlay on the personality, that is opposed to the ongoing development of the self.

The authors propose that the voice represents the introjection of destructive thought patterns and attitudes based on an identification with negative attitudes and defenses of one's parents. We have hypothesized that the voice is the intrapsychic mechanism primarily responsible for the transmission of negative traits, behaviors, and defense patterns from one generation to the next.

The voice represents the language of the defensive process. It functions as a secondary defense that supports the fantasy bond (or primary defense) and self-parenting, inward behavior patterns. For example, to protect one's illusion of complete self-sufficiency or posture of pseudo-independence, one may tell oneself, in the form of the voice: *Even if you do find someone to love, relationships don't last forever. Watch out, don't get too involved so you won't get disappointed later on.* These are a few, among the many, deep-seated beliefs, expectations, or critical voices that people have reported using as rationalizations to push away another person who genuinely loved and valued them.

The voice is a form of intrapsychic communication that ranges from minor self-criticisms to major self-attacks and fosters self-soothing habit patterns, isolation, and self-destructive lifestyles. Voice attacks are directed toward others as well as toward oneself. People generally anticipate rejection from a relationship partner based on both aspects of the voice. For example, they may have self-depreciating thoughts such as: "You're so uninteresting. What do you have to offer this relationship?" Or they may have cynical or hostile thoughts toward their partner, such as: "He/She doesn't care

about you any more. When was the last time the two of you went out together?" Both types of voices, belittling and attacking self and others, predispose alienation and provide each partner with rationalizations for retreating to a more defended, pseudoindependent posture.

In terms of attachment theory, the voice process can be conceptualized as a fundamental aspect of what have been described as *internal working models*. These intervening variables help explain the psychodynamics involved in interpersonal relationships and the intergenerational transmission of negative attitudes, behaviors, and defenses. Attachment researchers (Batgos & Leadbeater, 1994; Bowlby, 1973, 1980, 1982; Bretherton & Munholland, 1999; Bretherton, et al., 1990) have proposed that these internal working models represent children's beliefs about self and relationships and mediate their attachment behavior. Their formulations agree in substance with the authors' findings, both those regarding the voice process that influences different styles of relating in adult relationships, and those related to children's reactions during those moments when their parents manifested abusive, neglectful, or intrusive behavior. Attachment theorist Bretherton (1996) argued that "insecure individuals develop working models of self and attachment figure in which some schema or schema networks [cognitive processes] may be dissociated from others" (p. 14). In examining adult romantic attachments, Shaver and Clark (1996) asserted that "a child with a negative model of both self and attachment figures can become an adolescent or adult who implicitly distrusts relationship partners, expects them to be cruel, neglectful, or unpredictable, and feels unworthy of anyone's love" (p. 34).

The concept of the voice is similar in many respects to certain constructs in attribution and appraisal theory (see Higgins, 1987). Experimental studies conducted to assess the role of causal attributions in psychopathology beginning with those of Peterson, et al. (1982) and more recent research reported by Kinderman and Bentall (1996) have shown that many people make attribution errors on the basis of experiences from the past. For example, Roseman and Kaiser (2001) noted that "*Pathogenic experiences and maladaptive learning* [in childhood] may be the most common sources of appraisal inaccuracy" (p. 255).

Researchers Kinderman and Bentall (2000), investigating the effects of causal attribution errors and self-discrepancies in relationships, found that some individuals attribute the causes of events to self, while others attribute the "causes of events to the actions or omissions of identifiable others" (p. 262). Fincham and Bradbury (1992) stated that

[d]istressed spouses are hypothesized to make attributions for negative events that accentuate their impact (e.g., they locate the cause in their partner, see it as stable or unchanging, and see it as global or influencing many areas of the relationship. (p. 457)

We contend that both types of attribution errors (about self and others) represent distortions mediated by the voice process, and that thought patterns contributing to relationship distress need to be further explicated through empirical studies. The resultant findings could then be used to broaden our understanding of several intervening variables currently under investigation by attribution theorists, including factors influencing "rejection sensitivity" as described by Downey, Feldman, and Ayduk (2000).

DESTRUCTIVE EFFECTS OF THE VOICE ON INTIMATE RELATING

The nature of the fantasy bond and related defensive processes as they are manifested in intimate relationships is that both individuals, more often than not, are "listening"

to the dictates of their respective voices. Their communications are filtered, in a sense, through a biased or alien point of view that distorts their partner's real image. Both parties ward off loving responses from the other, using rationalizations promoted by the voice to justify their anger and distancing behavior. They tend to project their own self-attacks on one another and often respond as though they were being victimized or depreciated by their mates. In terms of appraisal theory, partners who inaccurately interpret each other's behavior often have maladaptive emotional responses in their interactions with each other. According to appraisal theorists Roseman and Smith (2001), "[c]onflicting, involuntary, or inappropriate appraisal may account for irrational aspects of emotions" (p. 8). Regarding "rejection sensitive" individuals, Ayduk, et al. (2000) argued that "people who expect rejection act in more hostile, aggressive ways in relationships" (p. 776), while Downey, et al. (2000) contended that such a person "will readily perceive intentional rejection in the ambiguous behavior of a significant other," that will in turn "elicit cognitive-affective overreactions including hurt and anger" (p. 46).

Until these projections are understood and essentially taken back within the couple (or these inaccurate appraisals and expectations corrected) and other manifestations of the fantasy bond identified and consistently challenged, there will be no sustained therapeutic progress or improving in the relationship. From this perspective, for a psychotherapy to be effective, symptoms of the fantasy bond as well as internalized voices about oneself and one's partner need to be exposed and understood in the context of each partner's fears and anxieties. Voice therapy achieves these goals and also facilitates partners relating to each other with more compassion and frees them to experience genuine loving feelings (Firestone & Catlett, 1999).

VOICE THERAPY: APPLICATION IN COUPLES THERAPY

Voice therapy was so named because it represents a process of giving spoken words to negative thought processes or internalized voices. This cognitive-affective-behavioral methodology helps uncover destructive thoughts, attitudes, and beliefs that interfere with intimacy. Developing insight into the sources of these negative thoughts facilitates the development of compassion for oneself and others. Through modifying behaviors that are regulated by these thoughts, individuals become more self-assertive and less self-destructive. The overall purpose of voice therapy, in both individual and couples psychotherapy, is to separate and bring out into the open those elements of the personality that are antagonistic toward self and hostile toward others, together with the associated negative affect (Firestone, 1988, 1997).

