

Behavior Analysis of Forgiveness in Couples Therapy

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Abstract

Behavioral couples' therapy has a long history of success with couples and is an empirically validated treatment for marital discord (Task Force on Promotion and Dissemination of Psychological Procedures, 1995). However, only about 50% of all couples in treatment experience long-term change (2 years). One of the founders of behavioral couples' therapy called for the therapy to return to its original roots in functional analysis (Jacobson, 1997). This produced integrative behavioral couples' therapy. As behavioral couples' therapy attempts to reach the maximum number of couples possible, we believe further attention to behavior analytic principles will continue to contribute to advances in the field. We propose that an operational analysis of forgiveness will help to strengthen behavioral couples' therapy by creating a direct module to handle some of the most entrenched situations, those commonly referred to as betrayal. *Key words:* Couples therapy, forgiveness, betrayal, intimacy, behavior training, self control training.

Introduction

“Never does the human soul appear so strong as when it foregoes revenge and dares to forgive an injury”. -**Confucius**

Traditional Behavioral Couples therapy (TBCT; Jacobson & Margolin, 1979) is the oldest and most researched approach to couples therapy. It was developed more than 20 years ago, and is still widely used. In TBCT partners learn to be nicer to each other, communicate better and improve their conflict-resolution skills. TBCT is listed as a well-established treatment for marital discord (Task Force on Promotion and Dissemination of Psychological Procedures, 1995). Meta-analytic results show that TBCT is a well-established treatment for marital discord; however, only about 50% of the couples experience long-term change (Christensen, Jacobson, & Babcock, 1995; Jacobson & Christensen, 1996; Shadish, & Baldwin, 2005).

Integrative behavioral couples therapy was formulated in an attempt to improve traditional behavioral couples therapy. Christensen and colleagues (1995) viewed IBCT as couples therapy's return to its radical behavioral roots and away from more cognitive interpretations of stress. This movement, as Jacobson (1997) described it, was a move away from task analysis of skills that couples needed to perform to a more intensive focus on the functions of behaviors in the relational context. TBCT focused on training couple through the implementation of rule-governed behavior with little focus on the controlling variables in the relationship. More specifically, Jacobson (1997) urged a greater reliance on functional analysis and on techniques to disrupt faulty rule control. Faulty rule control was seen as rules that inadequately tact behavior and environment relationships. This may allow IJBCT some unique strengths in dealing with couples problems such as betrayal.

Taking Skinner's (1969) focus on rule-governed behavior, Jacobson and Christenson (1996) developed several techniques to disrupt faulty rule control. These included empathic joining and unified detachment (turning the problem into an “it”). In addition, they created a greater focus on lessening the negativity of disruptive stimuli with an exposure technique similar

to desensitization called tolerance building. Finally, they focused on creating a self-care focus to help people better tolerate negative behavior on the partner's behalf.

IBCT has been shown to increase the effectiveness of Behavioral Couples Therapy. Jacobson, Christensen, Prince, Cordova, and Eldrige (2000) found that approximately 80% of couples responded to normal functioning in the IBCT group. On follow up, 67% of couples significantly improved their relationships for two years (Christensen, Atkins, Berns, Wheeler, Baucom, & Simpson, 2004). While 67% of couples in therapy experiencing clinically significant reliable change are a powerful effect, IBCT continues to refine its tenets and its treatment formulations. It is hoped that as this process continues, IBCT will be able to reach more and more of the remaining distressed couples. Recent research studies have placed IBCT as a likely efficacious treatment for couples' distress (Chapman & Compton, 2003).

In this vein, IBCT has recently attempted to observe its effectiveness with couples in which an extramarital affair is present (Atkins, Baucom, Eldridge, Christensen, 2005; Gordon, Baucom, & Snyder, 2000, 2004) and in recovery from an affair (Gordon, Baucom, & Snyder, 2000, 2004). We believe that an operant analysis will lead to an assessment process of when such a technology might be useful in a couple's relationship.

Why is forgiveness important?

This is so, principally because people tend to cause each other hurt, and paradoxically, the more emotionally close people are to each other the more vulnerable they are to being hurt. In addition to diminishing the probability that we will cause each other and ourselves harm, the goal of behavioral clinicians is to minimize the harm caused by how people react to the common hurts of day-to-day life. In this context, forgiveness plays a vitally important role, particularly in the background of intimate relationships, a context in which some exposure to hurt is inevitable.

Forgiveness is fast becoming a central topic of concern for clinical scientists. A great deal of both basic and applied research has been conducted in the past decade. Forgiveness interventions have been developed and implemented for populations from self-forgiveness (Enright, & The Human Development Study Group, 1996) to undergraduates struggling to forgive emotionally distant parents, through couples recovering from the betrayal of a sexual affair or men when a partner has an abortion (Coyle & Enright, 1997), to survivors of ethnic cleansing struggling for truth and reconciliation with their former neighbors (Shriver, 1995; Weine, 2000).

Healthy couples who have survived years of marriage rate forgiveness as one of the top ten factors of a long-term first marriage (Fenell, 1993). Literature supporting the use of techniques to foster forgiveness will be reviewed and integrated into the new IJBCT model that we are proposing. More importantly than the term being important to clinicians, interventions fostering forgiveness appears to have a strong psychological impact on an individual's emotional adjustment (Baskin & Enright, 2004). While the standard treatment effect size across traditional psychotherapies is approximately .82 (Bergin, 1994), the meta-analytic results show forgiveness interventions have an effect size of 1.42 (Baskin & Enright, 2004). Thus, as an intervention, forgiveness seems to be more effective than traditional psychotherapy. In addition, Bergin and Enright's (2004) meta-analysis demonstrates that the cognitive decision making model of forgiveness places its effect size no greater than that of the control groups. This seems to indicate that deciding to forgive (a cognitive approach) is not, alone, effective in producing a clinical effect. All these factors seem to set the stage for an operant analysis of forgiveness. Within that broad array of contexts, this paper is centrally concerned with forgiveness in intimate

relationships, but we hope that our attempt to conceptualize the forgiveness process from a behavior analytic framework will be useful across all contexts of forgiveness.

