

Integrating Spirituality into Marriage Therapy Methods to Help Couples Deepen Their Love and

Create Healthier Marriages

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### Abstract

The purpose of this paper is to explore and offer therapeutic methods and techniques which integrate spirituality that will help couples deepen their love and create healthier marriages. The scope of this thesis is three fold. First, spirituality will be defined then reviewed in terms of the ethics and benefits when using in the therapeutic process. Second, love will be explored by examining theories of love offered by Maslow, Fromm and Sternberg and comparing the differences of gender with regards to love. The qualities of healthy marriages will be looked at along with a study of what type of love supports long-term, satisfying marriages. Third, Sternberg's triangular model of love which encompasses passion, intimacy and commitment will be used as a framework for the proposed therapeutic techniques. A spiritual perspective will be integrated within those proffered methods and techniques. Finally, this paper will make a case for using therapeutic methods and techniques to increase a couple's passion, intimacy, and commitment which integrate spirituality to help couples reach their goal of deepening their love for one another and creating healthier marriages.

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## Integrating Spirituality into Marriage Therapy Methods to Help Couples Deepen Their Love and Create Healthier Marriages

Spirituality and love in marriage may be concepts that have been explored and taught within a church or religious context but is there therapeutic value into bringing these together in order to help couples in deepening their love? This literature review sets out to uncover research and ideas about incorporating spirituality into the therapy process including the ethics, benefits and its role in marriage. Love will also be studied and examined by looking at the theories of love offered by Maslow, Fromm and Sternberg in order to get a more in-depth view and understanding. Immature and mature love will be compared and contrasted to provide couples with an understanding of the type of love that will support and enable long-term healthy marriages. To help promote and develop the type of love that will deepen couples' love, therapeutic techniques that address passion, intimacy and commitment will be offered. The proffered techniques will be enhanced with an added spiritual perspective.

### **Spirituality and Therapy**

Marriage and family therapists may want to incorporate and explore religion and spirituality in the therapeutic process with clients because according to Nedumaruthumchalil's (2009) research, religion and spirituality play an important role in most people's personal and family lives. Data collected by Marler and Hadaway (2002), with regards to spirituality and religion in the United States, points to the idea that the majority of Americans are religious and/or spiritual. And when 1,509 adults in the United States were surveyed by the Center for Research on Religion and Urban Civil Society (CRRUCS)/Gallup Spiritual Index, it was found that "most Americans yearn for spiritual growth" and "need to experience spiritual growth in their daily lives" (Gallup, Jr. & Johnson, 2003, p. 1).

Historically, mental health clinicians have believed in the notion that religion and spirituality were the cause of pathology and neurosis in clients. This belief is attributed to Freud and is still upheld by some in the mental health field and continues to keep them away from addressing or using religion or spirituality in their practices (Wolf & Stevens, 2001). Some clinicians also follow the idea of the separation of science and religion and left religious and spiritual matters up to religious leaders and pastoral counseling. Nedumaruthumchalil (2009) contends that because religion and spirituality continue to be so significant to most individuals then it makes sense to integrate these into the therapeutic setting. He further states that neglecting or avoiding such topics may be doing a disservice to clients.

Professional training for therapists in the topic of religion and spirituality is limited. Therefore those who want to integrate religion or spirituality into therapy ought to consider several factors (Walker, Gorsuch & Tan, 2004; Rose, Westefeld, & Ansley, 2008). Those factors include but are certainly not limited to the definition of spirituality versus religion; the ethics with regard to a spiritual focus in therapy; the benefits of integrating spirituality into therapy; and the role of spirituality when working with couples.

### **Spiritual versus Religious**

In order to further the discussion of spirituality and religion in therapy, it is necessary to define the terms “spiritual” and “religious.” The intent of this paper is to take a spiritual lens with regard to therapy and therapeutic methods. However, because some clients may be religious or have a religious family history it is imperative to have clarity in both terms.