The primary goal with couples is to help each individual identify the voice attacks that are influencing distancing behaviors and creating conflict in the relationship. Couples learn to distinguish between projections and distortions that are a result of the voice process, and realistic perceptions of their partner's traits, both negative and positive. Each partner also learns to realistically assess his or her own assets and liabilities. This process leads to acceptance of ambivalent feelings toward oneself and one's partner and therefore offers a more stable and honest perspective. Moreover, by identifying specific self-criticisms as well as judgmental, hostile thoughts about one another, partners are able to communicate more honestly and to achieve more closeness and intimacy in the relationship.

The goals of voice therapy are similar in several respects to the aims of object relations approaches in couple therapy. Interventions informed by object relations theory are focused on the reinternalization of disowned and projected views of the self as described in Scharff and Scharff's (1991) book, *Object Relations Couple Therapy*. According to object relations theorist Zinner (1976), who delineated the psychodynamics underlying projection, "the contents of the projected material contain highly conflicted

elements of the spouse's object relationships with his or her own family of origin" (p. 297).

THE STEPS IN THE THERAPEUTIC PROCESS

In individual as well as conjoint and couple's group sessions, clients generally progress through the following steps over the course of treatment:

1. Each partner formulates the problem he or she perceives is limiting his or her satisfaction within the relationship, while learning not to attribute blame to the other.
2. The principal technique of voice therapy involves each partner verbalizing his or her self-critical thoughts in the second person format, that is, in the form of statements toward themselves, for example, "*You're unattractive, you're unlovable,*" rather than *I'm unattractive, I'm unlovable.*" When clients express themselves in this format, they often reveal feelings of intense anger toward themselves as well as feelings of painful sadness. By articulating self-attacks in the second person, each partner facilitates the process of separating his or her own point of view from the hostile thought patterns that make up this alien point of view.

Hostile, cynical thoughts toward one's partner are verbalized in the third-person format, as though someone else were imparting negative information to the individual about his or her partner, for example, "*He doesn't want to commit to the relationship,*" or "*She's so childish and melodramatic,*" "*He/She doesn't give as much to the relationship as you do.*"

The process of identifying the voice can be approached intellectually as a primarily cognitive technique or more emotionally as a cathartic technique. In both procedures, the client learns to verbalize negative thoughts in the second person as though someone else were addressing him or her. In the latter technique, there is an emphasis on the release of the affect accompanying the voice attacks. For example, the client is encouraged to "say it louder," "really feel that," or "let go and say anything that comes to mind." Clients often adopt this style of expression of their own volition. When asked to verbalize their negative thoughts in the second person, they often spontaneously begin to speak louder and with more intensity of feeling, as described earlier. With this release of emotions, valuable material is revealed. Clients often verbalize thoughts and beliefs that they were previously unaware of. A number of clinicians and researchers have emphasized the importance of accessing and experiencing emotions associated with cognitive distortions and painful events in one's past to achieve significant positive shifts in core schemas or concepts of one-self, which in turn facilitates change in psychotherapy (Diamond & Liddle, 1996; Fraiberg, Adelson, & Shapiro, 1980; Greenberg, 2002; Johnson & Greenberg, 1995; Kennedy-Moore & Watson, 1999; Lieberman & Pawl, 1993; Lieberman & Zeanah, 1999).

In sessions where both partners are present, each individual reveals negative thoughts and attitudes toward him or herself as well as toward the other. In a real sense, they are sharing each other's individual psychotherapy. When verbalizing hostile attitudes toward the other, partners express what their voices are telling them regarding negative behaviors they perceive in the other person. During this process, they often become aware that their tone of voice has taken on a sarcastic, derisive quality and that these attacks are exaggerating their partner's undesirable characteristics. Disclosing harsh, judgmental views of their partner in the form of the voice helps people separate these views from a more realistic or congenial view of their mate. Clients are encouraged to relinquish residual cynical thoughts and grudges even though their critical views may have some basis in reality.

3. Partners discuss their spontaneous insights and their reactions to verbalizing the voice. They then attempt to understand the relationship between their voice attacks and behavior patterns that are interfering with intimacy in the relationship. In tracing the source of their self-attacks and hostile attitudes to early family interactions, partners gain perspective into each other's problems and feel more compassion for their mates as well as for themselves. Recognizing their voice attacks as the primary source of dissatisfaction in their relating takes pressure off the relationship and has a powerful effect on improving attitudes toward their mates as well as on enhancing each individual's personal growth.

4. The therapist and the individual partners identify the specific behaviors that are influenced or controlled by each partner's negative cognitive process and that are causing distress in the relationship, and then work together to formulate ideas about altering routine responses and habitual patterns of behavior. The corrective suggestions they arrive at are in accord with each partner's personal goals and are specific to those problem areas he or she wishes to correct or improve. These goals invariably represent personal risk and increased vulnerability in the sense of breaking with defenses that protect each partner from experiencing painful emotions. For example, a woman reveals voice attacks that she is boring and that her husband is not interested in anything she has to say. The corrective suggestions she and her therapist arrived at are to reveal her self-attacks to her husband and arrange to spend time with him discussing her thoughts, feelings, and point of view. Each partner learns to accommodate to the anxiety associated with breaking inward, self-protective defenses and is gradually able to tolerate more intimacy in his or her life.

A SMALL PILOT STUDY APPLYING VOICE THERAPY WITH FOUR COUPLES

In this section, the authors provide a case example of the application of voice therapy techniques in the context of a couples group made up of eight individuals (four couples). All of the participants in the group were highly successful in other areas of their lives, but had been unable to maintain a long-lasting and meaningful intimate relationship. The series of meetings was videotaped and transcribed.

Participants

Participants included four men and four women. All were Caucasian and ranged in age from 27 to 52 years of age, with an average age of 38. Three participants, two women and one man, had been previously married (the male participant had divorced twice), and five had never been married. The duration of the participants' current relationships (at the time of the original study) ranged from three months to three years, with a mean of 18 months. This case example focuses on a single couple, Sheryl and Mark, who were 38 and 41 years old respectively.

In the group discussions, the participants essentially followed the steps outlined above. Each partner revealed his or her self-attacks and critical attitudes toward the other and discussed the resulting insights while the other listened. Partners were sensitive and empathic toward each other during this process. They became increasingly aware that the hostile and judgmental attitudes expressed in their voice dialogues were more harsh or cynical than were warranted by the real situation. The participants formulated a number of goals for altering behaviors that were causing distress or creating distance in the relationship. The group was generally compassionate and supportive, and there was a good deal of cross identification between individuals and couples.

