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Pepperdine University
Graduate School of Education and Psychology

EMOTIONAL PRECIPITANTS OF WITHDRAWING BEHAVIOR IN COUPLE INTERACTIONS

A clinical dissertation submitted in partial satisfaction
of the requirement for the degree of
Doctor of Psychology

by

Jason Cencirulo

August 2018

Kathleen Eldridge, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Jason Cencirulo

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

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VITA

Education

Pepperdine University: Doctor of Psychology, Clinical Psychology, Los Angeles, CA	2018
Pepperdine University: Master of Arts in Psychology, Los Angeles, CA	2014
Webster University: Bachelor of Arts in Media Communications, St. Louis, MO	2004

Clinical/Practicum Experience

VA Long Beach Healthcare System (VALBHCS): *Psychology Intern*, Long Beach, CA
August 2017 – Present

Rotation: Infectious Disease Clinic, Oncology, & Nephrology Consultation

Clinical Supervisor: Adrienne House, Ph.D.

- Provide 1:1 psychotherapy for those with co-morbid medical conditions, including end-of-life care.
- Conduct transplant-readiness evaluations via clinical interview with patient, interviews with family members, other members of patient's medical team, a review of medical records, and psychological tests as needed; provide recommendations and readiness feedback to patient and medical team.
- Assess antiretroviral adherence and psychosocial stressors that may be impacting coping with HIV disease in weekly infectious disease clinic; attend interdisciplinary team meetings.
- Assess alcohol use, diabetes regimen adherence, and psychosocial stressors that may be impacting coping with liver-related disease in weekly liver clinic; attend interdisciplinary team meetings

Rotation: Behavioral Health Interdisciplinary Program (BHIP)

Clinical Supervisor: Elizabeth Welsh, Ph.D.

- Provide 1:1 psychotherapy to Veterans utilizing evidence-based practices including CPT, CBT, and ACT in order to treat diagnostically diverse disorders, often with co-morbid trauma/stressor-related and mood-related presentations.
- Conduct cross-sex hormone therapy (CSHT) or gender confirmation surgery readiness evaluations via clinical interview with patient, other members of patient's medical team, a review of medical records, and psychological tests as needed; provide recommendations and readiness feedback to patient and medical team.
- Co-facilitate weekly biofeedback group for Veterans in order to promote physiological downregulation.
- Supervise a Pre-Intern in conjunction with weekly Supervision of Supervision seminar.
- Coordinate patient care across integrated behavioral health teams, attend interprofessional team meetings, and contribute to case management, conceptualization, and treatment planning.

Other Rotations:

Program for Traumatic Stress (Combat PTSD). Clinical Supervisor: Shelly Crosby, Psy.D.

Primary Care – Mental Health Integration Program (PC-MHI). Clinical Supervisor: Elizabeth Chereji Ph.D.

VA Long Beach Healthcare System (VALBHCS): *Pre-Intern*, Long Beach, CA

August 2016 – July 2017

Rotation: Program for Traumatic Stress (Combat PTSD)

Clinical Supervisor: Deirdre Lopez, Ph.D.

- Conducted intakes and provided individual psychotherapy for Veterans experiencing mild to severe combat-related PTSD utilizing evidence-based practices (EBPs) including Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT).
- Collaborated with multidisciplinary team of medical, psychological, adjunctive care, and case management professionals in order to devise and implement treatment plans, address barriers to service, and ensure continuity of care across disciplines.
- Co-facilitated a 12-week, closed format process group aimed at addressing lasting impact of combat-related “moral injury” co-formulated utilizing best available evidence to guide treatment protocol including peer-support and arts-inclusive experiential learning.
- Attended monthly didactic trainings and weekly individual supervision meetings.

Rotation: Couples and Families

Clinical Supervisor: Michael Ganz, Ph.D.

- Conducted intakes and provided couples psychotherapy for Veterans experiencing relationship distress utilizing attachment-driven Emotion Focused Therapy (EFT) framework.
- Co-lead weekly open-ended couples process group aimed at building emotional literacy and connectedness.
- Co-lead Scream Free parenting workshop aimed at reducing parenting-related stress and anxiety while building boundary setting, emotion regulation, and communication skills.

Pepperdine Psychological and Educational Clinic: *Doctoral Trainee*, Los Angeles, CA

September 2014 – July 2017

Clinical Supervisors: Aaron Aviera, Ph.D.; Edward Shafranske, Ph.D., ABPP

- Provided individual and couples psychotherapy for adults and adolescents utilizing psychodynamic or ACT-based therapeutic orientations for a minimum caseload of six clients.
- Diagnosed and treated long-term maladaptive patterns of behavior in interpersonal relationships as well as assessed medication needs, medication compliance, neuropsychological testing and other adjunctive needs to provide comprehensive client care.
- Scored and interpreted assessments of depression and suicidality (PHQ9); adult client progress in therapy, symptom distress, interpersonal relations and social role (OQ-45.2); and assessed adult client’s spiritual/religious beliefs and how they relate to physical and mental health (Brief Multidimensional Measure of Religiousness/Spirituality).

Jonathan Jaques Children’s Cancer Center

Miller Children’s Hospital: *Psychology Trainee*, Long Beach, CA

September 2015 – August 2016

Clinical Supervisor: Teddi Softley, Ph.D.

- Conducted comprehensive neuropsychological evaluations and completed integrated reports to establish baseline functioning prior to medical treatment and/or assessed for cognitive effects of illness and treatment for children and adolescents in the hematology/oncology clinic.
- Provided individual behavioral and cognitive behavioral psychotherapy addressing adherence to medical regimens, adjustment to acute and chronic illnesses, family stress, treatment anxiety, transition to school, and behavior problems for children and adolescents with medical diagnoses.
- Provided consultation services for medical and psychosocial hematology/oncology teams to address referral questions, which included treatment adherence, coping with illness, behavioral

concerns, and other psychological problems related to medical diagnoses on the medical inpatient unit and at comprehensive medical follow-up clinics.

- Co-led monthly drop-in process group for teens with previous medical illness histories.
- Attended weekly didactic trainings and individual supervision meetings.

Rich and Associates: *Doctoral Trainee*, Los Angeles, CA

June 2015 – July 2015

Clinical Supervisor: Erika Rich, Ph.D.

- Led children ages 5 - 12 with diagnoses of autism, ADHD, or generalized disruptive behaviors on various activities, including mindfulness practices and social skills development exercises.
- Taught strategies to apply in various play situations (e.g., cooperative play, sharing of ideas, reciprocity in play, giving compliments, having a two-way conversation).
- Attended a two-day long didactic on managing disruptive behaviors and developing social skills.

Bright Minds Wellness Center: *Psychological Assistant*, Los Angeles, CA

May 2014 – August 2014

Clinical Supervisor: Judy Ho, Ph.D., ABPP

- Provided individual and couples psychotherapy for adults and adolescence primarily utilizing CBT.
- Observed, conducted, wrote, and provided feedback on psychological assessments including: BAI, BDI, MCMI-III, MMPI-2-RF, P-3, PDS, & SCL-90-R.

Additional Related Experience

LA County Psychological Association Foundation: *Student Board Member*, Los Angeles, CA

June 2013 – July 2017

- Provided strategic input on how best to advance the science and profession of psychology to promote human welfare while educating the public about psychological issues.
- Managed foundation website development and re-launch, including mission statement revisions.
- Spearheaded merit-based scholarship criteria for doctoral-level students who provide mental health services to those whose basic human rights have been violated.

The Trevor Project: *TrevorChat Counselor*, Los Angeles, CA

October 2013 – November 2014

- Provided counseling services for LGBT youth (ages 12 – 24) in crisis via online chat channels for two hours weekly.
- Determined suicide risk, dismantled suicide plans, and collaborated on 5150 rescues when appropriate.
- Liaised with Trevor Project staff on abuse reports, follow-up plans, and ongoing therapeutic goals weekly.

Long Beach Child and Adolescent Center: *Incredible Years Facilitator*, Los Angeles, CA

July 2013 – December 2013

- Advanced the social and emotional behavior of children through a series of interlocking parent, teacher, and child programs for 3 hours weekly.
- Devised and executed skill-building curriculum for children ages 4 – 8. Liaised with staff on programmatic progress.

Harbor Regional Center: Census Project Lead, Torrance, CA

Nov 2012 – Feb 2013

- Spearheaded 2010 census consolidation and analysis of service area and client population for senior staff.
- Collaborated on literature review designed for internal and client-facing cultural competency questionnaire.
- Reported findings and recommended cultural competency structure and content for funding justification.

West Coast Post Trauma Retreat: Outside Counselor, Napa, CA

Oct 2012 – Oct 2012

- Served as an outside counselor for a peer-led, clinically supported weeklong retreat for first responders with PTSD.
- Collaborated on treatment plans for clients, co-conducted intake assessments, and administered various inventories.
- Observed and provided feedback to clinical staff and peer support network on EMDR and daily debrief sessions.

HealthWorks Theatre: Board Member, Chicago, IL

Dec 2006 – Dec 2007

- Served on the Board of Directors for an educational theatre company committed to working with communities to address critical health and social issues facing youth.
- Supervised restructuring of major gifts policies and procedures as well as website re-design and launch.

The Night Ministry: Group Facilitator, Chicago, IL

Dec 2004 - Aug 2005

- Facilitated weekly meetings on domestic violence, anger management, and issues pertinent to youth experiencing homelessness with an emphasis on skill-streaming and cognitive development.
- Developed mutual support and parental leadership program for teen parents based on Parents Anonymous paradigm.

Publications/Presentations

Cencirulo, J., Eldridge, K. (2017). Communication Theory. In J. Lebow, A. Chambers, D. Breunlin (Eds.). *Encyclopedia of Couple and Family Therapy*. New York, NY: Springer.

Eldridge, K., **Cencirulo, J.**, Edwards, E., (2017). Demand-Withdraw Patterns of Communication in Couple Relationships. In J. Fitzgerald (Ed). *Foundations for couples' therapy: Research for the real world*. New York, NY: Routledge.

Woo, S.M., Keatinge, C., **Cencirulo, J.** (2016). *Instructor Manual for Diagnosis and Treatment of Mental Disorder Across the Lifespan (2nd ed)*. Hoboken, NJ: Wiley.

Poster Presentations

Cencirulo, J., Brooks, L., Ho, J. (2013). *The Relationship Between Theater and Self-Efficacy: Where We Are*. Poster presented at 25th Annual Los Angeles County Psychological Association convention, Culver City, CA

Holland, C., Churchill, J., **Cencirulo, J.** (2013). *A Model Describing Childhood Sexual Abuse, HIV, and PTSD in a Sample of High-Risk Men Who Have Sex With Men*. Poster presented at 141st APHA Annual Meeting, Boston, MA

Holland, C., Ritchie, N., **Cencirulo, J.** (2013). *Using Effective Digital Incentives in Recruitment of a Hidden Population: Itunes Gifting*. Poster presented at 141st APHA Annual Meeting, Boston, MA

Research Experience

Research Assistant: Pepperdine University, Los Angeles, CA

August 2015 – August 2016

Clinical Supervisors: Stephanie Woo, Ph.D. & Carolyn Keatinge, Ph.D.

- Assisted authors in preparation of second edition of *Diagnosis and Treatment of Mental Disorders Across the Lifespan, Second Edition* to reflect diagnostic information in alignment with the DSM-5, as well as to incorporate new information in the field on etiology, lifespan issues, and treatment.
- Created instructor guide designed to assist professionals via complimentary material (power point, quizzes, etc.) to teach manual material.
- Conducted extensive reviews of existing literature and made recommendations for changes related to current research prior to submission for publication.

Teaching Experience

Teaching Assistant: Pepperdine University, Los Angeles, CA

January 2016 – May 2016 January 2017 – May 2017

Professor: Stephanie Woo, Ph.D.

Psychology 718: Advanced Psychopathology

- Evaluated students' exams and provided feedback on areas of growth on a caseload ranging from 24 – 30.

Teaching Assistant: *Pepperdine University*, Los Angeles, CA

September 2015 – December 2015

Professor: Stephanie Woo, Ph.D.

Psychology 600: Diagnosis and Treatment of Mental Health Disorders

- Evaluated students' exams and provided feedback on areas of growth on a caseload ranging from 24 – 30

Teaching Assistant: *Pepperdine University*, Los Angeles, CA

September 2015 – December 2015

Professor: Stephanie Young, Psy.D.

Psychology 601: Assessment of Intelligence

- Assisted in the instruction of master's-level students with the administration, scoring, and interpretation of assessment batteries.
- Lead assessment workshops, reviewed clinical reports, graded assignments and exams, and delivered feedback regarding student test administration performance and scoring.

Invited Lectures**Guest Lecturer:** *Pepperdine University*, Los Angeles, CA

December 2014

Professor: Judy Ho, Ph.D.

Psychology 601: Assessment of Intelligence

- Taught master's-level class on childhood psychopathology at Pepperdine's West LA campus.

Supervision/Consultation Experience**Peer Consultant:** *Pepperdine University*, Los Angeles, CA

September 2016 – July 2017

- Provided weekly individual peer consultation for first- and second-year, doctoral-level therapists to foster the development of clinical skills, including intake evaluation, diagnosis, treatment planning, and the application of ethical and legal issues.
- Co-facilitated case conferences and provided feedback to first-year, doctoral level therapists to increase case conceptualization and diagnostic skills.
- Participated in weekly supervision-of-supervision trainings.

ABSTRACT

The demand-withdraw pattern of communication – a cyclical pattern of interaction in which criticism and emotional or physical exit predominate – is common amongst couples in distress and is linked to a number of deleterious health and relational outcomes. Inherent in the pattern are individual and dyadic difficulties regulating emotion that contribute to the process of polarization between demanding and withdrawing parties. While numerous therapeutic modalities target the pattern and attempt to facilitate its reduction through a focus on emotions underlying the pattern, few – if any – studies have examined the exact nature and quality of emotions that precipitate withdraw through qualitative means. This study utilized 12 participants (6 couples) culled from Christensen and colleagues' (Christensen et al., 2004) five-year randomized clinical trial comparing Integrative Behavioral Couple Therapy (IBCT) with Traditional Behavioral Couple Therapy (TBCT), in order to examine the emotional precipitants of withdraw. Results indicate that frustration is the most common emotion displayed by withdrawing partners of both genders prior to withdraw, followed by hurt, defensiveness, and scorn. Hurt was displayed more often when withdrawing partners voiced their relational concerns to their partners. The frequency and intensity of all emotions displayed increased when those who withdraw listened to relational concerns voiced by their partners. Implications for future research are discussed.

Introduction

Background Literature and Current Status of Theory and Research

Marriage is an institution whose form and function has shifted throughout the course of its long history, yet whose adoption, at least in America, has remained high (Stevenson, Wolfers, & National Bureau of Economic Research, 2007). Emblematic of this, over 93% of the generation of Americans 65 and older will have entered into a marriage during at least one point in their lives (Bloch, Haase, & Levenson, 2014; U.S. Census Bureau, 2015). In addition to the importance of marriage in American culture due (in part) to its social adoption, marriage, from a psychological standpoint, is important because its participating members' well-being is improved by its satisfactory realization (Proulx, Helms, & Buehler, 2007). In fact, while marital satisfaction is associated with increases in partners' self-esteem and global reports of happiness (Proulx et al., 2007), marital dissatisfaction portends numerous impairments in mental and physical health, including increases in depressive symptomatology, and decreases in immune, cardiovascular, and neurosensory functioning (Kiecolt-Glaser & Newton, 2001). As such, research into any patterns within a relationship that might enhance marital satisfaction (or conversely, illuminate patterns of distress), will prove relevant to the general health and well-being of a large portion of adults in America.