Our goal in this paper is to explore the utility of applying a behavior analytic framework to the phenomenon of forgiveness. The potential benefits of applying such a framework are twofold. First, applied behavior analytic conceptualizations strive to take maximum advantage of empirically demonstrated principles of behavior as explanatory processes. Second, as a philosophy¹ behavior analysis remains uniquely rigorous in terms of adherence to a thoroughgoing explanatory system that is decidedly different from how we, in the culture, commonly think about the causes of human behavior. As such, it offers the potential to open up new perspectives on commonly discussed psychological phenomenon that might not otherwise be readily revealed.

Operational Analysis of Psychological Terms

A behavioral version of deconstruction of words- the functional analysis of verbal behavior began in 1945 with the publication of the Harvard Symposium on Operationalism in *Psychological Review*. B.F. Skinner's paper "The Operational Analysis of Psychological Terms" argued that by observing the contingencies and setting conditions under which a verbal community typically used the ordinary language terms, the listener could interpret the terms in a descriptive, functional assessment. This approach is critical to the scientific investigation of events that, on the surface, do not appear to be readily available to a behavioral interpretation or applied research (Leigland, 1996). Leigland (1996) lamented that behaviorally oriented clinicians did little research on terms that have been important to non-behavioral clinicians. This is largely do to the small behavioral community choosing to use resources in some areas and not in others. However, many of these areas such as forgiveness are critical to clinicians.

On the other hand, non-behavioral clinicians have been stymied with presenting a rationale for the use of forgiveness interventions and have lacked a model for why such interventions would be effective. Third generation behavior therapy has attempted to reconcile this problem by becoming a source to integrate psychotherapies (Hayes, 2004, Kohlenberg, Boiling, Kanter & Parker, 2002). By applying a functional analysis of terms and placing emphasis on the function of such terms in the client's life, third generation behavior therapy is a progressive force in integrating diverse therapeutic approaches. One term, that appears to have importance to traditional clinicians, is that of *forgiveness*. Several accounts of forgiveness exist. These vary from cognitive-behavioral (Gordon, Baucom, & Snyder, 2000, 2004) and motivational accounts (McCullough et al., 1997) to diverse clinical orientations such as spiritual self-help groups (Alcoholic Anonymous, 1976) to solution-oriented therapists (Potter-Effron & Potter-Effron, 1991) to forgiveness based therapies such as Ferch (1998) and Fitzgibbons (1986).

When we speak of forgiveness, it is important to recognize that we do so as an intrapersonal process as well as an interpersonal process. It occurs at the molecular level in the sense of feeling behavior, individual acts, and rules. It also occurs at the molar level as well as an extended process over time. We can see that forgiveness is operant behavior and that operant behavior is choice. When we speak of "forgiveness," it is important to realize that we are speaking of several levels of operants under the same category:

¹ A behavior analytic philosophy tries to link cause with environmental events. In behavior, whole person and environment interactions represent analysis cause. Thus, behavior analyst seeks to create a technology of environmental manipulation to explain, predict and control events.

Molecular Views:

1. The *tact*² "I forgive"- the focus here is a mixture of the feelings of acceptance of hurt, empathy and care for self and another person. Skinner (1945, 1974) discussed feelings as private events. In his argument, what is felt is the body. Applied to forgiveness, we can speak of feeling "forgiving." That is, we have reached a point in a given moment, where our bodies are less in touch with the pain of the betrayal and more in touch with the acceptance of the person and the action. In traditional terms this could be considered the affective response of forgiveness but probably has broader history implications.

2. The second is the *tact of the rule* as defined "Because I forgive, I give up my right to retaliate." Skinner (1957) defined forgiveness in the following way, "...Forgiveness is the reduction of conditioned aversive stimulus or threat after a response has been made." (pp. 168-169). Thus, one facet of forgiveness appears to involve rule-governed behavior characterized as a decision to forgive, or letting go of one's right to hurt another in return for being hurt. Forgiveness appears to require following a set of rules that indicate the personal and interpersonal benefits of "letting it go" and the letting go of the rule³ "I resent person X for Y and must retaliate against or withdraw from him or her." It is based on the dismissal of the rule to seek retaliation for harm suffered. To the listener, forgiveness serves as discriminative stimuli that the speaker will no longer seek retribution. In addition, it may signal to the listener that some of the previous rewarding contingencies of the relationship may return. This path to forgiveness seems to suggest in some ways the need to let go of the experiential avoidance that we experience in feeling the pain of betrayal.

Molar View:

3. The third is the molar *ongoing act in context of forgiving*. In this view, forgiveness is a pattern of action extended over time. In a molar analysis, forgiveness would represent nothing more than a summary statement for what actually occurs. When we view the problem of forgiveness from this scale, we see that the ongoing act of forgiveness is not an act of forgiveness. If we were to create a summary statement, the ongoing act is intimacy with forgiveness serving as a momentary course adjustment after an act of betrayal to return to intimacy. At this level of analysis, our view of forgiveness is similar but not the same as the integrated behavioral exchange/interdependency theory model of forgiveness (Rusbult, Hannon, Stocker, & Finkel, 2005).

² Tact is a term that emerged from Skinner's (1957) analysis of verbal behavior to describe an episode of stimulus control as it enters into the verbal domain.

³ For our analysis, rules are antecedent stimuli those tact functional relations in the environment. Rules may be acquired as either tacts or intraverbals and can lead to failure to contact environmental contingencies. Rules can change the function of other environmental stimuli. Often a person can generate his or her own rules about situations (see Kohlenberg & Tsai, 1991).

⁴ This may be akin to Gottman's concept of Q-Space. At the same time, while there is a "Q-space" quality to forgiveness in that there is a point at which the experience flips from "I haven't forgiven you yet" to "I have forgiven you," following the "stages of change" model, there is certainly a period of time where individuals are actively working in the direction of forgiveness. So, like Gottman's P-space Q-space model, people labor bit-by-bit toward accumulating the experiences that allow for the dichotomous tipping point from non-forgiveness to forgiveness.

Context of forgiveness: Betrayal

“When something bad happens all you want to do is get your old life back. So you build a wall around your old life. But it is not your old life at all but your new life with a wall around it.”
- From Stephen Spielberg’s “Taken”

Forgiveness is particularly important in the treatment of couples where betrayal has occurred⁵ Betrayal in intimate relationships is often a difficult problem for partners to overcome. Often these couples will seek out therapeutic intervention. Recent advances in the behavioral assessment of intimacy have led to innovative techniques and interventions. *However*, it is difficult for clinicians to assist in the process of restoring healthy relationships after a betrayal.

