Barriers to Recovering Intimacy

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Intimacy is an important part of human experience, with intimate relationship being "the principal arena within which adults live out their emotional lives." (Mirgain & Cordova, 2007. p. 983). Many researchers have argued that we have an inherent, universal need for closeness and connection with others (Aplerin, 2001; Popvic, 2005; Sullivan, 1953), particularly within couple and family relationships (Downey, 2001). The prevalence of dating, coupling, courtship, and marriage across cultures attests to the seemingly universal desire to be closely connected to another. Intimacy brings satisfaction and "is often considered as the essential factor in adults' health, ability to adapt, happiness, and sense of meaning in life" (Popovic, 2005, p. 35).

In spite of the widespread desire for intimacy, some people find it difficult to create intimate relationships with others. Additionally, some couples in committed relationships may have difficulty holding on to intimacy, as it can be fragile and subject to change. It may be lost due to destructive relationship behaviors, such as infidelity or abuse. It may cool or wane because of distractions, neglect, or monotony.

Although the reasons that couples seek therapy may differ, they often come seeking to regain the love and closeness they once had for each other. They may talk about the loss of love or connection in their relationship, and they may express frustration or hopelessness that intimacy cannot be recovered (Weeks, 1995). Treatment for lost or diminished intimacy focuses on both problem-solving as well as promoting growth (Weeks & Treat, 2001). It involves identifying and removing individual and relationship barriers to the recovery of intimacy as well as facilitating the development of deeper and expanded closeness and connection.

Barriers to Recovering Intimacy

Intimacy in committed relationships can bring tremendous personal and relationship satisfaction. However, couple and family relationships can also be very emotionally challenging (Mirgain & Cordova, 2007). In spite of its seemingly universal nature, several factors may interfere with the recovery of intimacy once it has been lost (Downey, 2001). Intimacy has both an interpersonal dimension as well as an intrapersonal dimension to it (Alperin, 2006). Problems in one or both areas can become significant barriers to the recovery of intimacy for couples.

Interpersonal/Relational Barriers

Many couples struggle with relationship issues that disrupt feelings of closeness and prevent the rebuilding of intimacy. One couple sought therapy because they had drifted apart emotionally and felt disconnected from each other. Another couple on the brink of divorce expressed doubt that they could ever repair their relationship and regain the love they once had. When couples complain that they have "fallen out of love" or they don't feel as close as they used to, therapists should assess for interpersonal processes or relationship dynamics that are inhibiting them.

Neglect

Neglect is one of the most common reasons couples struggle to maintain intimacy. It can be a cause for the loss of intimacy as well as a hurdle preventing couples from regaining intimacy. Partners may divert essential time and energy away from the relationship and become excessively engaged in their work, hobbies, children, or even other relationships. Couples who fail to give the relationship time and nourishment on a consistent basis unwittingly create patterns of independence and disconnect.

A variety of factors may play a role in relationship neglect. Research shows that the number of individuals managing heavy family and work responsibilities is increasing (Emmers-Sommer, 2004). Partners may become overly focused on the business of running a family (i.e., managing

the household, taking care of kids, paying bills, etc.) and as a result, give up time and energy for the marital relationship. They may also devote inordinate amounts of time to personal interests, hobbies, or recreation. For example, we have noticed that clients often complain of their partner's obsession with the internet, online chatrooms, or computer games. There also may be detrimental effects on intimacy from busy or conflicting work schedules (Emmers-Sommer, 2004). Other outside interests, such as friends, charity work, sports, education, and so forth can also take away from a couple's time together. These are not inherently threats to a couple's intimate connection. However, when time and emotional commitment to outside interests become excessive, relationship closeness will suffer.

Recurring Violations of Trust

Because of the interdependent relationship between intimacy and trust, a violation of trust will produce negative consequences in a couple's intimacy. An obvious example is infidelity. A violation of a couple's commitment to emotional and sexual exclusivity has a negative effect on intimacy (Fife, Weeks, & Gambescia, 2008). However, other types of betrayals can also damage a couples' sense of closeness. For example, not following through on commitments or going against previously agreed upon standards may lead to emotional distance and decreased intimacy. One husband consistently undermined his wife's trust in him by spending large amounts of money without talking to her first, despite his promises to confer with her before making purchases. Each time he was caught, she felt betrayed and withdrew emotionally. The repeated violations of trust hindered the development of greater closeness in their relationship.

Violations of trust may occur in other areas of life, such as with parenting, excessive commitments to one's occupation or hobbies, or when boundaries with extended family or friends are inordinately open and diffuse. In one specific therapy case, a husband felt betrayed each time his wife talked to her mother and sisters about the conflicts or problems within their

marriage. He would get angry and withdraw emotionally. She would, in turn, complain to her family about his emotional neglect, and the pattern would continue. As long as they persisted in these destructive behaviors, they perpetuated increasing emotional distance in their marriage and struggled to build the intimacy they desired.