Emotion regulation and relationships. Among the many interpersonal processes that function within the context of a social relationship and contribute to its level of satisfaction, effective emotion regulation has consistently been demonstrated to create stronger bonds (Gross, Richards, & John, 2006). Within marriages, though, "the association between couples' emotion regulation and marital satisfaction has been surprisingly understudied" (Bloch et al., 2014, p. 138). This is worth noting, given the wide body of research that speaks to the deleterious effects of higher levels of emotional arousal in couples (Gross et al., 2006). For example, emotional arousal is associated with interference in one's ability to recall, retain, and

even learn coping skills and has been linked to an increased presence of demand-withdraw (Baucom, Weusthoff, Atkins, & Hahlweg, 2012).

Demand-withdraw pattern of communication. The demand-withdraw pattern of communication is a cyclical, mutually polarizing pattern of interaction in which one partner complains or criticizes their partner while their partner changes the topic, feigns involvement, or even physically walks away from the conversation (Caughlin & Scott, 2010). The presence of demand-withdraw is highly destructive in relationships, as it has been associated with relationship distress, intimate partner violence, infidelity, and a wide range of negative physiological reactions, including increased cortisol responses, hyperarousal, and greater systolic blood pressure reactivity (Baucom et al., 2012; Caughlin & Scott, 2010; Reed, Randall, Post, & Butler, 2013).

Caughlin and Scott (2010) describe four distinct enactments of demand-withdraw (among numerous potential iterations) because of the salient interplay of multiple goals they embody. In the first enactment, discuss/exit, the individual seeking discussion is thrust into the role of demander by the very nature of the overt exit (physical or communicative) of the withdrawer from the conversation. The second enactment, Socratic question/perfunctory response, manifests as a series of terse or expected responses by the withdrawer in reaction to a series of pointed questions by the demander. While this enactment is most likely to occur between parents and their children, it can occur in interactions between married couples as well. In the third enactment, complain/deny, withdraw in response to a complaint, or demand, manifests as denying that there is a conflict issue at all. Finally, in the fourth enactment, criticize/defend, withdraw manifests as a justification of a criticized behavior, or demand. It varies from complain/deny inasmuch as there is a verbal recognition of the complaint and its legitimacy, and a verbal defense as a result.

Demand-withdraw is a uniquely ineffective pattern, in part because each partner's behavior exacerbates the other, causing the two partners to become increasingly different in

their resolution processes and thereby progressively emotionally and psychologically distant from one another (Holley, Haase, & Levenson, 2013). Eventually, this process of mutual polarization creates two diametrically opposed approaches to navigating relational problems (Heavey, Layne & Christensen, 1993), the emotional consequences of which portends divorce and persistent physiological reactivity with deleterious health outcomes (Baucom et al., 2012; Caughlin & Scott, 2010; Reed, Randall, Post, & Butler, 2013).

Theories of demand-withdraw. Theories for the presence and perpetuation of demand-withdraw, namely who in a given partnership is more likely to demand and/or withdraw and why, have focused on a number of possible explanations, including: individual differences, specifically differences in gender/power dynamics; contrasting marital ideologies within a given social structure; the nature of a given conflict topic; and multiple communication goals (Schrodt, Witt, & Shimkowski, 2014). For the purposes of this study, the terms *individual differences*, *gender differences*, *social structure*, *conflict topics*, and *multiple goals* will be used to describe the various theories or hypotheses of antecedents to demand-withdraw.

Early studies found that wife-demand/husband-withdraw (WDHW) was more likely to occur than husband-demand/wife-withdraw (HDWW; Christensen & Heavey, 1990). Researchers hypothesized that this might be due to individual differences, specifically gender differences in male/female partnerships, and vetted this hypothesis by exploring the numerous ways in which men and women's bio-social conflict resolution processes diverge (Caughlin & Scott, 2010).

One derivative of the gender differences theory focuses on gender socialization and posits that a woman's socialization process influences her desire to seek closeness through expressive means (demand) while a man's socialization process encourages him to seek autonomy and rewards a task-oriented pattern of relating to his wife (withdraw) (summarized in Eldridge & Baucom, 2012; Noller, 1993; Rubin, 1983). Another subsection of the gender differences theory, namely the escape conditioning perspective, focuses on the physiological

differences between sexes, and utilizes early evidence that men experience more negative physiological arousal in conflict than women to support the hypothesis that men are therefore more likely to seek to withdraw from a given topic of undesirable conversation (Gottman & Levenson, 1988). As research into demand/withdraw has expanded, however, both derivatives of the gender differences theory presented incomplete understandings of the manifestation of demand-withdraw when viewed in context of cross-cultural and same-sex couples.

Research studying couples outside the United States found an interesting inverse to the predominant WDHW pattern in the US: when cultural norms about gender were largely patriarchal and rigid, women were more likely to withdraw while men were more likely to demand (Rehman & Holtzworth-Monroe, 2006). This finding was explained within the context of power dynamics in a given social structure, and researchers posited that larger power differentials resulted in resignation of power on behalf of women (withdraw) and maintenance of power on behalf of men (demand; Rehman & Holtzworth-Monroe, 2006). From this perspective, women in the United States, where the power dynamics between men and women are comparatively more egalitarian, are more able to seek change through demand. In demanding, women attempt to right inequalities in income, social status, and power whereas men attempt to maintain the status quo through withdraw (Christensen & Heavey, 1990).

While both the gender differences and social structure theories of demand-withdraw are illuminating, they presuppose a male-female relationship pattern that, by extension, does not account for the presence of demand-withdraw in same-sex pairs. Research into these couples found that when members of a given couple are allowed to bring up an area of their relationship in which they would like to see change, the partner with the greater desire for change was likely to demand (Holley, Sturm, & Levenson, 2010). These findings support a conflict topics perspective which posits that desire for change is the primary driver behind one's tendency to demand, and maintenance of the status quo is the primary driver behind one's tendency to withdraw (Schrodt, Witt, & Shimkowski, 2014).

Finally, a multiple goals perspective on demand-withdraw acknowledges the potential of the previously mentioned antecedents to demand-withdraw, yet posits that secondary goals, such as a desire to appear reasonable and avoid an authoritarian presentation (described as identity goals), or prevent upheaval (described as relational goals) may also contribute to the ways in which demanding and/or withdrawing behavior may manifest (Caughlin & Scott, 2010). The multiple goals theory attempts to address limitations in previous explanations of the pattern by acknowledging these theories, yet broaden potential goals in the initiation of demand-withdraw (Eldridge & Baucom, 2012).

In a review of the theoretical literature about demand-withdraw, Eldridge & Baucom (2012) note that “as with most relationship phenomena, it is likely that one theory does not fit all couples” (p.147) yet combined, these theories likely suggest that “demand-withdraw is multifactorial” (p. 147). If demand-withdraw is multifactorial, though, what factor(s) warrant the most attention in treatment? In fact, what are efficacious treatments of this pattern to begin with?

Treatment of demand-withdraw. There is a relative dearth of information on the reduction of demand-withdraw through couple therapy (Eldridge, Cencirulo, & Edwards, 2017), though at least three evidence-based treatment approaches have proven to be efficacious in reducing its occurrence: Traditional Behavioral Couple Therapy (TBCT; Jacobson & Margolin, 1979), Integrative Behavioral Couple Therapy (IBCT; Jacobson & Christensen, 1998; Christensen, Doss, & Jacobson, 2014), and Emotionally Focused Couple Therapy (EFT; Johnson, 2004). TBCT is based on Bandura’s (1977) social learning theory and assumes that distress within a marital dyad is the result of an overall imbalance of negative behaviors to positive behaviors fueled by deficits in communication and problem-solving skills (Baucom, Baucom, & Christensen, 2015a). It focuses on creating more positive interactions by addressing these deficits and (a) increasing communication skills through more “I” statements (such as “I feel sad that...”) and active listening, (b) correcting the imbalance of negative-to-positive

behaviors by modifying a couple's behavior exchange, and (c) improving problem-solving skills (Eldridge et al., 2017; Jacobsen & Christensen, 1996). While TBCT was the most utilized and validated treatment modality, its lower success rate in treating highly distressed, emotionally disengaged, and older couples (among others) lead to the development of Christensen and Jacobson's IBCT (Christensen, Jacobson & Babcock, 1995; Perissutti & Barraca, 2013).

In IBCT, the focus of therapy is not exclusively on behavioral change, but also on the emotional acceptance of incompatibilities that may not be able to be changed within a relationship (Baucom et al., 2015a; Eldridge et al., 2017). To promote acceptance, IBCT relies on non-directive, contingency-shaped changes (Baucom et al., 2015a; Eldridge et al., 2017; Perissutti & Barraca, 2013) such as empathic joining (for example, expressing sadness without accusing one's partner of being to blame), unified detachment (using rational analysis and limiting emotionally-laden descriptions of a given problem), and tolerance building (rehearsing arguments in-session). In this way, acceptance within couples comes through a shared focus on "soft" emotions, such as hurt, loneliness or fear, rather than a focus on "hard" emotions, such as hostility, anger, or contempt (Cordova, Jacobson, & Christensen, 1998; Jacobsen & Christensen, 1996).

EFT seeks to reduce the demand-withdraw pattern of communication, labeled blamer-withdrawer, by focusing explicitly on emotional communication between couples through a nine-step process aimed at creating secure attachment (Johnson, 2004). In EFT, practitioners work to reprocess challenging emotional experiences that have led to maladaptive patterns of emotional response (Snyder, Simpson, & Hughes, 2006). Specifically, EFT aims to deescalate the negative cycle of blame-withdraw, then increase withdrawer engagement and blamer-softening events (McRae, Dalglish, Johnson, Burgess-Moser, & Killian, 2014). Practitioners of EFT induce these changes by focusing on primary emotions, such as sadness, shame, or fear of abandonment, after addressing the manifestation of these emotions within couples in their

secondary, maladaptive form, such as anger or contempt (Dalglish, Johnson, Burgess, Wiebe, & Tasca, 2015; Johnson, 2004; Snyder et al., 2006).

Couples in TCBT, IBCT, and EFT have all shown reductions in demand-withdraw (or blame-withdraw), though the point-in-time of reduction and the degree-of-reduction varies between modalities, TCBT and IBCT in particular (Perissutti & Barraca, 2013). For example, TCBT has been shown to be more efficacious than IBCT at reducing demand-withdraw by the end of treatment, yet these differences in reduction largely disappear after a two-year follow-up (Baucom et al., 2015a).

The statistical similarities between all empirically supported couple therapies (there are five in all) to aid in general distress reduction within couples has lead researchers to focus more on what these treatment modalities have in common than how they differ. This, in turn, has stewarded the emergence of a unified protocol for couple therapy (Benson, McGinn, & Christensen, 2012). This approach, called the common principles approach, outlines five areas of shared focus between therapies, including: “(a) altering the couple's view of the presenting problem to be more objective, contextualized, and dyadic; (b) decreasing emotion-driven, dysfunctional behavior; (c) eliciting emotion-based, avoided, private behavior; (d) increasing constructive communication patterns; and (e) emphasizing strengths and reinforcing gains” (Benson et al., 2012, p. 25). Strikingly, two of these principles directly address an aspect of couple functioning that has, to this point, been largely understudied: emotion regulation (Bloch et al., 2014).

Current Study

Critique and need for further study. Emotion regulation is a process of adjusting the physiological, experiential, or behavioral aspects of an emotional response in a manner that increases, decreases, or maintains this response (Bloch et al., 2014; Gross, 2002). Emotion regulation can be a conscious act (for example, increasing the size of a frown upon receiving bad news) or an unconscious act (for example, clenching one's jaw when upset), and is

inherently neutral, as it can serve both positive and/or negative ends (Cole, 1986; Gross, 2002). Within the context of social relationships, one's ability to effectively manage his/her emotion (particularly negative emotion), through, for example, cognitive reappraisal, has been linked to a number of positive outcomes, including increased social support and satisfaction in social relationships (Gross, 2002). Additionally, while research into this area for couples (with specific attention paid to couples in vivo) is still sparse, couples who demonstrate an ability to effectively manage negative emotional states show an increase in marital satisfaction (Bloch et al., 2014).

Implied in one's ability to regulate his/her emotion is the presence of some form of co-occurring emotional arousal. When experienced in high levels, emotional arousal has been shown to have numerous deleterious consequences, including negatively impacting one's ability to recall, retain, and even learn coping skills (Baucom et al., 2012). Additionally, within couples, high emotional arousal has been linked to relationship distress, as highly reactive partners report difficulties in communication and adaptation, including an increased likelihood of demand-withdraw (Baucom et al., 2015b). Previous research on emotional arousal and demand-withdraw, particularly forwarded by the escape conditioning theory, posited that emotional arousal was primarily an intrapersonal process, and experienced more intensely by men than women (Gottman & Levenson, 1988). However, studies since the original Gottman and Levenson (1988) study have contradicted the authors' finding that men were more likely to withdraw due to greater physiological vulnerability to negative emotional arousal (Kiecolt-Glaser et al., 1996), thereby calling into question the theory's premise.

In light of discrepant findings related to the escape conditioning theory, Baucom and colleagues (2015b) have proposed a model of demand-withdraw that is both intrapersonal and interpersonal. Their model proposes that one may demand or withdraw because one has difficulty managing one's own negative emotional arousal, though also likely demands or withdraws in response to their partner's negative emotional arousal. For example, one might demand due to sadness, fear, or frustration from needs not being met, and also because their

partner is experiencing emotional arousal that leads to withdrawing further from engagement that might resolve the conflict.

The interpersonal model of demand-withdraw brings together the literature on demand-withdraw and emotion regulation by focusing on the emotional arousal associated with demanding and withdrawing behavior during couple conflicts. Additionally, it broadly addresses the hard emotions that IBCT (or secondary emotions in EFT) seeks to identify and reduce. However, few – if any – studies have, to date, isolated exact emotions that underpin withdraw exclusively on either an intrapersonal or interpersonal level, leaving an important gap in the literature that may shed light on the phenomenon. Bringing greater awareness to the types of emotion triggering withdrawing behavior could be centrally important in helping couples begin to regulate those emotions.

