Recent Developments in Family Science in USA and Italy

Luciano L’Abate

1) Georgia State University

What has happened in USA since the Founding of the International Academy of Family Psychology in 1990? The purpose of this article is to bring my Japanese colleagues and friends up-to-date about what has happened in family science in USA and Italy since the foundation of the International Academy in Kyoto and Tokyo in 1990. Since then a great deal of water has passed under the bridge of time. Unfortunately, I will not be able to cover advances in other countries because I have not been able to keep up with them.

I will start with giving more personal background and eventually enter into the realm of theory, which was my first concern during the first meeting of the Academy in Tokyo, as well as in the realm of prevention, which was my second concern then and still is, together with the importance of theory-driven evaluation for any kind of psychological intervention (L’Abate, 1990a, 1990b, 1990c, 1990d).

My Family Background and History

I can trace my heritage to my great-grandfather. There are two versions about who he was. One version says he was the cook for the Marquise Grassi family, an aristocratic family that owed land in Lombardy. The other version says he was a Catholic priest whose uncle was the Bishop of Milan, Italy in 1850, a member of the Grassi family. Consequently, if this version is correct, my great grand-father might have been destined to rise higher in the hierarchy of the Catholic church with the help of his uncle.

One day when walking through the streets of Milan, my grandfather, whether a cook or a priest, heard a chorus singing a melody he had never heard before. Curious to know who was singing this melody he entered the building and saw that after finished singing one man got up and read from the Bible. Since, he knew that only Catholic priests were allowed to read from the Bible, after the man finished reading and explained what the Bible meant, he asked the man who is was and how was he allowed to read and explain the Bible. The man told him that he was a follower of Peter Waldo who in the 12th century gave all his money to the poor and his followers were persecuted as heretics by the Catholic Church. This group called
themselves “Waldenses” or “Waldensians” and were kept inside the Kingdom of Savoy in Piedmont until February 17th 1948 when they were allowed to cross a river and expand in the rest of Italy.

To make a long story short, my great-grandfather converted to being a Waldensian, married a Countess who has been thrown out from a famous Tuscan family, the Capponis, for her conversion to being a Waldensian, and together became missionaries founding an Evangelical Church in Bari, in South Italy which still stands and is still active to the present. They had three daughters, one of which was my grandmother. She married an armator who had a fleet of merchant ships and settled in a palace in Brindisi, Italy, where her husband had an Evangelical Chapel built next to the palace, which still stands but is not active. They had ten grown children, five men and five women. My mother married my father with the understanding that the children would be raised as Waldenians. I was born in Brindisi. My father was a chemical engineer whose family was in the olive oil and detergent business. He had been a pilot during First World War and had remained in the Italian Naval Reserve with the rank of captain. He served during second World War as commander of anti-aircrafts batteries in the Adriatic sea and Greece. He retired with the rank of commander and resumed private practice after coming back to Florence. He also converted to being a Waldensian.

Therefore, I grew up as a Waldensian, a very small minority in a Catholic majority in Italy, where I learned to sing the same hymns sang in the USA and I grew up in Florence (1931-1948), where, before World War II, my father had a job overseeing the olive yards of Baron Ricasoli, in Tuscany and in the island of Rhodes, that had been given to Italy in between the two world wars. There was an Waldensian Church in Florence, where I was active in the church youth group. After Second World War (1948) I received a scholarship to study in the USA at Tabor College, a Mennonite College in Kansas. The Mennonites are a fundamentalist Protestant church varying in degrees of freedom allowed to individuals. For instance, I had to sign a pledge not to dance, smoke, drink alcohol, or attend movies while I was enrolled there. After I completed a baccalaureate degree with majors in English and Psychology and a minor in Bible (1950), I received a Master degree from Wichita University (1950-1952), where I was introduced to play therapy with children and Rogers’ non-directive counseling. I completed my training with a Ph.D. degree from Duke University in Durham, N.C (1956). After receiving this degree, I had to go back to Italy to change my visa from student to permanent resident status. Before leaving, I agree to work as a clinical psychologist in a Mental Health clinic in Greenville, NC, which then facilitated my receiving a preferential visa to come back to the USA.

After two years in the Greenville clinic (1956-1958), I applied and received a Post-doctoral Fellowship in child psychotherapy from the United States Public Health Service at the Psychosomatic and
Psychoanalytic Institute of Michael Reese Hospital in Chicago directed by Roy Grinker, MD, who had been analyzed by Sigmund Freud himself! (1959-1960). I met and married my wife in Chicago. Afterwards, I received an appointment as Assistant Professor in clinical psychology in the Psychiatry Department at Washington University School of Medicine in St. Louis, Missouri (1960-1964). After four years in St. Louis, I received the position as Associate Professor and Chief Psychologist in Child Psychiatry at Emory University School of Medicine in Atlanta. After one year and a half there, I moved to Georgia State University (GSU, 1965) as Professor of Psychology, where I built the first automated playroom in the world (L’Abate, 2009g), and eventually the first Ph.D. in family psychology in the world. During my 25 year tenure at GSU, I mentored 30 Ph.D. and as many master degree students. I retired from GSU in 1990 as Professor Emeritus, but I have been active ever since, publishing about one book a year plus many research papers. For the Japanese readers who want to know more about my play history, they will have to consult my 2009g book about play across the life span.

What Got Me Interested in Family Psychology
I became interested in family psychology while I was taking a course in family sociology for my master at Wichita University (1951). After taking that course, I kept on wondering why was not there a family psychology? In addition to this question, my graduate training at the time was strictly intrapsychic, as if individuals were living in a vacuum of relationships. As I am explaining in the next section, it was my good fortune to realize at the time that there was system theory coming in strongly but not in graduate training. The two major theoretical currents were taught in graduate schools then were only learning theory and psychoanalysis. Only in the 1970s did systems theory gain ground as well but not in graduate psychology programs.

As I had practicing since 1956 working with disturbed and upset children, it became clear to me that a child’s problems were extensions of family imbalance and dysfunctionality. It became also clear to me that my clinical practice was completely divorced from empirical evidence, a substantial gap that still exists in the profession of clinical psychology in USA. Therefore, three major issues staid in my mind during these formative years and thereafter: (1) family psychology as a discipline in its own rights; (2) importance of bridging the gap between clinical practice and empirical evidence, and (3) importance of expanding from a limited and limiting face-to-face, one-on-one, talk-based paradigm to allow to help multiple participants at the same time efficiently and responsively using standard operating procedures that are replicable. To be replicable these procedures have to be administered in writing not through words. The essence of a science is a cumulative, replicable written record, not words.
My Most Influential Teachers and Mentors

My first psychology teacher at Tabor College was T. H. Schellenberg, who received his Ph.D. at the University of Minnesota and who gave me a good conceptual understanding of psychology. The teachers who were most influential for my moving into family psychology at Wichita University were two Ph.D.s from Indiana University: N. Pronto and D. Herman, who were both followers of J. R. Kantor, the founder of inter-behaviorism -- the view that the immediate context is responsible for behavior to emerge and to survive. This view has lost popularity in USA but interbehaviorism was what I consider the pioneer view of behavior based on relationships rather than on a vacuum.

At Duke my mentor was G. A. Kimble who was a well-known expert in conditioning and learning. There I did my dissertation on transfer of non-sense syllables that showed important gender differences between men and women. At least then, women were allowed to admit to being anxious while men were allowed to deny stoically about being anxious. I followed up this research with two additional research grants from the U.S. Public Health Service at East Carolina University in Greenville, NC and at Washington University in St. Louis, to support the presence of gender differences about the admission of anxiety since childhood. This work culminated with an article published in Science magazine (L’Abate, 1980) where I found a quadratic equation between association value and association strength.

Here, however, I was still operating as a clinician at one hand and as a researcher on the other with a wide conceptual and practical gap between the two. The chance to combine clinical practice with research came by the need to evaluate children at St. Louis Children Hospital within a limited budget (1960-1964). There I was able to train volunteers to administer simple tests, like the Draw-A-Person, the Bender-Gestalt, and other simple tests, while a part-time graduate student would administer the Wechsler Intelligence Scales and projective techniques like the Rorschach and the TAT according to differences in age. I was responsible for interpreting these results and writing clinical reports for referring physicians, pediatricians, neurologists, and psychiatrists (L’Abate, 1964, 1968). When I transferred this method to the Departments of Psychiatry and Pediatrics at Emory University School of Medicine, and eventually at GSU, I was able to evaluate 10 children a week, a number that would have been impossible if I administered a whole battery per child by myself.

The important issue of what I called “The laboratory method in clinical psychology” was that I never saw the patient. Interpretation of results was based completely on the notes of volunteers and the graduate students as well as on the objective results from tests. I was also accumulating data that would be useful for research because only standard test batteries were used with every child according to age. In this way I was able to evaluate many more children that I would have to perform the whole process myself and I lowered the costs of each evaluation using para-professional personnel. It
took me 40 years to bring this method to the attention of my colleagues in USA (L’Abate, 2008b), but I am afraid that a great deal of resistance still exists in stressing the expensive and limited face-to-face, one-on-one talk-based paradigm (L’Abate, submitted for publication, 2010c). However, the Internet is bringing down the wall of resistance for both paradigms.

Books that Influenced me the Most

The book that left a life-long imprint in my mind was Korzybski’s (1949) *Science and Sanity*. He criticized a great many semantic errors involved in the incorrect use of words that caused a great deal of problems in our society: First of all, he emphasized that: “The map is not the territory”, that is, words not matter how accurate are a poor representation of concrete reality. Second, he criticized what we call stereotypes and generalizations found in psychiatric diagnoses, whereby we put labels on people that discriminate against their individuality. Calling a person “schizophrenic” and giving another person the same label put both persons in a category that equalizes them according to one dimension while eliminating other dimensions that are important to them as individuals. Third, relationships among individuals are important not what labels we assign to them.

In line with this thinking, Leary’ (1957) contribution of a two-factor model based on two orthogonal dimensions of affiliation and power to construct a circumplex figure that accounts for many different relational types was also very important. This dichotomy was supported by the very influential work of Balkan’s (1968) differentiation of two different models of interacting, communal/expressive and agentic/instrumental. Both two factor models become parts of a model in Relational Competence Theory (RCT) explained below. However, I was also influenced by von Bertalanffy’s (1964) systems theory, related to balance and transfer of energy and information from one system to another, especially with the notion of corrective feedback that became prominent in Model1 of RCT. More specifically, I was also influenced by Spiegel’s (1971) transactions among individuals, families, and societies.

I cannot deny the influence of Brofenbrenner’s (1977) ecological view that determined the production of an experimental ecological questionnaire to evaluate dimensions usually not covered by typical psychological instruments. Lastly, the most direct and practical influence that composes a whole Model7 of RCT was found in resource exchange theory of Foa and Foa (1974).

What Excites me the Most about Family Psychology

The construction of a relational theory has been my most exciting endeavor in the last 30 and more years since I started to think in terms of theory and theory-related models rather than the unfettered creation of models without any possible connection with each other that characterizes past and recent American blind emphasis on rigid empiricism without any theoretical back-up or background (Cusinato &
L’Abate, in press; L’Abate, 1976, 1986, 1994, 1997, 2003, 2005; L’Abate & Cusinato, 2007; L’Abate, Cusinato, Maino, Colesso, & Scilletta, 2010).

It was my good luck that in 1988 I was invited to be a Visiting Professor at the University of Padova by Prof. Mario Cusinato, who became interested in RCT from its outset and began translating my books and using them as textbooks in his coursework. He was able to recruit and mentor upward of 50 theses and dissertations to evaluate already-existing and creating new, self-report, paper-and-pencil measures derived directly from some models of RCT. Without his creative and unrelenting work, it would have been impossible for RCT to survive in a psychological world dominated by sheer and often-blind empiricism without any theory backing it up (Cusinato & L’Abate, in press; L’Abate et al., 2010).

Over the years since its inception (L’Abate, 1976) I was able to define and refine models of RCT until I was able to reframe it into a hierarchical, pyramidal framework (L’Abate & Cusinato, 2007) finding support for its structure in the position emphasized by Harkness (2007) that to exist and function as a real theory, a theory should be framed hierar-chically, as evolution in biology. Consequently, I started to think of theory in hierarchical terms, as represented in most complex, human organizations, such as commerce, industry, medicine, military, and religion, where a pyramidal hierarchy is necessary for these organizations to function and to survive effectively.

What Factors Influenced Relational Competence Theory?

All the books I listed above plus others I did not list were the theoretical mass that allowed me to start viewing clinical problems according to models of RCT and assure that most if not all disorders covered in the American Psychiatric Association Statistical Manual of Mental Disorders (Author, 1994) were covered by most models. RCT should cover both functional and dysfunctional relationships in order to qualify as a real theory. We cannot have a theory that covers just functional relationships and another theory that covers dysfunctional ones. Nor can we have a theory for psychopathology distinct from a theory to explain criminality. Not can we have a theory about individuals void of their most relationships in our lives, the family, any more than we can have a theory about the family void of individuals. The theory should and must encompass all aspects of human transactions along relational dimensions rather then frozen, rigid psychiatric categories. Therefore, the scope of RCT is admittedly grandiose and ambitious. However, we cannot try to understand and control complex human problems and relationships according to simple or singular theories and models. Essentially, I began to emphasize what American psychologists have avoided doing all along, and that is: emphasizing the importance of a relational theory to orient and organize research and applications with human beings (L’Abate, 2009d).

Social Problems and Issues
My interest in psychopathology expanded also to finding cost-effective, mass-oriented ways to help functional and dysfunctional populations in replicable ways that require writing at a distance rather than face-to-face (f2f) talk-based (tb) interventions, following the laboratory method clinical psychology (L’Abate, 1964, 2008b). This expansion lead to constructing dozens of workbooks covering the whole gamut of functionality to dysfunctionality (L’Abate, 2010b, in press-d), as explained further below.

The Expansion of Relational Competence Theory

This section outlines and updates a formal, hierarchical theory of relational competence (RCT) about socialization in intimate relationships, comprising (Figure 1): (1) three levels of evidence, independent, related, and derived; (2) four requirements of verifiability, applicability, redundancy, and fruitfulness, with the latter requirement implying also longevity; (3) three meta-theoretical assumptions about the Width and Depth of relationships in Settings where relational competence is socialized; (4) three theoretical assumptions about abilities to love and to control through three content-related modalities of Presence, Performance, and Production; (5) five developmental and normative models which include identity differentiation, styles, interactions, selfhood, and priorities; and (6) four applied models derived from meta-theoretical and theoretical assumptions relating specifically to clinical conditions, such as distance regulation, pathogenic roles, intimacy, and negotiation. Empirical verification of these models has occurred through self-report paper-and-pencil instruments in the laboratory, through enrichment programs in primary prevention, targeted written practice exercises in secondary prevention, and prescribed tasks in tertiary prevention or psychotherapy (Cusinato & L’Abate, in press; L’Abate et al., 2010).

This section, therefore, summarizes a theory of relational competence socialization in intimate and non-intimate relationships formulated according to a pyramidal hierarchical framework. A theory is a speculative framework about a topic that lends itself to empirical validation in the laboratory and to applications in prevention and clinical settings. The formal hierarchical framework comprising the theory includes meta-theoretical and theoretical assumptions. Derived from these seemingly abstract assumptions and constructs are more specific, concrete, and verifiable through clinical and preventive applications. However, as in any organization, all models must show their effectiveness of their own as well as in relationship to the other models of the theory.

