

The relationship between anxiety and managing interpersonal difference: Implications for couples counselling

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Introduction

This study examines a common but rarely investigated phenomenon within the field of relationship counselling – the role of anxiety management in allowing people to tolerate differences in the context of interpersonal relationships effectively. Results indicate that people with lower levels of trait anxiety (also referred to as emotional reactivity) are better able to manage the inevitable emotional challenges that result from being in a close relationship with others who possess significant differences to them.

Studies concerning the role of anxiety in affecting the quality of long-term intimate relationships have focussed on two different types of anxiety; namely clinical anxiety and trait anxiety. Literature examining the association between clinically diagnosed anxiety disorders and relationship wellbeing is surprising sparse (Whisman, 2007). However, those studies that do exist tend to support the general pattern that clinical anxiety, regardless of the specific diagnosis, is not conducive to positive relational outcomes and experiences. For example, in one study by (Eng and Heimerg, 2006), individuals with Generalised Anxiety Disorder (GAD) reported having a higher level of interpersonal problems than control participants. In addition, symptoms of clinical anxiety are significantly related to decreased interpersonal functioning (Whisman, Uebelacker & Weinstock, 2004).

While personality variables have also been demonstrated to be important in predicting relationship adjustment and satisfaction, results of research in this area have been inconsistent and therefore difficult to interpret (Barelds, 2005). However, one reliable finding has been that trait anxiety, defined as “a general tendency to respond with anxiety to perceived threats in the environment” (Spielberger, Gorsuch, & Lushere, 1970, p. 3) is consistently associated with lower levels of adjustment and satisfaction in intimate relationships, when compared with any other personality factor (Rodrigues, 2010). For example, in one longitudinal study which followed 168 newlywed couples for 13 years, trait anxiety was consistently associated with marital negativity which itself was predictive of partners' levels of relationship dissatisfaction (Caughlin, Huston, & Houts, 2000).

A third area of research, based on Murray Bowen's concept of differentiation of self (DoS) ([Bowen, 1978](#)), also suggests that high levels of trait anxiety or emotional reactivity predicts poor relational adjustment and wellbeing. DoS may be defined as "the capacity of the individual to function autonomously by making self-directed choices, while remaining emotionally connected to the intensity of a significant relationship system" ([Brown, 1999, p.95](#)). Bowen's original theory was that more differentiated individuals possess lower levels of trait anxiety, and are therefore able to balance cognition and emotion when making decisions ([Bowen, 1978](#)). This proposed inverse relationship between trait anxiety and differentiation has been empirically supported (e.g., [Knauth, Skowron & Escobar, 2006](#)).

Recent studies utilising valid and reliable measures of DoS, including the *Differentiation of Self Inventory-Revised* (DSI-R) ([Skowron & Schmitt, 2003](#)), have routinely indicated that higher levels of DoS are associated with positive relationship outcomes. For example, [Lippitt \(2005\)](#) reported that the level of DoS was moderately predictive of relationship satisfaction in 130 couples from the U.S. In addition a recent study examining the role of DoS found that well-differentiated couples, with accompanying lower levels of trait anxiety, were more likely to experience positive therapeutic outcomes in couple therapy ([Knerr, 2008](#)).

Thus, when considered as a whole, existing research indicates that both clinical and trait anxiety are associated with decreased satisfaction in relationships in general and committed romantic partnerships in particular. Furthermore, lower levels of trait anxiety (evidenced by higher levels of DoS), appear consistently predictive of positive relational experiences and outcomes. However, comparatively little is known about the processes through which both trait and clinical anxiety exert a negative relational influence ([Caughlin et al., 2000](#)).

One possible explanation for the association between trait anxiety and negative relationship outcomes has been proposed by couple and sex therapist David Schnarch. Schnarch argues that anxiety is the normal and expected consequence of long-term committed relationships in which couples must negotiate their different preferences, values, wants and aspirations, through the inevitable challenges of life and love ([Schnarch, 1991](#)). Schnarch goes on to argue that well-differentiated individuals are better able to regulate and sooth the developmentally normal anxiety they experience in intimate relationship with someone who is *other* ([Schnarch, 1991](#)).