CASE EXAMPLE: SHERYL AND MARK

Background

Some years ago, Sheryl and Mark became romantically involved; however, they were unable to sustain their initial feelings of attraction, friendship, and affection. Eventually they separated, but remained friends. In a discussion that took place shortly after the breakup, Mark and Sheryl revealed the inner voices they had experienced during the early phases of their relationship:

Mark: Immediately after the first date, I had voices that I should do things. "You should call her, you should treat her nicely. She likes you, so you should be calling her right away. You should give her what she wants."

As Mark spoke, his voice took on a derisive tone and became progressively louder and more angry:

"Don't be like most of these men. Men are nasty, men are really mean. Don't be like one of them. Be a nice man. Be different from how they are. Don't be one of these lousy bastards like most of these other men. Don't be a bastard like your father was. Just be nice. And you'd better hold on to her! You're lucky to have her. But she's going to see you're not a very attractive man. She's going to see everything when she really gets to know you."

In the same discussion, Sheryl articulated destructive attitudes toward herself:

Sheryl: "Don't disappoint him. Say yes. If you say no, you won't get what you want. Say yes. (angry) You'd better give him whatever he wants. If you don't give him what he wants he's going to leave you, and you're going to be alone. You won't meet a nice guy ever again. He's nice, he's successful, he'll take care of you, you better not screw this up." (loud, agitated) "You'd better hold on to him. You know how long it takes you to meet people. Men don't like you, you're lucky to have this one. You're lucky to have anybody!"

Mark had voices that he should take care of a woman, and Sheryl had reciprocal voices that she needed to be taken care of. Their self-attacks created a desperation to stay in the relationship and to hold on to each other, in effect, to form a fantasy bond, which in turn contributed to a deterioration in their original feelings for each other.

Four years following their breakup, Mark and Sheryl became reinvolved. During the intervening years, both individuals had developed personally and had altered many of their defensive behaviors. For example, Mark challenged his distorted perceptions of men and women and found that these views were based on his observations of his parents' relationships as well as their negative attitudes toward themselves, each other, and the opposite sex. He recognized that he identified not only with his father's animosity toward women and negative views of himself as a man, but also with his mother's negative view of men—and thus of himself—as being harsh and aggressive. He came to understand why he attempted to compensate by pleasing women or by deferring to them.

During the same period, Sheryl explored her fears of being vulnerable in an intimate relationship and traced these fears to early childhood experiences. She uncovered voices depreciating her as a woman and recognized how they contributed to the difficulties she and Mark had encountered when they were originally involved.

THE SERIES OF COUPLES GROUPS¹

Mark and Sheryl's renewed relationship started off well, but as time went on, they began to experience problems reminiscent of their past relationship. Mark noticed, for example, that he had begun to pursue Sheryl in a desperate manner at times. Sheryl became aware of struggling to control strong impulses to push Mark away whenever he was simply being loving and affectionate. Both individuals asked if they could participate in the group mentioned previously. In the couples group, first Sheryl and then Mark worked on the steps in voice therapy.

1. *Formulating the problem.* In this discussion, Sheryl describes her negative reaction to the affection and intimate feelings that have been developing in the relationship:

Sheryl: The feeling that I have is that I've always just simply liked you, but partly I feel like I can't stand it that you're nice to me or that you like me. I feel like I have a mean streak.

Facilitator: In response to his liking you.

Sheryl: Yes.

2. *Verbalizing negative thoughts and releasing affect.*

Facilitator: What do you tell yourself about the relationship?

Sheryl: It's like, "Don't show him anything, don't show him you like him." That's what I tell myself—"Just don't show it. You'll be such a sucker, you're such a sucker if you show it." At times when he's really nice, I'll just want to squash him. When he's vulnerable I just want to smash him, and it's for no reason except that he's vulnerable and he's being sweet. (sad)

3. *Discussing insights.*

Sheryl: I've had so many thoughts of ways I've seen myself like my mother, and in previous relationships I've acted so much like her and didn't even know it. Every relationship ended basically the same way, for no reason really, just getting rid of it. But I know that's like my mother's point of view. She was very critical of my father and she would be mean to him. She was humiliated to be seen with him when he was sick. Actually, he had a brain tumor and when I went home for the holidays, we were all playing Monopoly, and he was watching us. He couldn't really speak because he was losing his physical abilities. He started drooling, and she said: "Stan, ugh!" She was humiliated by him, and so he went to his room. I felt so bad for him because there was no kindness in her at all. But I feel like sometimes I act like that myself.

Facilitator: So it's almost like a compulsion to reenact those patterns. Like it's barely under your control.

Sheryl: Yes, it's like that. It's like in the movie, *Alien*, where this thing comes out of my stomach and I'm surprised by it and by the things that I say. It's for no reason except to take the pleasure away, the happiness that he might have just from being nice to me. I want to smash that. (sad, tearful)

4. *Formulating plans for behavioral change.*

Facilitator: So the hope is for you to hang in there and to tolerate the anxiety in giving up these defenses, actually breaking with the imaginary connection that you have with your mother in that sense, and learn to really control that destructive acting out and allow yourself to get a perspective or an empathic view of the person you're with. Basically if

¹Portions of this case example are adapted from *Fear of Intimacy* (Firestone & Catlett, 1999). Copyright © 1999 by The American Psychological Association. Adapted with permission.

you do sweat it out, you'll be able to have more in your life. It takes a lot of courage to go through that process but it's really worth it.

Sheryl: I feel like it would make me sad, too, because I would feel a lot. When I'm in that other point of view I feel big and mean. And when I just let things be I feel like a soft, sweet person.

1. *Formulating the problem.*

Mark: In all of my close relationships, I've had a pattern of pushing the woman away because on some level, I don't want to accept the love, I don't want to accept the friendship. (To Sheryl) When we were involved years ago, I remember how quickly our relationship became routine, habitual, but even more than that, I was pursuing you in a desperate way and at the same time losing myself. I gave up interest in other friends, and if you wanted to see me, I would drop anyone else in my life to see you. In fact, I would anticipate your desire to see me and drop them before you would even ask. And I lost my old friends and I lost you at the same time.

Facilitator: When partners give up their independence, they lose their attractiveness.

Mark: Absolutely. I pushed you away so quickly by doing that. I don't want that to happen this time. But sometimes I feel myself starting to do the same thing, trying to pursue you in that same desperate way.

2. *Verbalizing negative thoughts and releasing affect.*

Facilitator: What are you telling yourself at those times?