Focus and scope of the current study. Given that high levels of emotional arousal portend negative individual health consequences and relational consequences such as an increase in demand-withdraw; that one's ability to effectively regulate negative emotional states has been linked with interpersonal benefits including increased social support and marital satisfaction; and that the common principles approach to couple therapy advocates "decreasing emotion-driven, dysfunctional behavior" (Benson et al., 2012, p. 25), it is vital for the health and wellbeing of couples in distress to begin to isolate specific emotional states that are being elicited when in conflict in order to target these states for future intervention. Further, emerging research has shown that demand-withdraw is both an intrapersonal and interpersonal pattern whose underlying precipitant is emotional arousal, yet no known qualitative studies have to date examined the exact type and nature of this emotion within demand-withdraw. Therefore, there is a need for qualitative research on the type and nature of emotions associated with demand-withdraw. The aim of this study, then, is to identify what emotions precipitate the behavior of withdraw within the demand-withdraw pattern of communication. By doing so, this study contributes to the integration of emotion arousal, emotion regulation, and demand-withdraw

literature, and provides clinical implications for emotion regulation work with couples experiencing demand-withdraw.

The study examines the following research questions:

- Research Question 1: What are the emotional precipitants for the person who withdraws during demand-withdraw couple interactions when discussing areas of relational concern with their partner?

- Research Question 2: What are the emotional precipitants for the person who withdraws during demand-withdraw couple interactions when listening to areas of relational concern from their partner?

Methods

General Project Design

In order to address a research question aimed at examining the “why” of a given phenomenon, e.g, why partners withdraw as viewed through the lens of the phenomenon’s emotional precipitants, researchers utilized a multiple case study approach as outlined by Yin (2014). In choosing a multiple case study, researchers determined that richer, more vigorous descriptions of the phenomenon might be provided due in part to the ability to compare and contrast cases (Baxter & Jack, 2008; Chmiliar, 2010).

Yin (2014) outlined a step-wise decision matrix that accompanies a multiple case study that researchers utilized in order to select the parameters of their study. As the examination of the emotional precipitants of the demand-withdraw pattern was determined to be a singular, global question, and the cases in this study were determined to likely yield similar results due to the relative homogeneity of the sample, a holistic design was chosen with a literal replication. Additionally, as the aim of this study was to gain an understanding of phenomenon related to the demand-withdraw pattern of interaction with both breadth and depth, a collective case study was utilized. Analysis of the data in this collective case study was conducted via a thematic analysis, which seeks to gain an understanding of patterns within the data (Braun & Clarke, 2006). In this case, researchers used the Behavioral Affective Rating Scale in order to identify patterns across and between individuals and couples participating in the study by watching participants’ recorded pre-treatment, problem-solving interactions in which both wife and husband were instructed to discuss any area of concern in their marriage for 10 minutes each. These topics differed for both husband and wife and were based on each partner’s relational concern.

Participants

Original sample. This study utilized participants culled from Christensen and colleagues’ (Christensen et al., 2004) five-year efficacy study via a randomized clinical trial of

one hundred thirty-four “seriously and chronically distressed” (Christensen et al., 2004, p.176) heterosexual couples ages 22 to 72 years old. This study, the largest of its kind, compared the longitudinal impact of two distinct couple therapies: Traditional Behavioral Couple Therapy (TBCT) and Integrative Couple Therapy (IBCT). Demographic and contextual data, including mean age, race, and education were as follows. For husbands: 43.49 years-old, 79.1% Caucasian, 6.7% African American, 6.0% Asian or Pacific Islander, 5.2% Latino, and .7% Native American or Alaskan Native with 17.03 years of education counting kindergarten. For wives: 41.62 years-old, 76.1% Caucasian, 8.2% African American, 4.5% Asian or Pacific Islander, 5.2% Latina, and 0% Native American or Alaskan Native with 16.97 years of education counting kindergarten. Mean years of marriage for all couples and number of children were 10 years and 1.10 children respectively. Selection criteria for this study required that couples be: “legally married and living together, and had to request couple therapy” (Christensen et al., 2004, p.178). In addition, “both partners had to have a high school education or its equivalent, both had to be between the ages of 18 and 65, and both had to be fluent in English” (Christensen et al., 2004, p.178). Partners previously prescribed psychotropic medication whom, upon consultation with prescribing physicians, were medication adherent for a minimum of twelve weeks and who were not likely to encounter changes to medication or dosage were not excluded. However, those couples where one or both partners met DSM-IV criteria for current bipolar disorder, alcohol/drug abuse and/or dependence, schizophrenia or antisocial, schizotypal, or borderline personality disorders via structured clinical interview (SCID) were excluded, in addition to battering men who screened positive for violent behavior via wife self-report.

Current study sample. Researchers chose six severely distressed couples in order to establish a higher degree of certainty when comparing results who (a) demonstrated high rates of demand-withdraw via self and therapist-report and (b) consented to the use of audio, visual, and written transcription of their sessions for publication in scientific journals and/or books.

Couples were split evenly between dominant presenting pattern, with three couples selected demonstrating a primary pattern of husband-demand/wife-withdraw and three couples demonstrating the inverse pattern, or wife-demand/husband-withdraw. Demographic and contextual data, including mean age, race, and education were as follows. For husbands: 44.67 years-old, 83.3% Caucasian, 16.7% Asian or Pacific Islander with 16.67 years of education counting kindergarten. For wives: 40.34 years-old, 83.3.1% Caucasian, 16.67% African American with 17.16 years of education counting kindergarten. Mean years of marriage for all couples and number of children were 7.85 years and 1.8 children respectively.

Measures

A series of screening, outcome, and client reactions measures were utilized in the original study in order to obtain a broad spectrum of data on participants. Outlined below are the measures relevant to the current study, in addition to other forms of data collection (e.g., therapy session videos) and analysis utilized in the current study.

Original Measures Selected

Therapist Post-Treatment Questionnaire. This measure, completed by study psychologists post-treatment, was utilized in order to select participants for the current study who exhibited high levels of demand-withdraw. This questionnaire provided data on the overall course of therapy through examination of: patterns of interaction (5 items), dominant themes (7 items), major events (17 items), and treatment gains/therapeutic bond (6 items).

Communication Patterns Questionnaire (CPQ). Information on demand-withdraw pattern of communication between couples was also assessed through examination of the CPQ – a 35-item, Likert-scale questionnaire with demonstrated validity and reliability across American and European samples (Bodenmann, Kaiser, Hahlweg, & Fehm-Wolfsdorf, 1998). The CPQ aided in the selection of couples reporting high levels of demand-withdraw in their relationship.

Demographic data. Data gathered included demographic and contextual information, including age, level of education, ethnicity, languages spoken, religious affiliation, employment status, years married, and number of children through current and previous marriages, etc. This data was utilized in the current study in order to build rich descriptions of the couples, though details that might identify study participants were either obscured or omitted.

Compass Outpatient Treatment Assessment System (COMPASS). Individual functioning within each relational partner was assessed through examination of the COMPASS self-report measure (Sperry, Brill, Howard, & Grissom, 1996). The COMPASS combines Subjective Well-Being, Current Symptoms, and Current Life Functioning subscales in order to determine an overall Mental Health Index (MHI) score. The MHI, tested across numerous samples, has a test-retest stability of .82 at 3-4 weeks and an internal consistency of .87 (Christensen et al., 2004). Higher Mental Health Index T scores denote healthier overall functioning, while T scores equal to or less than 60 denote patient pathology (Christensen et al., 2004).

Marital Satisfaction Inventory – Revised (MSI-R). In order to aid in rich descriptions of participants' experience of distress within their respective marriages, results of the MSI-R were examined, particularly the Global Distress Scale (MSI-R; Snyder, 1997). The MSI-R is a frequently normed measure that details relationship distress across 10 domains within a marriage and yields a score of global marital distress. T scores of 59 or above denote high levels of marital dissatisfaction.

Recorded therapy sessions. Researchers familiarized themselves with the couples, their presenting problems, and their course of treatment by viewing their first 10 sessions of therapy. Data which aided in the conceptualization of the couples' distress was gained by viewing these videos, however data on the manifestation of the demand-withdraw pattern itself was gained by observing the couples' pre-treatment videos (outlined below).

Pre-treatment interactions. The emotional precipitants of the demand-withdraw pattern – and the pattern of demand-withdraw itself – was observed by watching participants' recorded pre-treatment, problem-solving interactions in which both wife and husband were instructed to discuss any area of concern in their marriage for 10 minutes each and attempt to resolve that area of concern. In aggregate, 12 10-minute interactions were observed across couples, two for each couple (one for husband concern, one for wife concern).

Measures for Examining Emotion

The Behavioral Affective Rating Scale (BARS). The manifestation of affect between demanding and withdrawing participants was operationalized utilizing the BARS (Johnson, 2002). The BARS measures the presence of 10 affective states (humor, affection, anxiety, disengaging, engaging, aggression, defensiveness, frustration, scorn, and hurt) through a 4-point ordinal scale with 0 equaling the absence of a given state, 1 equaling a “mild” manifestation, 2 equaling a “medium” manifestation, 3 equaling a “strong” manifestation, and 4 equaling an “extreme” manifestation of a given state. The behavioral manifestation of affect is measured through observation of non-verbal cues, including tone of voice, body language, and facial expression. Researchers, however, also included the content of speech when coding the presence of certain affects in order adequately account for the richness of their expression through verbal channels, e.g., “I’m really hurt right now.” The BARS was chosen over a more comprehensive alternative, namely the Specific Affect Coding System (SPAFF), due to the brevity and clarity of its manual, its universal availability, lack of cumbersome financial and training requirements (the SPAFF, for example, requires 80 hours of training) and convergent and discriminant validity when compared with the SPAFF (Johnson, 2002).

Procedure

Original study. Couples interested in participating in the study were screened via a tri-part process over an average of six weeks that included: “(a) a phone interview to assess basic demographic eligibility and marital satisfaction, (b) a mailed packet of questionnaires to assess

marital satisfaction and domestic violence, and (c) an in-person intake evaluation to assess marital satisfaction and conduct individual psychiatric interviews” (Christensen et al., 2004, p.178).

In-person evaluation included four 10-minute, recorded conversations between the partners about (a) each partner’s relationship challenges in their own words and (b) each partner’s personal challenges in their own words. Couples were asked to attempt to solve their relationship challenges in the course of their conversations about their relationship with one another.

Once selected for the study, couples were provided with therapists and randomly assigned to either TBCT or IBCT treatment for up to 26 sessions. Measures were completed at intake, week 13, week 26, final session, and several follow-up time-points. Measures assessing the couples’ reactions to treatment, including the Short Therapeutic Bond Scale and the Client Evaluation of Services Questionnaire, were mailed after termination, and couples were instructed that therapists would not be privy to their responses. Additionally, Therapist and Consultant Post-Treatment Questionnaires were completed by clinicians post-treatment in order to assess couples’ progress during course of treatment.

Current study. Once Institutional Review Board (IRB) approval was obtained, researchers then compiled data utilizing measures and self-reports from the original study (screening/demographic data, therapist post-treatment questionnaire, MSI-R, COMPASS, CPQ) in order to select six couples for examination. Once the couples were selected, researchers then followed steps for a thematic analysis as outlined by Braun and Clarke (2006). Analysis of the data was broken down into six phases in order to identify salient themes, namely: (a) familiarization, (b) coding, (c) searching for themes, (d) reviewing the themes, (e) defining the themes, and (f) naming the themes. Phases 1-4 are described below, while phases 5-6 are explored in the Results.

Phases 1 and 2 of data analysis were completed over a three-month period in which the researchers reviewed couples' self-report measures and viewed 10 early sessions of the couples in order to further familiarize themselves with the couples' baseline functioning, current distress, and contextual factors that might influence coding.

Researchers then trained themselves to utilize the BARS through an examination of current literature on the measure and the concepts contained within. Thereafter, researchers viewed tapes of a couple not utilized in this study in order to establish consensus on the behavioral manifestation of emotions as outlined. Domains of behavior in which clarification of coding was necessary were addressed through a further review of the literature and consultation in order to achieve fidelity to the measure. For example, both anxiety and frustration included the somatic appearance of tension in the BARS, though representation levels varied. Whereas somatic tension was coded as a "level 1" behavior in the manifestation of frustration, it was not explicitly tied to a level of behavior within the manifestation of anxiety, e.g. "Anxiety: nervousness, tenseness, and discomfort. Level 1: anxious tone of voice, shifting" vs. "Frustration: Flustered, upset, loss of patience and tense. Level 1: sighing, tense body posture." As such, the researchers determined to utilize contextual cues such as conflict content and physiological markers of corresponding nervousness or discomfort to code anxiety, but not frustration. A similar process was utilized in order to determine manifestations of scorn vs. frustration, in addition to hurt vs. disengagement. Trustworthiness was established through the inclusion of an independent auditor when coders could not reach consensus or desired clarification on the manifestation of a given emotion. The auditor's recommendations on how best to proceed were taken into consideration in order to promote further consensus and were incorporated into coding.

Phases 3-4 involved a review of the couples' pre-treatment interaction videos, in which partners were provided an opportunity to discuss with one another two issues of concern within their marriage for 10 minutes each. These issues were selected by each partner independent of

one another. Data on the manifestation of emotional themes present within and between couples was gathered and reviewed in order to identify idiosyncratic behavioral manifestations within couples and determine if refinement of the emerging themes was needed in order to aid in rich descriptions of the couples' underlying emotions.

Coding itself was conducted via a three-part process with each 10-minute interaction video. First, researchers viewed a given interaction uninterrupted and without rating in order to establish a general theme or themes. Then, researchers watched a given interaction again with a focus on either the demander or withdrawer and stopped every 30 seconds in order to rate emotional expressions as outlined in the BARS. The process was repeated with a focus on the partner not coded in the previous viewing.

In order to increase trustworthiness, researchers took notes on bias encountered after or during the viewing of the videos. Further, to decrease the impact of bias encountered, researchers completed self-reflective journal entries and conducted weekly process check-ins with the full research team. In order to increase transparency, descriptions of the researchers and their encountered biases or assumptions in coding are as follows:

Per researcher 1: Emily Edwards is a 27-year-old, single, heterosexual, Caucasian female. She graduated with her master's in marriage and family therapy and is currently pursuing her doctorate in clinical psychology. Her past clinical experiences include providing family therapy and individual therapy to adults and children as young as five years old. Although Emily has experience working with parents of children she does not have any specific experience conducting couples therapy. Additionally, she co-authored a published chapter on demand-withdraw. Biases and assumptions made were:

- Due to similarities in gender and sexual orientation, there was an assumption that the researcher would have a stronger connection to the wives compared to the husbands.
- There was an assumption that the sample would be more diverse in ethnicity and level of education.

- There was an assumption that demand-withdraw behavior would be viewed during couples' therapy sessions.

- There may have been a negative bias towards couples that the researcher disliked which could have impacted how the researcher viewed and rated observed emotions.

- There may have been a positive bias toward couples that the researcher liked which could have impacted how the researcher viewed and rated observed emotions.

Per researcher 2: Jason Cencirulo is a 36-year-old gay male. He graduated with his master's in psychology and is currently pursuing his doctorate in clinical psychology. His past clinical experiences involve providing individual psychotherapy for children, adolescents, and adults. He has worked with diagnostically and demographically diverse civilian populations in addition to Veterans and their families. He has also contributed to a published chapter and an encyclopedia entry on issues concerning couples, including the demand-withdraw pattern of communication. Biases and assumptions were made, and included:

- That the demand-withdraw patterns of communication would be viewable during couples' therapy sessions and that couples would demonstrate observable signs of relational distress.

- That countertransferential negative feelings toward aggressive and/or hostile participants might impact rated observed emotions.