Religion is thought to be related to a dogma, a set of principles and an organization. It typically furthers its dogma with the use of a hierarchal structure, sacred texts, rituals, practices, and church or temple attendance. An understanding of God or gods is often the teachings within

the religious institution as well as teaching of values and morals. Some believe that to be religious is to be spiritual while others find the two separate and distinct (Martella & Brock, 2008; Giblin, 1997). Because there tends to be a structure or institution associated with religion there is often involvement or connection with a community (Nedumaruthumchalil, 2009).

Spirituality is thought to be a broader term when compared to religion. Spirituality may or may not include a belief in a deity or divine being and “the concept of spirituality can both encompass and transcend religious beliefs” (Martella & Brock, 2008, p. 332). For many, the essence of spirituality is a connectedness and interconnectedness with all beings and with all of life. It is a way in which individuals find meaning and purpose to their lives and can be seen as a quest of “self-transcendence” (Giblin, 1997). The expression of spirituality may be prayer, meditation, connecting to nature or through creative arts. Spirituality means living with a sense of compassion, values and morals, and having the ability to forgive especially when relating and connecting with others. Being spiritual also “leads persons to reconciliation with the past, a valuing of the present, and a hopeful outlook on the future” (Haug, 1998, p. 182).

For the purpose of this paper, spirituality will encompass the ideas of finding meaning and purpose to one’s life as well as a connectedness and interconnectedness as it relates to the human experience through compassion, values and morals. It also values and encourages reconciliation, being in the present moment and having hope for the future.

### **Ethics with Regard to a Spiritual Focus in Therapy**

It is vital to adhere to ethical standards when incorporating spiritual methods or topics into therapy. A code of ethics has clients’ best interest and well-being at the forefront of therapy and therapists ought to be aware of intentional and unintentional consequences of the approach to therapy (Haug, 1998). With regard to a spiritual approach in therapy, there are a few specific

items to review. Those items are the therapists' spiritual self-awareness; respect for clients' beliefs; awareness of the power differences; and the ability to refer clients when necessary (Haug, 1998; Martella & Brock, 2008).

If spirituality is to be used in therapy, it is recommended and encouraged that therapists develop spiritual self-awareness. This means therapists ought to know and understand their own beliefs, vulnerabilities and biases surrounding spirituality in order to avoid countertransference or "contaminating the therapy process and harming clients" (Haug, 1998, p. 184). By understanding and valuing their own spiritual beliefs, therapists can be more open and genuinely relate to their clients (Martella & Brock, 2008).

Respect for clients and their beliefs is an integral part of ethical therapy. Allowing for and exploring clients' spiritual beliefs and experiences are similar to understanding and valuing cultural differences. Spiritual beliefs may also be entwined with cultural beliefs. Therapists ought to be free of biases and judgments with both especially if there are differences between therapists' and clients' beliefs whether they are spiritually or culturally based. A point of concern here is that there may be times where the ethical duty will be to challenge spiritual beliefs or practices that are causing harm to clients or their families. Also, spiritual methods or exploration should be done with clients' permission and any "intervention should clearly match client values, readiness and reason for seeking therapy" (Nedumaruthumchalil, 2009, p. 22).

Therapists will want to take into account the power differences between them and their clients and the possibility of clients taking on the therapists' beliefs rather than examining and developing their own. Therapists should refrain from using their influence to preach or proselytize (Nedumaruthumchalil, 2009). Therapists want to avoid exerting strong beliefs and judgments which can potentially "inhibit a client's independence, growth and well-being" (Wolf



& Stevens, 2001, p. 68). The last ethical concern to be discussed is that of using referrals for clients. There may be times when clients are struggling with issues of faith or spiritual understandings and a referral to a spiritual leader is necessary. The therapy process may be enhanced by encouraging clients to seek out spiritual leaders; and there may be benefits to collaboration between clients, therapists, and those spiritual leaders (Haug, 1998).

With regards to ethics and spirituality, Haug (1998) contends if therapists want to approach spiritual questions in therapy that they make this known to clients via clinical policy and informed consent forms. He also states that it would be unethical to neglect or avoid questions of spiritual and religious beliefs with clients because it is so integral to understanding and supporting clients' growth and well-being. It is essential to maintain ethical guidelines when therapists want to incorporate spiritual discussions or methods into the therapeutic process. Therapists will want to attend to exploring and understanding their own spiritual beliefs; respecting clients' spiritual beliefs; understanding the power of influence they have with clients; and referring clients when necessary.