In America, theory-building in psychology is not viewed positively (L’Abate, 2005, 2009d) with a great deal of confusion in trying to differentiate among paradigms, theories, and models (L’Abate, 2009e; Renniger & Cocking, 1993). For example, as Valsinger and van der Veer (1993) commented on this negative
Figure 1
Summary of a Theory of Relational Competence in Intimate Relationships

| Requirements | Verifiability | Applicability | Redundancy | Faithfulness |
|--------------|---------------|---------------|------------|--------------|
| Meta-theoretical Assumptions about Relationships |
| Width | Depth | Settings |
| Models | EERAAC | Levels of Interpretation |
| Emotionality | Description | Home |
| Rationale | Presentation | School/Work |
| Ability | Phenotype | Transit |
| Awareness | Explanation | Transitory |
| Context | Genotype | Generational-developmental |

Theoretical Assumptions about Relationships

| Models | Ability to Love | Ability to negotiate | Both Abilities | Contents |
|--------|-----------------|----------------------|----------------|---------|
| Distance | Control | Functionality | Modality |
| Approaches/ Avoidance | Discharge/Delay | High/Middle/Low | Being/Doing/Having |

DSM-IV: Axis I, Cluster C: Axis II, Cluster B

GAF* (100 to 0)

* Standard deviations & driven personalities

Normalization Models of the Theory

| Models | Self-Differentiation | Relational Style | Interactions | Selfhood | Priorities |
|--------|----------------------|------------------|--------------|----------|-----------|
| Dimensions | Likeness Continuum | AA-RR/CC | Functionality | Importance | Survival/Enjoyment |
| a. | Symbiosis/ Alienation | Abusive/ Apathetic | Divisive | No-self | Vertical Self Intimates |
| b. | Sameness/ Opponence | Reactive/ Repetitive | Subtractive/ Static – or + | Selfish | Horizontal Settings |
| c. | Similarity/ Difference | Conductive/ Creative | Additive/ Multiplicative | Selfful |

DSM-IV
a. Axis I
b. Axis II, Cluster B
b. No diagnosis

Clinical Applications of the Theory

| Models | Distance Regulation | Drama Triangle | Intimacy | Negotiation |
|--------|---------------------|----------------|----------|-------------|
| Dimensions | Pursuer/Distancer/Regulator | Persecutor/ | Victim/ Slating Joys, | Structure/Process |
|          |                      | Hears/ Fears of | Being Hurt/ Forgiven | Authority/Responsibility/ II Skill, Will |

Note: GAF=Global Assessment of Functioning (DSM-IV). Adapted from L’Abate, 2008-b.
conclusion:

“This theoretical weakness seems to become increasingly widespread in contemporary psychology with the accentuated empiricist emphasis on inductive knowledge assembly, which is not paralleled with an equal focus on rigor of deductive argumentation. In the theoretical realm of contemporary psychology the tyranny of eclecticism governs, which increases the imminent danger of psychology becoming a non-science at best, and non-sense at worst. Ironically, extensive proliferation of empiricism in psychology leads psychologists to worse (rather than better) possibilities to understand psychological phenomena (p. 35).”

This comment and conclusion about the outcome of blind and uncritical empiricism, without an overarching theoretical framework and the proliferation of empirically-based models without any theoretical connections with each other, was expressed by L’Abate (2005) among many other psychologists asking for a comprehensive theory but not producing one (L’Abate, 2009d).

Hierarchy is just as important in psychology as it is in biology, as well as in any other science, as well as in any complex, commercial, financial, industrial, military, or religious organization, for that matter, allowing one to divide components according to their relative functions and respective position in relation to other constructs or models (Harkness, 2007). Without hierarchy there is chaos and confusion, epistemologically and ontologically, because one cannot know how a component part functions in relation to other parts of the overall framework (L’Abate, 2009e; L’Abate et al., 2010; Markon, Krueger, & Watson, 2005).

No specific or direct support had been proffered heretofore to explain the hierarchical organization of this framework, an omission that was corrected by L’Abate and Cusinato (2007). Here, we are primarily concerned with the hierarchical structure of the formal theory and secondarily about the overall evidence that is relevant to the validity of its models. The seemingly abstract nature of these models has been reduced to a concrete structured interview for individual verbal administration to couples and families (L’Abate, 2009b) as well as written, interactive practice exercises for wide-scale administration through distance writing and the Internet (L’Abate, 2010b). A complete list of conceptual and research-based secondary references (i.e., chapters) is available in L’Abate (2009a).

Socialization is the process whereby relational competence is articulated, nurtured, molded, and produced by lifelong intimate and non-intimate relationships, by joyful and hurtful events, and by traumatically painful and pleasurable experiences. Relational competence is the totality of an individual’s characteristics and effectiveness in relation-ships (Cusinato & L’Abate, in press; L’Abate, 1976, 1986, 1994; 1997b; 2003, 2005, 2009d, in press-a; L’Abate & Cusinato, 2007; L’Abate et al., 2010; L’Abate & De Giacomo, 2003). Competence includes how effectively we function in intimate, communal and expressive
relationships that are close, committed, interdependent, and prolonged as well as in non-intimate, instrumental and exchange relationships that are agentic, distant, opportunistic, superficial, autonomous, and possibly short-lived (Bakan, 1968; Brehm, Miller, Perlman, & Campbell, 2002; Clark & Mills, 1979; DeGenova & Rice, 2005).

Socialization in intimate and non-intimate relationships varies along dimensions ranging from functional to dysfunctional styles and prototypes classified by traditional psychiatric classification (American Psychiatric Association, 1994; Davis & Millon, 1995; Krueger & Tackett, 2006; L’Abate, 2005, L’Abate et al., 2010; McHugh & Slavney, 1989). Connections to dysfunctional prototypes anchor and link theoretical models to real life conditions rather than to abstract, hypothetical, inferred, or ideally intrapsychic constructs. These connections attribute dimensional, relational, and contextual meanings to otherwise static, monadic, and non-relational psychiatric categories. RCT, therefore, serves as a framework to understand traditional psychiatric classification according to dynamic relational dimensions rather than according to static, non-relational, categorical lists of symptoms and syndromes (Beutler & Malik, 2002; Dischion, 1999).

RCT includes 16 models (Figure 1) that encompass relational competence socialization in different settings and in different relationships. It is impossible to disentangle relational competence socialization from its relationships with intimates and non-intimates, because relational competence is circularly and contextually the product and producer at the heart of those relationships. Relational competence socialization occurs through continuous interactions with significant intimate and non-significant non-intimate others. Ideally, if at all valid, this theory should apply not only to individuals in relationships but also to dyadic and multi-relational systems, such as couple, family, parent-child, siblings, in-laws as well as to non-intimate exchange relationships.

Models of RCT are supported by evidence bases on: (1) both conceptually similar but independent sources (L’Abate, 2005, 2009a, 2009e); (2) indirect but related evidence, as, for instance in the case of Models7&14, and (3) direct and related evidence specifically created to validate most of the other models (L’Abate et al., 2010).

Requirements for Relational Competence Theory

Four major requirements have been demanded of this theory:

(1) Verifiability in the laboratory as well as in the clinic, all models of RCT are accountable for themselves and must be evaluated according to criteria of reliability and validity. To be relevant, the theory must be valid in more than one setting, therefore the laboratory setting alone is not sufficient to satisfy this requirement. Models or methods derived from the theory must be replicable also in applied and clinical settings. For instance, thus far, RCT has been expanded to describe and
possibly “explain” play across the life cycle (L’Abate, 2009g), self-help (Harwood & L’Abate, 2010), and hurt feelings in intimate relationships in Model15 (L’Abate, in press-a).

(2) Applicability to both educational, preventive as well as psychotherapeutic interventions with individuals (children, youth, adults), couples, and families, as well as applications in schools, in preventive and clinical settings from different researchers in different settings and even countries.

(3) Redundancy, the ability to describe and perhaps explain multidimensional constructs through different versions of the same construct from various models. For instance, psychopathology can be described developmentally according to practically all models of the theory. In another instance, Love is typically a multidimensional construct Mak & Marshall, 2004; Rempel & Burris, 2005), that is covered (redundantly) by various models of the theory, as distance between people in Model1 as a degree of similarity in Model7, as Being Present, that is available communally and agentically to self and to loved ones, in how one interacts with intimates and non-intimates at home and outside the home, according to Model10, how importance is bestowed to self and others, as in Model11, what kind of priorities determine one’s relationships to self and others, as in Model12, how we share joy and hurts and fears of being hurt with loved ones, as in Model15.

The same kind of analysis, following the requirement of redundancy can be applied to a multidimensional construct of control, as evaluated by different models. In this way, one could also not only describe but also explain a particular model as viewed from the lens of different but converging models.

(4) Fruitfulness is the ability to produce interest and even enthusiasm in researchers not originally connected to the theory in producing research to evaluate the statistical properties of the models in the theory. Longevity is another aspect of fruitfulness, how long does a theory last? For instance, evolution has lasted more than a century, while psychoanalysis has lasted circa a century but it has lost its influence for its being difficult to evaluate empirically.

Meta-theoretical Assumptions

These meta-theoretical assumptions go beyond the theory itself to encapsulate past knowledge. They represent constructs necessary to any theory of relational competence socialization. These assumptions include the Width (Model1) and Depth (Model7) of relationships as well as Settings (Model3) where such relationships are concretely and directly related to the process of socialization.

Width of Relationships: Model1

Intimate and nonintimate relationships vary along a horizontal (Width), information processing dimension based on a circular model involving five sequential components: Emotionality, Rationality, Activity, Awareness, and Context (ERAAC, Figure 1.2). Since Model1 is basic to this whole volume, it is relevant to explain it in greater detail than all the other models.
Emotionality refers to how we experience and receive information from either inside and outside ourselves, the input of emotionally-tinged cues, stimuli, and events that are related to our emotional experience, that is: our affects and our feelings (Cacioppo & Gardner, 1999). Emotionally neutral stimuli may go directly to Rationality rather than Emotionality. Rationality includes cognitive functioning, intellectual functioning, and emotional intelligence, problem-solving, planning for the future, and temporal perspective. Activity includes action and the verbal, nonverbal expression of feelings, transforming them into emotions. Awareness includes the ability to introspect and reflect about one’s activity, serving as a change-related feedback function on all the other components of the model. Context includes how situations and settings are perceived subjectively, independently from the nature of the situation or setting themselves.

Context, as the subjective perception of a situation, interaction, or setting can be viewed also at various levels. For instance, given a meeting of the board of directors in a sport-related organization X, the supra-ordinate, overarching level of the meeting, perhaps even unspoken, would X1, while the agenda for the specific board meeting itself that lies underneath X1 constitutes a second sublevel X2, with board members, old and new, constituting another third sub-level X3. Hence, these three levels organize how the meeting is being conducted. However, if a new, junior member of the board out of the blue, starts talking about his or her own great tennis skills out-of-context and challenges one of the senior member of the board to a game, who is extremely well-known for his tennis skills, this would be a context-denying and context-discounting behavior that is irrelevant to all three levels of the context. The junior member would be denying and discounting the overall X1 organization, the agenda of the meeting X2, and the difference in age and status between himself and a senior board member X3, showing bad social judgment.

Each component of this model is fundamental to past and present schools of thought: (1) Existentialism for Emotionality; (2) Empiricism and Rationalism for Rationality; (3) Behaviorism for Activity; (4) Gestalt and Eastern approaches for Awareness; and (5) Family psychology and Contextualism for Context. In psychotherapy: (1) Existential approaches stressing subjective experience would relate to Emotionality; (2) psychoanalysis, rational-emotive, cognitive behaviorism for Rationality; (3) conditioning and operant approaches would relate to Activity; (4) Gestalt therapy would relate to Awareness, and (5) family therapy to Context.

Each school of thought and each psychotherapeutic approach, conceptually, empirically, or practically emphasizes the hegemony of one particular component over the other four. Emphasis is achieved by fostering and publishing a myriad of publications in that one specific area of interest, each one of the five components. Most if not all models and applications of this theory are derived in part
from components of this model, because these five components, in one way or another and to a certain degree or another, enter in all the models of RCT. This is the reason why this model has been extensively evaluated in Cusinato and L’Abate (in press) and L’Abate et al. (2010), because it is fundamental to all the other models of RCT (L’Abate, 2005).

There are three major characteristics of this model, as shown in Figure 2, and that is: (1) the size of each component in relationship to the size of the other four components; (2) the permeability of the lines defining each component that would determine (3) the amount of overlap among the components. These three variables determine how each component relates to the other four components.

**Depth of Relationships: Model**

Complementary to the Width model, levels of observation and interpretation of relationships vary along a vertical dimension of Depth based on a multilayered Model comprising description and explanation. Description consists of two sublevels: an easily observable public-presentational facade, what is outwardly exhibited (Clark, Pataki, & Carver, 1996; Metts & Grohskopf, 2003), such as saving face in Japan, and a private-phenotype kept hidden in one’s mind or the privacy of one’s home. Explanation consists also of two sublevels: an internal genotype, usually inferred or hypothetical, such as id, ego, and superego or self-esteem, (expanded here into observable Identity-differentiation and Selfhood Models, and generational characteristics transmitted from one’s family of origin, including physical, emotional, and intellectual development. Consistency and incon-sistency between levels and sublevels is crucial to observe and interpret relational competence socialization in different settings. The sublevel of self-presentation or Impression Management is measured with a scale related to this sublevel in Appendix A of Cusinato and L’Abate (in press).

Figure 2

*An Information Processing Model*
Socialization Settings: Model³

Socialization occurs between intimates and non-intimates in various settings (Model³) related to survival and enjoyment in life, including extra or surplus leisure time (Csikszentmihaly, 2004). This model includes home, school/work, transit (airplanes, buses, cars, roads, hotels, etc.) and transitory (bank, church, grocery store, barber, beauty salon, etc.) settings. Each setting is a necessary aspect of socialization. How much time and energy is spent in one particular setting? Which relational competence characteristics determine how much time and energy is spent in one setting over another? How are these characteristics reflective of these settings? These questions will be answered by other models of the theory, especially Model¹².

Theoretical Assumptions

The theory proper assumes that relational competence comprises two basic relational abilities, processes that include the ability to love (Model⁴) and the ability to self-control or self-regulate (Model⁵), with a combination of both models (Model⁶). An additional corollary specifies the contents of both abilities, Model⁴. These abilities imply that in order to love and to control self. There should be prolonged interactions between at least two individuals. Whether positive or negative, functional or dysfunctional, these inter-actions occur in intimate relationships at home and develop in ongoing non-intimate settings, such as school or work, where prolonged interactions are most likely to occur.