- That countertransferential positive feelings toward the use of humor or displays of affection might impact rated observed emotions.

- That the cultural context of the clients, including demographic realities, salient identities, and the time and location in which the data was collected would influence the presentation of client distress and therapeutic intervention.

Phases 5-6 involved naming and establishing rich descriptions of the observed themes and relevant contextual data included in the Results.

Results

Results were compiled utilizing data across self-reports and behavioral observations in order to identify the emotional underpinnings of the person that withdraws during demand-withdraw couple interactions. Summaries of relevant self-report data for each couple are presented first in the tables that follow. These tables include baseline wellbeing, level of demand-withdraw, and marital satisfaction as represented respectively by the COMPASS Mental Health Inventory, CPQ, and MSI-R.

Table 1

COMPASS- Husband and Wife T-Scores

Husband Current Symptoms
Couple 1: 50.857
Couple 2: 37.905
Couple 3: 39.048
Couple 4: 31.810
Couple 5: 39.810
Couple 6: 37.143
Husband Mental Health
Couple 1: 52.308
Couple 2: 61.484
Couple 3: 61.451
Couple 4: 66.396
Couple 5: 60.106
Couple 6: 65.019
Wife Current Symptoms
Couple 1: 45.238
Coupe 2: 39.429
Couple 3: 33.714
Couple 4: 40.571
Couple 5: 33.333
Couple 6: 36.381
Wife Mental Health
Couple 1: 49.598
Couple 2: 59.694
Couple 3: 66.251
Couple 4: 61.148
Couple 5: 68.302
Couple 6: 61.085

Note. *T* scores of 40 or above on the Current Symptoms subscale denote outpatient samples. Higher Mental Health Index *T* scores denote healthier overall functioning. *T* scores equal to or less than 60 denote patient pathology. (Sperry et al., 1996).

Table 2

Communication Patterns Questionnaire – Husbands and Wives

Husband report of husband demand-wife withdraw (out of 27)
Couple 1: 3
Couple 2: 6
Couple 3: 8
Couple 4: 21*
Couple 5: 23*
Couple 6: 24*
Husband report of wife demand-husband withdraw (out of 27)
Couple 1: 27*
Couple 2: 25*
Couple 3: 20*
Couple 4: 10
Couple 5: 13
Couple 6: 13
Husband report of demand-withdraw amount (out of 54)
Couple 1: 30
Couple 2: 31
Couple 3: 28
Couple 4: 31
Couple 5: 36
Couple 6: 37
Wife report of husband demand-wife withdraw (out of 27)
Couple 1: 9
Couple 2: 5
Couple 3: 4
Couple 4: 24*
Couple 5: 27*
Couple 6: 20*
Wife report of wife demand-husband withdraw (out of 27)
Couple 1: 23*
Couple 2: 26*
Couple 3: 26*
Couple 4: 6
Couple 5: 5
Couple 6: 10
Wife report of demand-withdraw amount (Out of 54)

(Continued)

Wife report of demand-withdraw amount (Out of 54)
Couple 1: 32
Couple 2: 31
Couple 3: 30
Couple 4: 30
Couple 5: 32
Couple 6: 30

Note. * Denotes elevated scores on the gender-specific demand-withdraw subscales.

Table 3

Marital Satisfaction Inventory-Revised, Global Distress Scale T-scores

Husband report of global distress
Couple 1: 72
Couple 2: 70
Couple 3: 74
Couple 4: 57
Couple 5: 71
Couple 6: 69
Wife report of global distress
Couple 1: 66
Couple 2: 66
Couple 3: 67
Couple 4: 60
Couple 5: 67
Couple 6: 73

Note. Mean of 50 and standard deviation of 10; Low <50, Moderate 50-60, High>60.

These measures reflect individuals who have been able to adapt to prolonged relational distress, yet whose level of individual adaptation is such that they currently approach clinical significance, and thereby warrant clinical attention. The exception is Couple 1, whose functioning prior to treatment warrants individual clinical attention for both members. Additionally, all couples report high levels of demand-withdraw in their relationship with corresponding moderate-to-high levels of relational dissatisfaction. In fact, 11 out of 12 participants report high levels of relationship dissatisfaction.

Descriptions of each couple, their demand-withdraw pattern, and the emotions underlying withdraw behavior are presented next. When emotions were observed during the couples' pre-treatment videos, they were coded with the BARS based on frequency and severity and are represented below as a single numerical value (e.g., hurt observed two times, once at Level 1 and once at Level 2 is represented as Hurt=3).

Husband Withdrawal, Wife Demand

Couple 1: George and Carol (pseudonyms).

"We [your family] have been shut out of your life." – Carol

George and Carol, both late 40's and Caucasian, have been married for two years and share three children, two of whom stem from their marriage, and one of whom stems from a previous marriage. They present to therapy with shared concerns regarding financial strain – a symptom of marked differences in ideas about financial control and responsibility within their marriage. Through the course of their lives together, George has cycled through numerous jobs and has noted difficulty receiving compensation for the jobs he has worked. The two report high levels of distress, with both noting a pattern of wife demand, husband withdrawal. The two report current symptomatology across domains of mental health and daily functioning that warrants clinical attention. Specifically, George notes in a subsequent therapy session that his relational problems may be compounded by or influenced by longstanding depressive symptomatology. Carol, too, notes low mood related to deficits in their relationship.

As they sit across from one another in selected exchanges from recorded pre-treatment interactions, George speaks with downcast eyes. He utters to Carol in a soft voice, "I feel you and the kids have been robbed financially, emotionally because of me." He states that he is always preoccupied with work – a pattern of behavior that is, in large part, manifest out of fear of failure. He expresses his longing for the connection that he and Carol once shared. "At an emotional level, I want us to find the passion we once had starting out," while solemnly noting that his current preoccupations with work prevents the couple from finding this connection. Carol

agrees, with frustration in her voice, noting that George, “can’t please [his] family.” She clarifies, elaborating on her concerns while the pattern of demand-withdrawal manifests between the two, “you [George] can’t even see where you are going and what you’re doing...you don’t talk to anyone, you don’t interact with anyone...you remove yourself...and then you’re critical about the whole surrounding...you make promises and you never keep them.” George, who looked up and into Carol’s eyes when she first started speaking, sighs with a mixture of resignation, protest, and recognition, casting his eyes downward.

Throughout the couple’s interactions, George primarily displays emotions of hurt or frustration prior to withdraw – hurt when his topic of concern is discussed (BARS Husband Topic, Hurt = 20, Frustration=2) and frustration when his wife’s topic is discussed (BARS Wife Topic, Frustration = 8, Hurt=2). However, when his wife’s topic of concern is discussed, George experiences a greater variety of affective expression connected with his withdrawal, with displays of aggression, scorn, and engaging not observed when his topic is raised (BARS Wife Topic, Aggressive=2, Scorn=1, Engaging=1).

Couple 2: Jim and Samantha (pseudonyms).

“It’s like I’m being hit. I would almost prefer to be hit, I think, then to endure the physical pain of someone that I love trying to snap at me.” – Jim

Jim, late 30’s, and Samantha, early 30’s, both Caucasian, have been married for 1.5 years and share no children. The two report high levels of distress due to differences in communication style, a lack of emotional expression, and a low level of sexual intimacy. The two note a prominent pattern of wife demand, husband withdrawal. Samantha reports unremarkable symptomatology across domains of mental health and daily functioning, however Jim notes a previous major depression and additional anxiety, which approaches clinical concern.

As they sit across from one another in selected exchanges from recorded pre-treatment interactions, Jim, visibly anxious, states that his core complaint “is snapping –I just don’t like

being snapped at.” Samantha, exasperated, seeks clarification on what constitutes snapping and rhetorically asks, “Do I have to worry about everything I say and the way I say everything?” The couple discuss a longstanding medical concern that impacts Jim’s hearing, which leads to an intensity of the volume and tone between the two. Jim notes that when the two engage in an argument, “It reminds me of my youth – a lot of yelling.” Samantha, growing in frustration, asks, “Why do I have to be the one to change everything? Why do I have to be the one to change my behavior?” The two trade disagreements over the nature of the problem before a silence falls upon them. Jim breaks the silence, proclaiming, “I can’t talk.” “Why?” Samantha responds. “Because everything you say you’re going to say it’s my fault,” Jim retorts. The couple then descend into argument as the frustration between them grows.

Throughout the couple’s interaction, Jim primarily displays emotions of frustration, scorn, anxiety, and defensiveness. When his topic of concern is discussed, Jim primarily displays frustration with an undercurrent of anxiety prior to withdraw (BARS Husband Topic, Frustration = 7; Anxiety =6), though to a lesser extent also displays defensiveness, humor, and scorn (BARS Husband Topic, Defensiveness=2, Humor=1, Scorn=1). When his wife’s topic of concern is discussed, Jim displays far more frustration in frequency and intensity prior to withdraw (BARS Wife Topic BARS = 17), with intermittent displays of scorn (BARS Wife Topic BARS= 7), defensiveness and aggression (BARS Wife Topic =4, respectively).

Couple 3: Dan and Suzie (pseudonyms).

“I’m frustrated with not ‘getting it right.’” - Dan

Dan, a Caucasian male in his early 40’s, and Suzie, an African American female also in her early 40’s, have been married for eight years and share four children, two of whom stem from their marriage, and two of whom stem from previous marriages on both sides. They report a shared frustration about the manner in which they are raising their children, with differing views on how best to care for them. The two report high levels of distress, with a shared pattern primarily consisting of wife demand, husband withdrawal. The couple reports symptomology that

may precede and/or be exacerbated by their distress, with both Suzie and Dan noting higher-than-average levels of depression and anxiety.

As they sit across from one another in selected exchanges from recorded pre-treatment interactions, Suzie's shoulders are tight and slightly hunched. She seems to wait for Dan to raise his issue with her; it is as though she is already tired of having to steer the couple's concerns. After a moment, he speaks. "I would like to have more time to have discussions," he says. Suzie responds with a number of questions, simultaneously attempting to clarify his concern while attempting to draw out his answers, before transitioning into a type of problem solving, "So do you want to have regularly scheduled times to meet and have discussions?" she asks. Dan responds with his own attempts at problem solving before Suzie observes that meeting more will only reinforce their frustrations, as Dan has difficulty making decisions. Dan acknowledges Suzie's point as she then lists her frustrations in their relationship. Slowly, Dan begins to withdrawal from the communication of his relational needs, before acknowledging, "I am very distractible and skip a lot of things." He worries that he is not "getting it right" before quietly retorting, "I don't think that you're really listening to me."

Throughout the couple's interaction, Dan primarily seems reluctant to express emotion in any manner when his topic of concern is discussed, as he demonstrates low levels of all affective behaviors, though most frequently demonstrates aggressive/defensive behavior and scorn or anxiety prior to withdraw (BARS Husband Topic = 1, each). When his wife's topic of concern is discussed, however, Dan displays far more emotion prior to withdraw. Frustration, in particular, is exhibited by Dan most frequently (BARS Wife Topic, Frustration = 15), with defensiveness following (BARS Wife Topic = 6), scorn (BARS Wife Topic = 3), and aggression/anxiety (BARS Wife Topic = 1, each).

Themes across husbands. Across husbands who withdraw, frustration is the emotion most commonly experienced before withdraw (BARS=49), followed by hurt (BARS=22), defensiveness (BARS=14) and scorn (BARS=13), with displays of aggression and anxiety

(BARS=7, each) also observed before withdraw. When husbands who withdraw have presented their relational concerns to their wives, hurt is the most commonly experienced emotion before withdraw (BARS=20), followed by frustration (BARS=9), anxiety (BARS=7), and other emotions, such as defensiveness (BARS=4), scorn (BARS=2), and aggression (BARS=1). When husbands who withdraw are listening to topics of relational concern raised by their wives, frustration is the most common emotion observed before withdraw (BARS=40), followed by scorn (BARS=11), defensiveness (BARS=10), and aggression (BARS=6).

Wife Withdrawal, Husband Demand

Couple 4: Cynthia and Angga (pseudonyms).

“I’m doing my best...It seems like my best is never enough, and that’s frustrating to both of us.” -Cynthia

Cynthia, a Caucasian female in her late 40’s, and Angga, a Southeast Asian male in his mid 60’s, have been married for ten years and share no children. They present to therapy with concerns regarding control, role, and responsibility, as Angga reports persistent frustration that his wife is not supportive of his business ventures; specifically, that she does not fulfill the role of linguistic translator for him as a non-native English speaker. Cynthia, however, reports that Angga is controlling and does not respect her manner of learning – one that is experiential in nature and is informed by her view of herself as an artist. The two report moderate levels of distress, with both noting a pattern of husband demand, wife withdrawal. Cynthia reported challenges in domains of mental health and daily functioning, noting that she feels “terribly depressed” in her clinical interview due to the strain of constant fighting in her marriage. Angga reported below average happiness in his daily life and mental health symptomatology related to depression and anxiety.

As they sit across from one another in selected exchanges from recorded pre-treatment interactions, Cynthia remains silent as Angga speaks to his distress; she listens to her husband as he rapidly rattles off a number of her behavioral shortcomings in his eyes. Cynthia, it seems,

appears to agree with him, as she praises his intelligence and hardworking nature and asks that he “just take a deep breath and realize” that he has “to have a little more patience” with her. Angga, not soothed by her response, furthers his complaints before she says, quietly, “I’m doing my best...It seems like my best is never enough, and that’s frustrating to both of us.” She ends their conversation noting that she is often “tired and depressed” in anticipation of his foul mood when returning home and her inability to do right by him.

Throughout the couple’s interaction, Cynthia primarily displays frustration, hurt, and defensiveness. When her topic of concern is discussed, Cynthia primarily displays frustration prior to withdraw (BARS Wife Topic = 13) followed by hurt (BARS Wife Topic =4), defensiveness (BARS Wife Topic =2), and scorn (BARS Wife Topic=1). When her husband’s topic of concern is discussed, Cynthia displays more frustration prior to withdraw (BARS Husband Topic = 19), followed by defensiveness (BARS Husband Topic= 8), hurt (BARS Husband Topic =6), anxiety (BARS Husband Topic =2), aggression and scorn (BARS Husband Topic =1, each).

Couple 5: Kathy and Mike (pseudonyms).

“You keep drilling me and drilling me and drilling me...and I get put in a place where I don’t feel comfortable” - Kathy

Kathy, a Caucasian female in her mid 30’s, and Mike, a Caucasian male in his early 40’s, have been married for six years and share one child from their marriage and one child from a previous marriage. They present to therapy with concerns regarding trust and intimacy, as Mike reports lingering concerns that Kathy’s low interest in sex is due to infidelity. Mike notes that Kathy was unfaithful to him early in their relationship, though hints that their relationship may have begun out of shared infidelity with their previous partners. The two report high levels of distress, with both noting a pattern of husband demand, wife withdrawal. Kathy reports challenges in domains of daily functioning and overall happiness in addition to high levels of depression and anxiety. Mike reported below average happiness in his daily life.