Maladaptive Communication Patterns

Although there are a variety of definitions and understandings of intimacy, most share one particular characteristic: "a feeling of closeness and connectedness that develops through *communication* between partners" (Laurenceau, Barrett, & Rovine, 2005, p. 314, *italics added*). Therefore, it is no surprise that poor or ineffective communication may pose a significant barrier to intimacy (Gottman, 1994; Laurenceau et al., 2005). Destructive communication may include patterns such as incessant speaking coupled with poor listening, ineffective ways of managing conflict or problem-solving, persistent criticism, defensiveness, or cycles of demand-withdrawal. Each of these may inhibit the rebuilding of intimacy for couples.

One couple seeking treatment struggled immensely with listening. Both partners constantly spoke over each other, while disregarding their partners' thoughts and feelings. The pattern of mutual invalidation brought a loss of understanding and closeness in their relationship. Cases such as this illustrate that intimacy may be blocked when one or both partners' voice is marginalized by the other. Research has shown that when partners ignore or invalidate each others' feelings, it has a negative effect on their relationship satisfaction and negates the effect of positive interactions (Laurenceau et al., 2005). When both partners insistently voice their own positions, while ignoring or invalidating each other's feelings, each of them feels less and less that his or her needs are being heard or taken seriously. Patterns of interaction that take this form promote emotional distance and create considerable obstacles to rebuilding intimacy.

In addition to invalidation, other destructive communication patterns can inhibit closeness

and connection. For example, patterns of demand/withdraw have damaging effects on relationship quality (Gottman, 1994). Intimacy may also be blocked by persistent defensiveness or attempts to fix the situation, rather than listening to understand (Snyder, 2000). Partners may have interacted with each other in hurtful ways, leaving emotional scars, including a hesitancy to be vulnerable with each other due to a fear of being rejected or hurt. Ineffective ways of handling disagreements are also damaging. However, conflict itself does not preclude the recovery of intimacy (Clinebell & Clinebell, 1971; Gottman, 1994). Whether conflict results in closeness or distance depends more upon *how* the conflict is handled (Gottman, 1994). Gottman & Levinson (1999, 2002) identified five processes of conflict that lead to decreased closeness in relationships: contempt, criticism, defensiveness, stonewalling, and belligerence. On the other hand, conflict in which partners are supportive, warm, interested, and open to being influence by the other deescalates problems and is associated with happy, stable relationships.

Narrow or Differing Definitions of Intimacy

Intimacy is commonly understood as being multi-faceted (Clinebell & Clinebell, 1970; Mosier, 2006; Schaefer & Olson, 1981; Waring, 1981). However, couples may find it difficult to rebuild intimacy if they define intimacy too narrowly or rely on only one dimension of intimacy to sustain their relationship. For example, intimacy cannot be developed or maintained adequately when limited to just physical chemistry or sexual expression (Mosier, 2006). One couple in therapy defined intimacy in this one-dimensional way. Everything in their relationship seemed to rest on the quality of their sex life. When they had problems in their sexual relationship (their stated reason for coming to therapy), their whole relationship was a mess. Another couple with serious relationship problems seemed to be limited to intimacy on a spiritual level only. They reported sharing significant spiritual experiences together, but did not connect in other ways. This posed a significant obstacle in their relationship, which eventually

ended in divorce after less than a year of marriage.

Differences in meaning (Popovic, 2005) and perception of intimacy (Greef & Malherbe, 2001) between partners may become obstructions to closeness and connection for some couples. Relationship partners may also have significant differences regarding the desired kinds of intimacy and desired level of intimacy (Weeks, 1995; Schaefer & Olson, 1981). These differences may constrain couples in their efforts to reestablish intimacy in their relationship. If these differences are not openly identified and discussed, couples may experience unmet expectations that contribute to loss of intimacy and create additional barriers to its recovery.

Individual Barriers

Although intimacy is often defined as an interpersonal process, there is also an individual, intrapsychic dimension to it (Aplerin, 2006, 2001). Certain individual struggles may create barriers that inhibit intimacy. Individuals have different capacities for intimacy (Aplerin 2006), and not all people are able to have emotionally intimate relationships with others (Aplerin, 2001). When a therapist finds that a couple is having a hard time recovering or generating greater intimacy, he or she should consider the possibility that one or both partners may have individual issues that inhibit them from developing intimacy with their partner.

Fears of Intimacy.

A couple's attempts to develop greater closeness and deeper connection may be undermined by a fear of intimacy. Individuals are often unaware of their fears regarding intimacy, and when too much closeness occurs, they may unknowingly interact in ways that push their partner away. Fears of closeness may prove to be a significant barrier to recovering intimacy for some couples (Martin & Ashby, 2004; Popovic, 2005; Weeks and Treat, 2001).

Fears of intimacy may originate in one's childhood and may be related to poor separation-individuation or inadequate differentiation from one's family of origin (Alperin, 2006; Downey,

2001). Intimacy requires appropriate personal boundaries as well as adequate individuation (Popovic, 2005). Those who have not experienced sufficient separation-individuation may find the experience of intimacy to be threatening and anxiety-provoking (Alperin, 2006).