Ability to Love: Model⁴

The ability to love relies on a dimension of space or distance defined by extremes in approach-avoidance (Cocking & Renninger, 1993). Functionality occurs when approach-avoidance tendencies are balanced. Dysfunctional occurs when approach-avoidance tendencies are at polar extremes of this dimension. Usually, one’s distance and motiva-tion to approach-avoidance are measured by self-report paper-and-pencil tests. In this model, distance is assessed objectively—how much time, how frequently, how often, when and where one approaches or avoids self, a particular person, a setting, a task, or an object? How strong or weak are these approach or avoidance tendencies? Is approach stronger than avoidance or vice versa? At what level of observation and interpretation is either tendency occurring? Does it occur in public or in private? We might need to approach disliked co-workers or neighbors, but we wish we did not have to. What about conflicts in approach-avoidance tendencies? Are the gradients of these tendencies different?

Relational competence includes personality disorders of the DSM-IV (Author, 1994) Axis II Cluster C with exemplary prototypes for extremes in a dimension of distance. These prototypes are defined at one extreme by excessive approach, needing and wanting continual closeness, as observed in helpless dependent or codependent, parasitic personality disorders. Individuals with this disorder approach and rely continuously on others to survive. The other extreme of
distance—avoidance of others—is observed in an increasingly severe continuum of phobias, social anxieties, and avoidant personality disorders (McHugh & Slavney, 1989, p. 135). These prototypes help to define a dimension of distance basic to the ability to love. We approach and want to live with someone whom we love; we approach what we love; we try to avoid (not always successfully!) individuals, activities, objects, tasks, and settings we do not like.

Functionality occurs when approach-avoidance tendencies are balanced according to ages and stages of the life cycle. Dysfunctionality occurs when approach-avoidance tendencies are at polar extremes of this dimension. Usually, one’s distance and motivation to approach-avoidance are measured by self-report paper-and-pencil tests (Feeney, 1999; Hess, Fannin, & Pollom, 2007; Impett, Peplau, & Gable, 2005).

**Ability to Control Self: Model 5**

The ability to control or self-regulation relies on a dimension defined by extremes in discharge, or disinhibition, at one end and extremes in delay, inhibition or constraint, at the other end (Baumeister, & Vohs, 2004; L’Abate, 1984). Functionality occurs when control tendencies are balanced according to appropriate age and stage-of-life demands (Nigg, Carr, Martel, & Henderson, 2007). Usually, this dimension is measured by self-report paper-and-pencil tests (Gable, Reis, & Elliot, 2000; Mansell, 2005; Roloff, Putman, & Anastasiou, 2003). Here, control is defined objectively by assessing reaction time, duration, frequency, rate, intensity, direction, and temporal perspective (L’Abate, 2005, pp.181-182; L’Abate et al., 2010). For example, how fast or slow does one respond to internal or external stimuli or events? More specifically, how fast or slow does one approach or avoid another person, activity, task, object, or setting can be directly observed and measured over time without relying solely on self-reports.

The locus of control could be internal or external as shown in prototypes defined by extremes of control. Extreme prototypes for discharge and externalization of the locus of control are observed in Axis II Cluster B personality disorders. These disorders show consistent and sometimes extreme discharge or inadequate controls, as in impulsive antisocial, narcissistic, and histrionic personality disorders. At the other end of this dimension, extremes in avoidance, internalization in the locus of control, and delayed discharge include most personality disorders of Cluster C. Model 16 will expand on how control is basic to the structure and process of negotiation and problem-solving (McHugh & Slavney, 1989). Model 16 elaborates on how the ability to control self is relevant to negotiation.

**Combining Abilities to Love and to Control Self: Model 6**

Constructs highly similar to dimensions of space/distance (closeness, intimacy) and time/control (negotiation, bargaining, problem-solving) are present in a variety of two-factor models (see Figure 3). Originally,
both dimensions were pioneered by Bakan (1968), whose distinction between communal/expressive (love) and agentic/instrumental (control) is still considered relevant to intimate and nonintimate relationships (Jung Suh, Moskowitz, Fournier, & Zuroff, 2004; Mills, Clark, Ford, & Johnson, 2004). By the same token, control is consistently viewed as an agentic exchange rather than as a communal construct (Baumeister & Vohs, 2004).

The same two dimensions appear also in monadic, nonrelational models. For instance, appetitive approach and defensive avoidance tendencies are orthogonal with polarities of discharge/impulsivity at one pole and delay/inhibition/constraint at the other pole. Approach-avoidance tendencies stem from or are related to Emotionality. We approach or avoid according to how consistently or inconsistently we feel toward somebody or something. Discharge-delay tendencies stem from or are related to either limited or excessive Rationality. Impaired Rationality produces quick discharge, as in the impulsivity of Cluster B personality disorders. Excessive Rationality produces delayed discharge, as in procrastinators and obsessive-compulsive disorders of Cluster C. Furthermore, both distance and control may derive from or relate to different neurological underpinnings (Depue & Lenzenweger, 2006; Patrick & Bernat, 2006).

Other components of Model1, namely Activity, Awareness, and Context need to be taken into consideration for a satisfactory description and explanation of this model.

The abilities to love and to self-regulate combine to form Model6 yielding four quadrants with three levels of functionality: (1) when love and control are high, they produce the highest level of functionality in relationships; (2) when love is high and control low, or love low and control high, they produce an intermediate level of functionality; (3) when both abilities are low, they produce the lowest level of functionality, that is, psychopathology.

_Functionality in human relationships, therefore, is an appropriate balance of approach-avoidance and discharge-delay tendencies that vary developmentally according to realistic task demands at various ages and stages of socialization in the life cycle._
### Contents of Relationships: Model

A corollary to both abilities as processes includes a triangular Model regarding the contents of relationships: what is exchanged among intimates and non-intimates. Contents are exchanged through the Triangle of Living derived from Foa’s and Foa’s (1974; Foa, Converse, Tornblom, & Foa, 1993) resource exchange theory. Resources include Status (changed to here to Importance, Model11), Love (changed here to Intimacy, Model15), Information, Services, Possessions, and Money. Conceptually, combining Importance with Intimacy produces a modality of Presence, that is, Being emotionally, communally, and instrumentally available to self and intimate others. Combining Information with Services defines a modality of Doing or Performance. Combining Money with Possessions defines a modality of Having or Production. Combining Doing with Having defines a supra-ordinate modality of Power, defined as the ability to

| Space       | Source          | Self-control |
|-------------|-----------------|--------------|
| Distance    | Leary (1958)    | Power        |
| Affiliation | Bakan (1967)    | Agency       |
| Communion   | Clark & Mills (1979) | Exchange     |
| Intimacy    | McAdams (1988)  | Power        |
| Affiliation | Wiggins & Trobst (1999) | Control   |
| Cohesion    | Olson (1996)    | Adaptability |
| Intimacy    | Canary et al., 1997 | Control & Power |
| Connectedness | Harter et al., 1997 | Autonomy   |
| Nurturance  | Fehr & Broughton (2001) | Dominance |
| Support     | Franks et al., (2004) | Control |
| Warmth      | Grohick & Gurland (2002) | Control |
| Communion   | Horowitz (2004) | Agency       |
| Intimacy    | Segrin & Flora (2005) | Power |
| Distance    | L’Abate (1986, 1994, 1997, 2005, 2009; L’Abate & | Control |
| Being       | Cusinato, 2007; L’Abate & | Doing & Having |
| Presence    | De Giacomo, 2003 | Power       |
| Love        | Mikulincer&Shaver, 2007 | Negotiation |
| Proximity   | Mikulincer&Shaver, 2007 | Activation |

*Figure 3 Two Factors Models of Intimate Relationships*

Note. Adopted and updated from L’Abate (2009d).
control and influence others (Guinote & Vescio, 2010). The latter is democratically negotiated and shared in functional relationships. In dysfunctional relationships power is negotiated ineffectively or not at all. In extremely dysfunctional relationships power is neither shared nor negotiated. Hence, Presence and Power represent different constructs to view redundantly love and control respectively.

However, there are different types and degrees of Power. For instance, one could just control Information (education, newspapers, radios, and TV), or one could control services, such as health care in hospitals and clinics, while banks control money, and industries control the production of goods. In some totalitarian regimes like in North Korea, the government controls all four resources, equal to total and absolute power.

Each modality in this Triangle defines relationships with functional and dysfunctional extremes. There are excesses in either direction in each modality. For instance, when this model is applied to a classification of sexual relationships, sex and sexuality are functional when shared together with fears and anxieties from previous experiences, that is: two people Being Present together with a minimum of demands on performance or production. Extremes in Doing are represented either by disorders of low sexual desire or by excessive emphasis on Performance, as in hypersexuality. Money enters in the use of prostitutes, while possessions include a whole industry of pornography and sexual products (L’Abate, 2005, in press-c).

Extremes in either directions of Being produce extremes in the other two modalities also. Too much emphasis on Being would make it difficult to attend to and satisfy realistic needs and demands requiring Doing and Having. Contrarily, decreased emphasis on Being would increase over-reliance on Doing and/or Having. Extremes in Doing, for instance, can be found in driven, what used to be called Type A, perfectionistic personalities, while extremes in not-Doing can be found in procrastinations and, at the extreme, in severe psychopathologies (Flett & Hewitt, 2002). Extremes in excessive Having are found in hoarders and tycoons, as well as in compulsive shoppers within the larger context of a consumer-oriented, materialistic culture (Grisham & Barlow, 2005). Extremes in not-Having are found in members of some religious orders who give away their worldly possessions sacrificing themselves and their lives to help others in need, like the early Waldenses.

One part of this model, the relationship between Being Present and Having Production, is well supported by extensive research that consistently found significantly negative correlations between measures of materialistic values orientation and measures of well-being, self-esteem, affiliation, and community. Positive correlations, on the other hand, were found between measures of materialistic values orientation and measures of unhappiness, neuroticism, and even depression, among others (Kasser & Kanner, 2004). Measures of well-being, affiliation, and community
emphasize the importance of Being emotionally available to self and intimates—unconditional love, without requirements of production, performance, problem-solving, or perfection. Negative correlations between the inability to be available to self/intimates (Being) and Performance are evident in driven and perfectionist, obsessive-compulsive personalities where Performance and Production are more important than Presence (Eid & Larsen, 2007).

Relationships among previous models just described is shown in Figure 4.

**Models of Relational Competence Socialization in Intimate Relationships**

Five major developmental and normative models are derived from both meta-theoretical and theoretical assumptions: (1) Identity Differentiation, (2) Styles, (3) Interactions, (4) Selfhood, and (5) Priorities.

Figure 4

Relationships among Models 3, 7, 9, 11, 12, & 15 with four Types of Settings and Priorities
Identity Differentiation: Model 8

Developmental differentiation in identity in Model 8 (“Who am I?”) is described by a curvilinear dialectical distribution (see Figure 5). Instead of an either/or, similar/dissimilar dichotomy, still prevalent in the extant literature in relationship science (Berreby, 2008; Cole & Teboul, 2004; Deal, Halverson, & Wampler, 1999; Morry, 2005), a Continuum of Likeness comprises six conditions that are dialectically related: Symbiosis, Sameness, Similarity, Differentness, Oppositeness, and Alienation (Cusinato & L’Abate, 2008; L’Abate, 1976, p. 79). As Berreby (2008, p. 318) concluded about the importance of identity as studied in animals: “…the human version can perceive a continuum of USness and THEMness, rather than a simple on or off choice.”

Derivations from these six conditions in a variety of functional and dysfunctional dimensions are included in Figures 5 and 6. The developmental curvilinearity of this model has been validated by Cusinato and Colesso (2008) with functional and non-functional participants. These conditions operate below the level of Awareness (Model 1) but have substantial effects on how we relate with each other including age, gender, educational level, socio-economic status, and ethnicity, as argued repeatedly by Berreby (2008).

Styles in Intimate Relationships: Model 9

Model 9 combines dialectically related conditions at either side of the distribution (see Figure 6). Combining Symbiosis with Alienation defines Abusive-Apathetic Neglectful AA styles, combining Sameness with Oppositeness defines Reactive-Repetitive RR styles (Cunningham, Shamblen, Barbee, & Ault, 2005; Orner & Stolz, 2002), combining Similarity with Differentness defines Creative-Conductive CC styles (L’Abate, 1983). CC styles are the most functional of the three, as found in optimal intimate relationships. RR styles are intermediate in functionality, including Cluster C disorders with regard to internalizations and Cluster B disorders with regard to externalizations. The most dysfunctional AA style includes Axis I disorders, Axis II Cluster A, as in coexisting disorders such as addictions, physical, verbal, and sexual abuse, and extreme criminalities overlapping with psychopathologies.

CC styles are more focused on the present and the future with relational creativity being based on the ability to receive, accept, exchange, and use reciprocally corrective feedback (L’Abate, 2009c). This ability to introspect, to be aware of, and to benefit from external corrective feedback is either limited in RR styles or seemingly lacking in AA styles. There is an internal dialogue as well as dialogues with intimates in CC styles, but this dialogue is either defective, deviant, inadequate, or deceptive in RR styles. If there is a dialogue in AA styles, it consists of either self-defeating, repetitively fearful ruminations in internalizations or explosive acting out externalizations (L’Abate, 2005; L’Abate et al., 2010).
**Recent Developments in Family Science in USA and Italy**

| Functions | Symbiosis | Sameness | Similarity/Difference | Opposition | Alienation |
|-----------|-----------|----------|------------------------|------------|------------|
| Distance | Extremes in Ap/Av | Ap < Av* | Balance in Ap/Av | Ap > Av** | Extremes in Ap/Av |
| Control | Extremes in Di/De | De > Di | Balance in Di/De | Di > De | Extremes in Di/De |
| Positivity | - | - | + | + | - |
| Negativity | - | + | - | - | - |
| Interaction | -/ - | O | X | O | -/ - |
| Outcomes | Split ^
| | Egoism and social change | Blind and uncontrolled | Enlightened necessity | Rebelliousness | Criminalities |
| Characteristics | Folie a Deux | Conformity | and conformity | Distance from | Conformity |
| Relational | No-Self | Selfish | Selfish | Selfish | No-Self |
| Properties | Parental | Abusive | Reactive | Conative | Reactive |
| Styles | Permissive | Authoritarian | Authoritative | Authoritative | Authoritative |
| Parental | "I cannot live without you" | "Be and do exactly as I say." | "Follow my example but use your head." | "I will do the opposite of what I was told to do by my parents." | "You will be severely punished regardless of how you behave" |
| Practices | "Be and do whatever you like to achieve what you want." | "Be and do whatever you like to achieve what you want." | "Be and do whatever you like to achieve what you want." | "Be and do whatever you like to achieve what you want." | "Be and do whatever you like to achieve what you want." |
| Most Likely | Psychotic | Psychoses | Psychoses | Psychoses | Psychoses |
| Diagnoses | Psychoses | Psychoses | Psychoses | Psychoses | Psychoses |
| Marital or | Externally | Variable | Variable | Variable | Variable |
| Intimate | Conflicted to very | Conflicted to very | Conflicted to very | Conflicted to very | Conflicted to very |
| Relationships | Conflicted to very | Conflicted to very | Conflicted to very | Conflicted to very | Conflicted to very |
| Academic | Very inadequate | Adequate | Adequate to | Inadequate | Very inadequate |
| Achievement | Adequate | Adequate to | Superior | Superior | Superior |
| Resistance to | High to very high | Moderate | Little to none | High | High to very High |
| Change | Externally | Internal to | Balanced | External to | External to |
| Identification | Externally | Self | Directions | Self | Self |
| Directionality | Almost non-existent | Inadequate | Adequate to | Inadequate | Almost non-existent |
| Ability to love | Almost non-existent | Inadequate | Adequate to | Inadequate | Almost non-existent |
| Ability to negotiate | Almost non-existent | Inadequate | Adequate to | Inadequate | Almost non-existent |
| Power Orientation | Anarchic | Authoritative | Democratic | Authoritative | Anarchic |
| Identity Formation and | Fused | Traditional | Unconventional | Rigid |
| Sexual Orientation | Confused | Conventional | Non-traditional | Rigid |
| Appearance | Dissociated | Conventional | Individual | Nonconforming | Unlearning to confirming |
| Level of Adjustment | Very poor | Adequate to | Borderline to | Borderline to | Very poor |

Note. Ap = Avoidance; A = Approach; De = Delay; Di = Discharge.