When betrayal occurs, it serves as an establishing operation or setting event for a large number of behaviors possibly occurring. One possible behavior is forgiveness. Forgiveness can be seen as a person emitting a statement that he or she will not retaliate against a partner. Forgiveness has two components: 1) a reduction or avoidance of engaging in future hostile action to the partner and 2) an increase in acceptance of the partner and a sense of "benevolence" or increased sense of intimacy with the partner. In addition, forgiveness was shown to be a factor in conflict resolution. Fincham, Beach, and Davila (2004) found that when couples forgave each other, they were less likely to use hostile statements about the incident in future conflict bouts. Thus, couples able to forgive showed fewer automatic and negative responses in future conflicts.

Forgiveness is clearly operant behavior. As operant behavior, forgiveness is choice behavior. Choice is selected by the distribution of operant behavior among alternative sources of reinforcement (Hernstein, 1961, 1970). As with most choice behavior, momentary attempts to maximize reinforcement often fail to lead to overall maximization. It seems that from the matching analysis, forgiveness and its opposite unforgiveness represent two separate choices. Applied to forgiveness and unforgiveness, the matching law suggests the relative frequency of unforgiveness behavior compared to forgiveness behavior is proportional to the relative value provided for forgiving compared to unforgiving (McDowell, 1982). For example, holding the partner as "unforgiven" may be a good way to gain power over the partner in other arguments. Plainly speaking, persistent unforgiveness may occur because (a) reinforcement available for forgiving is low or nonexistent (the case of the estranged couple) and/or (b) unforgiveness produces relatively high rates of positive and/or negative reinforcement and/or (c) punishment for forgiveness is high. Since reinforcement can occur at an unaware level (Cautilli, Tillman, Axelrod, & Hinline, 2005a), the matching law would hold that the reinforcement value that shapes forgiveness or unforgiveness may be processes that the client is not directly aware of experiencing.

Setting events are events that set the stage for the occurrence of behavior (Walher, 2002). Intimacy is a setting event for forgiveness in the sense that when partners have a close and intimate relationship, they are more likely to forgive. Partners in close and intimate relationships are also likely to report a higher sense of commitment to the relationship. Commitment is a form of rule-governed behavior that also serves as a factor to predict forgiveness (Bui, Peplau, & Hill,

⁵ For example, when one person in the couple is having an affair or negligence on the part of one of the members of a couple leading to the death of a child. Betrayal can be a small matter such as one partner continually taking the side of a child or another person, such as an in-law, in the relationship against the other person in the relationship.

1996; Finkel, Rusbult, Kumashiro, & Hannon, 2002). Commitment is also choice behavior and is affected by alternatives that a person has in the environment. People who have fewer choices are more likely to commit and forgive. Bui and colleagues (1996) observed couples for 15 years. They found support for the Rusbult's (1990) social exchange model of commitment and stability, especially to the extent that the theory successfully predicted long-term relationship stability in couples. The path analysis that they developed from the data showed a good fit to the model. In addition, they found that the model was equally applicable for both men and women. Finally, Bui and colleagues study found evidence for more complex patterns than identified by Rusbult, such as an association between the quality of one person's alternatives and the partner's commitment.

Hurt and forgiveness are additive processes. Over time, partners become both discriminative stimuli for reinforcement and generalized reinforcers themselves through conditioning histories. Becoming a generalized conditioned reinforcer occurs when the intimacy behaviors of one are strengthened by events that have an effect through a history of reinforcement. Intimacy based behaviors represent a very large response class. In this, intimacy based behaviors include hundreds of discrete behaviors from gently caressing the partners' face to a shared smile to the buying of flowers and attending movies together. Betrayal is a conditioned punisher. As such, it suppresses the entire response class of intimate behaviors. In addition, punishment has side effects and through even one trial respondent conditioning, a formerly salient discriminative stimulus can now serve as a setting event for the pain of the betrayal. This contaminant effect can be very powerful. Often it can be witnessed or experienced by the couple as a couple engaging in a formerly enjoyable activity where one partner becomes triggered and deeply upset over the past betrayal.

It is important to note that some punishment occurs in even the healthiest relationships. Gottman (1994) discussed a five to one ratio of reinforcement to punishment as being a predictor of a stable marriage. So sometimes, the partner is a discriminative stimulus for reinforcement, but at other times - even under the most favorable conditions- is a partial punisher. Gottman (1994) argues that this ratio is the key for stable couples, even if couples are conflict avoidant or conflict seeking. Cordova (2003) argued that couples either reinforce patterns of intimacy with each other or they do not. Couples who shape intimacy are more likely to forgive (Rusbult, Hannon, Stocker, & Finkel, 2005). Intimacy sets the stage for forgiveness and, as a setting event, makes it more likely that forgiveness will occur. Rusbult's work is based on interdependence theory but has remarkable behavioral characteristics.

A Behavior Analytic Conceptualization of the Forgiveness Process in Intimate Relationships

Intimacy itself develops as one partner reinforces the interpersonally vulnerable behavior of the other. In other words, intimacy develops out of those moments when we make ourselves vulnerable with a partner and that partner responds in ways that honor that vulnerability. The exact behaviors that make each of us interpersonally vulnerable, however, vary from individual to individual depending on our different learning histories. Although what makes us each vulnerable varies, the predictable outcomes of the intimacy process are universal. First, intimate events in which vulnerability is reinforced create momentum. Reinforcing vulnerable expressions increases the probability of future expressions of vulnerability toward that partner. Second, the experience of feeling safe being vulnerable with our intimate partners is a predictable outcome when expressions of vulnerability are predictably more often reinforcing than punishing. In other words, if our partner usually responds well when we make ourselves vulnerable, then we learn over time that we are safe being vulnerable with that partner. Third, given the degree and depth of vulnerability exposed in intimate relationships, it is inevitable that our intimate partners will hurt

us from time to time, intentionally or not. It is on these inevitable occasions that forgiveness and unforgiveness become of paramount importance.