Mark: I think it's a voice that I've incorporated in myself about not being a real man. That was my mother's voice. If I were to say the voices about myself and about men, they would be: "You're a weak piece of shit! Just like your father. You're nothing. You can't compete in a man's world. You're just not a man. You'd better grovel. You'd better take care of women. You'd better give us what we want. You're not a strong man. You just don't have it in you. And you're stupid. You think you're smart? You think you fit into the rest of the world, but women run it all. You men are just some drones that are out there!" (loud voice, enraged) "We control it all! So just play the role. Play the role like a big man. But you're not a big man, we both know it, don't we?" (sarcastic)

I feel those voices from both sides. I feel them from my mother and I feel them from my father. He felt that same way about himself and about men.

3. *Discussing insights.*

Mark: Today when I heard other people standing up for themselves in relation to their voice attacks, I felt like standing up for myself and saying: "That's not me. I'm not really a weak piece of shit and I don't have to be that way. I don't have to play that role, just to try to cover up that feeling of being weak." Saying that made me very sad. I really don't have to be that way. Not only can I be different, I can actually have different actions and sweat out the anxiety as it comes up.

I realize that when I'm into that other point of view, I don't want to feel like a man. So if I pursue you [Sheryl] in a desperate way, I'm so much weaker, I'm so much more the type of man that my mother saw men as.

Last week, Sheryl and I talked about this and I expressed my feeling that being sensitive and expressing tenderness is not the same as being weak. I told her, "I don't want you to interpret my sensitivity or kindness toward you or my affection as weakness." And saying that gave me a real sense of myself in a way that I was shocked. I felt so centered after that conversation.

4. *Formulating plans for behavioral change.*

Mark: I realize that it's important to stick to the plans I made not to give up other friendships and activities, like I did in the past, just because we're involved. I think it's also a good idea to let you initiate some of the activities we share instead of my always being the one to suggest that we get together, go to a movie or go out to eat, or make love, even.

I know that I'll probably be anxious if I stop pursuing you in that way, but right now I feel like I can go through whatever feelings come up.

Follow-Up Interview

In an interview two months after the discussion described above, Mark and Sheryl reported progress both in terms of an increased sense of independence, self-confidence, and personal growth and experiencing more gratification in their relationship. Here they describe some of these important changes.

Sheryl: I feel like we've grown closer since we had that last talk. I still get scared sometimes. Even this week, I recognized a shift in my feelings, to really caring a lot about you (Mark). Instead of just learning how to accept you caring about me, I started feeling a deep sense of caring for you, too.

Mark: Since we've been talking, I've felt really close to you. I noticed I felt more grounded in myself, especially revealing some of the ways I might push you away. That seemed to give me some insight, and I learned more about how I would feel desperate toward you and how that worked into the whole situation.

A couple of other things I noticed, when we were together, and you started feeling sad when we were making love, I felt so close to you. I felt in love with you. I couldn't feel any closer than how I felt at that moment.

Sheryl: For some reason, what's happening is bringing up a lot of sadness in me lately, and I think I'm really resistant to that.

Facilitator: Yes, it's the fear of the sadness. It's ironic that people are afraid of sadness and to feel sadness, when in fact, if they do feel it and let it out, they actually feel better.

Mark: It's followed by closeness and happiness.

Facilitator: Yes, the sadness seems to center people in themselves.

In the course of the group discussions, the participants came to realize that they had been living their lives and conducting their relationships based on destructive thought processes and parental prescriptions rather than on fulfilling their own desires and goals. Once they recognized the profound influence of these early parental introjects (internal working models), they could begin to identify and challenge the thought processes that were limiting them. For example, as Mark and Sheryl effectively countered their self-attacks and cynical views of themselves and one another through modifying behavior patterns that had been creating distance in their relationship, they gained in self-confidence and strengthened their own point of view, which was more congenial toward self and other. Several months later, they married and the following year had a baby boy.

Preliminary Results²

Seven participants completed the initial version of the Firestone voice scale for couples (FVSC) prior to the discussions that took place over a 3-month period. The FVSC assesses the frequency of destructive thoughts the subject is currently experiencing toward self, toward his or her partner, and about relationships in general. Following these meetings, participants again completed an initial version of the FVSC, which

²Material from the series of meetings were compiled into two video documentaries entitled *Voices About Relationships* (Parr, 1997) and *Coping with the Fear of Intimacy* (Parr, 1999). A more detailed description of the pilot study and pre and posttest results on the FVSC can be found in *Fear of Intimacy* (Firestone & Catlett, 1999).

FVSC

Instructions

All people experience thoughts that are critical towards themselves and others. For example, when a person is worried about his (her) relationship, he (she) might think:
 "You'd better hang onto him (her). This may be your last chance. You may never get anybody again."

Or a person might have critical thoughts about a potential partner:
 "Don't get involved. You might get hurt because he (she) is so unreliable."

These thoughts are a part of everyone's thinking process. Please indicate the frequency with which you experience the following thoughts by circling the corresponding number.

1 – NEVER 2 – RARELY 3 – ONCE IN A WHILE 4 – FREQUENTLY 5 – MOST OF THE TIME

For example, you think or say to yourself:

1 2 **3** 4 5 "You're unattractive. Why should she (he) want to go out with you?"

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 1. | You'd better put on a good front. Put your best foot forward or he (she) won't be interested. | 1 | 2 | 3 | 4 | 5 |
| 2. | You'd be better off on your own. | 1 | 2 | 3 | 4 | 5 |
| 3. | He (she) doesn't give a damn about you. If he (she) did he (she) would remember to do what he (she) promised. | 1 | 2 | 3 | 4 | 5 |
| 4. | He (she) never spends time with you. He (she) is always with his (her) friends. | 1 | 2 | 3 | 4 | 5 |
| 5. | He (she) doesn't want to hear your opinions, so keep them to yourself. | 1 | 2 | 3 | 4 | 5 |
| 6. | You've got to be careful of what you say to a man (woman). | 1 | 2 | 3 | 4 | 5 |
| 7. | What you feel and think isn't important to him (her) | 1 | 2 | 3 | 4 | 5 |
| 8. | Even if your marriage isn't romantic anymore, it's better than most couples have. | 1 | 2 | 3 | 4 | 5 |
| 9. | You've got to keep him (her) interested. | 1 | 2 | 3 | 4 | 5 |
| 10. | He (she) can be such a jerk (bitch)! | 1 | 2 | 3 | 4 | 5 |

FIG. 21.1. Firestone Voice Scale Couples. © 1999, The Glendon Association.

consisted of 171 items derived from clinical material, discussion groups with couples, and from graduate students studying psychology. (See Figure 21.1.)

