

A Systematic Approach to the Evaluation and Treatment of Marital Problems

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With the renewed explorations and evaluations of the role of the family in emotional problems and the blossoming of new therapeutic techniques involving the family, there is a need to formulate our knowledge into some systematic order. I have found the schema presented here to be a useful guide in analysis of marital problems.

The collaboration of two persons of the opposite sex is a part of the natural sequence of human existence, stemming out of biological and emotional needs of human beings. The particular form that this collaborative relationship takes is dependent upon the prevailing culture in terms of time and place. Marriage, the legal confirmation of heterosexual collaboration, involves not only psychobiological functions, but also a complex of social roles. What follows is an attempt to describe these multiple factors in a systematic fashion.

Harmonious, Adjusted, and Disharmonious Marriages

The most basic ingredient for a healthy marriage is the emotional maturity of the partners. Nevertheless, individuals with emotional problems can and do make satisfactory marriages whereas, not infrequently, the marriage of two relatively healthy persons ends in discord and unhappiness. This may seem puzzling at first, but it becomes readily understandable if we

recognize that the success of marriage depends not only on the personality of each person, but also on the interaction between the two personalities. An understanding of this interaction is the key to the understanding of marital harmony and conflict. Is the interaction positive or negative? Is it complementary, leading to harmony and stability, or is it uncomplementary, leading to discord and disequilibrium? Marriages can be classified into three general groups: harmonious, adjusted, and disharmonious.

Primarily, a harmonious marriage involves two relatively mature persons who have found realistic satisfactions and creative fulfillment separately in their own lives and by their own efforts, but who have found that individual satisfaction is enhanced and enriched by sharing it with another. This collaboration permits a double satisfaction—individual satisfaction and the participation in the other person's satisfaction. Collaboration is further enhanced by a continually developing interdependence, the voluntary agreement between two relatively independent individuals to divide the multiple responsibilities of living. One person takes on the economic responsibilities, the other the management of the household. Social relationships, the care of children, educational responsibilities, civic participation, and so on are mutually shared. With the com-

plexity of our present times, there are many subdivisions in which roles are interchanged, and considerable flexibility is required. Conflicts do occur in a harmonious relationship, but these are realistically evaluated and resolved and are not permitted to develop into a struggle for dominance. With the resolution of differences, there is an expansion of collaboration due to the added understanding that has been gained. Sexual intercourse is a mutually satisfactory experience and expresses the intensity of affection for each other. This type of marriage may appear highly idealized, but many people do attain it.

The adjusted marriage involves two individuals who are handicapped in their collaborative efforts by neurotic forces. Collaboration is artificially maintained by limitation and restriction of those areas of interaction which would provoke anxiety. These people bring into the relationship not only the need for a loving relationship with another person, but also the unresolved remnants of earlier needs for tenderness and acceptance. The dependency needs of each limits their interdependence. Responsibilities cannot be fully shared or divided, as each is expecting the other to assume certain fantasy roles so that his (or her) infantile, childhood, or juvenile needs can be satisfied. Owing to their neurotic problems, they are unable to evaluate on a realistic basis the conflicts that arise. Instead, something is done to restore the appearance of harmony, or the basic problem is eliminated from awareness. Collaboration does not expand. Sexual intercourse may be a mutually satisfactory experience or may become one of the areas of limited interaction.

The case of a 29-year-old woman and her 42-year-old husband illustrates this type of marriage. The wife came for treatment at the urging of her husband, although she herself desired help because she was not enjoying life. The initial impression she gave was that of a very capable woman who suffered from

low self-esteem, which manifested itself primarily in obsessional-compulsive symptoms. In the second interview she brought out that she felt her problem was resentment of her husband. She then poured out a series of complaints consisting of his belittling a great number of the things she did. He could not tolerate her mother (neither could she), but she was supposed to put up with his senile mother. She wanted to have children, but he did not desire any. Their marital equilibrium was maintained generally by her repressing her feelings and by submitting to and pacifying his childlike needs. Sexually, they had an excellent relationship, although she had recently lost interest. They were sincerely in love and collaborated in many areas where they had mutual interests. The equilibrium of their marriage was maintained by restricting themselves to certain areas of interaction. This equilibrium was now endangered by the presence of both mothers in the home, and it was this factor that brought the wife for treatment at this time.