### **Benefits of Integrating Spirituality into Therapy**

While there are ethical considerations, literature does suggest reasons for and benefits of incorporating spirituality into therapy. According to the findings of a study conducted by Rose, et al. (2001), many clients are open to spiritual and religious discussions and felt that they would prefer to be able to have discussions and exploration around their spiritual or religious beliefs because their spiritual beliefs informed their thoughts, behaviors and worldviews. Hook, Worthington Jr., Davis, Jennings II, Gartner, and Hook (2010) reviewed studies with regards to the efficacy and effectiveness of using spirituality within therapy. They reported finding a positive correlation between using spiritual discussions and practices in therapy and improved

psychological well-being. Aponte (2002) and Nedumaruthumchalil (2009) suggest some positive aspects of spirituality which are helpful to clients are finding meaning to suffering; developing the ideas of morality and values; experiencing support; and providing a means for forgiveness.

Spirituality can enhance therapy by assisting clients in finding meaning in their suffering and struggles. When clients can find meaning as they face issues of death, loss, marital or family conflict, it can help them to gain a holistic perspective and understanding of their suffering. This can provide answers and solutions which can then facilitate the healing process. The search for meaning is not only encouraging and motivating to individuals as they face life challenges but it also helps them learn acceptance and fosters resilience (Nedumaruthumchalil, 2009; Aponte, 2002).

Using spirituality in the therapeutic process is a way to assist clients in exploring and identifying their morals and values. When clients can articulate their views of right and wrong behavior and identify those things in life they find of worth then they can use those personal morals and values to help make healthy choices as they navigate through the dilemmas and difficulties of life (Aponte, 2002). Fife and Whiting (2007) encourage therapists to address morals and values with clients because having a “moral dimension of life...is strongly associated with happiness and life satisfaction” (p. 79).

A spiritual approach in therapy can also help give clients a sense of support and belonging which helps them to feel less alone. This sense of support and belonging can come from clients' belief of a supportive God or a higher power (Wolf & Stevens, 2001). In Adlerian Theory, the sense of belonging is a fundamental motivator in humans. A sense of belonging and connectedness helps the individual gain the courage to face and resolve the problems of life (Corey, 2013). Some clients may feel support and belonging by the belief of being a part of,

connected to and interconnected with humanity. Clients can be encouraged to seek support through their spiritual communities and by participating in rituals or ceremonies with their families or spiritual groups (Nedumaruthumachalil, 2009).

Many clients come to therapy with pains and transgressions from their relationships. This pain and hurt can often times increase clients' anger, resentment and hostility which then increases their stress and struggles. Studies of forgiveness and its positive effects on clients have been growing within the field of mental health. Studies have shown that "forgiveness generates positive emotions and reduces stress" (Nedumaruthumachalil, 2009, p. 23). Clinicians and clients can find value in using a spiritual framework or spiritual resources when approaching forgiveness. Nedumaruthumachalil (2009) argues that "forgiveness is an essential element of clients' healthy, spiritual functioning, as well as healthy living" (p. 23).

Integrating spirituality into the therapeutic process can be beneficial to clients. A spiritual perspective can help the healing process by giving clients meaning to their suffering; by acknowledging morals and values to guide choices; by giving clients a sense of support and belonging; and by helping to address forgiveness.

### **Spirituality and Marriage**

In Giblin's (1997) article *Marital Spirituality: A Quantitative Study*, he examined several studies on the correlation between spiritual well-being and marital satisfaction. The studies found that couples who had spiritual, religious or existential beliefs and practices had higher rates of marital satisfaction. Examples of those beliefs and practices include having a sense of closeness to God; a sense of direction or purpose in life; and participating in prayer or worship. In one study, the majority of couples "indicated that religion was a positive influence, making them

more tolerant, helping them to be more empathetic, loving, forgiving, respectful and flexible” (p. 323).