Although little direct empirical evidence exists to validate Schnarch's theory, the results of several studies offer tentative support for his assertions. For example, ([Carstensen, Gottman and Levenson 2004](#)) reported that the capacity to self-soothe (or regulate) difficult affective states, including anxiety, is positively correlated with relationship satisfaction. Furthermore, in a comprehensive and complex study by ([Carroll, Badger and Yang 2006](#)) involving a number of intrapersonal and interpersonal factors that were hypothesised to contribute to relational competence, personal security (which included the capacity to regulate challenging affect) positively predicted being 'other-centred' in intimate relationships ([Carroll et al., 2006](#)).

The aim of this study therefore, was to assess empirically the validity of Schnarch's assertion that well differentiated individuals with lower levels of trait anxiety, are better able to manage the sometimes difficult affect arising from being in close relationship with someone who is *other*. In order to achieve this aim, the specific hypothesis that respondents' levels of trait anxiety, as measured by both *The State Trait Anxiety Inventory – trait* (STAI-T) (Spielberger et al., 1970) and *The Emotional Reactivity Subscale of the Differentiation of Self Inventory-Revised* (DSI-R) (Skowron & Schmitt, 2003) – would inversely predict their capacity to tolerate interpersonal difference in the context of close relationships was interrogated.

Methods

This study employed a cross-sectional correlational research design employing quantitative data. Correlational research involves measuring two or more variables possessed by members of the same group so that statistical analysis can be performed to determine if there is a significant relationship between these variables (Shaughnessy, Zechmeister, & Zechmeister, 2008). This design was therefore most appropriate for this research project in which the purpose was to test the hypothesis that participants' trait anxiety as measured by both their STAI-T and DSI-R *Emotional Reactivity Subscale* scores would be inversely associated with their level of capacity to tolerate interpersonal difference.

Sample

Recruitment for the study was conducted in two waves during 2011. The first sample group consisted of 49 social science students recruited from an eastern Australian tertiary education institution in May 2011. For the second phase of the project, 124 additional participants were identified and recruited from the student body of the same institution.

This resulted in a total of 173 participants: 136 females and 37 males. Of these, 156 were of European ethnicity and 16 were from other ethnic backgrounds (1 did not indicate ethnicity). The mean age of participants in the sample was 35, with an age range of 18 to 69 years.

Measures

The State Trait Anxiety Inventory – trait (STAI-T) comprises 20 items and is a well-validated measure of chronic or trait anxiety which remains relatively unaffected by external factors. Cronbach alpha measures of internal consistency for the STAI-T have ranged from 0.86 to 0.92, while test-retest reliability over a three month period was reported to be 0.75 (Spielberger, Gorsuch & Lushene, 1970).

The Emotional Reactivity Subscale of the Differentiation of Self Inventory-Revised (DSI-R) (Skowron & Schmitt, 2003) is a measure in which higher scores indicate a greater capacity to regulate and manage one's emotional reactivity including anxiety. Thus higher

scores on this measure correspond to lower levels of trait anxiety. This measure consists of an 11-item self-report Likert scale and has a demonstrated internal consistency reliability estimate of 0.89 (Skowron & Schmitt, 2003).

The Tolerating Interpersonal Differences Subscale of the Differentiation Factor Inventory – Revised (DFI-R) (O'Hara & Meteyard, 2011) is a ten-item measure which includes items such as “I am generally able to accept those in my family/ relationship circle who are notably different to me” and “I find it hard to accept when close friends/ family have different opinions to my own”. The subscale measures the capacity to tolerate interpersonal difference (CTID) in the context of close relationships. In this study, this measure had an internal consistency reliability estimate of 0.74. External validity of the subscale is supported by its significant correlation in this study with full-scale *DSI-R* scores ($r = 0.36$, p (Bowen, 1978).

Procedure

A cover letter explaining the aim of the study, confidentiality and anonymity of participants was distributed by a research assistant during on-campus classes to potential participants. Those who chose to participate completed questionnaires in their own time and returned these with signed informed consent forms to the research assistant. Inventories were scored and de-identified prior to statistical analyses.