A split may be interpersonal, like a variation in the symbiotic side, or minor and incipient on the alienation side.

Interpersonal Ap > 1, but Internal Ap to 0.5 is low.
Figure 6

 Relationships among Models 1, 7, 9, 11, 12, 13 with Four Types of Settings and Priorities

| Constructs | Modalities | Resources | Examples of Resources exchanged by Settings (Model) |
|------------|------------|-----------|---------------------------------------------------|
| Being      | Importance (Model 1) | Home (Model 2) | Valuing oneself, feelings of goodness and value, being as a person who matters |
| Presence   | Intimacy   | Work/School (Model 3) | Sharing of confidences, joys, hurts, and fears of being hurt, affection, forgiveness of transgressions, emotional closeness |
| Doing      | Information | Survival (Model 4) | Books, internet, magazines, newspaper, radio, telephone, TV |
|            | Services   | Enjoyment (Model 5) | Knowledge relevant to job, occupational, or professional performance |
| Power      | Goods/possessions | | Cooking, taking care of trash, cleaning chores, fixing house, taking care of bills, cars, taxes, school and work, etc. |
|            | Money      | | Cars (s), food, furniture, TV, radio, house, second home &/or land, clothing, jewelry, etc. |

*Adapted from "L’Abate et al., 2010"
**Interactions in Intimate Relationships: Model**

This model derives and includes all three styles CC, RR, and AA expanding them into six types of interactions by including also all previous Models but especially Model. This expansion produces an arithmetical classification according to six rather than three differing in levels of functionality (L’Abate, 2005; L’Abate et al., 2010):

1. **Multiplicative** (x) outcomes occur when interactions between at least two individuals produce creative and integrative personal and relational growth, both within and beyond the immediate demands of that relationship. There are indeed individuals, couples, and families who are not only creative within themselves but are also creative in settings beyond intimate relationships, in addition to fulfilling domestic and school/work responsibilities. In exemplary intimate relationships at home and success at school/work, they exude an overflow of positive contributions to external settings (volunteering in charity, social, fraternal, artistic, political organizations, etc.) with time to spare. These individuals’ abilities to love and to self-regulate are strong; they are able to laugh and enjoy life through ritual holiday celebrations and vacations, and their sense of humor is ever present. Intimacy (Model), defined as the sharing of joys and hurts, is strong and pervades most areas of people’s personal and relational lives. Inevitable stresses, strains, and losses are shared with loved ones as well as victories and triumphs.

Given this definition, we need to include what settings are necessary to specify multiplicative expansions of relational creativity in intimate relationships, not in artistic, professional, or scientific endeavors. Multiplicative interactions occur at leadership levels in at least two to three settings (home, school/work, leisure time activities, charity and community work, etc.). A person who fulfills domestic demands and school/work responsibilities extremely well can excel in leadership positions in external settings, such as social clubs or charities. Multiplicative interactions include ca. 5 to 10% of the population and include what has been called "relational creativity" (L’Abate, 2009e).

2. **Additive** (+) interactions between two or more intimate individuals could produce positive change, but not multiplicative growth. Positive change occurs only internally to the relationship. Abilities to love and to self-regulate are relatively high. However, these abilities remain within the confines of home and work and do not overflow beyond those settings. There is satisfaction and contentment in the relationship, but there may not be a creative spark or integration at higher levels of functioning that expand to settings beyond home and school/work. There is laughter and humor, but these expressions of emotion are perhaps limited to that intimate relationship. Energy and time are devoted strictly to intimate relationships. With the exception of school/work, little else is available or offered beyond those relationships.

Leadership is exerted in the home setting whereas activities outside the home are limited to a submissive follower’s role. Such people
make themselves available in passive memberships, belonging to charity organizations, professional associations, or social clubs, but not assuming leadership responsibilities. Intimacy is high but it is usually preserved within the confines of intimate relationships. Both multiplicative and additive intimate relationships rely on CC styles that are highly amenable to change and resilient to inevitable stresses and strains. Both types of interactions are sensitive to and incorporate corrective feedback necessary for change. Circa 10 to 20% of these inter-actions are included in the population.

3 & 4. Static (+/-) positive (3) and negative (4) interactions between two or more intimate individuals could be passively or actively repetitive without change one way or another, neither positive nor negative. The relationship remains the same and neither party profits. Overall, energy and time are not used effectively. There may be some proffered love but abilities to love and to control are inadequate if not altogether missing. Static interactions are characterized by RR styles that under certain conditions may be somewhat amenable to change, such as during periods of crisis and stress, as in statically positive relationship-ships. Intimacy is occasional, short-lived, and limited to special occasions (marriages and funerals), especially in negatively static relationships. Corrective feedback is accepted only under extreme circumstances because it is usually interpreted as criticism. This interpretation limits the individual’s chances to change for the better. These interactions include ca. 40 to 50% of the population depending on what criteria are used to make reliable discriminations among different interactions.

5. Subtractive (-) outcomes occur when negative, abusive, and reactive interactions between at least two intimates take away energy and time from the relationship. Sometimes these interactions remaining static, sometimes they lead to personal or relationship break-up, but they are usually refractory to change and require multiple methods of interventions during period of intense crisis. The abilities to love and to control vary from being patently inadequate to completely nonexistent and they may vary between RR and AA styles. In this instance, intimacy is practically nonexistent. Corrective feedback in the form of professional intervention is rejected because it is interpreted negatively as punishment. This interpretation precludes any possibility of change for the better. These interactions include ca. 10 to 20% of the population.

6. Divisive (/) interactions are completely negative and produce a breakdown in the relationship, resulting in sudden abandonment, divorce, psychosis, murder, and suicide. An individual’s energies and time are expanded in unproductive and defeating interactions with intimates and non-intimates. Both subtractive and divisive relationships are characterized by AA styles that make these relationships either not amenable to change, or amenable to change only through various interventions: medication, hospitalization, as well as multiple and
prolonged psychological interventions. The abilities to love and to control are almost nonexistent. Corrective feedback is discounted and ignored as abuse, blaming, and punishment. These interactions include ca. 5 to 10% of the population (Massel, Liberman, Mintz, Jacobs, et al., 1990).

This six-fold classification of interactions derives from its three underlying styles seems consistent with a model based on two fundamental dimensions of centrifugal (externalizing), centripetal (internalizing), and mixed stylistic dimensions (Hampton & Beavers, 2004). From these two basic dimensions, derive five health/competence dimensions. These five dimensions further discriminate among five levels of functionality: severely dysfunctional (sociopathic vs. schizophrenic offspring) borderline (borderline vs. severe obsessive compulsive offspring) as in subtractive midrange (behavior disordered vs. neurotic offspring), healthy adequate, and healthy optimal.

Consequently, severely dysfunctional dimensions in this model are similar to divisive and subtractive interactions characterized by AA styles. The midrange dimension seems similar to static interactions with RR styles, and the healthy dimension seems similar to additive and multiplicative interactions with CC styles. Again, many interactions can be viewed redundantly from different models of the theory.

**Selfhood: Model**

Model is based on the attribution of importance bestowed on self and intimates as shown through reciprocal care, compassion, concern, and consideration, as in “perceived mattering” or in loving relationships. This attribution leads to four possible propensities in relational competence: (1) when importance is attributed positively to self and intimates, a propensity called **Selffulness** develops; (2) when importance is attributed positively to self but not to intimates, a propensity called **Selfishness** develops; (3) when importance is denied to self and intimates **No-self** develops. Selffulness includes CC styles of various types and degrees, as seen in multiplicative and additive interactions. Selfishness, in its extremes, is characterized by an externalizing RR style: acting out, aggression, criminality, and murder (Axis II Cluster B). Selflessness, in its extremes, is characterized by an internalizing RR style: anxiety, depression, and suicide (Axis II Cluster C). No-self is characterized by an AA style, as in severe psychopathology (Axis I disorders and Axis II Cluster A) (L’Abate & Cusinato, 2008).

The four relational competence propensities of Model integrate not only three levels of functionality (superior, intermediate, adequate), but also disorders in Axes I and II of DSM (see Figure 7). In this Figure, most DSM syndromes are integrated into a whole framework which includes both categorical and dimensional aspects of seemingly disparate disorders. All these descriptive models help us to understand coexisting or comorbid relational competence
disorders as different aspects of personalities in relationships (L’Abate, 2005; L’Abate et al., 2010).

The four relational competence propensities of Model\textsuperscript{11} integrate not only three levels of functionality (superior, intermediate, adequate), but also disorders in Axes I and II of DSM. In this model, most DSM syndromes are integrated into a whole framework which includes both categorical and dimensional aspects of seemingly disparate disorders. Relationships among Models\textsuperscript{8, 9, 10, & 11} are shown in Figure 8.

\textit{Figure 7}

\textit{Relationships among four Models of Identity Differentiation\textsuperscript{7}, Styles\textsuperscript{8}, Interactions\textsuperscript{9}, and Selfhood\textsuperscript{10}}

\begin{tabular}{cccc}
Symbiosis & Same & Similarity/Difference & Opposite & Alienation \\
\hline
AA & RR & CC & RR & AA \\
\hline
\end{tabular}

\textit{Model\textsuperscript{8}}: Styles in Intimate Relationships

\begin{tabular}{cccc}
Divisive/ & Static/ & Multiplicative/ & Static/ & Divisive/ \\
Subtractive & Positive & Additive & Negative & Subtractive \\
\hline
No-self & Selfish/Selfless & Selfful & Selfish/Selfless & No-self \\
\hline
\end{tabular}

* Adapted from L’Abate et al., (2010).

Figures 8

Relationships among four Models of Identity Differentiation\textsuperscript{7}, Styles\textsuperscript{8}, Interactions\textsuperscript{9}, and Selfhood
Priorities in Relational Competence Socialization: Model\textsuperscript{12}

Model\textsuperscript{12} includes synonymous constructs such as goals, motives, intentions, needs, and attitudes. Eventually, no matter what construct one prefers, it has to be prioritized according to urgency and importance. Priorities include immediate and long-term plans or expectations based on their reality-orientation, according to realistic age-and stage-related demands: What is more important? What is more urgent (Figure 2)? The two major horizontal priorities in life are survival and enjoyment in varies settings (Model\textsuperscript{3}; Csikszentmihaly, 2004). Vertical priorities include self and intimates (parents, partner, children, siblings, in-laws, friends). Is home more important than work? Are leisurely activities more important than home or work? Priorities are as important as relational competence characteristics for continuous interaction and coexistence with others. Measures to evaluate personal and couple priorities have been published in L’Abate et al., 2010).

Within this Model\textsuperscript{12}, one must include the contribution of Higgins (2007) concerning individual differences in motivational regulatory processes during goal pursuit between what he called: feeling eager and enthusiastic (promotion focus) versus feeling vigilant and careful (prevention focus):

“Regulatory focus theory assumes that self-regulation operates differently when serving fundamentally different needs, such as the distinct survival needs of nurturance (e.g., nourishment) and security (e.g., protection) … These different social regulatory styles communicate distinct concerns about getting along in the world. Nurturant social regulation engenders a promotion focus in which self-regulation is concerned with the presence or absence of positive outcomes. Security social regulation engenders a prevention focus, in which self-regulation is concerned with the absence and negative outcomes (p. 518).”

Regulatory focus theory, therefore, is another way to expand on Model\textsuperscript{12} by adding priorities of promotion versus prevention in self-regulation, relying also on Model\textsuperscript{3} as necessary to clarify one’s priorities. Higgins’ two dimensions could be viewed as being orthogonal with the two priorities of life: survival and enjoyment. It would be interesting to expand on this model, since Higgins did not include survival and enjoyment in his research, even though he implied enjoyment in promotion and survival in prevention.

Clinical Applications of Theoretical Models

Limitations of space do not allow a proper expansion of four additional models, all derived from the previous assumptions and major models. Except for Model\textsuperscript{16}, Negotiation that applies to functional or semi-functional relationships, Models\textsuperscript{13, 14 & 15} apply to dysfunctional and clinical relationships (AA and RR styles (Model\textsuperscript{9}), static, subtractive, and divisive interactions (Model\textsuperscript{10}), Selfishness, Selflessness, and No-self (Model\textsuperscript{11}).

Distance Regulation: Model\textsuperscript{13}
This model derives from the assumption of Distance (Model4) and includes three roles comprising Pursuer, Distancer, and Regulator, as present in most Cluster C personality disorders. Pursuer involves approach, as in extreme dependence on others. Distancer involves avoidance of others, as in denial of dependence. Regulator involves contradictions in approach-avoidance tendencies (“Come here, I need your help,” “Go away, you did not help me!”), fluctuating inconsistently between dependence and denial of dependence.

Drama Triangle: Model4
This pathogenic model is based on immediate discharge and inadequate control tendencies (Model5). These tendencies, present in most RR and AA styles, include the roles of Victim, Persecutor, and Rescuer, as found in mythology, fiction, religion, politics, and wars (L’Abate, 2009f). These roles occur contemporaneously and simultaneously all at the same time, to the point that a Victim could be perceived as a Persecutor, and the Rescuer as a Victim, with the Rescuer eventually being perceived as Victim or Persecutor. For instance, initially in a relationship someone who perceived herself or himself as a Victim may fall in love with someone perceived as a Rescuer. However, if during the course of the relationship, the Rescuer may become viewed as a Persecutor by the Victim. In this process, the Rescuer/Persecutor may view himself or herself as the Victim of the Victim/Persecutor. Examples of this triangle are found in L’Abate, 2009f, in press-a).

Intimacy: Model15
Intimacy is defined behaviorally as the sharing of joys, hurts, and fears of being hurt (L’Abate, 2009b, in press-a) rather than defined by self-report, paper-and-pencil instruments (Mashek & Aron, 2004). This definition includes forgiveness of errors and of transgressions (Fincham, 2000; Fincham & Beach, 2002a, 2002b; Friesen, Fletcher, & Overall, 2005). This model involves all five components of Model1 in a circular process, starting with the feeling of hurt (Emotionality) and progressing to the other components of the model (Rationality, Activity, Awareness, and Context). This model derives also more directly from developmental identity-differentiation Model8 to the extent that feelings of hurt and joy are usually expressed and shared in CC rarely in RR, and never in AA styles. These feelings sometimes are shared at occasions such as funerals and marriages but they are otherwise internalized (Selflessness) or externalized (Selfishness) in RR styles. They are not shared in AA styles (No-self).