As they sit across from one another in selected exchanges from recorded pre-treatment interactions, Kathy begins by explaining the impact that Mike's frequent criticisms have on her. "Everything is put back on me and I feel like it's all my fault," she says. She adds, "there are times when you do your little jabs that really do hurt me. And you've done it for a long time, and those things hurt." Mike then defends himself, noting that he is not the only one in their relationship capable of attacking/raising his voice in an argument, adding that "it gets to the point where you're uncomfortable...and then it's conversation over." Kathy, brow raised and short of breath, pleads for a different approach to communication with her, declaring "communicating with me in a 'knock down drag out [kinda way]' is not the way I want to be communicated with." She adds that she internalizes his criticism. "For some reason, I'm feeling like it's all my fault," she says. He responds that he does not know what to say, implying that he holds the view that the fault for the disagreements between them belong to her. The couple stares at one another in silence as the segment comes to a close.

Throughout the couple's interaction, Kathy displays a wider variety of emotions than seen in those studied who withdraw. She primarily displays frustration, though also displays a high degree of defensiveness, scorn, and aggression. When her topic of concern is discussed, Kathy primarily displays frustration prior to withdraw (BARS Wife Topic = 6) followed by defensiveness (BARS Wife Topic=3) then scorn, aggressiveness, and anxiety (BARS Wife Topic =2, each). When her husband's topic of concern is discussed, Kathy displays frustration prior to withdraw in equal measure (BARS Husband Topic = 6), followed by defensiveness, scorn (BARS Husband Topic = 5, each), aggression (BARS Husband Topic =3), and anxiety (BARS Husband Topic = 1).

Couple 6: Wendy and Charlie (pseudonyms).

"A lot of times when I talk I don't think you hear me. Really hear me." – Wendy

Wendy, a Caucasian female in her late 30's, and Mike, a Caucasian male in his early 50's, have been married for three years and share two children from a previous marriage. They

present to therapy with concerns regarding role changes, as Charlie states that the two “come from different places.” He explains that when he first met Wendy, he took the role of “rescuer,” as she had been in psychotherapy and was experiencing financial hardship, though notes that things have since changed. Wendy reports that she is now feeling better about her mental health (though still suffers ongoing stress from chronic pain), and wonders if their relationship is worsening due to the fact that she no longer needs Charlie to rescue her. The two report high levels of distress, with both noting a pattern of husband demand, wife withdrawal. Both Wendy and Charlie reported high levels of depression and anxiety symptomatology with challenges noted in domains of daily functioning and wellbeing.

As they sit across from one another to discuss Wendy’s relationship concern, Wendy appears downtrodden and defeated. She states that she does not believe Charlie understands her pain – that he is too wrapped up in his own anxiety to see her. Charlie defends himself, probing as to how specifically he does not understand her experience, because he believes he does. “I can tell by your physical and emotional expressions...that you’re not with me,” she says, which Charlie denies – he believes wholeheartedly that he is listening to her concerns. Wendy slumps in her chair. “It doesn’t mean you take it in.” Wendy then discusses the emotional pain she experiences as a result of not feeling heard, noting “even when we’re together, we’re not.” Charlie, now upset, speaks with an air of attack – he lists things in their relationship he needs in order to be less tired and grumpy – things he has not gotten from Wendy. She appears to agree with him, nodding her head, before she quietly offers that she “[does not] want to take all the responsibility – all the blame” for the trouble in the relationship – doing so makes her want to withdraw.

Throughout the couple’s interaction, Wendy primarily displays frustration, hurt, and defensiveness. When her topic of concern is discussed, Wendy primarily displays frustration prior to withdraw (BARS Wife Topic = 14) followed by hurt (BARS Wife Topic =12), defensiveness (BARS Wife Topic =7), scorn (BARS Wife Topic =5), and aggression (BARS

Wife Topic =2). When her husband's topic of concern is discussed, Wendy displays frustration prior to withdraw with greater intensity (BARS Husband Topic = 17), followed by defensiveness and hurt in equal measure (BARS Husband Topic = 7), and scorn (BARS Husband Topic = 2).

Themes across wives. Across wives who withdraw, frustration is the emotion most commonly experienced before withdraw (BARS=79), followed by hurt and defensiveness (BARS=32, each), scorn (BARS=17), with displays of aggression and anxiety (BARS=8 and 4, respectively) also observed before withdraw. When wives who withdraw have presented their relational concerns to their husbands, frustration is the most commonly experienced emotion before withdraw (BARS=33), followed by hurt (BARS=17), defensiveness (BARS=12), and other emotions, such as scorn (BARS=8), aggression (BARS=4), and anxiety (BARS=2). When wives who withdraw are listening to topics of relational concern raised by their husbands, frustration is again the most common emotion observed before withdraw (BARS=46), followed by defensiveness (BARS=20), hurt (BARS=15), scorn (BARS=9), and aggression (BARS=4).

Themes Across Husbands and Wives Who Withdraw

Across partners who withdraw, frustration was observed as the common emotional theme in both intensity and frequency, followed by hurt, defensiveness, scorn, aggression, and anxiety before withdraw. Overall, both husbands and wives who withdraw were observed having displayed more frustration, defensiveness, and scorn before withdraw when listening to topics of concern raised by their partners. However, both husbands and wives were observed having displayed more frustration and hurt before withdraw while speaking of topics of personal concern.

Themes of frustration. Frustration, the most commonly expressed emotion, was manifest through physical channels primarily as a tense body posture, holding one's head at an angle, and wringing one's hands, though was additionally manifest as sighing. Frustration was also manifest through verbal channels as direct, simple statements labelling the emotion, such as "I'm frustrated that..." Sighing and head postures were most often observed when those who

withdraw listened to the relational concerns of their partners, though physical tension predominated throughout all interactions. Frustration coded as physical tension was similar to – yet distinct enough from – anxiety, which was coded as shifting, crossing/uncrossing legs, fidgeting, giggling, etc. When tension was present, contextual cues helped guide researchers in identifying frustration. For example, tension combined with sighing denoted frustration as opposed to anxiety. Additionally, tension observed throughout the body, face, *and* hands during hand-wringing was coded as frustration as opposed to anxiety.

Emblematic of these displays, the wife in Couple 6 (Wendy) displayed numerous signs of frustration during her husband's topic of relational concern. She was observed to display numerous half-smiles which seemed to reflect her difficulty being heard by her husband. As her husband's looks of scorn increased, her eyes grew wider in seeming disbelief. Her head, which at times nodded in occasional agreement, appeared to morph into a tool to punctuate her words: "A lot of times I feel nagged. And because of the nagging, it exacerbates my exhaustion and other feelings of stress and I need to tune something out. And that's easiest if I feel nagged, constantly." However, her words and her body language fell short of being received – she was frequently interrupted and it appeared she was not heard. True to her word, she was left exhausted as a result.

The husband in Couple 2 (Jim) was observed to manifest frustration as well, with key differences. As his wife reported her relational concerns, his stare, once soft, grew in intensity. His breath shallowed and his head cocked to the left, as though in a fixed position. His jaw appeared to become more clenched and his lips pursed, though not so much that he appeared to be angry. When he spoke, it seemed as if it was with the hope of solving the problem at hand, however his efforts often fell short. Once rebuffed, he would resume his previous position, though seemingly more lost in his own rumination about what potential solution to propose next – and by extension, more distant from his wife.

Themes of hurt. Hurt was manifest most frequently through nonverbal channels, such as passively looking down, though was also manifest as shrunken shoulders, tearing up, or looks of sadness. Additionally, hurt was manifest in verbal channels when clearly labelled. Hurt was differentiated from disengagement by the perceived level of participation in the conversation. For example, whereas a break of eye contact could have been perceived as disengagement or hurt, hurt was coded when one passively looked down though displayed engagement in the conversation by nodding, tracking, or tearing up.

Emblematic of this, the husband in Couple 1 (George) displayed perhaps the most obvious signs of hurt during his conversation topic, and accounted for the majority of the behavior across men who withdraw. In one particularly salient exchange, he was observed shrinking in his chair in response to his wife's report of the emotional impact of his withdraw, before briefly looking down. His breath thereafter appeared labored, his hands frequently rose to his ear as if to blunt his wife's words, and his gaze was steadily downcast.

Hurt manifest differently for the wife in Couple 4 (Cynthia). She appeared to study her husband's face for signs that he might recognize her distress. His critique of her behavior was met with long, measured blinking and a slight shake of her head, as if reflective of her disbelief. She would emerge from these moments to study him once more, and when their eyes did not meet, she would look down and away, as if to gather herself after having been wounded.

Themes of defensiveness. Defensiveness was manifest through nonverbal channels by shaking one's head, interrupting, and defensive hand motions such as waving. Through verbal channels, defensiveness was manifest as statements of self-justification. Defensiveness was most often displayed when those who withdraw listened to the relational concerns of their partner and when deployed, was most often met with defensiveness in return. Across couples, some variation of "No, you don't understand" was uttered in conjunction with these behaviors, and was often a close companion of frustration.

Themes of scorn. Scorn was manifest through non-verbal channels primarily as the rolling of one's eyes, and through verbal channels as a sarcastic or contemptuous tone of voice. Scorn was observed primarily after extended periods of frustration and tended to be followed either by further frustration or displays of defensiveness. Scorn had an ability to do what other emotions displayed were not able to do, however – punctuate heated exchanges and create moments of silence between partners. In effect, scorn was a more incisive emotional cut. While in many cases effective in creating momentary pause, the long-term impact of scorn appeared only to increase the deployment of other behaviors and precipitated the most rapid withdraw.

Discussion

The purpose of the present study was to examine the emotional precipitants of withdrawing behavior among chronically distressed couples rated high in the use of the demand-withdraw pattern of communication, utilizing data from Christensen et al's. (2004) original study comparing IBCT and TBCT. Results indicate that partners who withdraw exhibit an emotional pattern of frustration, hurt, defensiveness, scorn, and aggression prior to withdraw and exhibit difficulties regulating these emotions. However, conflict topic is related to the emotions expressed by each partner, as frustration, defensiveness, scorn, and aggression were more frequently observed prior to withdraw when partners listened to topics of concern as voiced by their respective spouses. When partners voiced topics of relational conflict important to them, frustration and hurt were more frequently expressed prior to withdraw, followed by defensiveness, scorn and aggression.

Results of this study add to the body of available literature on the dyadic expression of hard and soft emotion (Jacobsen & Christensen, 1996; Johnson, 2004). Frustration, defensiveness, scorn, and aggression are considered hard emotions in IBCT literature (labeled secondary emotions in EFT literature) and their presence often portends negative communication strategies, such as blaming, criticizing, threatening, or demeaning (Sanford, 2007b). Displays of these communication strategies are often primarily attributed to the demanding partner in the demand-withdraw pattern, however results indicate that demand and withdraw behavior may share core emotional precipitants.

Frustration in particular was experienced most frequently prior to withdraw by both wives and husbands. Conceptualized as the obstruction of either goal attainment or of a goal-driven sequence of behavior, frustration is a core component to – and often described as a lower-intensity variant of – anger (Kuppens & Van Mechelen, 2007). However, key differences exist between the two emotions. While anger is defined as a “negative emotional state that varies in intensity and duration and usually is associated with emotional arousal and the perception of

being wronged by another” (Del Vecchio & O’Leary, 2004, p. 15), frustration as an emotion stemming from goal-obstruction is hypothesized to correlate to the degree of importance an individual places on a given goal (Kuppens & Van Mechelen, 2007). As such, frustration in the context of this study might be seen as a communication strategy expressing engagement with, rather than withdraw from, one’s partner. However, chronicity matters in relation to these findings. As frustration precipitated withdraw, withdraw might be seen as the best resolution to the intrapsychic and/or interpersonal conflict experienced by the withdrawing partner. Silence, stonewalling, or shutting down appears the most commonly utilized approach for those who withdraw when faced with obstructions to goals too challenging to navigate. The nature of these goals, whether they are related to the resolution of unmet attachment needs as theorized in EFT, or the resolution of irreconcilable differences between partners, as theorized in IBCT, is beyond the scope of this study, however across couples the manifestation of frustration predominates.

Regardless of idiosyncratic rationales for withdraw (as variations of potential explanations are as limitless as potential couplings and unique to each person/couple), results demonstrating a pattern of increased frustration and increased subsequent withdraw when partners listen to their spouses’ relational concerns lend credence to Baucom and colleagues’ (2015b) interpersonal process model of demand-withdraw. This model posits that demand-withdraw is a process manifest both from one’s difficulty managing one’s own *and* one’s partner’s emotional arousal. In this model of mutual polarization, increased demand leads to increased withdraw and increased withdraw leads to increased demand; each impacts the other and is informed by individual and dyadic emotional arousal. Further, the increased presence of defensiveness and scorn when partners attend to their spouses’ relational concerns demonstrates a pattern of response to the demanding partner with hard emotions in line with research on dyadic threat response. Sanford (2007b) identified empirically supported links between the use of hard emotion in response to perceived threats to relational status. Hard

emotion serves to assert – or in the case of those who withdraw, perhaps also re-assert – control and power in the dyad (Sanford, 2007b; Sanford & Grace, 2011).

While hard emotions predominated emotional withdrawal, results demonstrated one important exception: hurt. Although frustration was primary before withdraw across couples, and specifically when partners listened to concerns raised by their spouses, hurt was frequently exhibited when a partner spoke about their own relational concerns. Hurt is considered a soft emotion (labeled a primary emotion in EFT literature) whose expression generally portends empathic joining or conflict softening (Jacobsen & Christensen, 1996; Johnson, 2004). Though not absent – nor for that matter insignificant in quantity – from wives' emotional experience before withdraw regardless of which partner controlled the discussion topic, hurt was more frequently expressed by both husbands and wives when discussing their *personal* relational concerns. This finding, namely that the expression of hurt was found across wives' experiences, might be related to gendered socialization processes in which girls are more often encouraged to express sadness than boys (Brody, 1984). However, due to the presence of hurt when both husbands and wives control the relational topic of discussion, and due to its relative absence when husbands listened to concerns raised by their wives, hurt might also more accurately reflect a primary intrapsychic emotional process of those who withdraw when faced with decreased demand. Put another way, when those who withdraw are provided an environment in which there is a greater attention paid to *their* relational needs and/or goals (which occurs in this study when couples are instructed to focus on the withdrawing partner's relational concern for 10 minutes) – due in part to the demander demanding less and listening more – a more nuanced emotional picture informs withdraw with the same result. Silence, stonewalling, or shutting down stems from – or is a solution to – deep emotional pain that reflects a “core concern for the relationship” (Sanford, 2007b, p.66) and as such, is a more effective communication strategy across time than, for example, scorn. However, routes of communication – whether nonverbal, verbal, or both – are important in the expression of hurt,

as polarized demanders may not be able, or willing to, hear messages of hurt in either non-verbal or verbal routes in early stages of therapy (Johnson, 2004), particularly for more extended periods than the 10-minute segments observed.

Research Implications

Findings from this study present numerous contributions to the research on demand-withdraw. Results further Baucom and colleagues' (2015b) interpersonal process model. The current study was qualitative in nature and did not measure physiological arousal nor utilize fundamental frequency as its measurement tool; as such, a 1:1 comparison is not possible. However, by providing a qualitative description of emotional precipitants of withdraw, this study might add to the growing body of literature on the model and aid in the design of future studies by encouraging researchers to focus in on measurements of specific emotions such as frustration or hurt as they relate to the polarization process.