The forgiveness process can be conceptualized as an ongoing act in context composed of the following events with their attendant qualities. The first quality to attend to in following the arch of a forgiveness event is the initial stimulus value of the partner and how that stimulus value changes as a result of the aversive experiences. In other words, we are concerned with the quality of the intimate relationship between the two individuals before the hurtful event. The stimulus value of the partner can range from very appetitive to very aversive, depending on whether vulnerable behavior in the relationship has been mostly reinforced or too frequently punished. These values are often particularly strong, specifically because they are inevitably a product of a combination of both appetitive and aversive responses to interpersonal vulnerability (Weissman, 1998).

Second, beginning with this preexisting relationship⁶, some event occurs that *adds* aversive stimulus qualities to the value of the target person such that that aversive stimulus value saliently competes with the pre-existing appetitive stimulus value. This addition is experienced in a variety of ways, most commonly labeled, or tacted, as *hurt*. The operative question at this stage is: What additive event caused a shift toward aversion? The main point is that not all aversive events in an intimate relationship require that we engage in a process of forgiveness, because not all aversive events result in a shift in the overall stimulus value of the partner from appetitive to aversive.

Thus, third, the stimulus value of the addition can itself vary from extremely aversive (e.g., an affair) to only aversive enough to begin to saliently compete with the appetitive stimulus value of the target. People are rarely moved to say, for example, "I forgive you for forgetting to turn on the dishwasher last night." Minor annoyances and hurts are absorbed into the ongoing stream of interactions between intimate partners with little or no loss of intimate momentum. The type of event that we are concerned with here is one that shifts the entire stimulus value of the intimate partner from appetitive and safe to aversive and unsafe. We are talking about the kind of dichotomous, catastrophic changes that Gottman (1994) describes as changes in Q-space; those changes that represent that dichotomous shift in perception from safe to unsafe, as opposed to a gradual shift in perception. Gradual shifts in perception of intimate safety do not as readily lend themselves to the language of forgiveness, whereas dichotomous shifts epitomize the event setting the stage for forgiveness or unforgiveness. When our partner says something deeply hurtful, then we are moved to pursue forgiveness as a means of getting intimacy back on track. If forgiveness is not achieved, then intimacy is substantially derailed.

An additional issue is that there will be individual variability at this stage with regard to vulnerability to experiencing hurt (see Cordova & Scott, 2001 for a discussion of vulnerability). The operative question at this second stage is how aversive was the addition? The forgiveness literature discusses the intrapersonal facet of hurt as rejection sensitivity. From our perspective, how easily a specific event hurts a person is a product of his or her learning history with regard to that event in an interpersonal context and will vary from individual to individual. For example, for some partners, name-calling is experienced as a normal expression of anger. For other partners, name-calling is experienced as a serious and hurtful breach of trust.

⁶ We can refer to this as the context or setting event. Often the vernacular refers to this as a "trusting" or "intimate" relationship.

Also, included at this point is the repertoire shift that accompanies the shift from appetitive to aversive. Partners become both discriminative stimuli for reinforcement and generalized reinforcers themselves through conditioning histories. Intimacy based vulnerable behaviors represent a very large response class. In this, intimacy based vulnerable behaviors include hundreds of discrete behaviors from gently caressing the partners face to a shared smile to the buying of flowers and attending movies together. Betrayal serves as a conditioned punisher. As such it suppresses the entire response class of intimacy behaviors. In addition, punishment has side effects and through one trial respondent conditioning a formerly salient discriminative stimuli can now serve as a conditioned stimulus for and setting event for the pain of the betrayal. This *contaminant* effect can be very powerful and can be witnessed as a couple engaging in a formerly enjoyable activity and one partner becoming upset over the past betrayal.

Fourth, the individual reacts to the increased aversiveness. This step has to do with how the individual enacts aversion or how the individual enacts hurt (Cordova, et al. 2005). How individuals react to hurt inevitably determines whether intimacy will continue unabated or will be undermined and undone. There will be variability at this stage as different people enact hurt differently. The most common behavior elicited will be intense emotional reactions. In addition, for low level "hurt," some form of fight or flight behavior is either overtly or covertly acted out. The most commonly emitted behavior for overwhelming "hurt" is escape or avoidance, either covert or overt. This is the experience of unforgiveness and, whether overt or covert, it is *operant* behavior. The operative question here is, "how does the person 'do' hurt?" It can include retaliation, withdrawal, problem solving, expressions of hurt, or other repertoires for enacting hurt.

The existing forgiveness literature makes an explicit distinction between forgiveness and unforgiveness, stating that forgiveness is not simply the opposite of unforgiveness. If seen as large functional response classes, some of the behaviors in these classes have opposite overlap but others do not. In fact, Wade and Worthington (2003), provide compelling data showing that although "complete forgiveness" is associated with little variability in the experience of unforgiveness (following complete forgiveness, virtually no one remains motivated to retaliate or withdraw), "no forgiveness" is associated with a great deal of variability in unforgiveness (some people will seek retaliation or withdrawal whereas others will not). In other words, you might be a long way from forgiving someone without necessarily being motivated to retaliate against or withdraw from him or her. This fits very well with what we are saying here about variability in terms of how people enact hurt. Although many people have learned to enact hurt through retaliation seeking and withdrawal, many other people have learned to enact hurt in quite different ways, including actively seeking reconciliation.

There is a distinction between the respondent experience of hurt (the emotion) and the operant enactment of unforgiveness (as well as the operant enactment of forgiveness). From our perspective, there is some utility to limiting the definition of unforgiveness to operant behavior, because the respondent experience of hurt when re-exposed to the hurtful event (e.g., memories of the affair) may never completely remit, even when all other conditions for forgiveness have been met⁷. In this sense, our view is similar to the cognitive view of betrayal as a trauma to the couple (Gordon, Baucom, & Snyder, 2000, 2004); however, we would not describe the trauma as being "processed away" but instead would describe a process of adding new experiences to the couple's history together. Forgiveness researchers and therapists (e.g., Gordon, Baucom, & Snyder, 2000) note that "distress tolerance" is a necessary ingredient in successful forgiveness

⁷ This could create some difficulty practically for the therapist because one person's expression of the pain could be an aversive event to the partner in the relationship or could take on functional qualities.

work. Distress tolerance (Linehan & Kehrer, 1993) in this context is thought of as the ability of the hurt partner to tolerate contact with the partner despite the hurtful events, as well as to tolerate contact with the painful thoughts and feelings associated with memories of the hurtful event. In treating couples for the trauma of infidelity, it is thought that memories of the affair and the devastation caused to the relationship may always be painful to the couple. Given that forgiveness involves both partners developing tolerance for those painful memories as part of the price of a renewed intimate partnership.