Negotiation: Model16
The process of Negotiation (bargaining, problem-solving) implies a certain amount of control (Model5) and functionality necessary to confront dispassionately emotionally-laden issues (Roloff, Putman, & Anastasiou, 2003). The structure of negotiation and problem solving includes most of the previous assumptions and models. It is more prevalent in CC styles than in RR or AA styles. For instance, to evaluate the structure and process of
negotiation, one must consider a distinction between who makes decisions (Authority) and who carries them out (Responsibility) as well as whether a decision is large and life-changing (Orchestration) or small (Instrumentation) (Levine, 1976). Those two processes must be imbedded in a multiplicative function of three basic factors: (1) levels of functionality between negotiating parties (ILL); (2) abilities necessary to negotiate (SKILL); and (3) motivation to negotiate fairly (WILL).

**Research to Support the Validity of Theoretical Models**

Research has been conducted since the inception of this theory to support models of relational competence socialization with the creation of models that could be verified (L’Abate, 1976). However, not all assumptions or models of the theory can be directly validated. For instance, Model 2 about the depth of relationships, is difficult to validate in totality, though its descriptive and explanatory levels can be validated independently, as in the case of the Self-presentational Scale developed and validated by Cusinato (Appendix A). Some models are validated indirectly from conceptually similar theories or models (L’Abate, 2010a). Some models can be validated in the laboratory through test instruments specifically derived from the models (L’Abate, et al., 2010). Some can be validated through enrichment programs for couples and families in primary prevention (L’Abate & Weinstein, 1987; L’Abate & Young, 1987). Other models still can be validated through Interactive Practice Exercises or workbooks as homework assignments in secondary prevention (L’Abate, 2010c), or through theory-derived prescriptions assigned in psychotherapy or tertiary prevention (L’Abate, 2005, in press-b).

**Laboratory Evaluations**

A 200-item paper-and-pencil self-report inventory (L’Abate & De Giacomo, 2003, pp. 387-394), derived from models and dimensions listed in Figure 1.2, has been translated into Italian and evaluated by Mario Cusinato and his students at the University of Padua (personal communication, November 5, 2006). Model 1 can be evaluated and partially validated with the Relationship Answers Questionnaire (RAQ), a 50-item, paper-and-pencil self-report inventory whose initial psychometric properties have been reported (L’Abate, 2005, pp. 108-115). This model and the RAQ are being refined and reevaluated by Eleonora Maino and her students at the University of Padova (personal communication, June, 7, 2007). Models 2-6 have been evaluated with the EcoMap (L’Abate et al., 2010). Model 7, derived from Foa’s and Foa’s (1974) theory, could be evaluated using the same instruments and tasks (Foa, Converse, Tornblom, & Foa, 1993) and adapted to fit the overall Triangle of Living. Model 8 was originally evaluated (L’Abate, 2005, p. 371) with the Likeness Scale and the Likeness Grid (L’Abate, 1994; L’Abate & Wagner, 1985, 1988). More recently, Cusinato and Colesso (2008) evaluated and validated this model. Model 9 has been evaluated with a
240-item Problem-in-Relationships Scale (L’Abate, 1992, 1996) and partially validated by McMahan and L’Abate (2001). Model\textsuperscript{10} has not been directly validated.

Model\textsuperscript{11} has been validated extensively through two paper-and-pencil self-report instruments, the Self-Other Profile Chart (Cusinato & L’Abate, in press, b; L’Abate, 1992, 1997, 2002; L’Abate & De Giacomo, 2003), the Problems-in-Relationships Scale (L’Abate, 1992; McMahan & L’Abate, 2001), and the Dyadic Relationships Test (Cusinato & L’Abate, 2005a, 2005b).

Furthermore, similarities among three different models of relationships, Attachment, Selfhood (Model\textsuperscript{11}), and the Elementary Pragmatic Model (EPM, L’Abate, 1997; L’Abate, De Giacomo, & De Giacomo, 1997) prompted an evaluation (L’Abate, 1997, 2003; L’Abate & De Giacomo, 2003; L’Abate, De Giacomo, McCarty, De Giacomo, & Verrastro, 2000). All three models propose one functional dimension, two borderline functional dimensions, and one clearly dysfunctional dimension. The Adult Attachment Inventory and the Self-Other Profile Chart for Selfhood are paper-and-pencil self-report instruments developed for the models Attachment and Selfhood, in order to evaluate their concurrent validities. The EPM developed the SISCI-I from screen projections of ninety Holtzman’s ink-blots (L’Abate, 2003; L’Abate & De Giacomo, 2003; L’Abate et al., 2000). All three instruments were administered to functional and dysfunctional participants. Statistically significant inter-correlations were obtained from these instruments. The results indicated that all three models focused on the same dimensions but each from different theoretical viewpoints and with different test instruments. In addition, the models were conducted in different theoretical languages and measured in different ways.

Model\textsuperscript{12} has been evaluated and validated with the Priorities Grid and Priorities Scale reported earlier (Cusinato & L’Abate, in press-a; L’Abate, 1994; L’Abate & Wagner, 1985). Models\textsuperscript{13}\textsuperscript{&14} have not been evaluated. Model\textsuperscript{14} has been evaluated and validated directly with the Sharing-of-Hurts Scale (L’Abate, 2003) and indirectly by the research of Vangelisti (2009; Vangelisti & Beck, 2007) and many others (L’Abate, in press-a).

Promotional, Preventive, and Psychotherapeutic Applications

Promotion means applications that approach and deal with relatively competent, healthy populations. Primary preventions means applications that try reduce the risk of future incompetence, that is: avoiding incompetence (Higgins, 2007). Tertiary prevention or psychotherapy means face-to-face talk-based approaches to treat and manage severe incompetence. However, with the Internet taking over how mental health services will be delivered in this century, we are going to rely more and more on distance writing through computers and the Internet (L’Abate, 1991, 1992; 1997a, 1999, 2001, 2002, 2004a. 2004b, 2007a, 2007b; 2008a, 2008c, 2010b, in press-d; L’Abate & De Giacomo, 2003).
Promotion of Competence

Interventions have been linked and can improve the three styles of relationships (Model 9). For instance, even though most CC styles may not need interventions, they could benefit from low-cost vehicles, such as dancing, exercise, massage, and volunteering (Harwood & L’Abate, 2010; L’Abate, 2007c). RR styles need to be differentiated according to Clusters B and C personality disorders. Cluster C personality disorders, for instance, with their proclivity to delay and introspect, can benefit from f2f psychotherapy and by additional homework assignments, using various types of writing or nonverbal tasks (Kazantzis & L’Abate, 2007). Once Cluster B personality decompensate in a crisis, these individuals can be helped to deal with their impulsivity and inadequate inability to introspect using written homework assignments. Interactive Practice Exercises developed to increase reflection, introspection, and greater controls could decrease discharge and impulsivity (L’Abate, 1992, 2010b; L’Abate & Goldstein, 2007). AA styles in Axis II Cluster A and disorders of Axis I may need to be confined to hospitals or jails in order to be helped through various therapeutic approaches, including impersonal instruments, such as computers, medication, socio-educational training skills, and group therapies (L’Abate & Harrison, 1992).

Enrichment Programs for Couples and Families

Enrichment programs are written for and can be administered verbatim to functional, nonclinical couples and families, making these programs completely replicable from one setting to another (L’Abate & Cusinato, 2007). For instance, Model 1 (ERAAwC) can be evaluated interactively with the Helpfulness Enrichment program (L’Abate & Weinstein, 1987; L’Abate & Young, 1987). Models 2, 3, 4, 5, & 6 can be evaluated through various assignments (L’Abate & Weinstein, 1987). Model 7 can be evaluated through an enrichment assignment (L’Abate & Weinstein, 1987) as can Models 8–15.

Workbooks to Promote Mental Health and Life-long Learning

Self-help, mental health Programmed Interactive Practice Exercises or workbooks are becoming an important part of the whole delivery system in primary, secondary, and tertiary prevention. They indicate also an increasing reliance on distance writing rather than on face-to-face, talk-based medium in prevention, therapy, and rehabilitation. (L’Abate, 1992, 2001, 2002, 2004a, 2004b, 2010; L’Abate & De Giacomo, 2003; L’Abate & Goldstein, 2007).

Workbooks fall into three classifications: (1) completely independent from models of the theory, such as workbooks based on clinical experience or from models not related to the theory; (2) indirectly linked to the theory (Selfish externalization vs. Selfless internalization); and (3) directly and completely derived from models of the theory, such as workbooks derived from Model 8 (“Who am I?”), Model 11 (Selfhood), Model 16 (Negotiation), and Planned Parenting (L’Abate,
Studies of workbooks performed almost 30 years ago and their newly recalcuated effect sizes have been reviewed in L’Abate (2004b). A meta-analysis of mental and physical health workbooks (Smyth & L’Abate, 2001) yielded an effect size of $d=.44$ for mental and an effect size of $d=.25$ pages for physical health workbooks, attesting to the cost-effectiveness, mass-orientation, and versatility of Workbooks. These results, plus case studies presented in L’Abate (2010b) indicate how it is possible to help at risk or troubled people at a distance, without ever seeing them face-to-face and talking with them.

Workbooks as a relatively new mental health technology imply or denote specialization in mechanical equipment, including computers and programs that offer systematic evaluation and treatment. By specialization is meant specificity in evaluation and treatment through a particular equipment or program produced to deal with a specific condition (L’Abate, 2010a). By systematic is meant a step-by-step process that allows replicability in standard operating procedures and practices. Both specificity and systematic, replicable procedures are the cornerstone of the scientific method. A procedure or program could be replicable and systematic but without specificity, it may not produce the desired outcome (L’Abate, 2008b). Furthermore, science progresses with the accumulation of written records not just words (Beard, Myhill, Riley, & Nystrand, 2009). As long as talk remains the only medium of communication, as in face-to-face psychotherapy and preaching, it will be practically impossible to obtain cumulative records and progress on the basis of data that can be obtained only through writing not talk (L’Abate, 2010c).

Given these definitions, workbooks defined as programmed interactive practice exercises qualify eminently as a mental health technology that has emerged and surfaced during the last generation (L’Abate, 1986, 1990, 1991,1992, 1997, 2001, 2002, 2004a, 2004b, 2007c, 2008a, 2008c, 2010b; L’Abate & De Giacomo, 2003; L’Abate & Goldstein, 2007; L’Abate & Kern, 2002). Together with recent advances in computer technology, the emergence of the Internet, the growing importance of homework assignments (Kazantzis, Deane, Ronan, & L’Abate, 2005; Kazantzis & L’Abate, 2007), the growth of self-help (Harwood & L’Abate, 2010), and emergence of low-cost approaches to promote physical and mental health in their delivery (L’Abate, 2007c), there are now plenty of choices available to both professionals and participants in the mental health field, in the promotion of competence, and in the prevention and psychotherapy of incompetence. The issue remains in finding ways to evaluate participants to help them find which approach will be more helpful and less costly to them than other approaches (L’Abate, in press-b).

These approaches would suggest targeted or step-by-step treatment, starting from the least expensive of professional help first and then moving on to the most expensive treatment, that is: face-to-face (f2f) talk-based (tb) contacts with professionals, especially if least expensive approaches are not working. For
instance, depression in its least severe forms (determined by scores on the Beck Depression Inventory (Katz, Katz, & Shaw, 1999), could be dealt with first by using much less expensive activities such as running, physical therapy, yoga, or meditation. Somewhere in between least and most expensive, f2f fb approaches, interactive practice exercises in workbooks could be used either on their own, or in conjunction with least or with most expensive approaches. Workbooks essentially perform as standardized recipes, furnishing professionals with specific ways of helping and intervening that can be replicated from one participant to another. There are no limits on how many times these Workbooks can be reproduced and administered to as many participants as possible (L'Abate, 2010b), just like recipes from a cookbook.

If one particular workbook does not work for a specific condition, let’s say depression, one would have to: (1) question the initial reason for referral; (2) evaluate historical and developmental background for the referral; (3) evaluate results from a test battery administered even before seeing (or not seeing) the participant; (4) see whether another, different workbook for depression may be more appropriate than the one originally administered; or (5) administer a completely different, not depression-related workbook that may be more appropriate for the context of the referral, such as one related to over-all functioning rather than a specific workbook related to a diagnosis or to the reason for the referral, as would be the case with Planned Parenting or Negotiation workbooks (Figure 1).

The use of workbooks in no way eliminates the important functions of professionals. On the contrary, a distance-writing approach requires that more attention be given to an objective evaluation for the referral reason, concern, or symptom. An objective evaluation is an aspect that may differentiate between professionals who chose to practice as artists from professionals who chose to practice as scientists, evaluating participants from the very outset of a professional relationship, after termination of that relationship, and on follow-up (L’Abate, in press-a). In addition to an evaluative function, the professional/scientist needs to evaluate responses to each single workbook and feedback appropriate and specific information about the nature of those responses to participants. This function is implicit in the interactive nature of the process.

Consequently, this conviction (L’Abate, in press-b) would not allow a professional to administer a entire series of Workbooks without breaking them down into one assignment after another, one assignment at one time, with corrective feedback on completion of each assignment, after an Informed Consent Form about the importance of pre-post- and follow-up evaluation is emphasized from the outset of the professional relationship.

Expanding on the Nature of Workbooks

Workbooks as programmed interactive practice exercises are composed by four characteristics: (1) administered in writing at a distance from professionals, in (2) continuous
interactions with professionals who request (3) consistent practices, such as homework assignments, and who try (4) to match Workbooks with the referral question, concern, diagnosis, or symptom.

**Programmed**

Workbooks are written according to systematic procedures outlined in Figures 9 and 10 to be administered at a distance between mental health professionals and participants, be participants composed of individuals, couples, or families. In the past, this distance may have been covered though regular mail. Nowadays, distance is covered through computers and the Internet. Being written means that these exercises are completely replicable and extremely specific for determined situations or disorders, as shown in self-explanatory Figures 9 and 10. There is no need to expand on these Figures here because they have been already expanded in previous publications cited above.

---

**Figure 9**

*Toward a Classification of Distance Writing Dimensions*

1. **Structured** can be *open*, as in diaries or *closed*, as in answering specific questions in writing on pre-established topic, either positive, happy or unhappy memories. Closed writing can be guided or programmed, as discussed in Figure19.2.

2. **Goals** could be prescriptive to produce specific outcomes or cathartic to produce discharge of and release from tensions or traumas.

3. **Content** can be painful, traumatic, neutral, banal, or joyous, emotional, rational, problem-solving, individual, or relational/

4. **Level of abstraction** ranging from very concrete, i.e., “Write what you ate for breakfast,” to very abstract, i.e., “Write about the meaning of life.”

5. **Specificity**, ranging from general, as in an autobiography to extremely specific, concrete, and restricted, such as: “Write about all the clothes you have in your closet.”

---

*Note.* Adapted from L’Abate (2004a).
Figure 10

A Classification of Distance Writing*

A. **Automatic** was of questionable usefulness as a fad and in need of more controlled research before considering its use.