Additionally, the study brings together literatures on emotion regulation, emotional arousal, and demand-withdraw by examining the emotional expression and consequence of ineffective regulation strategies within dyads in rich detail. Couples observed in this study demonstrated challenges regulating negative affect states. While not the primary focus of this study, those who withdraw were observed utilizing both explicit and implicit emotion regulation strategies in order to modify established components of emotional experience such as physiology, behavior, expression, etc. (Rivers, Brackett, Katulak, & Salovey, 2007). Explicit emotion regulation, as defined by Gyurak, Gross, & Etkin (2011) is "those processes that require *conscious effort* for initiation and demand *some level of monitoring* during implementation, and are associated with *some level of insight* and *awareness*" (p. 401). A conscious effort to regulate negative affect states frequently observed in those who withdraw was an attempt – or attempts - to shift conflict topics to other, seemingly less distressing topics, or aspects within the topic that were more palatable. Implicit emotion regulation, on the other hand, is a series of processes assumed "to be *evoked automatically* by the stimulus itself and

run to completion *without monitoring* and can happen *without insight and awareness*" (Gyurak et al., 2011, p.401). Casting a gaze downward was an example of an implicit strategy frequently used by various partners who withdraw, as this behavior appeared to be most often outside of conscious awareness. Numerous other strategies exist in order to regulate both unconscious and conscious emotional states, including cognitive reappraisal and suppression (Rivers et al., 2007), however Gross (2001) has demonstrated that those interventions aimed at regulating emotions early in their generative process to be more effective. Additionally, Barret and colleagues (2001) have demonstrated that knowledge of discreet emotional states (e.g., hurt or frustration) aids in the regulation of these states. Within couples, knowledge of emotions commonly experienced by those who withdraw as examined in the present study would presumably be a good foundation from which to structure further research on emotion regulation.

Clinical Implications

Results lend credence to the assumption in IBCT and EFT that hard or secondary disclosures will likely be encountered in early stages of therapeutic work because they reflect the reality of the withdrawer's intrapsychic and interpersonal experience (Jacobsen & Christensen, 1996; Johnson, 2004). Findings from this study reinforce the need for the application of core therapeutic interventions in IBCT and EFT, such as the need to validate the experience of hard emotions, while focusing interventions at modifying their expression. While both therapeutic modalities speak of the idiosyncratic nature of withdraw, establish the importance of assessing the functionality or utility of withdraw, and discuss the bi-directionality of withdraw in relation to demand, neither specifically names the emotions precipitating withdraw with a high degree of specificity. Johnson (2004) references the work of Tomkins (1991) and Plutchik (2000) among others in identifying a focus on the presence of universal emotions within couples in EFT, namely "anger, fear, surprise, joy, shame/disgust, hurt/anguish, and sadness/despair" (p. 64), whereas Jacobson and Christensen (1996) focus on the

association between commonly expressed emotions in order to hone therapeutic intervention, observing that “hurt usually accompanies anger; disappointment often comes with resentment; fear and insecurity often breed assertion and aggression” (p. 106). However, this study expands the current framework of emotional expression to include frustration, scorn, defensiveness, engaging, disengaging, anxiety, humor, and affection and presents these emotions by highlighting the frequency and intensity of their occurrence associated with withdrawing behavior.

Conceptual and methodological limitations. This study includes several limitations, including limitations inherited from the original study’s design and the subsequent qualitative examination of the data, limitations derived from the current study’s size and sampling demographics, and limitations resulting from tools used to observe the phenomenon explored.

Thick descriptions of the couples are bound by the limitations of the context in which the data were viewed. Researchers in this study utilized established data, and as such, descriptions that may have added to the results – and by extension further aid in the analysis and synthesis of the data – were not available. For example, situational cues such as the mood of couples prior to the recording of pre-treatment videos, phrases whispered in confidence after the videos were shot, or insights into the couples’ view of how accurately their videos reflect core relational concerns, etc. might have provided for more robust reporting of the emotional contexts that precipitate withdraw. More robust descriptions, in turn, may have added to the transferability of the data and allowed future researchers more nuance from which to build future design or judge the adequacy of transferred findings. Additionally, as the participants were not privy to the methods utilized in this study, nor were familiar with the researchers themselves, the credibility of the findings may have been negatively impacted. For example, researchers were unable to institute member checks – or “checks related to the accuracy of the data” (Shenton, 2004, p. 68) by participants. The current study did, however, utilize a number of important provisions to ensure credibility, including triangulation of data, frequent debriefing, and peer scrutiny. As

such, researchers believe the impact of the aforementioned limitations on the study's credibility to be relatively nominal.

Researchers selected six couples to examine in this study, in line with Yin's (2014) recommendation for a robust qualitative sample size, however, the combined demographic makeup of participants selected for this study may have impacted transferability (Meriam, 2014). The sample in the current study was disproportionately Caucasian (83%) with a high level of education (16.9 years), bound by common regional similarities, as all were centralized on the West coast. Additionally, all couples identified as heterosexual and were married/cohabitating. Socioeconomic information related to the period of time in which the data was collected and corresponding regional economic demands that may have modified socioeconomic status were not analyzed for this study. Finally, the relative homogeneity of the sample may impact the extent to which researchers' findings may be transferred to a more heterogeneous sample reflective of the population of the United States or more broadly, the world.

Tools utilized to examine the emotional precipitants of withdraw might have also restricted the findings. The strengths of the BARS (Johnson, 2002), namely its reliability with other, more comprehensive coding systems that require increased training, cost, etc., its free access, and brief manual, are also its weaknesses. Use of other, more comprehensive coding systems, such as the SPAFF, would have provided more rich descriptions of the emotional precipitants of withdraw with greater accuracy due to greater delineation of emotions included within. Additionally, the SPAFF is grounded in an established research base whose concepts of universal emotions are the foundation of a number of empirically supported treatments, chief among them EFT. An alternate rating system with emerging support, the Couples Emotion Rating Form (CERF; Sanford 2007a), might have more specifically captured emotions prevalent in withdraw, as it captures hard, soft, and flat emotions (defined as bored, disinterested, indifferent, and disengaged).

Future research. There are a number of directions in which to expand and challenge the findings of this study. Conducting this study with a participant base more reflective of the majority of US/world inhabitants, including representative ethnic/racial diversity, sexual orientation, religious, socioeconomic, regional, age, and education differences might yield more generalizable findings. For example, a more robust participant base might further reinforce the presence of frustration as a primary driver in early-stage withdraw across demographic presentations, or conversely might demonstrate a culturally-specific emotional pattern of withdraw. Research has suggested that patterns based on demographic differences (e.g., male/female) are less relevant than relational patterns (e.g., marital satisfaction); however further research is needed (Schrodt et al., 2014). Related to this possibility, future research might also focus on how to apply the principles of emotion-focused intervention to populations whose culture discourages or does not privilege emotional expression as a core component of dyadic interaction.

Additionally, an original study in which researchers might come to know participants (and vice versa) might aid in richer descriptions of the phenomenon of demand-withdraw that involve the personally reported emotional experiences of the participants. Research that examines baseline state vs. trait responding might illuminate the power of place and time in shaping the emotional patterns of withdraw and might lend credence to - or call into question - oft-recited statements by patients, such as “I only act this way with my partner.” Conversely, further research might demonstrate nominal emotional variance of withdraw when more stable personality factors such as openness or agreeableness are taken into consideration. Research has demonstrated, for example, that individuals high in neuroticism report higher levels of marital dissatisfaction, while traits such as agreeableness and conscientiousness have been linked to marital satisfaction (Jacobson & Christensen, 1998). It likely follows, then, that trait characteristics will impact withdraw if viewed as a contributing factor to an overall relational response pattern. Regardless, future research would benefit from more studies which uncover

within-person or between-person baselines and subsequent contextual changes of emotional responding – for example, comparing the emotional similarities/differences of withdraw with one’s individual therapist against the emotional patterns of withdraw with one’s partner and noting any changes over treatment.

Also, in regards to design, research utilizing other tools, such as the SPAFF or CERF, might additionally yield more hypothesis-generating analysis of the data. Specifically, the inclusion of “flat” emotions often associated with withdraw in the CERF might help clinicians and researchers gauge the extent to which withdraw is a communication strategy reflective of relationship disinterest as opposed to one utilized primarily by those engaged in core concern for the relationship.

All told, future research might focus on the communication pattern of withdraw in a number of novel and relevant ways. In aggregate, as the partner who withdraws primarily displays frustration prior to withdraw, and because displays of emotion increase – and diversify – when one who withdraws listens to the concerns of their partner, perhaps the commonly held definition of withdraw may need to be refined. It is feasible to suppose that what has been historically viewed as withdraw writ large – namely when one partner changes the topic of conversation or feigns involvement – is, in fact, more often akin to avoidance. In this way, it is an *active* expression of frustration related to difficulties attaining a desired goal, and by extension, *investment and/or interest* in the relationship, rather than true withdraw. Within this view, emotional engagement – and emotional regulation – persist, yet are crippled. Communicative silence may follow in avoidance, or communication may continue. For example, one partner may seek to avoid further engagement in contentious topics by a conscious/semi-conscious attempt to steer the conversation into an area less fraught with conflict. This view is in line with some researchers who posit that the manifestation of avoidance may be behaviorally distinct from that of true withdraw, despite the fact that the commonly held definition of withdraw includes both forms (Caughlin, Hardesty, & Middleton, 2012; Caughlin & Scott, 2010; Holley et

al., 2013). A review of the literature found one measure actively used in demand-withdraw research that appears to corroborate this conception - The Couples Interaction Rating System (Heavey, Gill, & Christensen, 1996) – which codes avoidance as changing, delaying, or averting the topic of conversation. However, complicating this delineation is that, while coded differently, behaviors that warrant the mark of avoidance ultimately are subsumed in the code of withdraw.

True withdraw, on the other hand, might better be conceptualized as a *passive* process of *emotional and communicative* disengagement. When goal attainment is exhausted and communicative resources are depleted, disengagement is the primary mode of emotion regulation. In true withdraw, withdrawing individuals struggle to regulate themselves and have found no means by which to use their relationship to help them regulate, as happens in healthier couples (Reed et al., 2013).

If future studies were to examine the emotional precipitants of withdraw viewed through this definition of withdraw, disengagement (or variants thereof) would likely predominate as opposed to frustration, hurt, scorn, or other emotions. As such, this study might lend credence to the disentanglement of avoidance behaviors from the broader definition of withdraw by way of the emotions that precipitate it (frustration, hurt). A disentanglement of avoidance behaviors from true withdraw behaviors might thereby contribute to a more robust dimension in the phenomenon – a dimension already under consideration, though not widely adopted (Caughlin et al., 2012).

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APPENDIX A

Extended Review of the Literature

Authors, Year, Title	Focus	Source & Type	Key Points	Methods/Design	Measures/Data Collection
American Psychiatric Association. (2013). <i>Diagnostic and statistical manual of mental disorders: DSM-5</i> . Washington, D.C: American Psychiatric Association.	A taxonomic and diagnostic resource for mental disorders	Book	N/A	N/A	N/A
Bandura, A. (1977). <i>Social learning theory</i> . New York, NY: General Learning Press.	Social learning theory	Book	Introduces social learning theory and posits that behavior is learned, in part, through observational learning.	N/A	N/A
Barrett, L.F., J. Gross, T.C. Christensen., & Benvenuto, M. (2001). 'Knowing what you're feeling and knowing what to do about it: Mapping the relation between emotion differentiation and emotion regulation', <i>Cognition and Emotion</i> 15, pp. 713–724.	Emotion regulation	Article Empirical study	Utilized self-regulation theory to demonstrate that the differentiation of negative emotion was related to the ability to regulate emotion.	Quantitative	Rochester Interaction Record; Diary card
Baucom, K. J. W., Baucom, B. R., & Christensen, A. (2015a). Changes in dyadic communication during and after integrative and traditional behavioral couple therapy. <i>Behavior Research & Therapy</i> , 65, 18-28.	Changes in couples' communication across time between IBCT and TBCT	Article Empirical study	Found that both Traditional Behavioral Couples Therapy (TBCT) and Integrative Behavioral Couples Therapy (IBCT) spurn positive change in dyadic communication: Change utilizing TBCT is stronger pre to post therapy, though IBCT change utilizing IBCT is stronger post to two-year follow-up.	Quantitative	The Naïve Observational Rating System; Couple Interaction Rating System; Social Support Interaction Rating System

<p>Baucom, B. R., Dickenson, J. A., Atkins, D. C., Baucom, D. H., Fischer, M. S., Weusthoff, S., Hahlweg, K., ... Zimmermann, T. (2015b). The interpersonal process model of demand/withdraw behavior. <i>Journal of Family Psychology, 29</i> (1), 80-90.</p>	<p>The interpersonal process model of demand/withdraw</p>	<p>Article Empirical study</p>	<p>Links were identified in the demand-withdraw pattern of communication in couples between withdrawing and demanding partners related to level of emotional arousal. Higher levels of demanding behavior were linked with higher levels of withdrawing behavior and vice versa.</p>	<p>Quantitative</p>	<p>Vocally Encoded Emotional Arousal; Couple Interaction Rating System</p>
<p>Baucom, B. R., Weusthoff, S., Atkins, D. C., & Hahlweg, K. (2012). Greater emotional arousal predicts poorer long-term memory of communication skills in couples. <i>Behaviour Research and Therapy, 50</i> (6), 442-447.</p>	<p>The impact of emotional arousal on long-term recall of communication skills within couples</p>	<p>Article Empirical study</p>	<p>Emotional arousal in high quantities as measured by fundamental frequency (f0), a vocal measure of encoded emotional arousal, was linked to a decrease in the amount of communication skills remembered 11 years after completing therapy. However, overall, women remembered more skills than men did.</p>	<p>Quantitative</p>	<p>Fundamental frequency (f0); Kategoriensystem fuer partnerschaftliche Interaktion; Partnerschaftsfragebogen PFB [Partnership Questionnaire]</p>
<p>Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. <i>The Qualitative Report, 13</i> (4), 544-559.</p>	<p>A guide that helps researchers in the design and implementation of qualitative studies</p>	<p>Article</p>	<p>Illuminates the ways in which qualitative design can help researchers answer questions both simple and complex in nature.</p>	<p>N/A</p>	<p>N/A</p>
<p>Benson, L. A., McGinn, M. M., & Christensen, A. (2012). Common principles of couple therapy. <i>Behavior Therapy, 43</i> (1), 25-35.</p>	<p>Similarities that exist in the efficacy of various therapies for couples.</p>	<p>Article</p>	<p>Introduces/refines ideas related to unified protocol of treatment for couples therapy, including five "common principles."</p>	<p>N/A</p>	<p>N/A</p>