Data Analysis

All analyses were conducted using the SPSS Statistical Package (Version 19).

Ethics approval

Approval for this study was granted by the Christian Heritage College Human Research Ethics Committee (HREC).

Results

Descriptive Statistics

Table One presents means, standard deviations, and range of scores for *The Emotional Reactivity Subscale of the DSI-R*, the *STAI-T*, and *The Tolerating Interpersonal Differences Subscale of the DFI-R*. The bivariate correlations among these variables and also with participants' age are listed in Table Two. As expected, based on the fact that the *DSI-R Emotional Reactivity Subscale* and the *STAI-T* are both measures of the same construct (i.e., trait anxiety), participants' scores on these two scales were highly correlated. In addition, significant relationships were detected between participants' age, and trait anxiety levels, but not their capacity to tolerate difference (CTID) as measured by the *DFI-R Tolerating Interpersonal Differences Subscale*.

Analyses were also undertaken to determine if gender should be included as a covariate in later hierarchical regression analyses of dependent and independent variables. An experiment-wise alpha of 0.025 was used to control for Type 1 errors. A series of

ANOVAs were conducted to test for possible relationships between participant gender and dependent (i.e., CTID) and independent (i.e., trait anxiety) variables in the study. No significant results were obtained from these analyses which suggests that gender was not significantly associated with any of the study variables. Based on the results described above, age but not gender was included as a covariate in subsequent hierarchical linear regression equations.

Table 1

Range, means and standard deviations for Emotional Reactivity, Trait Anxiety, and Capacity to Tolerate Difference (N=173)

	Range	M	SD
ERTACTIP	50.5053.0031.00	37.4839.5743.80	9.639.526.47

Note. ER = Emotional Reactivity; TA = Trait Anxiety; CTIP = Capacity to Tolerate Difference

Hierarchical Linear Regressions

A series of hierarchical linear regressions were then conducted to ascertain if trait anxiety, when measured using either or both the STAI-T or DSI-R *Emotional Reactivity Subscale*, would significantly predict CTID scores once the effect of participants' age was taken into account. In the first such analysis, age was entered into the first step of the regression equation and DSI-R *Emotional Reactivity Subscale* scores were entered at step two. Age did not significantly predict CTID scores, accounting for only one percent of total variance in DFI-R *Capacity to Tolerate Interpersonal Difference Subscale* scores. However, DSI-R *Emotional Reactivity Subscale* scores were a significant predictor of the dependent variable, accounting for a substantial 10.1% of remaining variance in CTID levels, $F(2, 170) = 10.6$, $\Delta R^2 = .101$, $p < 0.001$.

Similar results were obtained when DFI-R *Capacity to Tolerate Interpersonal Difference Subscale* scores were regressed against age and STAI-T scores, with the latter also significantly predicting participants' level of CTID once age had been controlled for. Specifically, trait anxiety when measured using the STAI-T was associated with 10.1% of remaining variance in the dependent variable, $F(2, 170) = 10.6$, $\Delta R^2 = 0.101$, p Emotional Reactivity Subscale scores and STAI-T scores were entered at step two to determine the combined capacity of these two independent measures of trait anxiety to predict CTID, once age was controlled for. Approximately one-eighth (12.4%) of the variability in the capacity to tolerate interpersonal difference, as measured using the DFI-R *Capacity to Tolerate Interpersonal Difference Subscale*, was associated with the combined measures of trait anxiety, over and above age, $F(3, 169) = 8.68$, $\Delta R^2 = 0.124$, $p < 0.001$.

Table 2

Correlations between Age, Emotional Reactivity, Trait Anxiety, and Capacity to Tolerate Difference (N=173)

	Age	ER	TA	CTIP
ER	.156*	–	–	–
TA	-.279**	-.646**	–	–
CTIP	.099	.330**	-.333**	–

Note. ER = Emotional Reactivity; TA = Trait Anxiety; CTIP = Capacity to Tolerate Difference

* $p < .05$, two-tailed. ** $p < .01$, two-tailed.