Fifth, the process of forgiveness begins (and/or the lessening of unforgiveness). The operative question here is, what stimulus additions serve to re-weight the stimulus value of the target(s)? It is important to be clear that there may be multiple intervention targets at this stage. The most obvious target is the target person who caused the hurt. In addition, however, the experience of "hurt" thoughts and feelings may also become important targets requiring interventions to decrease fight or flight responses elicited by contact with those thoughts and feelings. Other sequelae likely become legitimate sources of aversion and thus targets of intervention. A main point here being that both the offender and offended may have to learn to accept that some residual experiencing of hurt may never resolve, as well as to commit to not making sharing of those experiences damaging to intimacy or functional in the sense or retaliation. In addition, it is possible for the experience of forgiveness itself to be experienced as aversive and become a legitimate target of intervention to increase its appetitive stimulus value. In some cases, forgiveness can be equated by the person with condoning injustice or weakness and will not in that context be regarded as a valued goal.

There exists an important functional distinction between intrapersonal forgiveness and interpersonal forgiveness. In the case of intrapersonal forgiveness, the individual who caused the hurt does not participate (or does not participate effectively) in setting the stage for forgiveness and yet, the experience of forgiveness is achieved and experienced as involving a "letting go" of unforgiveness and acceptance of the hurtful event and possibly acceptance of the hurtful person. The important point is that forgiveness can be pursued and achieved without the participation of the hurtful partner and without reconciliation as the final outcome. Interpersonal forgiveness, on the other hand, does explicitly involve participation by the person who caused the hurt in setting the stage for the experience of forgiveness and does target reconciliation between the partners as the goal.

Fleshing out the effective stimulus additions and their targets points us at existing forgiveness interventions and the unique contributions to forgiveness intervention provided by a behavior analytic conceptualization. For example, a behavior analytic framework highlights the central role played by *experiential avoidance* in perpetuating unforgiveness and, thus, the necessity of exposure procedures for facilitating forgiveness. Techniques for increasing radical acceptance of the thoughts and feelings associated with the hurtful event, for both parties, can be derived from third wave behavior therapies such as IBCT, FAP, ACT, and DBT. The hurt individual and/or the couple often require help scaffolding contact with the source of aversion that is ultimately to be the target of forgiveness. Although not every detail of an affair, for example, need necessarily be discussed in detail, contact with the betraying partner and with the accompanying painful thoughts and feelings is necessary in order to begin the process of forgiveness. As noted, in the behavior therapy literature, this is often discussed as supporting distress tolerance.

Next, procedures for adding appetitive content to the stimulus value of the original target have to be specified. To date, these seem to mostly involve empathy promotion, uncovering the understandable reasons and the soft emotions of the target, perspective taking, remembering when

you needed forgiveness, and other techniques that function to increase the appetitive value of enacting forgiveness and/or increasing the appetitive value of the person that caused the hurt. Specific procedures will be detailed in the following section concerning the contributions of third wave behavior therapies to the promotion of forgiveness in couple's therapy.

Finally, there remains a question about whether enough appetitive stimulus value can be added to re-weight the stimulus value of the original target person back toward appetitive. Here we see the inclusion of behavioral activation interventions as critical to help couples begin to rekindle their relationship and redefine "intimacy." In other words, reconciliation should be considered a legitimate point on the forgiveness continuum, even if circumstances may preclude approaching reconciliation as a feasible goal for any particular couple. This "should" is because it is *possible* to re-weight the stimulus for the original target person to the extent that he or she (or they) reemerge as a source of mostly appetitive stimulus control. At the same time, it should be acknowledged that there are circumstances in which reconciliation either cannot be a goal (the source of the hurt is no longer available or will not cooperate) or is a goal that cannot be achieved (the hurt or betrayal is simply too powerful to overcome).

Forgiveness as a Special Case of Acceptance

Following from the above, we would argue that forgiveness is a special case of the broader phenomenon of acceptance as it is defined and pursued in behavior therapy (Cordova, 2001). Acceptance can be defined in behavior analytic terms as a change in the behavior evoked by a stimulus from that functioning to avoid, escape, or destroy to behavior functioning to maintain or pursue contact (Cordova, 2001). In the case of acceptance, the source of aversion can be something that has been around for some time and does not necessarily involve the type of dichotomous shift from appetitive/neutral to aversive that characterizes the sort of event that sets the stage for the necessity of forgiveness. For example, in couple's therapy, one can work toward accepting some characteristic of his/her partner that has always been an aspect of his/her character, such as a partner's greater desire for independence than might be optimally comfortable for their partner. That "alone time" can be experienced as aversive and set the stage for destructive struggles in the relationship. Acceptance interventions in couples' therapy can help partners to accept fundamental differences between them in terms of their desire for closeness versus independence. As each partner comes to accept these fundamental differences more, instances of destructive conflict diminish⁸. In acceptance terms, the source of the initial aversion (the difference between partners needs for alone time) does not necessarily change, but the stimulus value of that source does change such that contact with it no longer evokes aversion, but instead evokes behavior functioning to maintain or pursue relationship health.

What appears to distinguish forgiveness as a special case of acceptance is the occurrence of the injurious event that causes the dichotomous shift from appetitive to aversive experiencing of the partner. Because the injurious event cannot be changed (given that experience is additive), acceptance is the only viable therapeutic option. Acceptance in this context means coming to terms with the injurious event in a way that either maintains intimacy development in the relationship or that diminishes active aversion ("letting go") such that the time and energy previously dedicated to aversion is freed for other, more psychologically healthy, activities (whether the relationship continues or is terminated).

⁸ It may become important to distinguish between acceptance of partner's frailty and letting go of the relationship – estrangement and other forms of escape.