<p>Bloch, L., Haase, C. M., & Levenson, R. W. (2014). Emotion regulation predicts marital satisfaction: More than a wives' tale. <i>Emotion, 14</i> (1), 130-44.</p>	<p>Links between emotional regulation strategies utilized within couples and long-term marital satisfaction</p>	<p>Article Empirical study</p>	<p>Found that emotional regulation strategies implemented by wives increased husband/wife reports of marital satisfaction and long-term marital satisfaction reports for wives as measured by averaging Marital Relationship and Marital Adjustment measures scores.</p>	<p>Quantitative</p>	<p>Locke– Wallace Marital Adjustment Test; Locke– Williamson Marital Relationship Inventory; Emotional rating dials; Specific Affect coding system; Grass Model 7 12-channel polygraph</p>
<p>Bodenmann, G., Kaiser, A., Hahlweg, K., & Fehm-Wolfsdorf, G. (1998). Communication patterns during marital conflict: A cross-cultural replication. <i>Personal Relationships, 5</i> (3), 343-356.</p>	<p>The Communication Patterns Questionnaire (CPQ)</p>	<p>Article Empirical study</p>	<p>The Communication Patterns Questionnaire (CPQ) was examined for reliability and validity utilizing a European sample. Results indicate reliability and validity across samples.</p>	<p>Quantitative</p>	<p>Partnerschaftsfragebogen PFB [Partnership Questionnaire]; The Communication Patterns Questionnaire (CPQ)</p>
<p>Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. <i>Qualitative Research in Psychology, 3</i> (2), 77-101.</p>	<p>A guide that helps researchers in the implementation of qualitative studies utilizing thematic analysis</p>	<p>Article</p>	<p>Outlines six core steps in a thematic analysis and discusses implications of research.</p>	<p>N/A</p>	<p>N/A</p>
<p>Brody, L. 1984. Sex and age variations in the quality and intensity of children's emotional attributions to hypothetical situations. <i>Sex Roles, 11</i>, 51–59.</p>	<p>Emotional expression</p>	<p>Article Empirical study</p>	<p>Finds that girls were likely to see themselves as a protagonist who was sad (sadness attribution) in a hypothetical story. Explores gender</p>	<p>Quantitative</p>	<p>Affect-laden stories</p>

			differences in the attribution of emotion.		
Caughlin, J. P., & Scott, A. M. (2010). Toward a communication theory of the demand/withdraw pattern of interaction in interpersonal relationships. In S. W. Smith & S. R. Wilson (Eds.), <i>New directions in interpersonal communication research</i> (pp. 180-200). Thousand Oaks, CA: Sage.	Incorporates previous literature on demand/withdraw and articulates a multiple goals perspective that may precipitate demand or withdraw	Chapter	Describes four distinct enactments of demand-withdraw from a multiple goals perspective, including discuss/exit, Socratic question/perfunctory response, complain/deny, and criticize/defend.	N/A	N/A
Caughlin, J. P., Hardesty, J. L., & Middleton, A. V. (2012). Conflict avoidance in families: Functions, outcomes, and applied implications. In P. Noller & G. Karantzas (Eds.), <i>The Wiley-Blackwell handbook of couples and family relationships</i> (pp. 115 – 128). Oxford, UK: Wiley- Blackwell	Conflict avoidance	Chapter	Discusses various theories on conflict avoidance including the benefits. Furthers differentiation of avoidance and withdraw behaviors.	N/A	N/A
Chmiliar, L. (2010). Multiple-case designs. In A. J. Mills, G. Durepos, & E. Wiebe (Eds.), <i>Encyclopedia of case study research</i> . (pp. 583-585). Thousand Oaks, CA: SAGE	A guide that helps researchers in the implementation of qualitative studies utilizing multiple case studies	Chapter	Articulates benefits of utilizing multiple case studies in qualitative research. Discusses rich descriptions that stem from utilizing multiple case studies.	N/A	N/A

<p>Christensen, A., Atkins, D. C., Berns, S., Wheeler, J., Baucom, D. H., & Simpson, L. E. (2004). Traditional versus integrative behavioral couple therapy for significantly and chronically distressed married couples. <i>Journal of Consulting and Clinical Psychology, 72</i> (2), 176-191.</p>	<p>An RCT comparing treatment gains of TBCT vs. IBCT in marriages</p>	<p>Article Empirical study</p>	<p>Marital satisfaction improved for both couples utilizing TBCT and IBCT, however couples utilizing IBCT demonstrated consistent improvement whereas couples utilizing TBCT stalled in growth in the latter stages of treatment.</p>	<p>Quantitative</p>	<p>Short Therapeutic Bond; Marital Adjustment Test; Dyadic Adjustment Scale; Conflict Tactics Scale—Revised; Structured Clinical Interview for DSM–IV (SCID); Marital Status Inventory; The Compass Outpatient Treatment Assessment System; Client Evaluation of Services Questionnaire</p>
<p>Christensen, A., & Heavey, C. L. (1990). Gender and social structure in the demand/withdraw pattern of marital interaction. <i>Journal of Personality and Social Psychology, 59</i>, 73–81.</p>	<p>Examines relationship between gender/social structure on demand-withdraw</p>	<p>Article Empirical study</p>	<p>Finds that overall wives demand more and husbands withdraw more, however finds that demand was related to a desire to change for both husbands and wives, and that withdraw was related to partners' desire for change.</p>	<p>Quantitative</p>	<p>Demographic Inventory Dyadic Adjustment Scale Communication Patterns Questionnaire, Short Form Child Rearing Changes Questionnaire</p>

Christensen, A., Doss, D. B., & Jacobson, N. S. (2014). <i>Reconcilable differences: Rebuild your relationship by rediscovering the partner you love—without losing yourself</i> (2nd ed.). New York, NY: The Guilford Press.	Provides tools for couples and clinicians to help identify and build acceptance around differences in relationships	Book	Provides a series of exercises so that couples and clinicians might identify and build acceptance for and/or tolerance of differences in relationships.	N/A	N/A
Christensen, A., Jacobson, N. S., & Babcock, J. C. (1995). Integrative behavioral couple therapy. In N. S. Jacobson, & A. S. Gurman (Eds.), <i>Clinical handbook of couples therapy</i> (pp. 31-64). New York, NY: Guilford Press.	Articulates main tenants of IBCT	Chapter	Provides an overview of IBCT and strategies within the modality that differentiate it from earlier forms of couples therapy, such as TBCT.	N/A	N/A
Cole, P. M. (1986) Children's spontaneous control of facial expression. <i>Child Development</i> . 57, 1309-1321.	Examines control of negative emotion via two studies	Article Empirical Study	In aggregate, studies demonstrated that children tried to control the display of negative emotion - girls more so than boys - with displays of positive emotion.	Quantitative	Facial Action Coding System
Dagleish, T. L., Johnson, S. M., Burgess, M. M., Wiebe, S. A., & Tasca, G. A. (2015). Predicting key change events in emotionally focused couple therapy. <i>Journal of Marital and Family Therapy</i> , 41 (3), 260-275.	Examines the relationship between blamer-softening events and marital satisfaction	Article Empirical Study	Found that blamer-softening events predicted marital satisfaction, though less so for those who were avoidantly attached.	Quantitative	Experiences in Close Relationships – Relationship-Specific; Dyadic Adjustment Scale; Post-Session Resolution Questionnaire; Experiencing Scale; Structural analysis of social behavior (SASB)

Del, V. T., & O'Leary, K. D. (2004). Effectiveness of anger treatments for specific anger problems: A meta-analytic review. <i>Clinical Psychology Review, 24</i> , 1, 15-34.	Examines effective treatments for anger	Article Meta analysis	A review twenty-three studies on treatment of anger yielded medium to large effect sizes. Supports CBT interventions for trait anger, relaxation for state anger.	Quantitative	N/A
Eldridge, K. A. and Baucom, B. (2012) Demand-withdraw communication in couples, In P. Noller & G.C. Karantzas (Eds), <i>The Wiley-Blackwell handbook of couples and family relationships</i> .	A review of literature summarizing various theories of demand-withdraw	Chapter	Summarizes key findings in demand-withdraw literature and outlines current theories.	N/A	N/A
Eldridge, K., Cencirulo, J., Edwards, E., (2017). The Demand-Withdraw Patterns of Communication in Couple In J. Fitzgerald (Ed). <i>Foundations for couples' therapy: Research for the real world</i> . New York, NY: Routledge.	Demand-Withdraw	Chapter	Summarizes the demand-withdraw pattern of communication and reviews clinical implications for couples.	N/A	N/A
Gottman, J. M., & Levenson, R. W. (1988). The social psychophysiology of marriage. In P. Noller & M. Fitzpatrick (Eds.), <i>Perspectives on marital interaction</i> (pp. 182-200). Clevedon, England: Multilingual Matters.	Describes research about physiological changes experienced by husbands and wives	Chapter	Outlines physiological changes experienced by husbands and wives in emotionally-laden exchanges. Forwards escape conditioning perspective that men experience greater negative physiological reactivity in arguments and are more likely to withdraw.	N/A	N/A
Gross, J. J. (2001). Emotion regulation in adulthood: Timing is everything. <i>Current Directions in Psychological Science, 10</i> , 214-219.	Emotional regulation	Article Literature review	A review that examines reappraisal and suppression - two emotion regulation strategies. Proposes a model that posits adjustments made early in the trajectory of	N/A	N/A

			emotion, such as reappraisal, are better than late-stage adjustments, such as suppression.		
Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. <i>Psychophysiology</i> , 39 (3), 281-291.	Emotional regulation	Article	Summarizes the process model of emotion regulation and focuses on key strategies used for downregulation - reappraisal and suppression.	N/A	N/A
Gross, J. J., Richards, J. M., & John, O. P. (2006). Emotion regulation in everyday life. In D. K. Snyder, J. A. Simpson, & J. N. Hughes (Eds.), <i>Emotion regulation in families: Pathways to dysfunction and health</i> (pp. 13–35).	Emotional regulation	Chapter	Summarizes emotion regulation research, including benefits of emotion regulation such as the ability of regulation to build bonding capabilities.	N/A	N/A
Gyurak, A., Gross, J., & Etkin, A. (2011) Explicit and implicit emotion regulation: A dual-process framework, <i>Cognition and Emotion</i> , 25:3, 400-412	Emotional regulation	Article	Provides an overview of current literature on emotion regulation and proposes a dual framework of emotion regulation that is both implicit and explicit.	N/A	N/A
Heavey, C. L., Gill, D.S., & Christensen, A. (1996). <i>The Couples Interaction Rating System</i> . Unpublished manuscript, University of California, Los Angeles.	Demand-withdraw measures	Manuscript	Outlines the Couples Interaction Rating System, which delineates avoidance and withdraw behaviors.	N/A	Couples Interaction Rating System

Heavey, C. L., Layne, C., & Christensen, A. (1993). Gender and conflict structure in marital interaction: A replication and extension. <i>Journal of Consulting and Clinical Psychology, 61</i> (1), 16-27.	Explores relationship between conflict structure and demand-withdraw	Article Empirical study	Finds that when wives in married dyads chose the conflict topic discussed, wives are more demanding and husbands are more withdrawing. No difference was found when husbands choose the conflict topic.	Quantitative	Communication Patterns Questionnaire, Short Form; Desired Changes Questionnaire; Post discussion Questionnaire; Conflict Rating System
Holley, S. R., Haase, C. M., & Levenson, R. W. (2013). Age-related changes in demand-withdraw communication behaviors. <i>Journal of Marriage and Family, 75</i> (4), 822-836.	Examines impact of age on demand-withdraw	Article Empirical study	Demonstrates that demand behaviors have stability across 13 years through longitudinal examination of the data. Found avoidance behaviors increased over time.	Quantitative	Couples Interaction Rating System
Holley, S. R., Sturm, V. E., & Levenson, R. W. (2010). Exploring the basis for gender differences in the demand-withdraw pattern. <i>Journal of Homosexuality, 57</i> (5), 666-684.	Explores gender differences as they relate to the demand-withdraw pattern	Article Empirical study	Examines demand-withdraw in heterosexual and gay/lesbian couples. Study found that the pattern exists across couple types. Posits that power differences account for differences in likelihood to demand or withdraw.	Quantitative	Couples Interaction Rating System; The Communications Patterns Questionnaire
Jacobson, N. S., & Christensen, A. (1996). <i>Integrative couple therapy: Promoting acceptance and change</i> . New York, NY: Norton.	Outlines principles and practices of IBCT	Book	Explores the rationale for Integrative Behavioral Couple Therapy. Explains the foundation of IBCT in Traditional Behavioral Couple Therapy (TBCT) with acceptance and change processes as a key improvement on TBCT.	N/A	N/A

Jacobson, N. S., & Christensen, A. (1998). <i>Acceptance and change in couple therapy: A therapist's guide to transforming relationships</i> . New York, NY: Norton.	Focuses on key change principles in IBCT	Book	Treatment manual that provides research demonstrating the necessity to increase acceptance and change in couples therapy with clinical examples.	N/A	N/A
Jacobson, N. S., & Margolin, G. (1979). <i>Marital therapy: Strategies based on social learning and behavior exchange principles</i> . New York, NY: Brunner/Mazel.	Focuses on key principles of TBCT	Book	Provides an elucidation of various strategies that underlie TBCT, namely behavior exchange and social learning.	N/A	N/A
Johnson, M. D. (2002). The observation of specific affect in marital interactions: Psychometric properties of a coding system and a rating system. <i>Psychological Assessment</i> , 14, 423- 438.	SPAFF and BARS coding systems	Article Empirical study	The Specific Affect Coding System's psychometric properties were examined and a new affect coding system - the Behavioral Affective Rating System - was introduced and demonstrated validity. Shows that anger/contempt impact marital satisfaction negatively and humor/affection impact marital satisfaction positively.	Quantitative	SPAFF; Inventory of Marital Problems; The 15-item Marital Adjustment Test; Behavioral Affective Rating Scale
Johnson, S. M. (2004). <i>The practice of emotionally focused couple therapy: Creating connection</i> . New York, NY: Brunner-Routledge.	Outlines principles and practices of EFT	Book	Explores the rationale for Emotionally Focused Couple Therapy with a humanistic and systems approach to conceptualization and treatment. Outlines nine-part process of change within therapy and provides clinical examples.	N/A	N/A

Kiecolt-Glaser, J. K., & Newton, T. L. (2001). Marriage and health: His and hers. <i>Psychological Bulletin</i> , 127 (4), 472-503.	Marriage and its impact on husband and wife health	Article Literature review	A comprehensive literature review of marriage and health correlates that spans sixty-four articles. States that marriage and health are interrelated and illuminates negative health consequences of unhappy marriages, including depression.	N/A	N/A
Kiecolt-Glaser, J. K., Newton, T., Cacioppo, J. T., MacCallum, R. C., Glaser, R., & Malarkey, W. B. (1996). Marital conflict and endocrine function: Are men really more physiologically affected than women? <i>Journal of Consulting and Clinical Psychology</i> , 64, 324–332.	Impact of marriage on wives' health	Article Empirical study	Finds a higher probability of husband withdraw portends increases in norepinephrine and cortisol levels in wives and further challenges the escape conditioning theory.	Quantitative	Marital Adjustment Test; Positive and Negative Affect Test; Cook-Medley Hostility Scale; Marlowe-Crowne Social Desirability Scale; Profile of Mood States
Kuppens, P. & Mechelen, I. (2007) Interactional appraisal models for the anger appraisals of threatened self-esteem, other-blame, and frustration, <i>Cognition and Emotion</i> , 21:1, 56-77	Anger-relevant appraisals of other-blame, frustration, and self-esteem	Article Empirical study	Finds that appraised threats to self-esteem are related to neuroticism and that unstable self-esteem was related to other-blame from an interactional assumption of appraisal perspective.	Quantitative	NEO-FFI questionnaire; Scales of Personality; Rosenberg Self-esteem Scale; Spielberger Trait Anger Scale
Merriam, S. B. (2014). <i>Qualitative Research: A Guide to Design and Implementation</i> . Hoboken, NJ: Wiley.	Qualitative research	Book	Discusses how to design and implement qualitative research, including a step-by-step guide to analysis of data.	N/A	N/A