B. **Dictionary-aided** basic to many self-help practice exercises (L’Abate, 2007a).

C. **Expressive**, as in “Pennebaker’s Paradigm” writing about hurts and traumas heretofore not shared with others for 15 minutes a day for four consecutive days. The literature on this approach is extensive and available in many old (Esterling, L’Abate, Murray, & Pennebaker, 1999) and new references (Kacewicz, Slatcher, & Pennebaker, 2007; Lepore & Smyth, 2002).

D. **Focused**, as in autobiographies to be mailed or sent online (L’Abate, 2007c)

E. **Guided**, as in answering written questions in writing, after completion, for instance, of an autobiography, journal, or other homework assignments.

F. **Open-ended**, as in personal information gathered through diaries or journals.

G. **Programmed** as in Workbooks for non-targeted conditions and life-long learning and at risk populations (Figure 12) targeted and psychiatrically diagnosed children and youth, single individuals, couples, and families (Figure 13), single- or multiple-score tests (Figure 14).

---

**Note.** Adapted from L’Abate (2004b).

**Interactive**

By this qualification is meant that these exercises cannot and should not be administered without continuous corrective feedback between a professional and a participant. Interactive means that Workbooks are or should be administered after a thorough, objective evaluation of the referring concern, question, or referral reason (L’Abate, in press-a). Furthermore, Workbooks should be administered after an Informed Consent Form (ICF) has been read and signed by all participants. Participants should know what possible consequences or unpredictable side effects may occur in many instances, especially when dealing with hurt feelings (L’Abate, in press-a) and how important evaluation is in finding which approach is more appropriate for which condition.

Therefore, the ICF should be administered to protect both professionals and participants, since one cannot predict whether: (1) the reason for referral is a real and accurate one; (2) whether the evaluation uncovered contextual aspects of the referral reason that may have not been considered through a subjective interview. For instance, a participant may want help to deal with self-diagnosed anxiety but without an evaluation, the professional may accept uncritically the participant’s opinion and administer an anxiety-related workbook. When
anxiety does not decrease on termination of the entire workbook the patient may complain about the professional’s incompetence and threatens legal action. On the basis of this reaction, the professional may discover that there may exist a whole delusional, paranoid system that could have been detected from a thorough objective evaluation. An ICF represents the contract between professionals and participants about the use of Workbooks. Copies of such ICFs are available in L’Abate (2010b, in press-b), including also a control workbook with seemingly neutral items to be used for research purposes (L’Abate, 2010b).

Whoever professional chooses to administer Workbooks without a thorough, objective evaluation, a signed ICF, and continuous, exercise-by-exercise professional feedback, should be considered a charlatan and should receive appropriate retribution from professional organizations in which they may belong (L’Abate, in press-a).

**Practice**

Professionals should be careful to specify how, when, how often, and where Workbooks as homework assignments should take place (L’Abate, 1986), making sure that participants record place and time of occurrence and checking on complete homework before accepting it as given and administering the next assignment. For instance, in my experience with acting-out inmates, some of them tried to get away with as little work as possible. Consequently, they were required to repeat writing the same exercise until it showed that responsibility was taken in completing the assignment in the best possible manner. Incomplete or irrelevant answers are unacceptable and participants should not be allowed to get away with minimal performance. More instructions about this issue are available in L’Abate (2010b).

In a way Workbooks in and of themselves, allow professionals to evaluate whether there is motivation for change in participants or whether they expect the professional to produce change miraculously without their active participation (L’Abate, L’Abate, & Maino, 2005). In stepped treatment, one could make homework assignments and completion of Workbooks as a pre-condition for seeing the professional f2f through talk (Omer, 1985). The expensive presence of a professional should also be contingent on the completion of the least expensive treatment. This approach is especially useful to evaluate motivation to change in Custer B participants, who may manipulatively use professional help as a way to avoid criminal or legal persecution.

**Exercises**

Figure 11 includes a self-explanatory classification of workbooks. As in the previous paragraphs, the interested reader can find expanded explanations of this and the two previous Figures in references already cited.
Classification of Workbooks in Mental Health*

1. Composition of Participants: singles (adults, children, youth), couples, families, groups.
2. Reason for Referral, i.e., concern(s), diagnosis(es), single versus dual or multiple, problem(s), symptom(s),
3. Level and Type of Functionality: DSM-IV, Reason for Referral, or both
   a. Functional: No diagnosis
   b. Externalizations: Axis II. Cluster B (Aboujaoude & Koran, 2010).
   c. Internalizations: Axis II. Cluster C (e.g., Millon, Blaney, & Davis, 1999)
   d. Borderline: Axis II. Cluster A (e.g., Millon, Blaney, & Davis, 1999)
   e. Severe: Axis I. (e.g., e.g., Millon, Blaney, & Davis, 1999)
4. Practice exercises for specific symptoms versus general conditions
5. Symptom-free versus symptom-related & diagnosis-linked
6. Theory-derived, theory-related, theory-independent (Cusinato & L’Abate, in press;
   L’Abate, 2005; L’Abate & Cusinato, 2007; L’Abate, Cusinato, Maino, Colesso, & Scilletta, 2010).
7. Format: (1) fixed (nomothetic); (2) flexible (idiographic); & (3) mixed (nomothetic
   and idiographic)
8. Style: Linear versus circular (paradoxical, i.e., Weeks & L’Abate (1982)
9. Derivation: Single versus multiple score tests, i.e., BDI vs. MMPI-2.
10. Content: clinical (addictions, affective disorders, Axis I and Axis II: Clusters A, B, & C etc. and non-clinical, life-long learning for individuals, couples, and families

*Adapted from L’Abate, 2004b.

One important aspect of the Workbooks contained in Figures below lies in their being produced from existing, validated test instruments, verified factor analyses, or symptom lists available in the DSM-IV (Author, 1994; Kochalka & L’Abate, 1997). This is another way to indicate that Workbooks are isomorphic with their underlying composition based on validated measures. Hence, the gap between evaluation and intervention using Workbooks is greatly diminished, allowing professionals to match treatment with evaluation in ways that would be difficult, expensive, or even impossible to accomplish in f2f psychotherapy.

Transforming inert, passive test or factor analyses items or psychiatric symptoms into dynamic Workbooks is a very simple process that apparently has not been thought of until recently (L’Abate, 2010b). This process occurs
in three easy steps:

1. asking participants to define items of single score tests, or dimensions of multiple score tests, factor analyses, and DSM-IV symptoms lists, if necessary with the help of a dictionary (L’Abate, 2007a), and then give two, possibly concrete, examples of the item just defined, a nomothetic task;

2. rank-order items just defined according to how those items refer to oneself in order of importance and relevance, an idiographic task that individualizes immediately the sequence to follow in treatment, starting with the item that has been rank-ordered first, moving then to the item rank-ordered second, and so on, until most of the top items (no more than 5 or 6 in my experience) have been administered one by one through

3. a standard practice exercise (L’Abate, 2010b) where the top item becomes the topic of an intense scrutiny, that is: asking participants to answer queries about the overall nature of that item, its developmental origins, duration, frequency, rate, and functional and dysfunctional outcomes to self and to loved ones.

Sometimes, if the behavior represented in a particular item is strongly ingrained in the individual’s affective, cognitive, and behavioral repertoire, participants may be asked to produce and reproduce it at certain times and places to achieve greater control over it, following the principle that: “If we learn to approach and start a troublesome behavior, we can learn to stop it.” (L’Abate, 1984), contrary to many behavioral dogmas. Change starts at the beginning of a process not at the end.

Through this process, therefore, as shown in the Figures to follow, it is possible to transform thousands of passively inert test instruments into active and interactive methods of treatment, linking evaluation with treatment in ways that would be difficult and expensive to achieve in self-help, preventive, promotional, or psychotherapeutic interventions using f2f approaches.

**Prevention of Relational Incompetence: Workbooks Targeted for Clinical Conditions**

Figure 12 includes workbooks that can be used when no specific clinical concern is present or detected but there is interest and motivation to learn more about oneself in individuals, couples, or families. These Workbooks, therefore, could be used in self-help (Harwood & L’Abate, 2010), prevention (L’Abate, 1990), and promotional (L’Abate, 2007d) activities with functional or semi-functional participants, especially those who are at risk for possible breakdown, such as adult children of alcoholic parents. These indivi-duals, couples, and families may not be classified as yet according to a psychiatric label, but they may evidence prodromal characteristics that may foretell future disorders, especially in children.

Figure 12
Self-help Workbooks for Individual, Couple, and Family life-long Learning*

Individual

Character Strengths.
Emotional Expression.
Development of Emotional Competence.
Multiple Abilities.
Normative Experiences: Form AB5C.
Normative Experiences: Form IPIP.
Normative Experiences: Form PSC.
Priorities.
Self-awareness.
Self-Others Importance.
Social Skills.
Speak UP For Yourself.
Who Am I? Aspects of Identity.

Couples

Premarital Preparation.
Relational Quality1.
Relational Quality2.
Relational Quality3.
Relational Styles.
Sexual Motivation.

Families

Foster/Adoptive Care.
Planned Parenting.

Workbooks for Psychiatric Classification
For borderline or clinical conditions, Workbooks (L’Abate, 2002, 2007b, in press-b) are based on reason for referral, that is, internalization versus externalization, as well as on single and multiple test scores, such as the Beck Anxiety and Depression Inventories, the Minnesota Multiphasic Personality Inventory-2; or on lists of behaviors, signs, or symptoms derived from factor-analyses and the DSM-IV (American Psychiatric Association, 1994). Space limitations make it impossible to review studies supporting their clinical usefulness. However, complete reviews of research on their effect sizes and applications are available (L’Abate. 2004b, in press-b).
Figure 13 includes workbooks that were derived from list of symptoms in psychiatric diagnoses found in the DSM-IV (American Psychiatric Association, 1994), Millon, Blaney, and Davis (1999) and other sources, showing that through programmed, distance writing it is possible to link evaluation with specific treatment in ways that would be difficult if not impossible to achieve through f2f, tb interventions.

**Workbooks from Research with Single- or Multiple-score Tests**

Another way to link evaluation with treatment is found in developing Workbooks directly from the items found in factor analyses, single- and multiple-score tests as shown in Figure 14.

**Research Results**

Research about the effectiveness of Workbooks was conducted from the very beginning starting 30 or more years ago but reported more recently (L’Abate, Boyce, Fraizer, & Russ, 1992; L’Abate, 2004b, pp. 75-92) with unexpected paradoxical and sometimes inconsistent results. For instance, in “…few studies control groups obtained higher gain scores than experimental groups suggesting that this was an important area to investigate in the future” (L’Abate, 2004b, pp. 91-92). To find a more definitive answer, Smyth and L’Abate (2001) performed a meta-analysis of 18 workbooks, 12 in mental health and 6 in physical health. The overall effect size for mental health outcomes was $d = .44$ while the overall effect size for physical health outcomes was $d = .25$.

Results from this analysis as well as from the studies summarized in L’Abate (2004b, pp. 75-92) suggest that Workbooks may produce a medium effect size in mental health and a somewhat lower effect size for physical health, even though great variability was present for such outcomes. This effect size was quite similar to the one obtained from a meta-analysis of f2f tb psychological treatment in 90 studies conducted across a broad range of clinical settings (mean $d = .41$; Shadish, Matt, Navarro, & Phillips, 2000).

Here is where costs and cost-effectiveness come into being. If the same results are obtained by two different types of intervention, one would chose the less expensive intervention. This, however, is not a either-or issue but a both/and one. Conceivably, f2f, tb interventions may needed with more severe cases and even in these cases, adding Workbooks may decrease the length of treatment or reduce the possibility of relapse. However, this was not the case with outpatients who received Workbooks in addition to face-to-face, talk-based psychotherapy (L’Abate, L’Abate, & Maino, 2005). Those participants (individuals, couples, and families) who received Workbooks showed a significantly greater number of sessions than those who did not received them. In an inpatient setting, however, Goldstein (L’Abate & Goldstein, 2007), a problem-solving workbooks reduced significantly the length of hospitalization in decompensating women who
complete that workbook versus a control group of women who did not receive it.

Figure 13

Workbooks for Participants with Psychiatric Diagnoses

| Disorders of Internalization | Children and Youth |
|-----------------------------|--------------------|
| Anxiety                     |                    |
| Anxiety, Depression, and Fears |                |
| Asperger Disorder           |                    |
| Depression                  |                    |
| Post-Traumatic Stress       |                    |
| Separation Anxiety          |                    |

| Adults                      |                    |
|-----------------------------|--------------------|
| Anxiety                     |                    |
| Depressive Personality      |                    |
| Loneliness                  |                    |
| Phobias                     |                    |
| Post-Traumatic Stress Disorder |                |
| Procrastination             |                    |
| Signs of Depression         |                    |

Disruptive Developmental Disorders

| Anger                       |                    |
| Hyperactive/Attention Deficit |                |
| Juvenile Troublemaking      |                    |
| Oppositional Defiant        |                    |

Disorders of Externalization in Adults

| Addendum to Relational Training |                    |
| Anger, Hostility               |                    |
| Troublemaking                  |                    |

Workbooks for Conflicting Couples and Families

Children and Families

| Bing Eating                  |                    |
| Divorce Adjustment in Children |                |
| Domestic Violence            |                    |
| Lying                       |                    |
| Shyness                     |                    |
| Stealing                    |                    |
| Temper Tantrums             |                    |
| Time Out                    |                    |
| Verbal Abuse                |                    |

Couples

| A theory-derived workbook for intimate relationships |                    |
| Arguing or Fighting                                |                    |
| Complaints                                         |                    |
| Depression                                         |                    |
| Difficulties                                       |                    |
| Intimacy                                           |                    |
| Sexuality                                          |                    |
| Violence                                           |                    |

Families

| Hurt Feelings |                    |
| Intimacy      |                    |
| Negotiation   |                    |
| When Parents Argue: From the Child’s Eyes |                |
| When Parents and Child Argue                    |                    |

*Adapted from L’Abate, 2009c.
Figure 14
Workbooks from Research with Single- and Multiple-score Tests*

**Single Score Tests**

*Children: Mixed Internalizing and Externalizing Disorders*

- School Conduct Problem
- School Social Skills
- Unusual or Troublesome Behavior

*Adults*

- Butcher Treatment Planning

*Axis II Cluster C Internalizing Personality Disorders*

- Beck Anxiety
- Beck Depression
- Hamilton Anxiety
- Hamilton Depression
- Help-seeking (Dependent)
- Self-suffering (Masochist)
- Serious (Depressed)
- What Are My Concerns?

*Axis II Cluster B Selected Externalizing Personality Disorders*

- Anger Expression
- Compelling (Compulsive)
- Distinct (Schizoid)
- Exciting (Histrionic)
- Non-conformist (Negativistic)
- Private (Avoidant)
- Self-interested (Narcissistic)
- Unpopular (Antisocial)
- Unusual (Sadistic)

- Mixed Internalizing and Externalizing Disorders

*Personality Disorders, Form 1989.*
*Personality Disorders, Form 1990.*
*Personality Disorders, Form 1992.*

**Multiple Score Tests**

*Personality Dimensions from the MMPI* 
*Personality Dimensions from Neuroticism Extraversion Openness Inventory (NEO)*
*Personality Dimensions from Personality Assessment Inventory*

**Severe Disorders**

*Individuals*

- Mood Swings
- Over-dependency
- Severe Concerns
- Sexual Abuse

*Couples*

- Improving Relationships
- Relationship Conflicts
- Couple Satisfaction

*Families*

Profile Form
Functioning

*Adapted from L’Abate, 2009c.*
The inconsistency and contradictions found in the area of research with Workbooks cries out for more adequate and controlled research that could be conducted by just one investigator alone.