The disharmonious marriage group is similar to the adjusted group, except that the neurotic concept of emotional needs has become the predominant force; collaborative aspects are pushed into the background. Conflicts are continuously arising and have grown into a power struggle in which the primary focus is who will triumph and be justified. Self-esteem, at the expense of the other person, becomes the goal of the relationship. Most frequently, sexual intercourse is either curtailed or is unsatisfactory. Primarily, it is experienced as a lustful gratification and not as the ultimate expression of mutual affection.

Such a marital relationship was revealed in a recent consultation. The husband, who announced that he would be the first to talk with the therapist, opened the interview by explaining that he had impregnated his wife 2 years before the marriage and that at that time an abortion was performed upon her

insistence. Contemptuously, he then began to list her deficiencies, which ran the gamut from sheer laziness to belittling him in public. He dismissed her complaints about him by either denial or deflation. He loved their little boy and said that he was the only reason he did not leave. He bitterly complained of her withholding sexual gratification. He stated that the main issue was that he refused to be taken advantage of; he could put up with her if she would go to bed with him regularly and get up in the morning to make his breakfast and take care of the house. He complained that she always ran home to her mother whenever there was any conflict. The wife repeated the same story, but in reverse. Contemptuously, she described his sloppiness, uncontrollable temper, brutality, lack of consideration, selfishness, etc. She dismissed sex as being unimportant. She felt he purposely tormented her; if he would handle himself in an organized fashion and control his temper, she would be willing to continue the marriage. She complained that he always ran home to his mother whenever they had a conflict. All attempts to dissuade them that the therapist was not a judge or arbitrator and to encourage them to focus on what they themselves were doing to contribute to the discord were in vain. They gloweringly left the office, with an extremely poor opinion of psychiatric assistance.

Marital discord can be studied in terms of the individual neurotic personalities and the interplay between two such personalities. It can also be studied in terms of the social roles two individuals assume in their relationship. In reality both the social roles and the neurotic personalities are intertwined, exerting an influence on each other; however, we will artificially separate the two in order to study each aspect.

Neurotic Marital Interrelations

There are many ways of classifying the complementary neurotic in-

teractions. They can be described in terms of tensions and gratifications, in psychopathological categories, or in terms of sexual behavior. In marital discord, the neurotic concept of emotional needs displaces collaborative efforts, and the relationship degenerates into a power struggle in which each partner is primarily concerned with the protection of his (or her) own security or self-esteem. Marital discord, therefore, can be grouped according to the type of predominant security operation by which the neurotic concept of the needs of each spouse are manifested. The security operations of one spouse tend to complement the other's security operations. The following is an elaboration of Dr. Bela Mittleman's (1956) classification of neurotic marital interrelations.

1. Predominant security operation in which each partner is aggressively attempting to dominate the other. The second case described above is an excellent example. Each is attempting to force the other to satisfy his dissociated dependency needs; each must have complete dominance or he cannot feel securely loved. This sets up a vicious cycle in which the need for dependent affection keeps them apart and at the same time leaves them unable to let go of each other.

2. Dominant, aggressive security operations evidenced in one, and passive, submissive security operations in the other. The henpecked husband of the comic strips would be an example of this category. The person who assumes the dominant role handles his anxiety as described in the first group. The passive partner handles his anxiety by being the good, suffering one who uses misery as a source of self-esteem. The passive dependency is used as an exploitive attitude.

3. Alternating periods of infantile dependency and exaggerated self-assertion by one member. The other partner assumes a responsible, dominantly supportive attitude alternating with disappointed childish

desires for affection and support as a reward for his noble efforts.

4. Emotional detachment of one member while the other is self-absorbedly demanding affection and support. The detached person dissociates his dependency needs and maintains an artificial self-sufficiency. The other person is dramatically and constantly seeking to bolster his low self-esteem by seeking acceptance, comfort, and gratification from others. This sets up a vicious cycle; the greater the demands for love, the greater the detachment, and the greater the detachment, the more rejected the other person feels and the more intensified are his affectional demands.

5. Both partners emotionally detached. Here the gulf between the two widens and both find themselves more and more isolated. Eventually the marriage becomes meaningless. It may continue in this fashion relatively stabilized, with two strangers living together, or with one or both seeking extramarital relationships to fill the gap. The discovery of such an affair by the other may then precipitate intense anxiety.