A fear of intimacy can also arise from painful experiences in adulthood. Johnson, Makinen, and Millikin (2001) discuss the construct of attachment injuries, which are characterized by abandonment or by a betrayal of trust during a critical moment of need. An experience such as this may result in a loss of trust and inhibit vulnerability necessary for intimacy. If individuals have experienced attachment injuries in previous relationships, they may fear that new relationships will only lead to the same kind of hurt. Likewise, attachment injuries between partners in a current relationship may also prevent the rebuilding of intimacy.

Weeks & Treat (2001) describe several fears related to intimacy. Although not an exhaustive list, the following discussion may help clinicians be aware of common intimacy-related fears.

Fear of Dependency. Sometimes partners feel that they must be emotionally self-sufficient and independent. In extreme cases, they may keep themselves constantly aloof from their partners, as if they do not need them at all. A fear of dependency may keep couples emotionally distant, ultimately leading partners to live relatively separate lives.

Fear of Feelings. Intimacy often involves the sharing of feelings with one's partner. Self-disclosure, an important part of intimacy, might include the sharing of personal thoughts, beliefs, and especially, feelings. However, some partners have learned to fear the expression of feelings. They hide behind intellectualization, denial, or rigid beliefs of what is right.

Fear of Anger. Some people may suffer from a fear of anger. This may be manifest in two ways: a) individuals may fear their own anger toward others, and b) they may fear being the target of anger. Such individuals avoid getting too close in relationships, fearing that their partner's or their own hostility and aggression may come out in destructive ways.

Fear of Losing Control or Being Controlled. Healthy relationships include interdependence and mutual control. However, some partners are crippled by a fear of losing control or being controlled by the other. This type of fear has two levels of meaning. At one level, there may be the feeling that too much closeness will result in a loss of control in one's life. At a deeper intrapsychic level, losing control may mean feeling engulfed by one's partner. Those who fear losing control vigilantly keep their guard up, limiting the possibility of others getting to know them and hampering the development of intimacy.

Fear of Exposure. At the beginning of relationships, partners may limit what they choose to disclose to each other. As the relationship progresses, couples typically increase self-disclosure, which contributes to the development of intimacy. However, partners may stop at a surface level of disclosure due to a fear that exposing oneself will be too painful or will result in rejection. They may tell themselves things such as: "If they only knew who I really am or what I really did, they would never love me or want to be with me."

Fear of Emotional Vulnerability. Intimacy requires interpersonal vulnerability, which leaves partners susceptible to being hurt (Cordova & Scott, 2001). Many couples cannot recapture intimacy in their relationship because of lingering relationship wounds, either from the current or past relationships. A lingering fear of being vulnerable may limit self-disclosure and inhibit the development of intimacy.

Fear of Abandonment/Rejection. The greater the emotional investment in a relationship, the deeper the pain experienced if the relationship ends. Individuals who have experienced the pain of rejection or abandonment in the past may become overly sensitive to getting too close in relationships. They may avoid close relationships altogether or keep their partners at a distance in order to protect themselves and avoid further pain (Alperin, 2001).

Maladaptive Cognitions and Unrealistic Expectations

Couples may also struggle to recapture intimacy because of maladaptive cognitions and unrealistic expectations regarding intimacy and their relationship (Popovic, 2005). These are often accompanied by negative emotions towards one's partner, which foster emotional distance and interfere with the recovery of intimacy. Dysfunctional beliefs may also lead to behaviors that diminish or block intimacy (Kayser & Himle, 1994).

Kayser and Himle (1994) described eight dysfunctional beliefs that may result in avoidant behaviors and interfere with the development of closeness and connection for couples (e.g., "If I become close to someone, he/she will leave me."). Other constraining beliefs may include "I'm not lovable." "My spouse can't meet my needs." "They won't change." These beliefs embody several maladaptive thought processes such as all-or-nothing thinking, unfounded assumptions, overgeneralizations, gender stereotyping, fortune telling, unrealistic expectations, and discounting the positive (see also Burns, 1980). They also may be connected to or give rise to some of the fears of intimacy described above. Beliefs such as these serve to constrain couples from moving forward and making changes in their relationships (Wright, Watson, & Bell, 1996).

In addition to constraining beliefs, couples may be hindered in their efforts to regain intimacy because of unrealistic relationship expectations or excessive demands (Kayser & Himle, 1994). When expectations are not met, frustration may set in, leading to emotional distance between partners. Spouses who are consistently told that their efforts are not good enough may give up, concluding that any effort will be criticized or discounted.

Frustration over unmet expectations or demands may be grounded in an excessive focus on one's own needs, to the minimization or exclusion of the needs of one's partner. Self-focus such as this inhibits the development of intimacy, which requires a mutual awareness of each others' needs and desires. Ironically, an excessive focus on getting one's own intimacy needs met may unintentionally undermine the development or rebuilding of intimacy for some couples.

Treatment Guidelines for Recovering Intimacy

Although the individual and relationship issues described above may limit couples' abilities to recover intimacy, there are effective ways in which therapists can help couples remove troublesome obstacles and rebuild closeness in their relationships. Helpful interventions related to fears of intimacy, cognitive distortions, unproductive expectations, communication problems, and desired types and levels of intimacy can be used by therapists to invite change and facilitate the restoration of intimacy for couples.