Conceptualizing forgiveness as a special case of acceptance facilitates our thinking about forgiveness as existing on the same continuum as acceptance. The acceptance continuum is anchored on one end by total aversion (non-acceptance), moves through a mid-point of *tolerance* and is anchored at the other end by embracing acceptance (largely appetitive; see Figure 1). In the case of forgiveness, the injurious event causes a shift from appetitive to aversive. The forgiveness continuum therefore is anchored on one end by total unforgiveness, experienced as total aversion and characterized by any or all of the three main types of aversion, namely avoidance, aggression (e.g., revenge-seeking), or withdrawal. The midpoint of forgiveness would be tolerance of the stimuli associated with the injurious event, characterized by diminishment of aversion and/or an increase in behavior that maintains and/or pursues contact. It is at this mid-point that forgiveness researchers and clinicians are drawing the distinction between forgiveness and reconciliation because it is at this mid-point that one might be able to say that one has forgiven someone but is no longer interested in maintaining a relationship with that person. Forgiveness at this point on the continuum is most clearly characterized by the diminishment of unforgiveness or in our terms, the diminishment of aversion behavior. This is the “letting go” that people refer to when they talk about forgiveness at this level. Letting go involves no longer engaging in such aversion behaviors as withdrawal, avoidance, or aggression. The psychological benefit of forgiveness at this level stems from the freeing up of resources previously dedicated to aversion, which makes those resources available for healthier pursuits.

At the other end, the forgiveness continuum is anchored by embracing forgiveness, characterized by an experiencing of the partner as mostly appetitive and perhaps by a sense of “glorifying the struggle” (Gottman, 1994) in which the partners can talk about the injurious event in a way that communicates a sense that they have become a stronger couple as a result of having worked through the trauma. Between tolerance and embracing forgiveness is an entire section of the continuum in which the partners are working toward what the forgiveness literature is conceptualizing as “reconciliation.” The benefit of highlighting this section of the continuum is that it draws our attention to the distance that must be traveled by the couple from the beginning of tolerance to a place on the continuum where real intimacy can continue unimpeded by the aftereffects of the injurious event.

Conceptualizing forgiveness as a special case of the acceptance continuum also highlights several other facets of forgiveness. Beginning to move from the total aversion end of the continuum involves a “stages of change” process beginning with precontemplation (not even considering forgiveness), moving on to contemplation (considering that forgiveness might be worthwhile), dedication (*deciding* to forgive), action (making efforts to move in the direction of forgiveness), and maintenance (working to maintain forgiveness) or relapse (falling back into unforgiveness). This highlights that the decision to forgive is not in and of itself forgiveness, but is most often simply the decision to dedicate time and effort to the pursuit of forgiveness.

As one approaches the midpoint on the continuum, one enters a moment when the appetitive and aversive qualities of the relationship are roughly in balance, allowing, as noted above, forgiveness without reconciliation. Finally, as one moves past tolerance toward embracing the balance of the stimulus value of the partner begins to tilt toward appetitive (satisfying and safe).

Considering forgiveness as a special case of acceptance also provides a framework for organizing interventions based on whether the target of the intention is (a) the discriminative stimulus quality of the partner/event, (b) the behavior of aversion, or (c) the consequences of aversion versus acceptance (Cordova, 2001). In the following section, we will explore the contributions of third wave behavior therapies to promotion of forgiveness in couple therapy.

Contributions of Third Wave Behavior Therapies to the Promotion of Forgiveness in Couple Therapy

Let all bitterness and wrath and anger and clamor and slander be put away from you, along with all malice. Ephesians 4:31

Targeting the Discriminative Stimulus Functions of the Injurious Partner/Event

One of the principal targets of forgiveness intervention is the discriminative stimulus function of the injurious partner or event. In other words, efforts are specifically made to facilitate a different experience of the event or partner such that she or he is no longer experienced as completely aversive, but instead are experienced as forgivable. Within Integrative Behavioral Couple Therapy, techniques such as eliciting soft emotional expression and highlighting the understandable reasons for undesirable behavior/events are designed to take advantage of a transfer of function such that the partner or injurious event comes to take on some of the stimulus functions of the soft emotions or understandable reasons. For example, initial contact with a partner who has had an affair (or contact with thoughts about the affair) is experienced as totally aversive and elicits some form of aversive behavior (withdrawal, avoidance, or attack). Promoting empathy often occurs through the offending partner's expressions of soft emotions such as his or her genuine sorrow at having caused his or her partner such terrible pain, and/or other soft emotions such as deep regret, heartfelt love for the partner and anguished fear of losing him or her. Such expressions allow for stimulus transfer such that the intimacy promoting qualities of these softer emotions enter into the person's experience of the offending partner and thoughts about the event. Following such interventions, the victim no longer experiences the partner/event as simply aversive, but instead experiences the partner/event as a complicated mix of aversive stimuli and intimacy-promoting stimuli, moving him or her further up the acceptance-forgiveness continuum. In short, any in-session intervention that plausibly pairs the partner-who-has-offended with experiences that elicit compassionate understanding should promote movement along the forgiveness continuum. As noted earlier, this movement does not always progress past the midpoint of tolerance or forgiveness-without-reconciliation. For a more comprehensive explanation of the relational frame theory underlying this approach in an acceptance context, see Cordova (2001).

Acceptance and Commitment Therapy (ACT) shares a common theoretical base to IBCT, and thus is easy to integrate (Chapman & Compton, 2003). ACT is less relationally reliant than is IBCT and focuses more on the use of paradoxical statements to reduce faulty rule control. Omer (1981) proposed that paradoxes alter the context in which behavior occurs. They achieve this through: (a) changing the stimulus context (b) creating alternative associations for a behavior and (c) altering the consequences the behavior normally receives in the environment. Commitment has a critical role in couple's relationships, especially in avoiding affairs. Johnson and Rusbult, (1989) taking a social exchange perspective argued that those committed to their relationships (because of high rewards, low costs, high investments, and poor alternatives) are likely to "avoid temptation and maintain stable involvement by derogating alternative partners" (p. 194). Interestingly enough, both correlational and experimental studies provide evidence that this is the case. Highly committed individuals in couples, who are committed because they have rewarding and satisfying relationships in which they are invested, have a tendency to derogate attractive, available alternatives (Johnson & Rusbult, 1989; Simpson, Gangestad, & Lerma, 1990).

The decline of couples with unannounced affairs in Atkins et al (2005) may demonstrate a role for commitment and self-control in preventing participants in the relationship from

attempting to maximize reinforcement outside the relationship. This maximization could be an affair, another relationship (such as devoting oneself to a child in the relationship), or to work and career. This analysis also suggests that one needs to view the self-care exercises as having the potential to cause further harm in the relationship.