6. One person helplessly dependent and the other assuming an omnipotent, supportive role. Marriages involving either emotionally sick or physically handicapped persons are examples of this group. The sick person expects that the so-called strength of the other will relieve him of his suffering and restore his self-esteem. His partner, because of his own low self-esteem, hopes to gain strength by helping the weaker person and thus prove how capable he is. Naturally, both are disappointed, which results in either overt or covert hostility.

7. Both partners' predominant security operation one of helpless dependency, with each expecting or hoping that the other will omnipotently alleviate his deep sense of unworthiness.

One must keep in mind that these categories are not self-contained but that some overlap is al-

ways present. Within the same category, intensity of sexual disturbance and degree of immature behavior versus emotionally mature behavior may vary greatly.

Marital Discord as a Group Phenomenon

In an article on role conflict within the family, Spiegel (1957) has classified marital conflicts in terms of discrepancy in roles. He defines a role as "a goal-directed pattern or sequence of acts tailored by the cultural process for the transactions a person may carry out in a social group or situation . . . no role exists in isolation but is always patterned to gear in with the complementary or reciprocal role of a role partner." All roles are acquired in accordance with the cultural values of the existing society. Roles may also be defined in terms of secondary personifications and are part of the self-system. The person automatically enacts various roles in social situations which permit an economy of psychological effort. Spiegel points out that ". . . the principle of complementarity is of the greatest significance because it is chiefly responsible for that degree of harmony and stability which occurs in interpersonal relations." The breakdown of complementarity results in disequilibrium of the interpersonal relationship or in marital conflict. Spiegel lists five causes of failure of complementarity.

1. Cognitive discrepancy. One or both persons do not know their required roles. For example, the woman does not know what constitutes the role of a wife, or the husband has little comprehension of the role of a father.

2. Discrepancy of goals. This involves the person's concepts of security and gratification in living. The motivation behind the assumption of a particular role may be gratification or defense. For example, one person seeks gratification by expressions of affection, viewing the lack of affection as rejection. The other person views the seeking of affection as an attempt

to dominate and withholds affection, even though he feels quite affectionate toward his spouse. If he initiates the affectionate gesture, that is an altogether different situation.

3. Allocative discrepancy. This refers to the person's right to the role he wishes to occupy. Spiegel lists four principal ways by which roles are assigned: a) ascribed—age and sex. We are either male or female; any attempt to change roles becomes socially unacceptable. The child who tries to assume an adult role is either ridiculed or criticized. b) achieved—occupational and domestic roles. For example, one must graduate from a school of social work before one can be a professional social worker. Skill in cooking, cleaning, gardening or handyman repairs is required for the housewife or husband. c) adoption-assignment—neurotic interaction of projection-introjection. The paranoid person adopts the position of the persecuted victim, assigning to one or more persons the role of the persecutor. d) assumption. Spiegel points out that assumed roles are not serious. They are taken in games or play, as a child does in learning social roles. In adult life, "I was kidding" is frequently used as a means of escaping from impending disequilibrium situations. There are three sources of allocative discrepancy. "First, use of a culturally invalid or inappropriate allocative principle; second, withholding a cue indicating the allocative principle being used; and third, emission of a misleading cue which gives . . . the impression that one allocative principle is in use when in fact another one is actually present." For example, the basic conflict may be the lack of sufficient affectional expression on the part of the husband, but the wife focuses her complaint instead on his being stodgy and old-fashioned. In addition to assigning the inappropriate stodgy role to the husband, she withholds her adoption of the unloved role and her allocation to him of the role of the unfeeling, cold

lover. She may further mislead by adopting the role of the benefactor who is only trying to help her husband achieve a better or fuller life.

4. Instrumental discrepancy. This involves the acquisition of more or less personalized objects—furniture, automobiles, clothing, housing, money, etc. The lack of the object interferes with role transactions; for example, the wife cannot entertain because she does not have a large enough house or a new dress. This discrepancy may be actual or symbolic.

5. Discrepancy in cultural value orientations. This involves concepts of what is of value in life. For example, the husband feels that the wife's place is in the home and the wife feels the husband should help more with the children and the housework. Social position, religious affiliation, recreational activities, civic participation and many, many other areas of life have different cultural values for different individuals.