McRae, T. R., Dalgleish, T. L., Johnson, S. M., Burgess-Moser, M., & Killian, K. D. (2014). Emotion regulation and key change events in emotionally focused couple therapy. <i>Journal of Couple & Relationship Therapy, 13</i> (1), 1-24.	Examined partner characteristic such as emotion self-awareness and emotion control in relation to blamer-softening events	Article Empirical study	Results did not confirm the hypothesis that low emotional control and high emotional self-awareness predicted a blamer-softening event. Demonstrates that couples do not necessarily have to be matched to a specific therapeutic modality based on pre-therapy characteristics.	Quantitative	The Experiencing Scale; Structural Analysis of Social Behavior
Noller, P. (1993). Gender and emotional communication in marriage: Different cultures or differential social power? <i>Journal of Language and Social Psychology, 12</i> , 132–152.	Gender differences in marital conflict	Article	Examines whether marital conflict stems from gender differences. Specifically, whether demand-withdraw behavior stems from power differences between genders. Posits that power differences allow men to withdraw more frequently.	N/A	N/A
Perissutti, C., & Barraca, J. (2013). Integrative behavioral couple therapy vs. traditional behavioral couple therapy: A theoretical review of the differential effectiveness. <i>Clinica y Salud, 24</i> (1), 11-18.	Focuses on effectiveness of IBCT vs. TBCT	Article Meta analysis	A review of twelve studies comparing the effectiveness of IBCT vs. TBCT found IBCT was slightly more effective, particularly the first few years post-therapy. However, at five years, the effectiveness of both may equalize. IBCT may include more clinically relevant changes throughout time.	Quantitative	N/A
Plutchik, R. (2000) <i>Emotions in the practice of psychotherapy</i> . Washington, DC: APA Press.	Emotion	Book	Forwards the circumplex model of emotions and presents implications for therapy.	N/A	N/A

Proulx, C. M., Helms, H. M., & Buehler, C. (2007). Marital quality and personal well-being: A meta-analysis. <i>Journal of Marriage and Family</i> , 69 (3), 576-593.	Examines association between well-being and marital quality	Article Meta analysis	A review of 93 studies on the association between well-being and marital quality. Results found that several variables moderate the relationship, such as: duration of marriage, measurement source, year of data collection, and gender. Authors suggest using homogenous samples with similar lengths of marriage.	Quantitative	N/A
Reed, R. G., Randall, A. K., Post, J. H., & Butler, E. A. (2013). Partner influence and in-phase versus anti-phase physiological linkage in romantic couples. <i>International Journal of Psychophysiology: Official Journal of the International Organization of Psychophysiology</i> , 88, 3, 309-16	Emotional arousal in couples	Article Empirical study	Examines emotional arousal/partner influence. Found that partner influence had an impact on blood pressure. During demand-withdraw, physiological linkage was in-phase.	Quantitative	Negative Partner Influence scale; Mean blood pressure (MBP); Inter-beat interval (IBI); Skin conductance (SC)
Rivers, S. E., Brackett, M. A., Katulak, N. A., & Salovey, P. (2007). Regulating anger and sadness: an exploration of discrete emotions in emotion regulation. <i>Journal of Happiness Studies: and Interdisciplinary Forum on Subjective Well-Being</i> , 8	Emotional regulation	Article Empirical study	Examines whether emotion regulation varies on emotions displayed (discreet emotions). Findings articulate a need for a move away from global approaches to emotion regulation to a discreet emotion regulation framework.	Quantitative	Accommodation among romantic couples scale; The psychological well-being scale

<p>Rehman, U. S., & Holtzworth-Munroe, A. (2006). A cross-cultural analysis of the demand-withdraw marital interaction: Observing couples from a developing country. <i>Journal of Consulting and Clinical Psychology, 74</i> (4), 755-66.</p>	<p>Focuses on cultural differences in the manifestation of demand-withdraw</p>	<p>Article Empirical study</p>	<p>Results indicate that prominent patterns of wife demand/husband withdraw are not universal; that manifestation varies across cultures and is related to differences in power and acculturation.</p>	<p>Quantitative</p>	<p>The Short Marital Adjustment Test; The Conflict Tactics Scale; Modified General Ethnicity Questionnaire; The Desired Changes Questionnaire; Couples Interaction Rating System</p>
<p>Sanford, K. (2007a). The couples emotion rating form: Psychometric properties and theoretical associations. <i>Psychological Assessment, 19</i></p>	<p>Discusses use and validity of measure assessing hard, soft, and flat emotion</p>	<p>Article Empirical study</p>	<p>Results indicate three broad categories of emotion and examines their utility. Finds that displays of hard emotion relate to power, soft emotion to vulnerability, and flat emotion to withdraw.</p>	<p>Quantitative</p>	<p>Positive and Negative Affective Schedule; Quality Marriage Index; Communication Patterns Questionnaire; Couples Emotion Rating Form</p>
<p>Sanford, K. (2007b). Hard and soft emotion during conflict: Investigating married couples and other relationships. <i>Personal Relationships, 14</i></p>	<p>Discusses hard and soft emotion in dyadic conflict</p>	<p>Article Empirical study</p>	<p>Displays of hard emotion were related to increases in negative communication while displays of soft emotion were related to increased benign communication. Soft emotional expression was found to be more pro-social.</p>	<p>Quantitative</p>	<p>HLM; Quality Marital Index; Hard and soft emotion measure</p>

Sanford, K. (2010). Perceived threat and perceived neglect: Couples' underlying concerns during conflict. <i>Psychological Assessment, 22</i>	Examines underlying concern in dyads and links underlying concern to the manifestation of hard or flat emotion	Article Empirical study	Demonstrates initial support validating a measure of underlying concern between couples (Couples Underlying Concern Inventory). Shows perceived threat is linked to hard emotional expression.	Quantitative	Couples Emotion Rating Form; Conflict Communication Inventory; Questionnaire derived from PREP; Couples Underlying Concern Inventory
Sanford, K. & Grace, A. J. (2011), Emotion and underlying concerns during couples' conflict: An investigation of within-person change. <i>Personal Relationships, 18</i> , 96-109.	Emotional concerns in couples	Article Empirical study	Found that the expression of hard emotions was related to the perception of threat. Increased concerns over partner neglect increased the display of self soft emotion.	Quantitative	Couples Underlying Concern Inventory; Couples Emotion Rating Form; Couples Underlying Concern Inventory; Couples Satisfaction Index
Schrodt, P., Witt, P. L., & Shimkowski, J. R. (2014). A meta-analytical review of the demand/withdraw pattern of interaction and its associations with individual, relational, and communicative outcomes. <i>Communication Monographs, 81</i> (1), 28-58.	Examines cumulative literature on demand-withdraw	Article Meta analysis	A review of 74 studies on demand-withdraw found a moderate effect size based on 18 empirical studies with a number of variables (relational, individual, communicative). Results demonstrate demand and withdraw patterns are associated more with relational outcomes (marital satisfaction, dissatisfaction, closeness, etc.) than with demographic characteristics (male/female).	Quantitative	N/A

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. <i>Education for Information</i> , 22, 2, 63-75.	Trustworthiness in qualitative research	Article	Reviews various constructs for trustworthiness in qualitative research. Discusses transferability, confirmability, etc. and suggests teachers need to help ensure trustworthiness in research studies.	N/A	N/A
Snyder, D. K. (1997). <i>Marital satisfaction inventory, revised manual: MSI-R manual</i> . Torrance, CA: Western Psychological Services.	Discusses use/scale of MSI-R and relevant revisions	Book	Defines scales measuring relationship distress, including a global scale of relationship distress, and articulates their use in therapy.	N/A	N/A
Snyder, D. K., Simpson, J. A., & Hughes, J. N. (2006). <i>Emotion regulation in couples and families: Pathways to dysfunction and health</i> . Washington, DC: American Psychological Association.	Focuses on emotion regulation through multiple disciplines	Book	Establishes current measures used to assess emotion regulation and articulates various theories/findings related to emotion regulation research.	N/A	N/A
Sperry, L., Brill, P. L., Howard, K. I., & Grissom, G. R. (1996). <i>Treatment outcomes in psychotherapy and psychiatric interventions</i> . Philadelphia, PA: Brunner/Mazel.	Examines outcome measures utilized in inpatient and outpatient treatment	Book	Establishes the importance of the COMPASS as a measure of individual distress and changes in pathology. Establishes a program that allows hospital/treatment center administrators to compare treatment cost savings.	N/A	N/A

Stevenson, B., Wolfers, J., & National Bureau of Economic Research. (2007). <i>Marriage and divorce: Changes and their driving forces</i> (Report No. 12944). Cambridge, MA: National Bureau of Economic Research.	Provides key data of marriage adoption/divorce rates across cultures	Paper	Provides data on marriage for the past 150 years across demographics and countries. Examines falling marriage rates and rising cohabitation rates.	N/A	N/A
Tomkins, S. (1991) <i>Affect, imagery, consciousness</i> . New York, NY: Springer.	Emotion	Book	Examines the role of emotion in human behavior by drawing on work from numerous other fields. Helps forward the field of emotion research.	N/A	N/A
Yin, R.K. (2014). <i>Case study research design and methods</i> . (5 th Ed.). Thousand Oaks, CA: SAGE	Establishes the purpose of case study and provides related principles	Book	Provides information on case studies, including: the selection, identification, collection of data, and analysis of a given study.	N/A	N/A
U.S. Census Bureau, (2015). <i>Remarriage in the United States</i> (Report No. ACS-30)	Provides key data of marriage and remarriage rates in the US	Paper	Provides key data on the state of marriage and remarriage in the US based on 5 years of data from the American Community Survey (ACS).	N/A	N/A

APPENDIX B
IRB Approval Letter



Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: September 12, 2016

Protocol Investigator Name: Emily Edwards

Protocol #: 16-06-305

Project Title: UNDERLYING EMOTIONS IN DEMAND-WITHDRAW PATTERNS OF COMMUNICATION

School: Graduate School of Education and Psychology

Dear Emily Edwards:

Thank you for submitting your application for expedited review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today September 12, 2016, and expires on September 11, 2017.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. You can only use copies of the consent that have been stamped with the IRB expiration date to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond September 11, 2017, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,

APPENDIX C

Behavioral Affective Rating Scale

Matthew D. Johnson
 Alexis Johns
 Jennifer Kitahara
 Mokoto Ono
 University of California, Los Angeles 1998

The Behavioral Affective Rating Scale (BARS) was developed as an alternative to SPAFF that uses rating scales instead of coding to assess affect observed in dyadic interactions. The validity and reliability of the BARS were described by Johnson (2002) and translated into Dutch by Lesley Verhofstadt at the University of Ghent.

Definitions and Examples

The BARS allows one to rate the affect in couples' interactions on a scale from 0 to 4 solely on the basis of the couples' body language, facial expressions, and tone of voice. The actual content of couples' interactions is not taken into consideration at all. A 0 is the absence of the affect, a 1 is mild, a 2 is medium, a 3 is strong, and a 4 is extreme. The following list includes examples for each of the ratings for all the affects.

It should be noted that during some periods of the interactions, none of the affects will be displayed. It is expected that the absence of these affects will be the rating most often used. The majority of the couples' affect will fall in the range of 0 to 2. It is also important to recognize that some of the behavioral affects need to occur only briefly during the 30-s interval to receive high ratings. This is because some behavioral affects are primarily mercurial in nature. An asterisk (*) identifies these affects. The remaining affects need to occur in longer duration to receive higher values.

**Affection*: genuine care, support, warmth, and tenderness.

Scores: 0 = absence
 1 = genuine smiles

2 = warm laughter
 3 = flirting, little love taps
 4 = holding hands, hugging, kissing.

**Humor*: genuine, honest smile or laughter in a positive and agreeable situation, with no ill intention shared by the couple.

Scores: 0 = absence
 1 = laughing smile

2 = genuine laughter
 3 = goofiness
 4 = uncontrollable laughter.

Anxiety: nervousness, tenseness, and discomfort.

Scores: 0 = absence

1 = anxious tone of voice, shifting

2 = nervous giggle, extended fidgeting 3 = stuttering

4 = sweating, panicky, skittish.

Engaging: showing positive involvement and focusing on the conversation.

Scores: 0 = absence

1 = steady, active eye contact, nodding

2 = steady, active eye contact, nodding, affirmative vocal cues

3 = steady, active eye contact, leaning, verbal cues, nodding

4 = steady, active eye contact, body contact, leaning, verbal cues.

Disengaging: displaying a total disinterest in the conversation and not listening.

Scores: 0 = absence

1 = extended break of eye contact

2 = over-talk

3 = closed body position, no eye contact 4 = totally unresponsive.

Defensive: self-justification.

Scores: 0 = absence

1 = shaking head, inward, defensive hand motions

2 = more adamant head shaking and inward hand motions 3 = aroused body posture, interrupting in spurts

4 = very animated, prolonged defensive motions.

Aggressive: attacking, accusing, forcefully communicating.

Scores: 0 = absence

1 = forceful tone of voice, pointing

2 = more aggressive tone of voice, outward hand motions

3 = prolonged forcefulness in the tone of voice and body movements 4 = in face, yelling.

Scorn: insulting, condescending, contemptuous, and sarcastic.

Scores: 0 = absence

1 = rolling eyes, light sarcastic tone of voice

2 = contemptuous voice, more sarcasm

3 = very condescending voice, withering looks

4 = dismissive body posture, extremely sarcastic.

Frustration: flustered, upset, loss of patience and tense.

Scores: 0 = absence

1 = sighing, tense body posture

2 = more sighing, holding head at an angle 3 = clenching teeth, slight stuttering

4 = so flustered unable to talk, red in face.

**Hurt*: genuine emotional pain, sadness, and wounded.

Scores:

BARS Procedure

0 = absence

1 = hurt look, passively looking down 2 = more expressions of sadness

3 = shaky voice, watery eyes

4 = crying.

First, raters watch the entire ten min. interaction continuously to obtain an overview of the interaction. This initial viewing of the interaction also makes tuning out the content of the conversation easier during the actual rating.

Second, raters view the interaction again, concentrating only on either the wife or husband. During this second viewing, the rater will stop the tape after each 30-sec. to rate the interval for the ten behavioral affects based solely on tone of voice, facial expression, and body movement.

Third, raters repeat the second step, this time rating behavioral affects of the other partner.

References

Johnson, M. D. (2002). The observation of specific affect in marital interactions: Psychometric properties of a coding system and a rating system. *Psychological Assessment, 14*, 423- 438.

Note

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