Targeting Unforgiveness Behavior

Targeting unforgiveness from a behavioral perspective has two rationales. First, forgiveness can also be promoted by targeting the aversive behavior of unforgiveness directly. This process is directly akin to exposure and response prevention in the treatment of simple phobias. Treatment involves exposure to the offense by talking about it and its aftermath in the session. Response prevention involves creating a safe environment in the session where avoidance, withdrawal, and retaliation are not available options. The partners learn through experience that contact with these painful topics does not in and of itself result in further injury, while at the same time providing an opportunity to engage in more intimacy conducive behavior. For example, a partner can talk about feeling betrayed with genuine sorrow and without seeking revenge or escape. The other partner can talk about feeling defensive and wanting to run away without defending himself or running away. That partner can also talk about powerful feelings of regret at having hurt his partner that seem to coexist with a strong desire to defend himself. Intimacy is promoted through the non-punitive sharing of vulnerability while the therapeutic context works to minimize acting out feelings of withdrawal and retaliation. Like exposure therapies for panic attacks, the clients learn that exposure to the feared stimuli can be tolerated in the service of deeply valued goals. Second, targeting unforgiveness fits with a matching analysis of function in which an attempt is made to decrease the reinforcement value on the problem behavior to increase the rate of the alternative behavior (see McDowell, 1982).

Behavioral Activation:

Behavioral activation theory holds to a matching analysis of client behavior. It holds that clients do not forgive because there is more reinforcement (at least immediately) for not forgiving, not enough reinforcement for forgiving, or the threat of punishment for forgiving (Hopko, Lejuez, LePage, Hopko, & McNeil, 2003). Behavioral activation is an effective long term technique because it engages in rewarding activities and people lessen their depression. The philosophy of behavioral activation is that the focus on modifying environmental contingencies is the healing force of therapy (Hopko, Lejuez, LePage, Hopko, & McNeil, 2003). Behavioral activation is listed as a well-established treatment for depression (Chamberless, Baker, Baucom, Beutler, et al, 1998). The primary contingencies of a couple's relationship are in the hands of the partners. Thus, it seems that couples need to struggle to come together. John Gottman spoke of the "glorifying the struggle" as being important to the couples healing (Gottman, 1994). On the individual level and couples level, activation can be seen as similar to the Greek concept of Pathos. Pathos is the experience of virtuous struggle and suffering for redemption. After betrayal, couples need to struggle together to work at their relationship. Many therapists will tell that the best couples therapy sessions that they have had were the ones that began with one partner saying something to the effect of "our relationship really sucks and it does not have to be this way." Early on, behavioral couples therapy explored the building of collaborative sets with couples (Jacobson & Margolin, 1979). Once the couple agrees to work on their relationship, exercises can be developed to lessen alienation.

Targeting the Consequences of Forgiveness and Unforgiveness

Finally, acceptance can be promoted by targeting the consequence of aversion versus movement toward forgiveness. This involves the therapist providing reinforcement for behavior that maintains contact while discouraging behavior that avoids or diminishes contact. This is an approach advocated within Functional Analytic Psychotherapy (FAP) as a treatment for difficulty with intimate relationships.

The therapeutic relationship is a rich source of contingencies (Kohlenberg & Tsai, Cautilli, Riley-Tillman, Axelrod, & Himeline, 2005a). This is as true for couple's therapy as it is for individual therapy. These contingencies can help couples by reinforcing movement toward progress or haphazardly move couples toward escape and disaster. Maximizing these contingencies and a careful functional analysis of resistance (e.g., Cautilli, Tillman, Axelrod, & Himeline, 2005b) can reduce therapeutic failure. It is critical that therapists be trained to recognize clinically relevant behavior of the couple as it occurs in session (Kohlenberg & Tsai, 1991). In the context of forgiveness therapy, the therapist must attend to both those clinically relevant behaviors that maintain positive contact in order to increase the frequency of that behavior and to those behaviors that are acts of unforgiveness in order to decrease the frequency of that behavior. For example, talking about wanting to escape without actually moving to escape both maintains positive contact and replaces active aversion. The therapist can reinforce that behavior by responding with genuine attention and augmenting his or her positive emotional response to the client (e.g. "I think what you're doing shows such strength and commitment. Wanting to run away, saying that out loud, and yet staying here engaged in this therapeutic process feels very powerful to me.").

Taking a functional analytic psychotherapy perspective (Kohlenberg & Tsai, 1991), in the therapeutic relationship clinically relevant behavior emerges (CRB). This clinically relevant behavior can represent the problem occurring in session (CRB1) or improvement occurring in session (CRB 2). The therapist's job is to reinforce with natural reinforcers CRB 2s and disrupt and call attention to CBR1s as they occur in session.

Methods from Traditional (First and Second Generation) Behavior Therapy Self-Control Training

Chambless, and colleagues (1998) list self-control training as a probably efficacious treatment for depression. Early research on self-control training from an operant perspective was very promising for treating depression (Fuch & Rehm, 1977; Thomas, Petry, & Goldman, 1987). Fuch and Rehm's program emphasized monitoring one's own behavior, evaluation of performance against stated goals and objectives, and the use of systematic reinforcement for achieving long-term goals. Fuch and Rehm (1977) found their approach superior to supportive therapy for expression treatment. Rehm and Plakosh, (1975) showed that for depressed individuals a distinct preference for immediate versus delayed rewards. Thomas, Petry, and Goldman (1987) compared the behavioral self-control program to cognitive therapy for depression and found the two approaches to be equally effective both during treatment and at a six week follow up. Self-control can help the individual to give up the momentary reinforcer of unforgiveness and/or overcome the momentary punishment associated with forgiving to meet the long-term goal of relational intimacy.

The self-control programs teach clients to give up small immediate rewards for more long-term gains. This can be very helpful for couples struggling to find peace after a betrayal. Recognizing the triggers to sarcastic and biting statements can help the couple to begin rebuilding their relationship.

Behavioral self-control also has a role in avoiding damaging affairs. Not placing oneself in situations of temptation is important to ensuring a healthy relationship.

