

Emotional Intelligence in Couples Therapy: Advances from Neurobiology and the Science of Intimate Relationships

Brent Atkinson. New York: W.W. Norton & Company (www.wwnorton.com/), 2005, 374 pp. ISBN 0-393-70386-X, \$37.95 Hardcover.

Maladaptive relationship behavior in couples, while ubiquitous, does not constitute a psychiatric disorder per se, but can take a very substantial toll on people's lives. A growing body of research literature indicates that intense and unremitting intimate partner conflict is associated with a wide range of serious disorders including depression, alcohol and substance abuse, violence, and even depressed immune-system functioning (Christensen & Heavey, 1999). Even partners who are not openly hostile towards each other and fight infrequently can be deeply unhappy and distressed because their relationship has become frozen in a state of mutually contemptuous disengagement. Moreover, children of distressed couples are at much greater risk for depression, conduct disorder, withdrawal, poor social skills, poor academic performance, and other problems (Gottman, 1999). The good news is that couples therapy can help, at least in the short term. Several well defined and extensively studied therapy approaches such as Behavioral Couples Therapy (BCT), Cognitive Behavioral Couples Therapy (CBCT), Emotionally Focused Couple Therapy (EFCT), and Integrative Couple Therapy (ICT), have been shown to reduce conflict and distress, as well as increase relationship satisfaction in the average treated couple (Christensen & Heavy, 1999; Snyder & Castellani, 2006). Unfortunately, as efficacious and effective as these approaches have been shown to be, they are not nearly good enough. Even treatment approaches with the most empirical support fail to improve matters for a substantial percentage of treated individuals; and among those who do improve, many regress to pre-treatment levels of dysfunction two to three years post-treatment. From the research evidence, we can conclude that for most distressed couples treatment is better than no treatment. On the other hand, we still do not understand which structural and process variables are the active ingredients of positive outcome, nor do we know how they should be combined to maximize effects. Clearly, the field is wide open for new treatment approaches that can demonstrate greater and more durable change.

In his book, *Emotional Intelligence in Couples Therapy: Advances from Neurobiology and the Science of Intimate Relationships*, Brent Atkinson, introduces us to Pragmatic/Experiential Couples Therapy (PET-C), which he describes as a new way of understanding and navigating couple relationships and a guide to help distressed couples improve their lives together. In the first part of the book, Atkinson presents a well referenced overview of advances in neuroscience that he claims helps us to understand why people repeatedly act in ways that undermine relationships. In a nutshell, he makes the case that our brains are structured to produce intensely negative affective states when it perceives threats and we become singularly defensive, self-protective and inclined to either attack or withdraw before we are able to think rationally and pro-socially. In other words, our brains are hardwired to, as he puts it, "hijack" our rational thought processes under stressful circumstances thereby preventing effective problem resolution. Atkinson claims that PET-C is an advancement over existing couples treatments because it promotes a reformation of neuronal structures, that is, a rewiring of neural pathways, thereby allowing couples to shift from an overcharged to a calm internal affective landscape. Of course, Atkinson is aware that a calm demeanor, while essential, is not sufficient to produce relationship improvement. His position is that once partners are calm, they can more easily access their pro-social reasoning processes and more effectively

“edit” themselves and consider their partners’ position during moments of conflict or disagreement. A central part of the PET-C method is teaching couples how and when to implement Gottman’s (1999) 10 habits of relationship success. In part 2 of his book, Atkinson describes in detail the therapist’s critical tasks in PET-C: 1. Help partners shift from defensive to receptive internal states. 2. Help partners develop the belief that they can powerfully influence the way each treats the other. 3. Know which habits and attitudes predict relationship improvement and when they should be employed. 4. Help partners develop the ability to shift internal states on their own. 5. Know which session format is needed at any moment. 6. Help partners connect with internal states that naturally produce intimacy. 7. Know how to identify and shift their own internal states when working with clients.

Before offering my views on this book, I should disclose that I have been teaching couples therapy to students and supervising their therapy cases in an APA accredited Ph.D. program in combined clinical and school psychology for 35 years, and I have been doing couples therapy privately even longer.

I had a decidedly mixed reaction to this book. Let me dispose of the negative points first because, on balance, I think that this book makes a contribution to the field in spite of its’ shortcomings. My first concern has to do with PET-C’s neuroscientific pretensions. Atkinson claims that PET-C is nothing less than a method for re-wiring the human brain. This is a naive and unnecessary conceit. PET-C does nothing of the kind, and Atkinson provides no neurological evidence that it does. Even if Atkinson had provided data from studies that showed clients were able to lower psychophysiologic measures of over-arousal such as galvanic skin conductance or muscle tension as a result of PET-C exposure, this would not constitute evidence of structural brain changes. By attempting to give PET-C a scientific pedigree, Atkinson creates the expectation in the reader’s mind that he will present some empirical evidence supporting PET-C, which he does not. It would have been far more sensible, I believe, to make the case that over-arousal impedes self-regulation and simply go on to describe how PET-C methods are designed to reduce it. I was concerned also about the applicability of PET-C to many couples given its emphasis on competent verbal expression. While Atkinson acknowledges that not everyone will respond equally well to PET-C, I believe that he underestimates the negative impact of limitations in client’s communication abilities. Many people are quite limited in their verbal expressive abilities and/or lack the nuanced sensibilities that would permit the kind of sophisticated dialog advocated in PET-C. Even when calm, many people are unable to express themselves with clarity and precision. I am certainly in favor of communication skills training, but I am skeptical about how remediable these skills are for many people. Even clients who, with lots of practice, can learn to recite the habits that predict relationship success and memorize some of the sample statements in the handouts provided by the therapist, may not be able to access and organize the right things to say in the right way at the right time.

On the positive side, I believe that there is much to recommend this book to professionals practicing couples therapy. It is clearly written, well organized and well documented. The goals and methods of PET-C are clearly and systematically laid out. To his credit, Atkinson cites sources for many of the concepts and ideas contained in PET-C. The book contains many lively illustrations of in-session dialog that effectively serve to bring home the points the author wants to make. Naturally, most of the clients in the illustrations seem to “get it” without too much difficulty but there were examples of partners who struggled and needed additional work. The PET-C therapist practices in ways that coincide with what research has shown predicts treatment success. For example, the PET-C therapist is encouraging, respectful, active, instructive,

oriented to the present, and non-judgmental. In other words, the PET-C therapist practices what she/he preaches, acting always and in every way as a model for clients to follow with their partners. I admired Atkinson's emphasis on encouraging clients to be authentic in their responses, open to their partner's viewpoint, non-contemptuous and respectful in their attitudes, and focused on their own contribution to problems. The idea that one person can transform a relationship is an empowering antidote to the more limiting idea that both partners have to contribute equally to the solution. Atkinson is realistic in suggesting that there is no magic in the PET-C method and that repetition and practice is mandatory for success. Readers should know that there is a companion workbook available in a CD format that contains handouts that can be personalized for individual clients. In conclusion, this book can serve as a very useful primer for the relatively inexperienced therapist. Even the experienced therapist will find much to admire in the PET-C method.

References

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