Therapists' efforts to work with couples on rebuilding intimacy are often hindered by individual barriers to intimacy. Therefore, Weeks and Treat (2001) argue that individual barriers must be removed first before working on interpersonal processes, such as communication. However, prior to addressing either individual or interpersonal barriers, the therapist must create an environment in which intimacy-building can occur—one in which it is safe for clients to be emotionally vulnerable with each other (Fife, 2004).

Safety

Intimacy requires a degree of personal vulnerability (Martin & Ashby, 2004), and in order for couples to recover intimacy, they must (re)develop the capacity to be interpersonally vulnerable and supportive with each other. However, the personal vulnerability required for intimacy development may leave partners feeling sensitive to being hurt by the other (Mirgain & Cordova, 2007). Partners who are struggling to regain intimacy in their relationship have likely experienced a variety of painful interactions with each other in the past. As a consequence, they may not feel that it is safe to be vulnerable or intimate.

Part of the therapist's responsibility is to provide a safe, secure environment in which clients can take personal risks with increased vulnerability (Popovic, 2005). The clinician's empathic, patient, and caring interactions with clients will help establish this safe environment initially

(Aplerin, 2006). Careful coaching and monitoring of partner interactions will also help them to open up and be emotionally vulnerable with each other without experiencing negative consequences. Although the therapist can help facilitate a safe environment, the source of safety must ultimately shift from the therapist to the clients (Fife, 2004). Therefore, the therapist's efforts must be directed toward shifting safety from herself to the couple as soon as possible so that they can create a safe, open environment for each other.

Addressing Fears of Intimacy

In spite of their desire for intimacy, many couples have a difficult time increasing closeness. Certain fears related to intimacy may be formidable obstacles for some couples. If couples are not making progress in developing intimacy, Weeks and Treat (2001) suggest that the clinician consider assessing for fears of intimacy using the Intimacy-Fear Awareness technique (Weeks & Treat, 2001). This intervention is designed to invite to clients to recognize and acknowledge possible intimacy-related fears.

As the therapist begins the Intimacy-Fear Awareness intervention, it may be helpful to point out that nearly everyone has some kind of fear of intimacy. Partners are then asked to think about what fears each brought to the relationship. Therapists may assist in this process by suggesting possible fears they have noticed in the couple or intimacy fears that are common in couples (see Fears of Intimacy above). A thorough therapeutic examination will likely reveal one or more fears that can then be addressed.

As fears are identified, the therapist should help the couple work through each fear in therapy. Several interventions can help couples deal with their particular fears of intimacy. First, the therapist should normalize fears of intimacy. Letting couples know that others share their plight—and have successfully overcome it—can decrease anxiety and foster hope that change can occur. Utilizing enactments (see description below) and encouraging appropriate

communication, therapists can invite partners to talk about their fears with each other. They can also share with each other what intimacy means to them and clarify the level or kinds of intimacy with which they are comfortable. Couples can evaluate their strengths as individuals and as a couple, as well as areas in which they would like to grow. An exercise such as this can unite a couple in deeper understanding and empathy for one another, thus facilitating greater intimacy.

Addressing Cognitive Distortions and Unrealistic Expectations

Often, couples' fears of intimacy are correlated with maladaptive thought process. When cognitive distortions and automatic thoughts are part of the barriers to intimacy, therapists may draw upon cognitive techniques and interventions to challenge clients' negative or distorted thoughts and help them recover closeness and connection. Cognitive interventions are typically applied from an individual perspective. However, it is important to remember that a couple is an interactional system, and the maladaptive thought processes are best understood and treated within the context of the relationship system (Weeks & Treat, 2001).

Clients are generally unaware of their thought processes. Therefore, therapists may begin by educating clients on common cognitive distortions and automatic thoughts and the negative emotional and interpersonal effects these can have (Weeks & Treat, 2001). Then clinicians can help clients identify the types of distortions and automatic thoughts they regularly experience. Once identified, a number of interventions can be employed to challenge maladaptive thought processes and constraining beliefs (Kayser & Himle, 1994; Popovic, 2005, Wright et al., 1996).

For example, clients can be taught to self-monitor and challenge their automatic thoughts. Once they are proficient at identifying their thoughts, efforts to challenge or change the thoughts in a positive direction can be implemented. One effective method for this is the Dysfunctional Thought Record (Dattilio, 2005). When a cognitive distortion or irrational thought is identified, clients are to write down the situation, the automatic thought, the accompanying emotion, the

cognitive distortion, and an alternative thought or response. Therapists then review the record with clients and provide guidance to improve the effectiveness and success of their efforts.