Treating Seeing as Operant Behavior

Skinner (1974) held that seeing is operant behavior and is thus capable of being shaped. One way to impress this on clients is through the hard eyes/soft eyes technique (Potter-Efron & Potter-Efron, 1991). In this technique, first the individuals are told to look into a mirror and to view themselves in the most critical and judgmental way. They are told to "make their eyes hard" are then asked to share what they see in the mirror. The therapist listens and notes what he or she hears. Next, the person is told to relax and soften their eyes and too look with non-critical (i.e., curious, accepting) eyes in the mirror. The therapist then asks them what they see and notes the difference. After this is done, the therapist discusses what he did to make his eyes softer or harder. The therapist asks them how they would prefer to see themselves and how they would prefer others to see them. Next, the therapist brings the couple together for the same activity. When the couple is brought together for the activity they are taught to look at each other first with hard eyes then soft eyes. They then share what they say and how they would prefer to be seen.

Therapist autoclitics

Skinner defined autoclitic behavior as behavior engaged in by the speaker to change the behavior of the listener. Stories, metaphors and similes are common autoclitics used by the therapist to enhance couples therapy. The therapist should use autoclitics that are meaningful to the clients' learning history. If the clients watch television, common television shows could be used to discuss how conflicts are handled. If clients use a lot of religious themes, then common religious comments could help. Stories are an excellent way to leave couples with a rule-governed understanding of their situation. A common one for the additive nature of the relationship is the story of the child who hurts others. The story goes like this: there was a child who cursed and hurt others. She was very aggressive. So one day, her mother told her each time she hit someone or cursed, she needed to go into the yard and put a nail in the fence. After several days of this intervention, her rate of hitting and cursing dropped to near zero. After a few more days, it reached zero and so her mother told her that for each day she did not curse or hit others, she could remove a nail from the fence. After several weeks, all of the nails were removed. Her mother went to her and said "Excellent job, all the nails are gone." The girl looked at the fence and felt proud to see all the nails gone. But then she felt sad because she saw all of the holes in the fence. She said "but mommy look at all the holes" and her mother said to her "Well sometimes once things are done, there is no way to fix them."

Communication and Problem Solving Training

Communication and problem solving training while not the major focus of the intervention is important to help couples create a space that is safe to discuss the hurt event. This approach can have a powerful effect for couples struggling with the event (see Atkins, Baucom, Eldridge, & Christenson, 2003). Couples are taught methods to reflectively listen to the partner and to allow the partner to express the problem as they see it and in a manner that is heard. Next the therapist encourages the couple to go through a formal process of problem solving around the issue

Suggestions for Intervention

Figure 1- Change model and Interventions

Phase Number and Description	Therapist and Couples goals	Intervention techniques that may help	Clinically relevant behavior to look for in session	Clinically relevant behavior that the therapist may emit that suggests they need to seek supervision
Phase 1- Looking at the context before the hurt. Recognizing what was lost from the hurt.	a. Looking at the relationship before the hurt/Betrayal b. Looking at the relationship after the hurt/betrayal c. Patterns of intimacy	a. Communication training b. Empathic joining	<u>Possible CRB1s</u> “I don’t forgive because I am bad.” “I don’t forgive because I want to hurt you.” “I hurt myself to hurt you.” “I don’t forgive because I am disgusted” CRB2s “I don’t forgive because I am afraid” “I don’t forgive because I am ashamed”	The therapist feels frustrated The therapist feels helpless
Phase 2 - Recognizing the context of hurt. Placing the couples relationship in context	a. Fostering acceptance b. Lessening experiential avoidance	a. Shaping softer eyes b. Jacobson's turning the problem into an it c. Empathic joining techniques d. Using contingencies in the therapeutic relationship to reinforce accepting statements and rules of acceptance	CRB1s – Couple misses sessions. CRB2s- Couples attend sessions and discuss pain openly.	Therapist misses clients expressions of hurt and anger Therapist feels angry or moral revulsion or disgust. Therapist feels an urge to rush in and save or protect the couple or a member of the couple
Phase 3 - Accepting the hurt/betrayal- Breaking away from experiential avoidance- disrupting the rules for avoidance	a. Fostering increased acceptance	a. Feeling the pain together (empathic joining) b. Exploring the couples values around pain and the betrayal c. Increasing self-care activities	CRB1s – Couples avoid speaking of the affair, couples create other issues to work on in therapy. CRB2s- couples speak of the pain openly and make verbal commitment to	Therapist finds himself or herself “selling the program.” Therapist finds themselves equating couples health with freedom from emotions Therapist finds themselves allying with less angry client

			working on the pain.	
Phase 4 - Committing to Forgive	<ul style="list-style-type: none"> a. Having the client commit to living life in accords with their values. b. Having client commit to the process of forgiving. 	<ul style="list-style-type: none"> a. A functional analysis of factors blocking forgiveness (looking at triggers for moments of unforgiveness, look at consequence factors for moments of unforgiveness, increased attention in the moment, a strong suppressive punisher when the partner says something that the person does not like, etc). b. Rule governed factors for unforgiveness (immediate reward-temporary power over partner- and long term death of relationship) c. A teaching the individual a behavioral self-control and acceptance tactics for when triggers arises as a couple. (i.e., keeping track of the number of disgusted or critical statements made and what triggered them and what was the payoff for their comments- look at the effects of overlearning). d. Problem solving training 	<p>CRB1- couple blocks making statements about commitment</p> <p>CRB2- couple states it can not commit at this time or commits to activities</p>	<p>Therapist feels used by clients</p> <p>Therapist has moral problems with commitment</p> <p>Therapist finds that they are getting into power struggles with the client</p> <p>Therapist finds himself or herself rushing in to make things peaceful.</p>
Phase 5- Behavioral Activation to achieve	a. Engaging in exercises to forgive	<ul style="list-style-type: none"> a. Contracting b. Activity scheduling 	CRB1- couples do not do homework or activity	Therapist finds themselves with a lack of energy to see the couple

forgiveness			schedule CRB2- couples complete homework and discuss events freely.	
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Conclusion

A behavior analysis of forgiveness offers insight into the therapeutic processes that may help couples overcome hurt and betrayal. This conceptualization allows the therapist to draw from both second and third generation behavioral technologies in a manner that may maximize the therapeutic outcome. Thus, the process is a balanced mixture of acceptance and change based on the idiographic histories of the couple in therapy. We have taken this process to lie out a broad model of interventions that the therapist may use to meet unique needs that develop through the case conceptualization process.

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