Giblin (1997) conducted his own study with 35 couples using relationship inventories and spirituality scales. His findings also supported the positive link between spiritual orientation and marital well-being. One area of concern he feels needs further study is when couples have differing or incongruent spiritual beliefs. This study supported other research results that “demonstrated that congruence and incongruence in religious attitudes and behavior in marriage are strongly related to satisfaction or dissatisfaction respectively” (Giblin, 1997, p. 330). Giblin (1997) urges marriage therapists and educators to help couples explore and address these spiritual differences in order to enhance the relationship.

In another study with ninety-seven couples, Mahoney, Pargament, Jewell, Swank, Scott, Emery, and Rye (1999) also found a positive link between couples’ experience of spirituality and marital satisfaction. Two main areas were assessed. First, the study looked at the level to which couples engaged in shared or joint spiritual activities. Activities included prayer, talking about spiritually related topics, attending church or spiritual classes, and participating in spiritual or religious holidays and celebrations. Second, the study looked at whether couples describe their marriages in sacred and transcendental terms. Some examples of the terms are “spiritual,” “blessed,” “holy,” and “religious.” The results of the study found that couples who participated in joint religious activities and described their marriage in sacred and transcendent terms reported to have positive and satisfying marriages.

In the article *Marital Health and Spirituality* (2004), Giblin reviews the research with regards to marital health and spirituality. From the review, he suggests that a spiritual perspective can help couples grow and strengthen their relationship in the areas of having a moral

commitment, having the view that the marriage transcends each of the individuals, valuing forgiveness, and involvement in a community. Giblin (2004) explains that couples coming from a religious or spiritual perspective with regards to making a moral commitment often look at it as a “commitment-no-matter-what” view (p. 47). Some couples may see this marital commitment as part of their relationship with God while others may see the moral commitment as doing what is right and appropriate for the relationship. This view can have a positive effect when it motivates couples to improve their communication and conflict skills thereby creating a healthier relationship (Giblin, 2004). However, researchers’ caution to marital therapists is that this type of commitment may influence couples to tolerate negative and harmful communication and behaviors and report a skewed sense of marital health (Mahoney, et al., 1999).

Mahoney, et al. (1999) and Giblin (2004) share how couples with a spiritual orientation can develop a sense of transcendence in their marriage. This means that the couples see their marriage as an entity larger than the two as individuals and view it with sacred qualities. Having this perspective can aid couples in finding meaning and purpose in their union which will increase their ability to communicate, forgive and reconcile differences and disagreements (Mahoney, et al., 1999). When couples have a spiritual perspective, they often put an emphasis and value on forgiveness and reconciliation. Spiritual attitudes and practices can aid couples in providing a deeper understanding of forgiveness, guidance to reconciliation and a means to heal the relationship (Giblin, 2004).

Spiritual orientation often leads couples to be a part of a community. Community involvement has been shown to support marital health and satisfaction by providing social support and friendship. Mahoney, et al. (1999) contends that a spiritual community may offer

couples an environment for spiritual support and exploration; and joint participation in meaningful and purposeful activities which may create more marital well-being.

The review of research shows a correlation between spiritual and religious orientation and marital well-being. Giblin (2004) and Mahoney, et al. (1999) encourage marital therapists to take into account couples' spiritual orientation and to develop the knowledge and skills necessary to help couples explore their spiritual perspective. Giblin (2004) asserts that addressing marital health in the context of spiritual beliefs is underutilized in marriage therapy. A couples' spirituality can be a resource for their healing and growth towards a healthy relationship. Spiritual attitudes and beliefs help couples understand and find meaning and purpose; identify and develop sacred, transcendent marital qualities; promotes forgiveness, reconciliation, healing and moral commitment; and may provide a spiritual community where couples can receive support and participate in joint spiritual, meaningful activities.

### **Summary of Spirituality and Therapy**

In the past, mental health clinicians have steered clear of addressing and using religion and spirituality in the therapeutic process with clients. However, since data shows that religion and spirituality continue to be an important component in the lives of the majority of Americans, many marriage and family therapists believe it should be incorporated into therapy. Many researchers and clinicians also believe that avoiding or neglecting clients' religious and spiritual history, beliefs and attitudes does a disservice to clients and their well-being.