Another intervention is to have clients examine the evidence for a particular thought (Week & Treat, 2001). Therapists should help clients evaluate whether they know all the facts of a situation or whether the facts or behaviors of their partner point only in one direction. Partners may automatically attribute negative intentions to each other's actions and unnecessarily take offense. For example, one wife in therapy complained that when her husband came home from work, he didn't come in immediately and ask her how she was doing or how her day went. Her conclusion was that he didn't care about her, which was accompanied by feelings of sadness, loneliness, and anger. The therapist encouraged her to examine the situation and consider other possible meanings or reasons for her husband's behavior. In cases such as this, clinicians may also challenge partners' negative assumptions and beliefs about each other's intentions.

Many couples also experience frustration and emotional distance due to unmet expectations related to issues such as roles, responsibilities, parenting, finances, sex, etc. Sager (1976) articulated three types of expectations that each individual brings to relationships:

1. Expectations that the partner was clearly aware of and verbalized to the other partner.
2. Expectations that the partner was clearly aware of but did verbalized to the other.
3. Expectations that the partner was/is not aware of and therefore could not be verbalized.

Therapists may invite couples to evaluate their expectations by reflecting on these three points. After careful, honest evaluation, couples should spend time discussing their expectations with each other. This helps clients clearly identify and own their expectations, modify unrealistic expectations, and learn to communicate and negotiate personal expectations.

Promoting Intimacy Through Communication

One of the most common and effective means of helping couples rebuild intimacy is through

enhanced communication. (Greenberg, James, & Conry, 1988; Weeks, Gambescia, and Jenkins, 2003). Couples must learn to break old patterns and establish new ways of communicating (Popovic, 2005). One method of helping clients improve communication is through increasing their awareness of destructive communication patterns that have developed. Therapists may educate clients about the circular nature of communication and help them gain an understanding of how each person participates in the harmful cycle.

In order to facilitate awareness and understanding, therapists begin by asking clients to describe their interactions. Subsequent questions should draw out information about clients' thoughts, feelings, and verbal/non-verbal behavior. Utilizing circular diagrams, therapists can draw out a couple's unique communication cycle (highlighting the thoughts, feelings, and behavior of each partner) and underscore the interconnected nature of their interactions. This should be followed by a discussion of what each can do differently so that communication brings them together, rather than pushing them apart.

For most couples, developing new communication patterns that build intimacy requires more than just an awareness or intellectual understanding of their ineffective ways of interacting. Therapy must also facilitate new ways of couples communicating *in vivo*, meaning through their lived experience with each other. An effective method of promoting intimacy through communication is the use of enactments, as described by Butler and colleagues (Butler & Gardner, 2003; Davis & Butler, 2004; Butler, Davis, & Seedall, 2008). Enactments are therapist-coached couple interactions designed to promote effective communication and greater intimacy. Enactments encourage cognitive and emotional self-disclosure, which when accompanied by compassionate listening and validation, facilitate mutual softening and greater intimacy (Greenberg, James, & Conry, 1988; Waring, 1981; Weeks, 1995).

Davis and Butler (2004) provide a detailed clinical description of how to guide couples

through successful enactments. Enactments emphasize both the speaker and listener's roles, and a thorough description of each partner's responsibility is critical to the success of the intervention. The therapist may also ask the clients to move their chairs or shift sitting position so they can face each other and look each other in the eye while communication. The content for discussion should be carefully chosen and be consistent with the couple's goals for therapy.

When describing the speaker's role, the therapist should emphasize the importance of emotional self-disclosure and avoiding accusations or criticism. However, self-disclosure alone is not sufficient for an effective enactment; careful, compassionate listening is also essential. "For the interaction to be experienced as intimate by the speaker, the speaker must also perceive the listener's responses as demonstrating understanding, acceptance, validation, and care (i.e., perceived partner responsiveness)" (Laurenceau et al., 2005, p. 315). Because of the importance of partner responsiveness, the listener's role should also be carefully explained and emphasized to clients. Snyder (2000) suggests that empathic listening requires one to temporarily set aside one's own perspective to focus on understanding the perspective and lived experience of the other. It entails "listening to the other and then reflecting the essential feelings, meanings, intentions, and desires of the other' (Snyder, 2000, p. 40). The listener should also be encouraged to seek correction and clarification from the speaker and to continue to reflect until it is clear that the speaking partner feels understood. Genuine, responsive listening leads to softening and is likely to be reciprocated between partners.

Butler and Gardner (2003) stress that therapists should structure enactments in relation to the emotional reactivity and volatility of couples and their ability to sustain self-reliant couple dialogue. The authors present a five-stage developmental model to guide therapists in this process, which includes: shielded enactments, buffered enactments, face-to-face talk-turn enactments, episode enactments, and autonomous relationship enactments. Because enactments

are used to promote self-reliant client interaction, the therapist generally stays engaged in the process but on the side-lines as a coach. When necessary, the therapist may interrupt, point out what is going well, and offer suggestions for more effective sharing or listening. For couples who are emotionally reactive and cannot effectively communicate directly with each other, the initial communication is channeled through the therapist. As couples improve in their ability to speak and listen effectively, clinicians decrease personal involvement as a mediator and direct the clients to greater autonomous interaction. At the conclusion of the interaction, therapists should ask couples to reflect on the process by highlighting how they felt, what went well, what could be done better, and how they can utilize this process in communications outside of therapy.