Discussion

The results of this study support the stated research hypothesis that trait anxiety, as represented by two separate and well-validated measures (i.e., the STAI-T and the *Emotional Reactivity Subscale of the DSI-R*), is a significant inverse predictor of the capacity to tolerate interpersonal differences within close relationships. In other words these findings lend some credence to the suggestion of theorists including David Schnarch (1991) that the more an individual is able to regulate his or her difficult affect, the more she or he is able to manage the inevitable differences that arise in the context of long-term committed partnerships.

This finding possesses several important potential implications for the practice of couples, family, and relationship therapy. In particular, it provides tentative support for the use of therapeutic approaches that acknowledge, and intentionally seek to assist, couples and families to regulate the anxiety or emotional reactivity they experience as part of their participation in intimate interpersonal systems.

At present several significant theoretical models of relationship counselling exist that possess such a focus on intrapersonal factors including anxiety experienced by individual members of relational systems. One of the better known of these is the differentiation-focussed approach pioneered by Schnarch (1991) which is based on the original family systems theory of Murray Bowen. Schnarch conceptualises intimate personal relationships (and particularly the sexual dimension of such relationships) as a ‘crucible’ in which partners experience the possibility of both personal and interpersonal growth and change when confronted with the inevitable anxiety caused by being in close connection to one who is ‘other’ (Schnarch, 1991).

Schnarch advocates a therapeutic approach focussed on 'anxiety-tolerance' (rather than anxiety reduction) through harnessing the innate human capacity for self-soothing when faced with interpersonal difference and challenges (Schnarch, 2009). As Schnarch explains, "every step (in one's personal and interpersonal development) involves mastering your anxiety rather than having no anxiety at all" (2009, p. 175). The results of this study provide initial, if tentative, support for Schnarch's theory that lower levels of trait anxiety do indeed positively correlate with a person's capacity to tolerate differences with those with whom they share close relationships.

A second group of relationship counselling models that share this focus on intrapersonal factors, including anxiety or emotional reactivity, are the emerging mindfulness-based approaches. Mindfulness practices, originally adapted from eastern religious and philosophical understandings, may be defined as an awareness of what is being experienced, both internally and externally, in the present moment and without judgement (Brown & Ryan, 2003; Fletcher & Hayes, 2005). As such, mindful practices encourage the participant to acknowledge and validate his or her intrapersonal experience (including anxiety) without reacting to it (Hayes & Feldman, 2004).

Although originally incorporated into therapeutic models used with individual clients, including Dialectical Behaviour Therapy (Linehan, 1993) and Acceptance and Commitment Therapy (Bach & Hayes, 2002), a growing number of authors have also suggested that mindful practices also have potential to promote attunement, intimacy, and emotional communication in important relationships (Wachs & Cordova, 2007). In apparent support of this theory several recent studies have reported a positive association between relationship satisfaction and the capacity to better manage and respond to interpersonal stress, and trait mindfulness (e.g. Barnes et al., 2007). Although this study did not directly assess the efficacy of mindfulness based practices to help people tolerate the anxiety that may arise in the context of close relationships, it does provide some support for an underlying premise on which mindfulness based relationship therapy is built; namely that self-regulation of challenging affect is an important component of remaining in close connection to those who are different to us.

Another important potential implication of the findings of this study relates to the importance of relationship therapists being able to regulate their own affect, and particularly their anxiety, in the context of the therapeutic relationship. By definition therapists may differ from their clients in numerous and significant areas including age, gender, sexual orientation, ethnicity, education, vocation, personality, socio-economic status and relationship experience. It is not surprising, therefore, that anxiety is a common experience of all therapists, whether they primarily work with individuals, couples, families or groups (Billow, 2001). Or, as well known psychoanalytic theorist Wilfred Bion (1974) explains, therapy involves, "two rather frightened people; the patient and the psychoanalyst. If there are not, one wonders why they are bothering to find out what everyone knows" (p. 13).