Discrepancies in the roles just listed are obviously intertwined and partly determined by the emotional structure of the individual. The degree of emotional maturity will determine to what extent the social roles that a person assumes are perceived on a consensually validated basis. Discrepancies in cultural value orientations or of allocative roles will vary from person to person. It is probable that, if two relatively healthy persons clash because of role conflicts, some regression to an earlier infantile level of emotional operation will occur, distorting the relationship and causing a temporary marital discord. Therefore, marriage between two mature persons may not necessarily be successful.

Resolution of Conflict of Roles within the Family

Spiegel uses the term "re-equilibration" to signify the re-establishment of equilibrium in the interpersonal relationships. He divides the various methods of resolution

of conflicts into two general groups. The first is termed *role induction*, which he defines as a resolution "effected by means of a unilateral decision . . . one or the other party agrees, submits, goes along with, becomes convinced, or is persuaded in some way." This group includes: 1) *Coercing*, which he regards as the most universal inductive technique, involving the hostile-aggressive patterns of behavior within the person, used to manipulate present and future punishments. 2) *Coaxing*, the manipulation of present and future rewards. This involves the individual's wish for gratification, stimulating a wish to gratify in the other person. 3) *Evaluating*, the manipulation of reward and punishment by placing the person's behavior in a value context. One person punishes the other by associating his behavior with a devaluated class such as fools, or by making a ridiculous comparison. 4) *Masking*, "the withholding of correct information or the substitution of incorrect information pertinent to the settlement of the conflict. It includes such behavior as pretending, evading, censoring, distorting, lying, hoaxing, deceiving, and so on." 5) *Postponing*, "the process by which the conflict to be settled is deferred in the hope of a change of attitude."

The aforementioned techniques of resolving conflicts are evident in all marriages. They will be minimal in degree and intensity in harmonious marriages and maximal in disharmonious marriages. A sixth approach is *role reversal*, in which one partner suggests that the other put himself in his position and try to see his side of the conflict, or one person initiates the reversal, hoping that the other will follow suit. This procedure can be used on either a manipulative or nonmanipulative basis. Spiegel considers role reversal a transition between role induction and the second general group which he terms *role modification*.

In role modification, "re-equilibration is accomplished through a change in roles of both . . . complementarity is re-established on a mu-

tually new basis." The subcategories of this group are: 1) *Joking*, "It is the first sign that role modification is in progress. The role partners have successfully exchanged places with each other and thus having obtained some insight into each other's feelings and perceptions, are now able to achieve some distance from their previous intense involvement in the conflict. They are able to laugh at themselves and each other." 2) *Referral to a third party*, 3) *Exploring*, 4) *Compromising*, and 5) *Consolidating*. Beginning with the referral to a third party, these subgroups constitute the successful treatment of a marital problem. It begins with the family's seeking the help of a social worker, psychologist, or psychiatrist, who helps the couple *explore* the various alternatives toward resolution. There then follow some changes in goals or values by both persons; a *compromise* solution, followed by *consolidation* of the new adjustment and alignment of their goals and values, which involves a *modification* of their roles in relationship to each other.

In the light of what has just been described, the goal of therapy is the reestablishment of equilibrium in the marriage. It is not to make the couple happy, or to resolve their neurotic conflicts and reorganize their personalities along psychoanalytic lines of maturity. If the goal of therapy is reequilibration, then it logically follows that the first step is the determination of whether an equilibrium can be established. Is it feasible to attempt to help, or would it appear advisable to help the two persons evaluate the meaningfulness of continuation of the marriage? The therapist needs to evaluate (1) whether there is any collaboration, (2) whether there is any possibility of developing collaboration, and (3) if collaboration does exist, on what level and in what manner it functions.

The separation of marriage relationship and personality structure is for the therapist's own clarification, so that he will approach the

situation logically and systematically. In the actual interview, both diagnostic evaluations go on at the same time.

Diagnostic evaluation of personality structure involves participant observation of the person in terms of what he tells you about himself and his relationships to others, now and in the past. A longitudinal or historical account of his past relationships and experiences is essential, and in marital situations we are particularly interested in how the person relates to his spouse, especially in terms of the security operations which he uses. Since the goal is reequilibration, the focus is on the self-system or ego structure, *i.e.*, the degree of maturity and integrative strengths of the person. What level of integrative behavior does he manifest? Are his needs and attitudes mainly infantile, juvenile, pre-adolescent, etc.? What evidence of emotional maturity is present? We can theoretically divide the diagnostic personality evaluation into two parts: (1) the operative level of the self-system or ego, and (2) the predominant security operations in relationship to the spouse.