Training and education for therapists with regards to incorporating religious and spiritual matters into therapy is limited. When therapists want to integrate religion or spirituality into their work with clients, they will want to have clarity around those areas that have been suggested such as the meaning of spirituality and religious; the ethical considerations; benefits of using a

spiritual perspective in therapy; and understand some implications when using a spiritual perspective with marital therapy.

The benefit of bringing spirituality into therapy has been shown. By using a spiritual lens in therapy, the marriage therapist can help a couple find a sense of purpose; evaluate and discuss morals and values; explore and experience forgiveness, reconciliation and healing; and develop the sense of sacredness and transcendence in the marriage. Spiritual beliefs can help give couples the ability to look at and overcome their difficulties and give a sense of purpose to their struggles to help further their connection to one another. Spirituality can also help by expanding a sense of belonging and connectedness so that the couple is more able to feel supported as they face the changes they need to make. But what are some therapeutic techniques and methods that can incorporate spirituality that marriage therapists can use to help couples deepen their love and create a healthier marriage? In order to find supportive and spiritual techniques and methods to aid couples in increasing their love and improving the health of their marriage, it is necessary to examine the concept of love in marriage and the qualities that constitute a healthy marriage. This next section will delve into several theories of love and identify qualities of healthy marriages.

### **Love and Marriage**

From the beginning of time, love has been a compelling subject for poets, writers, and philosophers. Whether it's true love, tragic love, unrequited love or eternal love, the notion continues to be a worthy and mysterious topic. Today, love is the expectation and the driving force for many couples to marry particularly in Western societies. This hasn't always been the case and for many parts of the world love is not a requirement for marriage (Epstein, Pandit & Thakar, 2013). However, for those in the United States and other Western cultures, love is

thought to be “the most important of all human needs and central to close relationships” (Noller, 1996, p. 97).

In Adlerian theory, love and marriage is valued and named one of the three tasks of life. Adler referred to the three tasks as conditions or problems for humans to solve in order to live happy and fulfilled lives. The other tasks are work which is everyone’s right to have a meaningful way to provide for oneself and contribute to society; and social relationships which is about people belonging to and participating in groups such as family, community or society (Hawes & Blanchard, 1993). However, according to Hawes and Blanchard (1993), Adler believed that “human happiness depends perhaps to the largest part on the solution of the love and marriage problem” (p. 309).

But what is love? What are the different theories of love? Are there differences between genders? What is the most important aspect of love within relationships? Defining the concept of love as it is experienced in relationships and marriages is a multi-dimensional and complex task. When it comes to defining and understanding love and characteristics of satisfying marriages in the therapeutic world, it is helpful to look at what the theorists and researchers have determined. The literature review will help to uncover the different theories and forms of love, show the role gender plays in the arena of love, and find the most important aspect of healthy, loving relationships.

### **What is Love?**

**D-love versus B-love.** Through his clinical observations, Maslow determined that the need for love was used, at times, to compensate for a deficiency in an individual and, at other times, as a motivator on the road to self-actualization. Based on his years of experience as a psychologist and researcher, he identified two types of love. The first type of love is deficiency



love or D-love which is considered a neurotic love. Individuals who are lacking in self-esteem and love will use D-love to get those needs met. It is a type of love that is selfish, self-serving and possessive. It was also Maslow's belief that "most love tends to be of the D-type, whereby an individual must seek constant validation of his self-worth" (Dietch, 1978, p. 627).

The second type of love is "being love" or B-love which is the notion of "love for the being of the other person" (Dietch, 1978, p. 626). This type of love is associated with those individuals who are self-actualized. Their sense of self-worth and self-esteem are intact and love for them is more about enhancing and enriching their lives. The experience of B-love is characterized by sharing, caring, deep communication and friendship. Couples who share this type of love will demonstrate more trust and less hostility and defensiveness compared to couples who are engaged in D-love (Dietch, 1978; Critelli, Myers, & Loos, 1986).