What is of significance to this study is that a growing amount of empirical evidence exists suggesting that there is a significant positive association between a counsellor's ability to self-soothe or manage the anxiety they experience during therapy and positive outcomes for clients. For example, Gelso, Latts, Gomez, and Fansinger (2002) studied 32 trainee-counsellors and deemed that two therapist characteristics (i.e., conceptualising skill and, significantly in the context of this study, anxiety management or self-soothing) were significantly predictive of positive therapeutic outcomes.

One possible explanation for why therapist anxiety regulation has beneficial implications for client outcomes lies in Schore's (1994) so-called dyadic model of emotional regulation. It is now well-established that there exists a mutual coordination between the emotional states of infants and their care-givers. Very young children who are not yet able to independently manage the strong emotions they experience are enabled to do so by the attuned and soothing responses of those with whom they share strong attachment (Tronick & Weinberg, 1997). In a similar way a therapeutic relationship involving a counsellor with a well-developed capacity to effectively manage his or her anxiety seemingly provides a regulating and integrating relational environment for her or his clients. As Fosha (2001) explains, "through the emotionally-based interaction with a sensitive, responsive, helpful other, a person is able to manage that which is felt to be too much to do alone. S/he receives assistance with the regulation of her/his affective experience, and difficult emotions can be handled through the dyad" (p. 230).

Given such an understanding, the findings of this study that trait anxiety inversely predicts the capacity to tolerate interpersonal difference seems clear. Not only should couple counsellors explicitly facilitate the capacity of our clients to manage the difficult emotions that arise in the context of intimate committed relationships, it is also important we develop our own capacity to manage the inevitable anxiety that arises as part of the counselling process with people who are often very different from us. The more we are able to do this, the more likely it will be that we develop therapeutic relationships that include the potential to assist those with whom we work to regulate their own challenging affect more effectively.

Limitations

This study possessed a number of limitations that should be acknowledged. In particular as no independent measure of relationship satisfaction and well-being was included, it is not possible to determine whether the frequently suggested positive relationship between tolerating interpersonal difference and relational health was in fact true for participants in this study. In addition the relatively narrow demographic from which participants were drawn (i.e., education, social science and ministry students from one private tertiary college), calls into question the generalizability of results to broader and more diverse populations. Finally, as O'Hara and Meteyard (2011) acknowledge, although the scale used to measure capacity to tolerate interpersonal difference displays considerable early promise, it requires further testing before firmer claims regarding its psychometric validity as a measure of this construct can be made.

Future research stemming from this study should therefore focus on investigating whether lower levels of trait anxiety not only reliably predict a person's capacity to tolerate interpersonal difference but also whether they positively correlate with relationship satisfaction amongst people from diverse backgrounds. In addition it is possible that other intrapersonal qualities are also important predictors of relational health. For example, Schnarch postulates the differentiation-related intrapersonal quality of 'self-validated intimacy' which, in theory, is closely related to Bowen's original concept of 'I-position' should be positively associated with a greater capacity for meaningful intimacy in close relationships (Schnarch, 2009). Significantly, the results give some initial and tentative support to the possibility that higher I-position subscale scores on the DSI-R are more strongly predictive of the capacity to tolerate interpersonal difference than are STAI-T or DSI-R *Emotional Reactivity Subscale* scores; a finding which requires further investigation.

Conclusion

This study provides initial empirical support for the relationship between lower levels of trait anxiety and emotional reactivity, and an increased capacity to tolerate interpersonal difference in close relationships. It also provides tentative backing for therapeutic approaches discussed in the literature review, that incorporate mindfulness practices and the differentiation-based model of Bowen and Schnarch, which advocates for helping clients to manage the anxiety inherent in close relational systems as a way of achieving both personal and interpersonal growth. However, further research is required before firm claims concerning anxiety management as an effective pathway to greater couple health and satisfaction can be made with confidence. Having said this, this research comprises one of the few studies to specifically assess the link between the regulation of challenging affect and tolerating differences in those with whom we share close and meaningful connection. As such it represents a significant contribution to the growing understanding of what skills contribute to the development and maintenance of satisfying relationships and therefore, by association, what constitutes effective therapeutic practice.

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