Intimacy Exercises

In addition to addressing communication and barriers to intimacy, couples may benefit from additional exercises specifically designed to facilitate intimacy. Part of helping couples develop intimacy is to invite them to define what intimacy means and what behaviors will lead to greater feelings of intimacy in their relationship (Weeks, 1995). Some may have a difficult time articulating what intimacy means. Others may have a good idea of what it is and what they desire personally but may not know what it means to their partner. There are two exercises that may help couples assess their current level of intimacy, consider aspects of intimacy that are important to them, and identify helpful changes or improvements.

Exercise 1: Aspects of Intimacy. As discussed above, intimacy is a multi-faceted phenomenon, and intimate interaction occurs in a number of dimensions. The Aspects of Intimacy handout (see Appendix A) provides a helpful framework for a therapeutic discussion of intimacy that emphasizes its multi-dimensional nature. Therapists can utilize the Aspects of Intimacy handout for a number of different purposes. It can be used to educate couples about the notion that intimacy is multi-dimensional and help them broaden their definition of intimacy beyond

one particular dimension. It can also be used to facilitate an examination of their present level of intimacy and understand the areas that are most important to them individually. Furthermore, it can help individuals develop a better understanding of their partner's definition of intimacy and changes they desire. Finally, it can be used to engage partners in a conversation of what they can do to build greater intimacy in their relationship.

Therapists can facilitate a discussion between partners in which they share their reflections with each other in an open, non-defensive way. Couples will likely find that some of their answers differ. In the areas that are different, therapists help clients seek to understand how the individual feels about that are of intimacy personally, why that particular aspect of intimacy is important to their partner, what changes he or she desire, and what behaviors can help bring about greater intimacy in these areas. Therapists should encourage couples to develop specific plans to strengthen intimacy in their relationship. Asking them to reflect on what has brought closeness for them in the past is a good place to start. They may find that they already have a number of intimacy-enhancing activities in their repertoire. Therapists may also brainstorm with clients and offer suggestions to for additional behaviors that would enhance their intimacy or closeness. Some activities may target more than one aspect of intimacy at a time, thus building intimacy that is multi-dimensional. One couple in therapy found the idea of intimacy having multiple aspects to be very liberating. They embraced the definition of intimacy as an experience of connection, closeness, and sharing with each other in a variety of ways. It provided hope by helping the couple see that had experienced closeness in ways that they had not previously defined as intimate. It also brought greater understand of what behaviors and experiences bring closeness and show love for each other.

Exercise 2: Intimacy Program

Another method of assessment and intervention with couples is the Intimacy Program

(Appendix B). Like the Aspects of Intimacy handout, the Intimacy Program has several purposes. It can be used to help couples a) examine their present level of intimacy, b) develop a better understanding of their partner's definition of intimacy and any desired changes, and c) engage clients in conversations of what they can do to build greater intimacy in their relationship. The Intimacy Program begins by having partners independently fill out a worksheet designed to invite their reflection on several different constructs related to intimacy. The worksheet is used initially to explore partners' current evaluation of intimacy in their relationship. The couple's answers and evaluations serve as a framework for subsequent work in therapy. Because of the detailed nature of the worksheet, going through the Intimacy Program is likely to require multiple sessions.

The Intimacy Program begins with Sternberg's triangular theory of love, which emphasizes three components of love: commitment, intimacy, and passion (1986, 1997). The clinician should note the similarities and discrepancies in the couples' answers. When there are discrepancies, the therapist needs to guide the couple toward an understanding of each others' desires and developing agreed upon behaviors that can help enrich those areas deemed to be lacking.

Therapists continue the Intimacy Program by reviewing the couple's answers regarding the seven components of intimate interaction (L'Abate, 1977, 1999). Couples should discuss their evaluation and ideas about each item so that they have a better understanding of the other person's views. Therapists should then facilitate a discussion of how to move from a conceptual understanding to behavioral application of their ideas about intimacy. In other words, what can the couple do to increase intimacy? Clinicians should help couples be accountable by following up on their progress in subsequent sessions. In addition, an affective component may be included by asking partners to describe how they felt when they experienced some of the intimacy behaviors (Weeks & Treat, 2001). Therapists may also ask clients to discuss their feelings

toward their partner in light of the efforts they have made.

Clinicians may review with couples their ratings of the seven types of intimacy (Shaefer & Olson, 1981) and the eight facets of intimacy (Waring, 1984) in much the same way as the seven components of intimate interaction. Therapists should facilitate an open, non-defensive discussion of partners' answers and their ideas about the different types of intimacy. A major focus of the therapist's efforts should be on helping partners listen empathically to each other. As couples identify ways to rebuild intimacy and as they follow through on their commitments, they will experience greater closeness and connection in their relationship.