**Treatment and Management of Severe Incompetence:**

**Homework Prescriptions for Couples and Families.** In addition to the workbooks created to deal with severe incompetence, two prescriptions as homework assignments in couples and family therapy derive directly and respectively from Models\(^7\&^{15}\)—Being Present and Intimacy, without requirements for Performance, Production, Problem-solving, or Perfection.

**Hugging, Holding, Huddling, and Cuddling (3HC).** This prescription is especially useful with families with young children who cannot express themselves. It involves progressive stages of Being physically together without talking. Couples or family members lie down comfortably in the dark in an exchange of reciprocal reassurance of being cared for through prolonged physical contact rather than through talking: hugging, holding, huddling, and cuddling each other without any erotic gestures or intentions (L’Abate & De Giacomo, 2003). This prescription finds its indirect empirical support in the crucial importance of close physical contact (Feldman, 2007), touch (Jones & Mize, 2007), and affection (Gulledge, Hill, Lister, & Sallion, 2007). This prescription is not indicated with severe sexual abuse or incest.

**Sharing of Hurts.** This prescription involves partners or family members facing each other, holding hands, and keeping their eyes closed (L’Abate, 1994, 1997b, 2003, 2009c, in press-a). Participants are asked to concentrate on past hurts and verbally express them with their partner or family members. Often partners share these feelings nonverbally through crying. This prescription has been presented in a variety of published clinical reports, not cited here for reasons of space, but finds its indirect empirical support in the research of Feeney (2005), Fincham (2000), Fincham and Beach (2002), L’Abate (2009c, in press-a), and Vangelisti (2009), and Vangelisti and Beck (2007)

**Conclusion**

There is no question that the scope of this theory is ambitious if not grandiose. On the other hand, human relationships are too complex to be covered, condensed, and encompassed by few dimensions or models. All these descriptive models help us to understand redundantly coexisting or co-morbid relational competence disorders as different aspects and extremes of competence and incompetence in human relationships.

Either by themselves or in conjunction with medical, neurological, psychiatric, and psychological approaches, workbooks can perform synergistic, self-help, preventive, promotional, and psychotherapeutic functions that are either time-consuming and difficult
to perform in f2f tb treatments. Only future research will determine who will be helped by which approach. Fortunately, the field of mental health in the last generation has been expanded by some many different approaches that will allow professionals to investigate which intervention is more adequate, effective, and specific to deal with particular referral questions, concerns, and symptoms.
References
Aboujaoude, E., & Koran, L. M. (2010). Impulse control disorders. New York: Cambridge University Press.
Author (1994). Diagnostic Statistical Manual for Mental Disorders-IV. Washington, DC: American Psychiatric Association Press.
Bakan, D. (1968). Disease, pain, and sacrifice: Toward a psychology of suffering. Boston, MA: Beacon Press.
Baumeister, R. F., & Vohs, K. D. (Eds.). (2004). Handbook of self-regulation: Research, theory, and applications. New York: Guilford.
Beard, R., Myhill, D., Riley, J., & Nystrand, M. (Eds.). (2009). The SAGE handbook of writing development. Thousand Oaks, CA: Sage.
Berreby, D. (2008). US & THEM: The science of identity. Chicago, IL: University of Chicago Press.
Beutler, L. E., & Malik, M. L. (Eds.). (2002). Rethinking the DSM-IV: A psychological perspective. Washington, DC: American Psychological Association.
Brehm, S. S., Miller, R. S., Perlman, D., & Campbell, S. M. (2002). Intimate relationships. Boston, MA: McGraw-Hill.
Broffnenrren, U. Toward an experimental ecology of human behavior. American Psychologist, 32, 513-531.
Cacioppo, J. T., & Gardner, W. L. (1999). Emotion. Annual Review of Psychology, 50, 191-214.
Canary, D. J., Emmers-Sommer, T. M., & Faulkner, D. (1997). Sex and gender differences in personal relationships. New York: Guilford.
Clark, M. S., & Mills, J. (1979). Interpersonal attraction in exchange and communal relationships. Journal of Personality and Social Psychology, 37, 12-24.
Clark, M. S., Pataki, S. P., & Carver, V. H. (1996). Some thoughts and findings on self-presentation of emotions in relationships. In G. J. O. Fletcher & J. Fitness (Eds.), Knowledge structures in close relationships: A social psychological appraisal (pp. 247-324). New York: Guilford.
Cocking, R. R., & Renninger, K. A. (Eds.). (1993). The development and meaning of psychological distance. Hillsdale, NJ: Erlbaum.
Cole, T., & Teboul, J.C. B. (2004). Non-zero-sum collaboration, reciprocity, and the preference for similarity. Personal Relationships, 11, 135-160.
Csikszentmihaly, M. (2004). Materialism and the evolution of consciousness. In T. Kasser & A. D. Kanner (Eds.), Psychology and consumer culture: The struggle for a good life in a materialistic world (pp. 91-106). Washington, DC: American Psychological Association.
Cunningham, M. R., Shamblen, S. R., Barbee, A. P., & Ault, L. K. (2005). Social allergies in romantic relationships: Behavioral repetition, emotional sensitization, and dissatisfaction in dating couples. Personal Relationships, 12, 273-295.
Cusinato, M., & Colesso, W. (2008). Validation of the continuum of likeness in intimate relationships. In L. L’Abate (Ed.), Toward a science of clinical psychology:
Laboratory evaluations and interventions (pp. 335-352). Hauppauge, NY: Nova Science Publishers.

Cusinato, M., & L'Abate, L. (1994). A spiral model of intimacy. In S. M. Johnson & Greenberg, (Eds.). The heart of the matter: Perspectives on emotion in marital therapy, (pp. 108-123). New York: Brunner/Mazel.

Cusinato, M., & L'Abate, L. (2005a). The Dyadic Relationships Test: Creation and validation of a model-derived, visual-verbal instrument to evaluate couple relationships. Part I. American Journal of Family Therapy, 33, 195-206.

Cusinato, M., & L'Abate, L. (2005b). The Dyadic Relationships Test: Creation and validation of a model-derived, visual-verbal instrument to evaluate couple relationships. Part II. American Journal of Family Therapy, 33, 379-394.

Cusinato, M., & L'Abate, L. (2008). Likeness: A hidden ingredient in family therapy. American Journal of Family Therapy, 36, 116-125.

Cusinato, M., & L'Abate, L. (Eds.). (in press). Advances in relational competence theory: With special attention to alexithymia. New York: Nova Science Publishers.

Davis, R., & Millon, T. (1995). On the importance of theory to a taxonomy of personality disorders. In J. W. Livesley (Ed.), The DSM-IV personality disorders (pp. 377-396). New York: Guilford.

Deal, J. E., Halverson, C. F. Jr., & Wampler, K. S. (1999). Parental similarity on child-rearing orientations: Effects of stereotype similarity. Journal of Social and Personal Relationships, 16, 87-102.

DeGenova, M. K., & Rice, F. P. (2005). Intimate relationships, marriages and families. Boston, MA: McGraw-Hill.

Depue, R. A., & Lenzenweger, M. F. (2006). A multidimensional neurobehavioral model of personality disturbance. In R. F. Krueger & J. L. Tackett (Eds.), Personality and psychopathology (pp. 210-261). New York: Guilford.

Dischion, T. J. (1999). Model building in developmental psychopathology: A pragmatic approach to understanding and intervention. Journal of Clinical Child Psychology, 28, 502-512.

Eid, M., & Larsen, R. J. (Eds.). (2007). The science of subjective well-being. New York: Guilford.

Esterling, B. A., L'Abate, L., Murray, E., & Pennebaker, J. M. (1999). Empirical foundations for writing in prevention and psychotherapy: Mental and physical outcomes. Clinical Psychology Review, 19, 79-96.

Feeney, J. A. (1999). Issues of closeness and distance in dating relationships: Effects of sex and attachment style. Journal of Social and Personal Relationships, 16, 571-590.

Fehr, B., & Broughton, R. (2001). Gender and relational competence differences in conceptions of love: An interpersonal theory analysis. Personal Relationships, 8, 115-136.

Feldman, R. (2007). Maternal-infant contact in the postpartum and child development: Insights from the Kangaroo interventions. In L.
L’Abate (Ed.), Low-cost interventions to promote physical and mental health: Theory, research, and practice (pp. 323-351). New York: Springer-Science.

Fincham, F. D. (2000). The kiss of the porcupine: From attributing responsibility to forgiving. Personal Relationships, 7, 1-23.

Fincham, F. D., & Beach, S. R. H. (2002a). Forgiveness in marriage: Implications for psychological aggression and constructive communication. Personal Relationships, 9, 239-251.

Fincham, F. D., & Beach, S. R. H. (2002a). Forgiveness in marriage: Implications for psychological aggression and constructive communication. Personal Relationships, 9, 239-251.

Fincham, F. D., & Beach, S. R. H. (2002b). Forgiveness: Toward a public health approach to intervention. In J. H. Harvey & A. E. Wenzel (Eds.), A clinician's guide to main-taining and enhancing close relationships (pp. 277-300). Mahwah, NJ: Erlbaum.

Flett, G. L., & Hewitt, P. L. (Eds.). (2002). Perfectionism: Theory, research, and treatment. Washington, DC: American Psychological Association.

Foa, U. G., Converse, J. Jr., Tornblom, K. J., & Foa, E. B. (Eds.). (1993). Resource exchange theory: Explorations and applications. San Diego, CA: Academic Press.

Foa, U., & Foa, E. (1974). Societal structures of the mind. Springfield, IL: C. C. Thomas.

Franks, M. M., Wendorf, C. A., Gonzales, R., & Ketterer, M. (2004). Aid and influence: Health promoting exchanges of older married partners. Journal of Social and Personal Relationships, 21, 431-445.

Friesen, M. D., Fletcher, G. J. O., & Overall, N. C. (2005). A dyadic assessment of forgiveness in intimate relationships. Personal Relationships, 12, 61-77.

Gable, S. L., Reis, S. T., & Elliot, A. J. (2000). Behavioral activation and inhibition in everyday life. Journal of Personality and Social Psychology, 78, 1135-1149.

Grisham, J. R., & Barlow, D. H. (2005). Compulsive hoarding: Current research and theory. Journal of Psychopathology and Behavioral Assessment, 27, 45-52.

Grolnick, W.S., Gurland, S.T. (2002). Women and mothering: retrospect and prospect. In J. McHale and W.S. Grolnick, (Eds.), Retrospect and prospect in the psychological study of families (pp. 5-34), Hillsdale, NJ: Erlbaum.

Guinote, A., & Veschio, T. K. (Eds.). (2010). The social psychology of power. New York: Guildford.

Gulledge, A. K., Hill, M., Lister, Z., & Sallion, C. (2007). Non-erotic physical affection: It’s good for you. In L. L’Abate (Ed.), Low-cost interventions to promote physical and mental health: Theory, research, and practice (pp. 371-383). New York: Springer-Science.

Hampton, R. B., & Beavers, W. R. (2004). Observational assessment of couples and families. In L Sperry (Ed.), Assessment of couples and families (pp.91-115). New York: Rutledge.

Harkness, A. R. (2007). Personality traits are
essential for a complete clinical science. In S. O. Lilienfeld & W. T. O'Donohue (Eds.), The great ideas of clinical science: 17 principles that every mental health professional should understand (pp. 263-290). New York: Routledge.

Harter, S., Waters, P. I., Pettitt, L. M., Whitesell, J. K., & Jordan, J. (1997). Autonomy and connectedness as dimensions of relationship styles in men and women. Journal of Social and Personal Relationships, 14, 147-164.

Harwood, T. M., & L'Abate, L. (2010). Self-help in mental health: A critical evaluation. New York: Springer-Science.

Hess, J. A., Fannin, A. D., & Pol R. (2007). Creating closeness: Discerning and measuring strategies for fostering closer relationships. Personal Relationships, 14, 24-44.

Higgins, E. T. (2007). Motivational sources of unintended thought: Irrational intrusions or side effects of rational strategies? In R. R. Hassin, J. S. Uleman, & J. A. Bargh (Eds.), The new unconscious (pp. 516-536). New York: Oxford University Press.

Horowitz, L. M. (2004). Interpersonal foundations of psychopathology. Washington, DC: American Psychological Association.

Impett, E. A., Peplau, L. A., & Gable, S. L. (2005). Approach and avoidance sexual motives: Implications for personal and interpersonal well-being. Personal Relationships, 12, 465-482.

Jones, N. A., & Mize, K. D. (2007). Touch interventions positively affect development. In L'Abate (Ed.), Low-cost interventions to promote physical and mental health: Theory, research, and practice (pp. 353-369). New York: Springer.

Jung Suh, E., Moskowitz, D. S., Fournier, M. A., & Zuroff, D. C. (2004). Gender and relationships: Influences on agentic and communal behaviors. Personal Relationships, 11, 41-59.

Kacewicz, E., Slatcher, R. B., & Pennebaker, J. W. (2007). Expressive writing: An alternative to traditional methods. In L. L'Abate (Ed.), Low-cost approaches to promote physical and mental health: Theory, research, and practice (pp. 271-284). New York: Springer-Science.

Kasser, T., & Kanner, A. D. (2004). Psychology and consumer culture: The struggle for a good life in a materialistic world. Washington, DC: American Psychological Association.

Katz, R., Katz, J., & Shaw, B. F. (1999). Beck Depression Inventory and Helplessness Scale. In M. M., Maruish (Ed.), The use of psychological testing for treatment planning and outcomes assessment (pp. 831-870). Mahwah, NJ: Erlbaum.

Kazantzis, N., Deane, F. P., Ronan, K. R., & L'Abate, L. (Eds.). (2005). Using homework assignments in cognitive behavior therapy. New York: Rutledge.

Kazantzis, N., & L'Abate, L. (Eds.). (2007). Handbook of homework assignments in psychotherapy: Theory, research, and prevention. New York: Springer-Science.

Kochalka, J., & L'Abate, L. (1997). Linking evaluation with structured enrichment: The Family Profile Form. American Journal of Family Therapy, 25, 361-374.
Korzybski, A. (1949). *Science and sanity: An introduction to non-Aristotelian systems and general semantics*. Lakeville, CT: The International Non-Aristotelian Library Publishing Company.

Krueger, R. F., & Tackett, J. L. (Eds.). (2006). *Personality and psychopathology*. New York: Guilford.

L’Abate, L. (1964). Il metodo di laboratorio nella psicodiagnosi (The laboratory method in psychodiagnosis). *Bollettino di Psicologia Applicata*, 63-64, 36-39.

L’Abate, L. (1976). *Understanding and helping the individual in the family*. New York: Grune & Stratton.

L’Abate, L. (1980). Recognition of paired trigrams as a function of associative value and associative strength. *Science*, 131, 984-985.

L’Abate, L. (1983). Styles in intimate relationships: The A-R-C model. *The Personnel and Guidance Journal*, 63, 227-233.