Three years later, the participants again completed the FVSC and the *experiences in close relationships inventory* (ECR-R; Fraley, Waller, & Brennan, 2000). The ECR-R is a 36-item self-report attachment measure and is derived from four categories or regions (secure, preoccupied, dismissing, and fearful) represented in a two-dimensional (low anxiety to high anxiety and low avoidance to high avoidance) space. See Figures 21.2 and 21.3 for a graphic representation of Mark and Sheryl's scores on the FVSC prior to

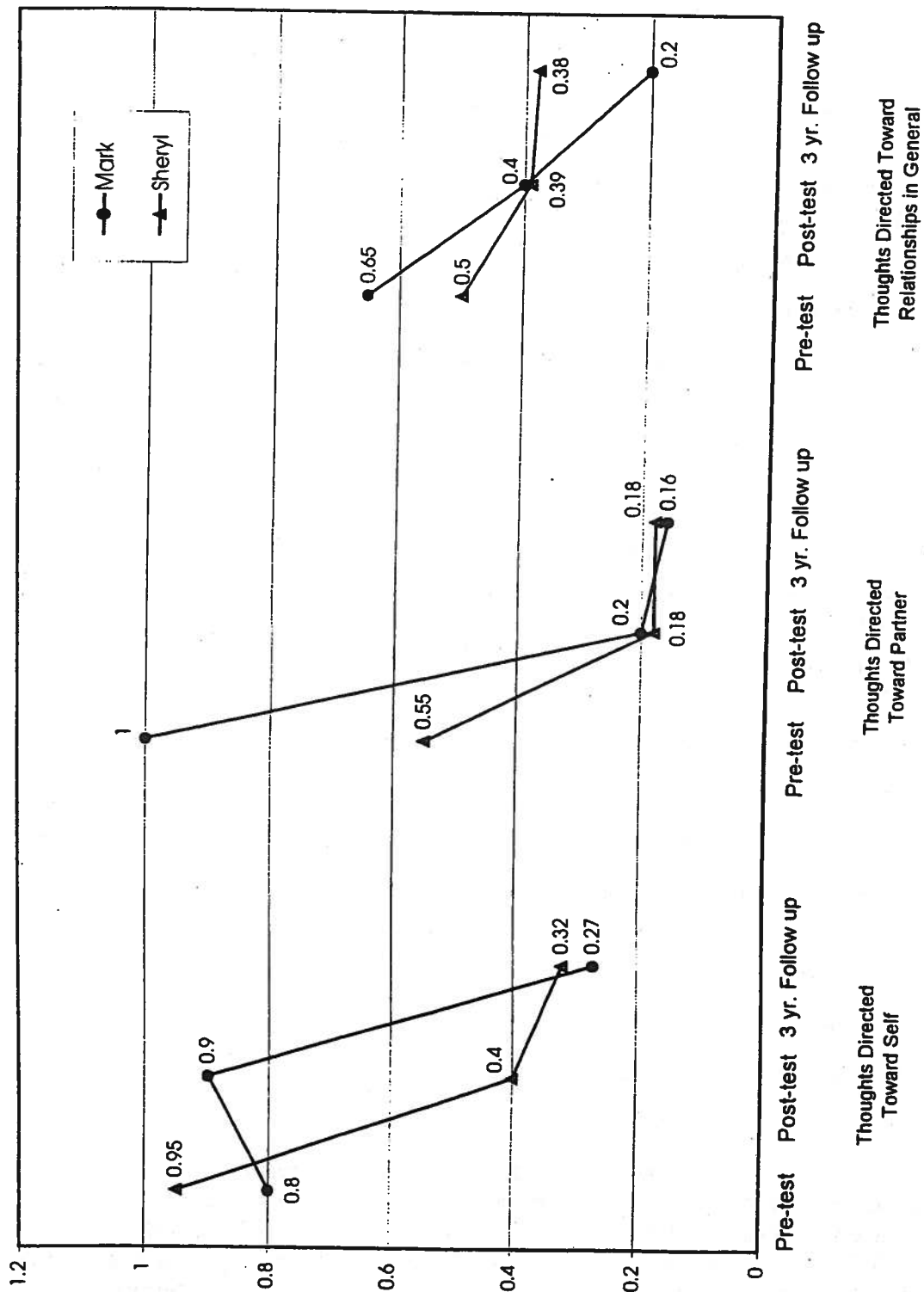


FIG. 21.2. Frequency of Negative Thoughts-FVSC. © The Glendon Association.