Homework Assignments

Out-of-session change is a critical aspect of client progress in therapy (Fife, 2004). Therefore, no matter what successes couples have with recovering intimacy during therapy sessions, clinicians must help clients continue to work and grow in between visits (Dattilio, 205). The sections above describe several methods of encouraging out-of-session work for couples. Homework assignments should help clients identify mutually enjoyable activities that target specific facets of intimacy and promote closeness and connection in their relationship. Following through with assignments will help couples build on the gains experienced during therapy sessions and establish a level of independence and self-reliance that is essential to their continued growth beyond the successful completion of therapy. Therapists should be diligent in following-up with clients on homework assignments and ask them to describe the outcomes of their efforts. In cases in which clients did not follow through with their assignments, therapists should help them examine what prevented completion of the assignment and ways in which these obstacles can be removed.

Time Together: Quality and *Quantity*

It is clear that relationship neglect will prevent couples from regaining lost or diminished

intimacy. Couples must spend time together to nourish the relationship and build intimacy. There is no adequate substitute for time. As most would suspect, research indicates that quality time together positively affects intimacy (Emmers-Sommer, 2004). Quality time is defined as "focused, uninterrupted time with partners…[and] should provide the opportunity for meaningful conversations and the chance to do worthwhile activities together (Emmers-Sommer, 2004, p. 401). Some couples, however, have bought into to the myth that quality time, but not necessarily quantity, is sufficient for building and maintaining close relationships. Research contradicts this assumption, showing that quantity is also critical, particularly in the case of relationship development or repair (Emmers-Sommers, 2004).

It appears that neither quantity nor quality time *alone* is sufficient. Both are critical for the development of intimacy. Therefore, couples *must* set aside the time necessary to (re)construct intimacy. One couple seen in therapy consistently failed to follow through on relationship-building assignments. When asked about this pattern, they replied that they just did not have time. Not surprisingly, they failed to experience the relationship growth that they desired from therapy. In order to recapture intimacy, couples must make spending time together a top priority. This may require adjusting work commitments, setting boundaries with friends and extended family, limiting time on the internet or engaging in hobbies, or turning off the TV.

Celebrating Successes

With all clinical efforts to help couples recover intimacy, it is important to help them see and acknowledge the efforts and successes they are experiencing. Efforts that remain unnoticed will have only minimal (if any at all) positive effect on a couple's intimacy. However, successes that are recognized and celebrated will likely have a positive, reciprocal, and generative effect on couples' progress (Fife, 2004). Therapists may ask couples questions such as, "What were some experiences or times during the past week in which you felt close or connected?" Asking couples

to elaborate on what they did that contributed to moments of closeness will help solidify the gains that they are making (Fife, 2004; Wright et al., 1996). When working with couples on building intimacy, we often tell them that we will ask about their experiences of closeness at the beginning of the next session. Knowing that they will be expected to report back next week has the effect of focusing their attention and raising their awareness of times of closeness and sharing with their partner. Successful experiences with intimacy will create hope for future connection and closeness.

Conclusion

Couples often seek therapy for the purpose of eliminating their problems. However, as therapy progresses, it often expands to include intimacy enhancement and relationship building (Weeks, 1995). Whether it is a primary or secondary reason for couples seeking treatment, therapists' work with couples will often include developing, enhancing, or restoring intimacy. Regaining intimacy may be extremely challenging for some couples, given the possible neglect and/or damage that may have occurred. Knowing common individual and relational barriers to recovering intimacy can help clinicians identify possible roadblocks that are hindering couples from rebuilding the closeness and connection they desire. Therapists may implement a variety of effective interventions to help couples reconstruct intimacy in their relationship and plan for continued growth beyond therapy. Therapists may also integrate ideas presented in this chapter to supplement their work with couples who seek treatment for other problems.

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Appendix A

Aspects of Intimacy in Marriage

Review the list and identify the top 2-5 aspects of intimacy that are strengths for you as a couple. Also, note 2-3 areas in which you would like improvement or growth. Share your reflections with each other in an open, non-defensive way. In the areas where you both desire improvement, discuss specific steps which can be taken to increase closeness in your relationship. You will likely find that some of your answers differ. In those areas in which your partner wants improvement, seek to understand why that particular aspect of intimacy is important to them, what changes they desire, and what you can do to help intimacy grow. In areas where you are both satisfied, congratulate each other. Most successful relationships have a few (but certainly not all) core areas of intimacy that help keep the relationship strong. (Note: some items adapted from Schaefer & Olson, 1981)