Diagnostic Evaluation of the Personality

The operative level of the personality involves what is commonly spoken of as "ego strength" and can be divided into the following six levels.

1. The level of conceptualization. The degree of infantile, childish, juvenile, preadolescent, or adolescent behavior versus the degree of consensually validated or mature behavior present. This tells us how emotionally sick the person is and what inner resources or capacities he might be able to mobilize and constructively utilize in reestablishing a harmonious marriage.

2. The anxiety threshold. How much tolerance does the person have for frustration, and can he postpone his needs for gratification? In what types of interpersonal re-

lationships is his anxiety threshold higher or lower? For example, a person may have a higher threshold in his professional or business relationships than in social relationships. In relationship to other men he may have a high tolerance for frustration, but in relationship to women he may become extremely anxious when his needs are not immediately gratified.

3. Emotional lability. This involves the types of moods and the rapidity of the change in moods. How stoic, depressed, elated, hostile, or loving is he, and how quickly does he swing from one mood to another?

4. Defensive complexity. This involves the type, number, and intensity of security operations used to handle his selectively unattended and dissociated feelings and thoughts. The multiplicity of defense mechanisms is indicative of a complex motivational system and of a sicker person.

5. Emotional mobility. This involves how free the person is to use his inner resources. A person may have considerable inner capabilities but may be unable to mobilize them constructively, *e.g.*, because of a low anxiety threshold.

6. Intellectual capacities. The collaboration of a person will depend to some degree on his ability to comprehend the various roles which a marriage requires. If his intellectual capacity is low, this may constitute an insurmountable problem in terms of the marriage. Again, we must keep in mind that these six steps are intertwined and that the separation is artificial.

Treatment

With the completion of the diagnostic evaluation, the therapist has a frame of reference by which he can decide whether a family type of therapy can help the marital partners, and whether one or both partners need more intensive psychiatric treatment. If it is determined that the family can benefit on this therapeutic level, then the diagnostic

evaluation is a base from which the therapist can select the appropriate measures to help the marital partners reestablish an equilibrium. The focal point of the treatment is the marital interaction, using the adaptive functions of the ego or the constructive forces of the self to attempt to bring about a modification of security operations or ego defenses. The use of the self means that we aid the individual in re-evaluating and clarifying, primarily on a conscious level, his concepts of himself, his roles, and his relationships to others, especially to his marital partner. Again, the emphasis in therapy is focused on reequilibration, not on personality changes. The treatment of marital problems is to help the partners to increase the areas of collaboration and minimize or restrict the areas of discord, so that they may have a satisfactory and gratifying interpersonal relationship. In all probability, if treatment is successful, some modification of the neurotic problem will also occur.

The treatment itself consists of the mutual collaboration between the therapist and the patient or patients. On the part of the therapist it involves the use of the major psychotherapeutic tools. Dr. Freda Fromm-Reichmann (1950) has listed these as: 1) listening intelligently to the client's communications of his complaints, of factual and emotional biographic data, and of his present and past interpersonal relationships; 2) asking pertinent questions which will promote production of relevant data; 3) offering meaningful interpretations by asking interpretative questions which will stimulate the client's own clarification of his behavior and by piecing together, with and for the client, the seemingly disconnected and disjointed pieces of information which relate to his difficulties; and 4) developing and amplifying repeatedly with the client the new understanding and awareness which he has gained. These therapeutic tools are used to help the patients focus on what it is they are doing that con-

tributes to the marital disequilibrium, pointing out that it is a question not of blame but of awareness and understanding of their emotional attitudes in the marriage. It is especially important to avoid the arbitrator role and to help the patients realize that the therapist is there to help each partner with his own problems. Naturally, there are many variations in therapeutic technique; each case must be approached individually and the treatment tailored accordingly.