Sheryl

Mark

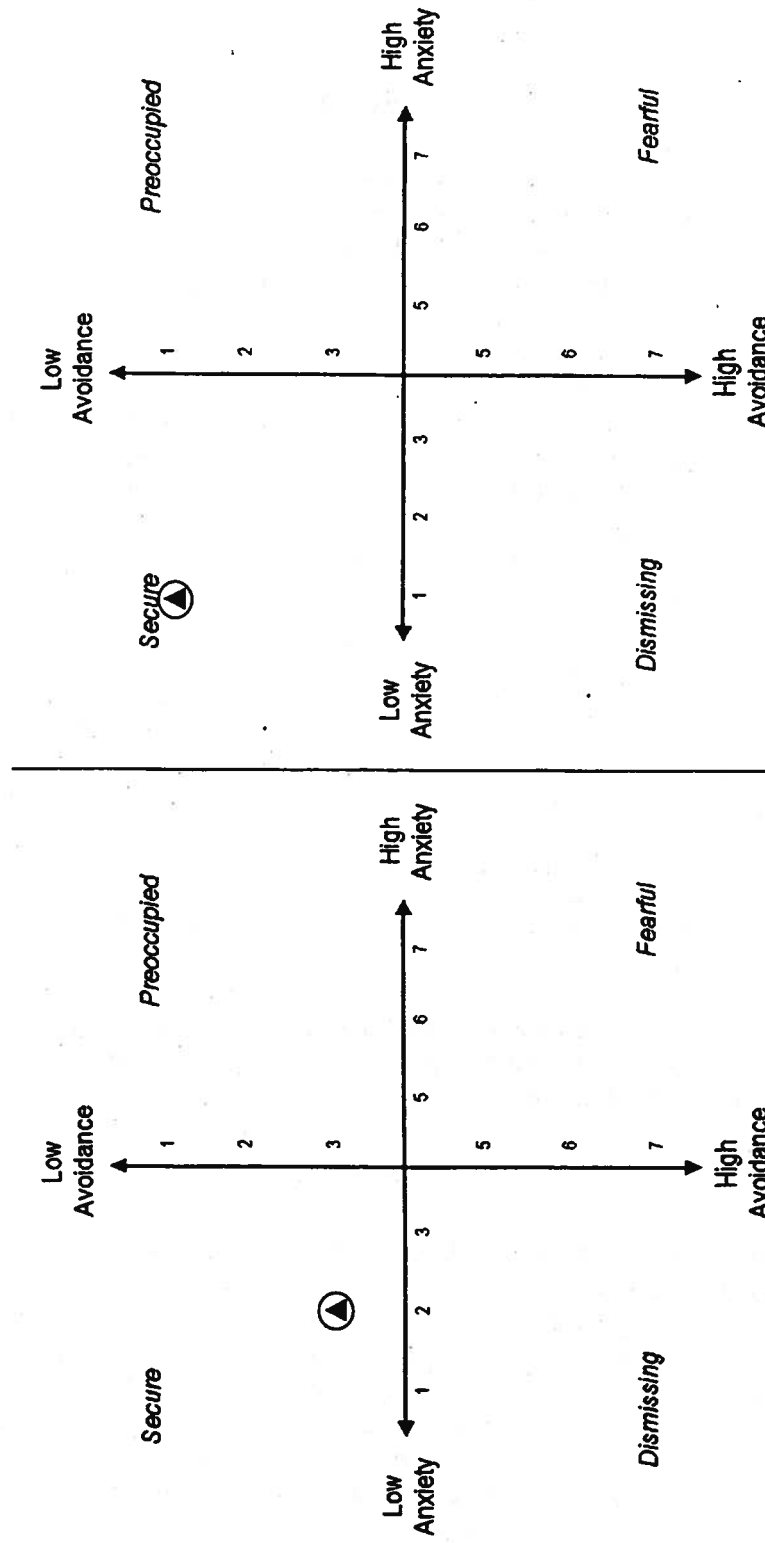


FIG. 21.3. Experiences in Close Relationships-Revised (ECR-R). © The Glendon Association.

the series of discussions, at 2-month follow-up, and at 3-year follow-up testings, and their scores on the ECR-R at follow-up. Results from pre and posttests and from the follow-up assessment using the FVSC indicated that Mark and Sheryl had progressed significantly in terms of a decrease in their negative views of self, each other, and the relationship.

DISCUSSION

Both Sheryl and Mark reported positive changes in terms of a happier, more optimistic outlook, more loving responses toward the other, and greater satisfaction in their relationship. This was a consistent pattern among the other couples in the group. The participants all commented on the value of learning to be nondefensive and open in listening as their partner verbalized his or her self-attacks. They found that they could reveal their feelings of anger and withholding patterns of behavior, admit critical, hostile voices toward themselves and their partner, and face up to the emotional pain and sad feelings they experienced as they attempted to restore intimacy, or as in the case of Mark and Sheryl, they once again tried to develop and sustain a close relationship. The participants reported that the group setting afforded a safe place in which to expose their fears of being alone and their anxieties about potential rejection, abandonment, and existential issues of life and death.

Findings from the preliminary study with this small sample could ideally serve as an impetus for further investigations into how negative thought processes predispose distancing behaviors in couples. Perhaps future investigations assessing the frequency with which destructive thoughts are experienced by individual partners will add to our knowledge of the relationship between maladaptive attributions and the deterioration of intimacy and closeness in many long-term relationships. According to Johnson, Karney, Rogge, and Bradbury (2001).

[c]orrelational data on the relationship between attributions and marital satisfaction make it clear that unhappy spouses, as compared with happy spouses, tend to make more negative attributions. Yet, the measurement of thought is a difficult matter, and attributions are not an exception. (p. 176)

In addition, empirical studies or random clinical trials (comparing voice therapy with empirically validated treatments) potentially could establish the efficacy of voice therapy as a treatment for distressed couples.

CONCLUSION

Our approach, based on separation theory, suggests that by giving up illusions of connection and destructive modes of thinking, people can develop the capacity to both offer and accept love, closeness, and intimacy in their relationships. In breaking with defensive programming from the past, they can maintain feeling for self and others.

It was interesting to note that although the participants came to the couples group originally to improve their relationships, the significant outcome of this series of meetings was that each individual became more aware of his or her negative thinking and developed a step-by-step strategy for relating more closely to the other. In contrast with many couple therapies, where the emphasis is on preserving the relationship, we view the dyad as an abstraction and are concerned with helping individuals challenge their own defenses rather than maintaining the couple or marriage. We believe that each partner's individual defenses are the primary issue that interferes with intimacy; in essence, with our approach, individuals are receiving help in a couples' setting.

The men and women who took part in the series of discussions have continued to involve themselves in the process of learning how to love. They struggle to remain open and vulnerable in situations where previously they had tried to protect themselves from the possibility of being hurt again in the new relationship. They discovered that the most effective way to counter destructive thought patterns is to take risks and change defensive behaviors that were influenced by the voice.

Lastly, to break a fantasy bond and sustain genuine intimacy in one's relationship, one must go through the anxiety of giving up core defenses and attempt to remain close to one's partner, despite the increased sense of vulnerability. In our work with couples, we encourage individual partners to tolerate the anxiety of change rather than act out behaviors that alter the situation. As they overcome their resistance to change and avoid destructive patterns, they become more aware of the voice or destructive thought process and its detrimental effects and achieve better control of their behavior. They discover that the anticipatory anxiety involved in following through on a corrective suggestion is worse than the actual anxiety experienced when they engage in the action itself.

Intimacy and mutual regard can only be achieved when couples struggle through the anxiety aroused in movement toward closeness and individuation. Indeed, the hope for the couple as well as for the future of the family, is for the individuals to break out of the imprisonment of their defensive self-parenting posture. Freeing themselves from destructive ties (fantasy bonds) and moving toward independence and autonomy offers the possibility for a genuinely loving relationship.