Aesthetic Intimacy	Sharing experiences of beauty — music, nature, art, theater, dance, etc.
Communication Intimacy	Connecting through talking. Keeping communication channels open. Listening to and valuing your spouse's ideas. Being loving, compassionate, respectful, giving, truthful, and open in your communication.
Conflict Intimacy	Facing and struggling with differences together. Using resolution of conflict to grow closer together.
Creative Intimacy	Experiencing closeness through acts of creating together. Sharing expressions of love in creative ways.
Crisis Intimacy	Developing closeness in dealing with problems and pain. Standing together in tragedies. Responding together in a united way to pressures of life such as working through problems, raising a family, illness, aging, etc.
Emotional Intimacy	Feeling connected at an emotional level. Being in tune with each other's emotions; being able to share significant meanings and feelings with each other, including negative feelings.
Financial Intimacy	Working together to balance differing attitudes about money. Developing a unified plan for budgeting, spending, and saving. Having shared financial goals.
Forgiveness Intimacy	Apologizing to each other. Asking for forgiveness. Asking your spouse, "What can I do to be a better husband/wife?"
Friendship Intimacy	Feeling a close connection and regard for one another as friends.
Humor Intimacy	Sharing through laughing together. Having jokes between the two of you that only you share. Making each other laugh. Enjoying the funny side of life.
Intellectual Intimacy	Experiencing closeness through sharing ideas. Feeling mutual respect for each other's intellectual capacities and viewpoints. Sharing mind-stretching experiences. Reading, discussing, studying together.
Parenting Intimacy	Sharing the responsibilities of raising children, including providing for their physical, emotional, and spiritual needs. Includes working together in teaching and disciplining them as well as loving them and worrying about their welfare.
Physical Intimacy	Closeness and sharing through physical touch. Experiencing your physical relationship (including sexual intimacy) with joy, fun, and a sense of becoming one. Being open and honest with each other in terms of desires and responses.
Recreational Intimacy	Experiencing closeness and connection through fun and play. Helping each other rejuvenate through stress-relieving and enjoyable recreation together.
Service Intimacy	Sharing in acts of service together. Growing closer as a couple as you experience the joy that comes from giving to others.
Spiritual Intimacy	Discovering and sharing values, religious views, spiritual feelings, meaning in life, etc.
Work Intimacy	Experiencing closeness through sharing common tasks, such as maintaining a house and yard, raising a family, earning a living, participating in community affairs, etc.
_____ Intimacy	Additional areas of intimacy in your relationship.

Appendix B

INTIMACY PROGRAM

I. Sternberg's Triangle of Love:
(adapted from Sternberg (1986, 1997))

Do I desire a relationship that includes:

1. **Commitment:** Yes No My notion of commitment includes: _____
   _____
2. **Intimacy:** Yes No My notion of intimacy includes: _____
   _____
3. **Passion:** Yes No My notion of passion includes: _____
   _____

Assuming Yes on all of the above three, what level of intensity is important to you for each?

	Not Very Important		Somewhat Important		Very Important
1. Commitment	1	2	3	4	5
2. Intimacy	1	2	3	4	5
3. Passion	1	2	3	4	5

How do you express these three components of love in your relationship?

Commitment: _____
_____

Intimacy: _____
_____

Passion: _____
_____

What does your partner perceive that you contribute to the relationship?

Commitment: _____
_____

Intimacy: _____
_____

Passion: _____
_____

II. Seven Components of Intimate Interactions (adapted from L'Abate, l977)

Using the scale below, rate your present relationship on each component of intimate interaction.

Component of Intimacy	Low					High
1. Seeing the good: expressing appreciation, affection, and affirmation	1	2	3	4	5	6
2. Caring: concern about the other's welfare, happiness, needs, and feelings in a consistent and dependable way	1	2	3	4	5	6
3. Protectiveness: need to protect each other and their relationship	1	2	3	4	5	6
4. Enjoyment: being together and doing things together that are pleasurable	1	2	3	4	5	6
5. Responsibility: accepting responsibility for one's part in the relationship	1	2	3	4	5	6
6. Sharing hurt: sharing feelings of pain or suffering with each other	1	2	3	4	5	6
7. Forgiveness: achieved through an understanding of the other person's motivations, cherishing the goodwill that pervades the relationship	1	2	3	4	5	6

III. Seven Types of Intimacy (adapted from Schaefer and Olson, 1981)

Using the scale below, rate your present relationship on each type of intimacy.

Type of Intimacy	Low					High
1. Emotional intimacy: experiencing a feeling of closeness	1	2	3	4	5	6
2. Social intimacy: having common friends	1	2	3	4	5	6
3. Intellectual intimacy: sharing ideas	1	2	3	4	5	6
4. Sexual intimacy: sharing affection and sex	1	2	3	4	5	6
5. Recreational intimacy: doing pleasurable things together	1	2	3	4	5	6
6. Spiritual intimacy: having a similar sense regarding the meaning of life	1	2	3	4	5	6
7. Aesthetic intimacy: sharing the experience of beauty	1	2	3	4	5	6

IV. Eight Facets of Intimacy (adapted from Waring, 1984)

Using the scale below, rate your present relationship on each facet of intimacy.

Variable of Intimacy	Low					High
1. Conflict Resolution: how effectively conflicts are resolved	1	2	3	4	5	6
2. Affection: feeling of emotional closeness	1	2	3	4	5	6
3. Cohesion: feeling of commitment to the relationship	1	2	3	4	5	6
4. Sexuality: degree to which sexual needs are met	1	2	3	4	5	6
5. Identity: your level of self-confidence and esteem as a couple	1	2	3	4	5	6
6. Compatibility: the degree to which you can work and play together comfortably	1	2	3	4	5	6
7. Expressiveness: sharing of thoughts, feelings, beliefs in the relationship; self-disclosure	1	2	3	4	5	6
8. Autonomy: success in gaining independence from your families of origin and your children	1	2	3	4	5	6