Relation between Patient and Therapist

It is important that the therapist realize the manner in which the patient relates to him, both in real and distorted aspects. The distorted aspects we refer to as "transference," which is the repetition of early patterns of interpersonal relations with the therapist, as if the therapist were the person involved in the early experiences. This usually involves the patient's parents or siblings. The therapist, by recognizing the particular role he plays to the patient, can gain insight into the patient's formative years and the manner in which his security operations developed. Also, it permits him to avoid falling into the transference role and reacting in the same manner as the significant persons did in the patient's earlier experiences. The therapist can utilize the transference situation for the patient's benefit. For example, the patient has dependent needs for a "good mother." The therapist, realizing this, can utilize his position to strengthen the person's independent strivings and self-assertive desires, in contrast to the patient's real mother, who encouraged his dependency on her, thereby making the patient feel weak and helpless. It is important that the transference be understood, although generally it is not advisable in the handling of marital problems to interpret the transference. Similarly, it is at least equally important for the therapist to be aware of and to understand

his own reaction to the patient, *i.e.*, countertransference. It is not helpful to the patient that he be confused with early patterns of the therapist's own interpersonal relations. The countertransference can be utilized for the patient's benefit, as it might highlight some aspect of the patient's personality which provokes the countertransference reaction.

Individual Therapy of Marital Partners versus Family Therapy

Since the focus is the marital interaction, it is usually advisable that both partners be seen, although at times this may be contraindicated. There is also the technical problem of when the second person should be brought into treatment. It is my opinion that the sooner the spouse is brought into therapy the better. Naturally, the consent of the patient originally seen should be obtained. Depending on the situation, the therapist can request via the patient to see the spouse or contact the spouse himself. The spouse may consent to see the therapist only on the basis of helping the original patient. Although this is not the ideal basis for seeing the spouse, it is nevertheless better to see him on this basis than not at all. If the therapist handles the initial interview skillfully, the person may see the advantage of further counseling. If he does not agree to continue, at least some direct observations of his personality and his concept of the marriage can be made. There is the technical problem of whether the same therapist should handle both partners or whether each partner should have a separate therapist. In my opinion, the main criteria are to what degree the therapist will be placed in the position of the arbitrator or judge and how difficult it will be for the therapist to eliminate this aspect in handling both persons and getting either of them to focus on what is his or her own particular contribution to the discord. Another criterion is the probable in-

tensity of the transference reactions so that each patient feels the need to have a therapist of his own, finding it too difficult to share the same counselor. When two therapists are involved, the degree of collaboration between them and how material obtained from one therapist is used by the other must be considered. It is not advisable, in general, for one therapist to confront the person with information gained from the other therapist. It is better to use this knowledge to help the person focus the examination of himself and of his relationship with others in a more expedient fashion. Occasionally it may be necessary for the therapy of each partner to be completely separate with no communication between the therapists.

In most situations, although it is at times quite difficult, one therapist handling both partners does seem to work out most successfully. This method gives the therapist a more nearly complete picture. At times, if there are considerable exaggerations and distortions by both parties, a joint interview may be necessary to clarify what is really going on; otherwise, it is best that each be seen separately. This last statement might be challenged, particularly with the increasing popularity of family therapy techniques. In spite of that, it is my feeling that, on the whole, it is best to see each client separately, using joint interviews as a special technique. Family therapy is still an experimental procedure which requires systematization. At present, the use of family therapy techniques in marital discord is applicable when 1) individual progress of the partners is blocked; 2) the psychodynamics of the neurotic interaction cannot be clearly discerned; 3) the discrepancy in concepts of roles of the partners cannot be clearly demarcated; or 4) therapeutic progress would be accelerated by a mutual examination and discussion of the neurotic interaction or role discrepancies.

Summary

The collaboration of two persons of the opposite sex is a part of the natural sequence of human development and involves the integration of psychodynamic factors and group dynamics. Marriage can be classified into three general types: harmonious, adjusted, and disharmonious. The disharmonious group is classified according to the predominant security operations of the spouse into seven categories. The group dynamics are presented in terms of role functions following Spiegel's (1957) classification of role discrepancies and role resolution, emphasizing the concepts of complementarity and equilibration. The diagnostic evaluation of the personality structure is outlined in terms of the operative level of the self-system and the predominant security operations in relationship to the spouse. The goal of therapy of marital problems is seen as the reestablishment of equilibrium in the marriage. The focus of treatment is on the marital interaction, with the adaptive functions of the ego being utilized to modify the security operations or ego defenses. Personality change is secondary to re-equilibration.

References

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