REFERENCES

- Ainsworth, M. D. S. (1989). Attachments beyond infancy. *American Psychologist*, 44, 709-716.
- Ainsworth, M. D. S., & Eichberg, C. G. (1991). Effects on infant-mother attachment of mother's unresolved loss of an attachment figure, or other traumatic experience. In C. M. Parkes, J. Stevenson-Hinde, & P. Marris (Eds.), *Attachment across the life cycle* (pp. 160-183). New York: Tavistock/Routledge.
- Anthony, S. (1973). *The discovery of death in childhood and after*. Harmondsworth, England: Penguin Education. (Original work published in 1971).
- Ayduk, O., Mendoza-Denton, R., Mischel, W., Downey, G., Peake, P. K., & Rodriguez, M. (2000). Regulating the interpersonal self: Strategic self-regulation for coping with rejection sensitivity. *Journal of Personality and Social Psychology*, 79, 776-792.
- Bartholomew, K. (1993). From childhood to adult relationships: Attachment theory and research. In S. Duck (Ed.), *Learning about relationships* (pp. 30-62). Newbury Park, CA: Sage.
- Batgos, J., & Leadbeater, B. J. (1994). Parental attachment, peer relations, and dysphoria in adolescence. In M. B. Sperling & W. H. Berman (Eds.), *Attachment in adults: Clinical and developmental perspectives* (pp. 155-178). New York: Guilford Press.
- Bollas, C. (1987). *The shadow of the object: Psychoanalysis of the unthought known*. New York: Columbia University Press.
- Bowlby, J. (1973). *Attachment and loss: Vol. II. Separation: Anxiety and anger*. New York: Basic Books.
- Bowlby, J. (1980). *Attachment and loss: Vol. III. Loss: Sadness and depression*. New York: Basic Books.
- Bowlby, J. (1982). *Attachment and loss, Vol. I: Attachment* (2nd ed.). New York: Basic Books.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46-76). New York: Guilford Press.
- Bretherton, I. (1996). Internal working models of attachment relationships as related to resilient coping. In G. G. Noam & K. W. Fischer (Eds.), *Development and vulnerability in close relationships* (pp. 3-27). Mahwah, NJ: Lawrence Erlbaum Associates.
- Bretherton, I., & Munholland, K. A. (1999). Internal working models in attachment relationships. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 89-111). New York: Guilford Press.
- Bretherton, I., Ridgeway, D., & Cassidy, J. (1990). Assessing internal working models of the attachment relationship. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 273-308). Chicago: University of Chicago Press.
- DeWolff, M., & van IJzendoorn, M. H. (1997). Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. *Child Development*, 68, 571-591.

- Diamond, G., & Liddle, H. A. (1996). Resolving a therapeutic impasse between parents and adolescents in multidimensional family therapy. *Journal of Consulting and Clinical Psychology, 64*, 481-488.
- Downey, G., Feldman, S., & Ayduk, O. (2000). Rejection sensitivity and male violence in romantic relationships. *Personal Relationships, 7*, 45-61.
- Feeney, J. A., Noller, P., & Hanrahan, M. (1994). Assessing adult attachment. In M. B. Sperling & W. H. Berman (Eds.), *Attachment in adults: Clinical and developmental perspectives* (pp. 128-152). New York: Guilford Press.
- Fierman, L. B. (1965). Afterword. In L. B. Fierman (Ed.), *Effective psychotherapy: The contribution of Hellmuth J. Kaiser* (pp. 203-212). New York: Free Press.
- Fincham, F. D., & Bradbury, T. N. (1992). Assessing attributions in marriage: The Relationship Attribution Measure. *Journal of Personality and Social Psychology, 62*, 457-468.
- Firestone, R. W. (1984). A concept of the primary fantasy bond: A developmental perspective. *Psychotherapy, 21*, 218-225.
- Firestone, R. W. (1985). *The fantasy bond: Structure of psychological defenses*. Santa Barbara, CA: Glendon Association.
- Firestone, R. W. (1988). *Voice therapy: A psychotherapeutic approach to self-destructive behavior*. Santa Barbara, CA: Glendon Association.
- Firestone, R. W. (1994). Psychological defenses against death anxiety. In R. A. Neimeyer (Ed.), *Death anxiety handbook: Research, instrumentation, and application* (pp. 217-241). Washington, DC: Taylor & Francis.
- Firestone, R. W. (1997). *Combating destructive thought processes: Voice therapy and separation theory*. Thousand Oaks, CA: Sage.
- Firestone, R. W., & Catlett, J. (1999). *Fear of intimacy*. Washington, DC: American Psychological Association.
- Firestone, R. W., Firestone, L., & Catlett, J. (2003). *Creating a life of meaning and compassion: The wisdom of psychotherapy*. Washington, DC: American Psychological Association.
- Fonagy, P. (1998). An attachment theory approach to treatment of the difficult patient. *Bulletin of the Menninger Clinic, 62*, 147-169.
- Fraiberg, S., Adelson, E., & Shapiro, V. (1980). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. In S. Fraiberg (Ed.), *Clinical studies in infant mental health: The first year of life* (pp. 164-196). New York: Basic Books.
- Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item-response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology, 78*, 350-365.
- George, C., & Solomon, J. (1996). Representational models of relationships: Links between caregiving and attachment. *Infant Mental Health Journal, 17*, 198-216.
- George, C., & Solomon, J. (1999). Attachment and caregiving: The caregiving behavioral system. In J. Cassidy, & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 649-670). New York: Guilford Press.
- Greenberg, J., Pyszczynski, T., Solomon, S., Rosenblatt, A., Veeder, M., Kirkland, S., & Lyon, D. (1990). Evidence for terror management theory II: The effects of mortality salience on reactions to those who threaten or bolster the cultural worldview. *Journal of Personality and Social Psychology, 58*, 308-318.
- Greenberg, L. S. (2002). *Emotion-focused therapy: Coaching clients to work through their feelings*. Washington, DC: American Psychological Association.
- Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review, 94*, 319-340.
- Johnson, M. D., Karney, B. R., Rogge, R., & Bradbury, T. N. (2001). The role of marital behavior in the longitudinal association between attributions and marital quality. In V. Manusov & J. H. Harvey (Eds.), *Attribution, communication behavior, and close relationships* (pp. 173-194). Cambridge, England: Cambridge University Press.
- Johnson, S. M., & Greenberg, L. S. (1995). The emotionally focused approach to problems in adult attachment. In N. S. Jacobson & A. S. Gurman (Eds.), *Clinical handbook of couple therapy* (pp. 121-141). New York: Guilford Press.
- Karpel, M. (1976). Individuation: From fusion to dialogue. *Family Process, 15*, 65-82.
- Karpel, M. A. (1994). *Evaluating couples: A handbook for practitioners*. New York: W. W. Norton.
- Kastenbaum, R. (1974, Summer). Childhood: The kingdom where creatures die. *Journal of Clinical Child Psychology, 11*-14.
- Kastenbaum, R. (1995). *Death, society, and human experience* (5th ed.). Boston: Allyn & Bacon.
- Kennedy-Moore, E., & Watson, J. C. (1999). *Expressing emotion: Myths, realities, and therapeutic strategies*. New York: Guilford Press.
- Kinderman, P., & Bentall, R. P. (1996). A new measure of causal locus: the Internal, Personal and Situational Attributions Questionnaire. *Personality and Individual Differences, 20*, 261-264.
- Kinderman, P., & Bentall, R. P. (2000). Self-discrepancies and causal attributions: Studies of hypothesized relationships. *British Journal of Clinical Psychology, 39*, 255-273.
- Lerner, H. (1989). *The dance of intimacy: A woman's guide to courageous acts of change in key relationships*. New York: Harper Perennial.
- Lester, D. (1970). Relation of fear of death in subjects to fear of death in their parents. *Psychological Record, 20*, 541-543.
- Lieberman, A. F., & Pawl, J. H. (1993). Infant-parent psychotherapy. In C. H. Zeanah, Jr. (Ed.), *Handbook of infant mental health* (pp. 427-442). New York: Guilford Press.