L’Abate, L. (1984). Beyond paradox: Issues of control. *American Journal of Family Therapy*, 12, 12-20.

L’Abate, L. (1986). *Systematic family therapy*. New York: Brunner/Mazel.

L’Abate, L. (1990a). A theory of competencies x settings interactions. *Marriage and Family Review*, 15, 253-269.

L’Abate, L. (1990b). *Building family competence: Primary and secondary prevention strategies*. Newbury Park, CA: Sage.

L’Abate, L. (1990c). Reconciling personal and professional priorities. In F. Kaslow, (Ed.). *Voices in family psychology* (pp. 139-155). Newbury Park, CA: Sage.

L’Abate, L. (1990d). Some epistemological issues in family psychology. *Japanese Journal of Family Psychology*, 4, 9-17.

L’Abate, L. (1991). The use of writing in psychotherapy. *American Journal of Psychotherapy*, 45, 87-98.

L’Abate, L. (1992). *Programmed writing: A self-administered approach for interventions with individuals, couples, and families*. Pacific Grove, CA: Brooks/Cole.

L’Abate, L. (1994). A theory of personality development. New York: Wiley.

L’Abate, L. (1997a). Distance writing and computer-assisted training. In S. R. Sauber (Ed.), *Managed mental health care: Major diagnostic and treatment approaches* (pp. 133-163). Bristol, PA: Brunner/Mazel.

L’Abate, L. (1997b). *The self in the family: A classification of personality, criminality, and psychopathology*. New York: Wiley.

L’Abate, L. (1999). Taking the bull by the horns: Beyond talk in psychological interventions. *The Family Journal: Counseling and Therapy for Couples and Families*, 7, 206-220.

L’Abate, L. (Ed.). (2001). *Distance writing and computer-assisted interventions in psychiatry and mental health*. Westport, CT: Ablex.

L’Abate, L. (2002). Beyond psychotherapy: *Programmed writing and structured computer-assisted interventions*. Westport, CT: Ablex. 44444444444

L’Abate, L. (2003). *Family psychology III*:
L'Abate, L. (2004a). A guide to self-help workbooks for clinicians and researchers. Binghamton, NY: Haworth.

L'Abate, L. (Ed.). (2004b). Using workbooks in mental health: Resources in prevention, psychotherapy, and rehabilitation for clinicians and researchers. Binghamton, NY: Haworth.

L'Abate, L. (2005). Personality in intimate relationships: Socialization and psycho-pathology. New York: Springer-Science.

L'Abate, L. (2007a). A completely preposterous proposal: The dictionary as an initial vehicle of change in the family. The Family Psychologist, 23, 39-42.

L'Abate, L (2007b). Introduction: Section IV. Writing. In L. L'Abate (Ed.), Low-cost approaches to promote physical and mental health: Theory, research, and practice (pp. 219-266). New York: Springer-Science.

L'Abate, L. (Ed.). (2007c). Low-cost approaches to promote physical and mental health: Theory, research, and practice. New York: Springer-Science.

L'Abate, L. (2008a). A proposal for including distance writing in couple therapy. Journal of Couple & Relationship Therapy, 7, 337-362.

L'Abate, L. (Ed.). (2008b). Toward a science of clinical psychology: Laboratory evaluations and interventions. New York: Nova Science Publishers.

L'Abate, L. (2008c). Working at a distance from participants: Writing and nonverbal media. In L. L'Abate (Ed.), Toward a science of clinical psychology: Laboratory evaluations and interventions (pp. 355-383). New York: Nova Science Publishers.

L'Abate, L. (2009a). A bibliography of secondary references for relational competence theory. In L. L'Abate, P. De Giacomo, M. Capitelli, & S. Longo (Eds.), Science, mind, and creativity: The Bari Symposium (pp. 175-196). Hauppauge, NY: Nova Science Publishers.

L'Abate, L. (2009b). A theory-derived structured interview for intimate relationships. The Family Psychologist, 25, 12-14.

L'Abate, L. (2009c). Hurt Feelings: The last taboo for researchers and clinicians? In A. L. Vangelisti (Ed.), Handbook of hurt feelings in close relationships (pp. 479-498). New York: Cambridge University Press.

L'Abate, L. (2009d). In search of a relational theory. American Psychologist, 64, 776-788.

L'Abate, L. (2009e). Paradigms, theories, and models: Two hierarchical frameworks. In L. L'Abate, P. De Giacomo, M. Capitelli, & S. Longo (Eds), Science, mind, and creativity: The Bari symposium (pp. 107-153). Hauppaug, NY: Nova Science Publishers.

L'Abate, L. (2009f). The Drama Triangle: An attempt to resurrect a neglected pathogenic model in family therapy theory and practice. American Journal of Family Therapy, 37, 1-11.

L'Abate, L. (2009g). The Praeger handbook of
RECENT DEVELOPMENTS IN FAMILY SCIENCE IN USA AND ITALY

play across the life cycle: Fun from infancy to old age. Westport, CT: Praeger.
L’Abate, L. (2010a). Beyond reliability and validity: Specificity in clinical psychology. Manuscript submitted for publication.
L’Abate, L. (2010b). Sourcebook of practice exercises in mental health. New York: Springer-Science.
L’Abate, L. (2010c). The mystiques of face-to-face, talk-based, one-on-one paradigms: Implications for education and training. Manuscript submitted for publication.
L’Abate, L. (in press-a). Hurt feelings: Theory, research, and applications in intimate relationships. New York: Cambridge University Press.
L’Abate, L. (in press-b). Psychotherapy consists of homework assignments: A radical iconoclastic conviction. In H. Rosenthal (Ed.), Favorite counseling and therapy homework techniques: Classic Anniversary Edition (pp. 00-00). New York: Routledge.
L’Abate, L. (in press-c). The seven sources of pleasure. Westport, CT: Praeger.
L’Abate, L. (in press-d). Workbooks: Programmed interactive practice exercises. In L. L’Abate & D. A. Kaiser (Eds.), Handbook of technology in psychology, psychiatry, and neurology: Theory, research, and practice (pp. 000-000). New York: Nova Science Publishers.
L’Abate, L., Boyce, J., Fraizer, I., & Russ, D. A. (1992). Programmed writing: Research in progress. Comprehensive Mental Health Care, 2, 45-62.
L’Abate, L., & Cusinato, M. (2007). Linking theory with practice: Theory-derived interventions in prevention and psychotherapy. The Family Journal: Counseling and Therapy for Couples and Families, 15, 318-327.
L’Abate, L., & Cusinato, M. (2008). Selfhood: A hidden ingredient in family therapy. Journal of Family Psychotherapy, 19, 320-329.
L’Abate, L., Cusinato, M., Maino, E., Colesso, W., & Scilletta, C. (2010). Relational competence theory: Research and applications. New York: Springer-Science
L’Abate, L., & De Giacomo, P. (2003). Intimate relationships and how to improve them: Integrating theoretical models with preventive and psychotherapeutic applications. Westport, CT: Praeger.
L’Abate, L., De Giacomo, P., & De Giacomo, A. (1997). Integrating models of human interactions: Three models one reality? The Italian Journal of Psychiatry and Behavioral Sciences, 7, 17-23.
L’Abate, L., De Giacomo, P., McCarty, F., De Giacomo, A., & Verrastro, G. (2000). Evaluating three models of intimate relationships. Contemporary Family Therapy: An International Journal, 22, 103-122.
L’Abate, L., & Goldstein, D. (2007). Workbooks to promote mental health and life-long learning. In L. L’Abate (Ed.), Low-cost interventions to promote physical and mental health: Theory, research and practice (pp. 285-302). New York: Springer.
L’Abate, L., & Harrison, M. G. (1992). Treating codependency. In L. L’Abate, J. E. Farrar, & D. A. Serritella, (Eds.), Handbook of
differential treatments for addictions (pp. 286-306). Boston, MA: Allyn & Bacon.

L'Abate, L., & Kern, R. (2002). Workbooks: Tools for the expressive writing paradigm. In S. J. Lepore, J. M. & Smyth (Eds.), The writing cure: How expressive writing promotes health and emotional well-being (pp. 239-255). Washington, DC: American Psychological Association.

L'Abate, L., L'Abate, B. L., & Maino, E. (2005). A review of 25 years of part-time professional practice: Workbooks and length of psychotherapy. American Journal of Family Therapy, 33, 19-31.

L'Abate, L., & Wagner, V. (1985). Theory-derived, family oriented test batteries. In L. L'Abate (Ed.), Handbook of family psychology and therapy (pp. 1006-1032). Pacific Grove, CA: Brooks/Cole.

L'Abate, L., & Wagner, V. (1988). Testing a theory of developmental competence in the family. American Journal of Family Therapy, 16, 23-35.

L'Abate, L., & Weinstein, S. E. (1987). Structured enrichment programs for couples and families. New York: Brunner/Mazel.

L'Abate, L., & Young, L. (1987). Guidebook for enrichment programs for couples and families. New York: Brunner/Mazel.

Leary, T. (1957). Interpersonal diagnosis of personality. New York: Ronald Press.

Lepore, S. J., & Smyth, J. M. (Eds.). (2002). The writing cure: How expressive writing promotes health and emotional well-being. Washington, DC: American Psychological Association.

Levin, E. L. (1976). The marital power structure. Unpublished doctoral dissertation. Georgia State University.

Mak, L., & Marshall, S. K. (2004). Perceived mattering in your adults’ romantic relationships. Journal of Social and Personal Relationships, 21, 469-486.

Mansell, W. (2005). Control theory and psychopathology: An integrative approach. Psychology and Psychotherapy: Theory, Research, and Practice, 78, 141-178.

Markon, K. E., Krueger, R. F., & Watson, D. (2005). Delineating the structure of normal and abnormal personality: An integrative hierarchical approach. Journal of Personality and Social Psychology, 88, 139-157.

Mashek, D. J., & Aron, A. (Eds.). (2004). Handbook of closeness and intimacy. Mahwah, NJ: Erlbaum.

Massel, H. K., Liberman, R. P., Mintz, J., Jacobs, H. E., et al. (1990). Evaluating the capacity to work in the mentally ill. Psychiatry: Journal for the Study of Interpersonal Processes, 53, 31-43.

McAdams, D. P. (1988). Power, intimacy, and the life-story: Personological inquiries into identity. New York: Guildford.

McHugh, P., & Slavney, P. (1989). The perspectives of psychiatry. Baltimore, MD: Johns Hopkins University Press.

McMahan, O., & L’Abate, L. (2001). Programmed distance writing with seminarian couples. In L. L’Abate (Ed.), Distance writing and computer-assisted interventions in psychiatry and mental health (pp. 137-156). Westport, CT: Ablex.
Metts, S., & Grohskopf, E. (2003). Impression management: Goals, strategies, and skills. In J. O. Greene & B. R. Burleson (Eds.), Handbook of communication and social interaction skills (pp. 357-399). Mahwah, NJ: Erlbaum.

Mikulincer, M., & Shaver, P. R. (2007). Adult attachment: Structure, dynamics, and change. New York: Guilford.

Millon T., Blaney, P. H., & Davis, R. D. (Eds.). (1999). Oxford textbook of psycho-pathology. New York: Oxford University Press.

Mills, J., Clark, M. S., Ford, T. E., & Johnson, M. (2004). Measurement of communal strength. Personal Relationships, 11, 213-230.

Morry, M. M. (2005). Relationship satisfaction as a predictor of similarity ratings: A test of the similarity-attraction hypothesis. Journal of Social and Personal Relationships, 22, 561-584.

Nigg, J. T., Carr, L., Martel, M., & Henderson, J. M. (2007). Concepts of inhibition and developmental psychopathology. In D. S. Gorfein & C. M. MacLeod (Eds.), Inhibition in cognition (pp. 259-277). Washington, DC: American Psychological Association.

Olson, D. H. (1996). Clinical assessment and treatment interventions using the Family Circumplex Model. In F. W. Kaslow (Ed.), Handbook of relational diagnosis and dysfunctional family patterns (pp. 59-77). New York: Wiley.

Omer, H. (1985). Fulfillment of therapeutic tasks as a precondition for acceptance in therapy. American Journal of Psychotherapy, 56, 496-501.

Orner, R. J., & Stolz, P. (2002). Making sense of repetition phenomena by integrating psycho-traumatology and psychodynamic psychotherapy. Journal of Traumatic Stress, 15, 465-471.

Patrick, C. J., & Bernat, E. M. (2006). The construct of emotions as a bridge between relational competence and psychopathology. In R. F. Krueger & J. L. Tackett (Eds.), Personality and psychopathology (pp. 174-209). New York: Guilford.

Rempel, J. K., & Burris, C. T. (2005). Let me count the ways: An integrative theory of love and hate. Personal Relationships, 12, 297-313.

Renninger, K. A., & Cocking, R. R. (1993). Psychological distance and behavioral paradigms. In R. R. Cocking & K. A. Renninger (Eds.), The development and meaning of psychological distance (pp. 19-33). Hillsdale, NJ: Erlbaum.

Roloff, M. E., Putman, L. L., & Anastasiou, L. (2003). Negotiation skills. In J. O. Greene & B. R. Burleson (Eds.), Handbook of communication and social interaction skills (pp. 801-833). Mahwah, NJ: Erlbaum.

Segrin, C., & Flora, J. (2005). Family communication. Mahwah, NJ: Erlbaum.

Shadish, W. R., Matt, G. E., Navarro, A. M., & Phillips, G. (2000). The effects of psychological therapies under clinically representative conditions: A meta-analysis. Psychological Bulletin, 126, 512-529.

Smyth, J. M., & L’Abate, L. (2001). A meta-analytic evaluation of workbook effect-veness in physical and mental health. In L. L’Abate (Ed.), Distance writing and
computer-assisted interventions in psychiatry and mental health (pp.77-90). Westport, CT: Ablex.

Spiegel, J. (1971). *Transactions: The interplay between individual, family, and society*. New York: Science House.

Valsinger, J., & van der Veer, R. (1993). The encoding of distance: The concept of the zone of proximal development and its interpretations. *In R. R. Cocking & K. A. Renninger (Eds.), The development and meaning of psychological distance* (pp. 35-62). Hillsdale, NJ: Erlbaum.

Vangelisti, A. L. (2006). Hurtful interactions and the dissolution of intimacy. *In M. A. Fine & J. H. Harvey (Eds), Handbook of divorce dissolution* (pp. 133-152). Mahwah, NJ: Erlbaum.

Vangelisti, A. L. (Ed). (2009). *Feeling hurt in close relationships*. New York: Cambridge University Press.

Vangelisti, A. L., & Beck, G. (2007). Intimacy and fear of intimacy. *In L. L'Abate (Ed.), Low-cost interventions to promote physical and mental health: Theory, research, and practice* (pp. 395-414). New York: Springer.

Von Bertalanffy, L. (1968). General systems theory. New York: Braziller.

Weeks, G. R., & L'Abate, L. (1982). *Paradoxical psychotherapy: Theory and practice with individual couples, and families*. New York: Brunner/Mazel.

Wiggins, J. S., & Trobst, K. K. (1999). The field of interpersonal behavior. *In L. A. Pervin & O. P. John (Eds.), Handbook of personality: Theory and research* (pp. 653-669). New York: Guilford.