- Lieberman, A. F., & Zeanah, C. H. (1999). Contributions of attachment theory to infant-parent psychotherapy and other interventions with infants and young children. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 555-574). New York: Guilford Press.
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development*, 50(1-2), 66-104.
- Nagy, M. H. (1959). The child's view of death. In H. Feifel (Ed.), *The meaning of death* (pp. 79-98). New York: McGraw-Hill. (Original work published 1948).
- Parr, G. (Producer and Director). (1997). *Voices about relationships* [Videotape]. Santa Barbara, CA: Glendon Association.
- Parr, G. (Producer/Director). (1999). *Coping with the fear of intimacy* [Videotape]. Santa Barbara, CA: Glendon Association.
- Peterson, C., Semmel, A., Von Baeyer, C., Abramson, L., Metalsky, G.I., & Seligman, M. E. P. (1982). The attributional style questionnaire. *Cognitive Therapy and Research*, 6, 287-300.
- Rochlin, G. (1967). How younger children view death and themselves. In E. A. Grollman (Ed.), *Explaining death to children* (pp. 51-85). Boston: Beacon Press.
- Roseman, I. J., & Kaiser, S. (2001). Applications of appraisal theory to understanding, diagnosing, and treating emotional pathology. In K. R. Scherer, A. Schorr, & T. Johnstone (Eds.), *Appraisal processes in emotion: Theory, methods, research* (pp. 249-267). New York: Oxford University Press.
- Roseman, I. J., & Smith, C. A. (2001). Appraisal theory: Overview, assumptions, varieties, controversies. In K. R. Scherer, A. Schorr, & T. Johnstone (Eds.), *Appraisal processes in emotion: Theory, methods, research* (pp. 3-19). New York: Oxford University Press.
- Ruszczyński, S., & Fisher, J. (1995). Introduction. In S. Ruszczyński & J. Fisher (Eds.), *Intrusiveness and intimacy in the couple* (pp. 1-9). London: Karnac Books.
- Scharfe, E., & Bartholomew, K. (1994). Reliability and stability of adult attachment patterns. *Personal Relationships*, 1, 23-43.
- Scharff, D. E., & Scharff, J. S. (1991). *Object relations couple therapy*. Northvale, NJ: Jason Aronson.
- Schnarch, D. M. (1991). *Constructing the sexual crucible: An integration of sexual and marital therapy*. New York: W. W. Norton.
- Sexton, R. E., & Sexton, V. S. (1982). Intimacy: A historical perspective. In M. Fisher & G. Stricker (Eds.), *Intimacy* (pp. 1-20). New York: Plenum.
- Shaver, P. R., & Clark, C. L. (1996). Forms of adult romantic attachment and their cognitive and emotional underpinnings. In G. G. Noam & K. W. Fischer (Eds.), *Development and vulnerability in close relationships* (pp. 29-58). Mahwah, NJ: Lawrence Erlbaum Associates.
- Shaver, P. R., & Hazan, C. (1993). Adult romantic attachment: Theory and evidence. In D. Perlman & W. Jones (Eds.), *Advances in personal relationships*, Vol. 4 (pp. 29-70). London: Jessica Kingsley.
- Solomon, S., Greenberg, J., & Pyszczynski, T. (1991). A terror management theory of social behavior: The psychological functions of self-esteem and cultural worldviews. *Advances in Experimental Social Psychology*, 24, 93-159.
- Wexler, J., & Steidl, J. (1978). Marriage and the capacity to be alone. *Psychiatry*, 41, 72-82.
- Zinner, J. (1976) The implications of projective identification for marital interaction. In H. Grunebaum & J. Christ (Eds.), *Contemporary marriage: Structure, dynamics, and therapy*. (pp. 293-308). Boston, MA: Little, Brown.

Handbook of Closeness and Intimacy

Debra J. Mashek

George Mason University

Arthur Aron

State University of New York at Stony Brook



2004

LAWRENCE ERLBAUM ASSOCIATES, PUBLISHERS
Mahwah, New Jersey

London

Senior Editor:	Debra Riegert
Cover Design:	Sean Trane Sciarrone
Textbook Production Manager:	Paul Smolenski
Full-Service Compositor:	TechBooks
Text and Cover Printer:	Hamilton Printing Company

This book was typeset in 10/11.25 pt. Palatino, Italic, Bold, and Bold Italic. The heads were typeset in Palatino and Americana, Bold, Italics, and Bold Italics.

Copyright © 2004 by Lawrence Erlbaum Associates, Inc.
All rights reserved. No part of this book may be reproduced in any form, by photostat, microform, retrieval system, or any other means, without prior written permission of the publisher.

Lawrence Erlbaum Associates, Inc., Publishers
10 Industrial Avenue
Mahwah, New Jersey 07430
www.erlbaum.com

Library of Congress Cataloging-in-Publication Data

Handbook of closeness and intimacy / [edited by] Debra J. Mashek, Arthur P. Aron.

p. cm.

Includes bibliographical references and index.

ISBN 0-8058-4284-5 (case : alk. paper)—ISBN 0-8058-4285-3

(paperbound : alk. paper)

1. Intimacy (Psychology) I. Mashek, Debra J. II. Aron, Arthur.

BF575.I5H36 2004

158.2—dc22

2003025838

Books published by Lawrence Erlbaum Associates are printed on acid-free paper, and their bindings are chosen for strength and durability.

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1