Maslow (Corey, 2013) is most known for developing the hierarchy of needs and his focus on the self-actualized individual. While psychotherapists such as Freud pointed their work towards identifying and understanding neuroses and sicknesses of the under-functioning individual, Maslow's work highlighted the understanding of the healthy individual or as he termed it the "self-actualized" individual. He believed there was more to gain from studying the psychologically well-adjusted individual rather than the neurotic individual. In order to be a self-actualized person, the basic needs of life are met such as the physiological (food, water, rest), safety (security, resources, health), love and belonging (family, friends, sexual intimacy), and esteem (achievement, respect, confidence). The self-actualized individual's core characteristics are "self-awareness, freedom, basic honesty and caring, and trust and autonomy" (Corey, 2013, p. 177). He noticed that love could support and aid an individual to become self-actualized and that self-actualized persons are more open and able to give and receive love.

**Pseudo love and genuine love.** In his book, *The Art of Loving*, Erich Fromm (1956) sets forth his ideas and theories about love. His theory, in part, begins with the notion that love is the answer to the human fear and anxiety of separateness. This need to belong and overcome isolation is also a significant concept in Adlerian Theory (Cory, 2013). It is love that helps to quell the anxiety of aloneness, aids in developing human connections and builds social interest. However, Fromm ascertains that love can attempt to meet that need for connection in mature and immature ways. He has described love in terms of pseudo love and genuine love.

Pseudo love is the immature type of love and is comparable to Maslow's D-love and described as passive, possessive, neurotic and narcissistic. It can be demonstrated in a relationship of dominance and submission or the need to have power over the other. An example of pseudo love is when a couple experiences an intense need to be with one another and an intense sexual desire then only after a short period of time these intense feelings fade away. They then go and look for those intense feelings with another person rather than develop anything of substance with each other.

Fromm describes genuine love as mature love similar to Maslow's B-love. This type of love requires the ability to overcome one's narcissistic tendencies, to become more objective and to see from other perspectives. It is "an expression of optimal functioning that involves active caring for a partner's needs and a desire to experience the other at an intimate level without masks and roles" (Critelli, Myers, & Loos; 1986, p. 355).

As stated in the title of his book, *The Art of Loving*, Fromm views love as an art form which he believes needs to be studied in theory and practiced in reality in order for one to truly attain and master love. His theory includes a look at several types of love including motherly

love, brotherly love, erotic love, self-love and love of God. In all of these types of love there are four core and constant components which are care, responsibility, respect and knowledge.

Genuine love is active and requires work and effort such as in those four core elements. As an example, it is evident when care is present in a relationship. Fromm's illustration of this is when a mother loves her child, the child's needs for food, physical comfort, and nurturance is met. He states that "love is the active concern for the life and the growth of that which we love" (Fromm, 1956, p. 25). Responsibility is meant not in an obligatory or dutiful way but as being able to actively engage and be responsive to another. The example for a couple is being able to respond to each other's "psychic needs." Respect within the love relationship means the couple is aware of each other's uniqueness and provide each other the freedom to grow in his or her own ways without control or exploitation. And to facilitate respecting one another, a couple must have knowledge of each other at the core of who they are. This fourth core element of knowledge is demonstrated in love when the individual can transcend the self and know the other's concerns, feelings and desires. These four components of care, responsibility, respect and knowledge are attributed to genuine love whereby the mature persons have overcome narcissistic mindsets and have an ability to be interdependent within relationships (Fromm, 1956).

**Triangle theory of love.** One more theory worth taking note of is that of Robert Sternberg and his triangle theory of love. This theory breaks the concept of love into even more detail as compared to Maslow and Fromm. In order to understand the complexities of love, Sternberg (1986) created a model of love using a triangle. Each of the vertices of the triangle represents a component of love and those are intimacy, passion and decision/commitment. He stresses that even though this theory breaks love into parts it is imperative to note that love is to be seen as a whole and not lost as the components are analyzed. He also notes that this theory

includes love towards parents, siblings, friends, as well as the love experienced within a relationship with a spouse or significant other.

The first of the vertices represents intimacy. Intimacy is the emotional factor in the relationship. The emotions and feelings in a relationship will “promote closeness, bonded-ness, and connectedness” (p. 120). Sternberg’s (1986) research on intimacy has shown that it can encompass some of or a combination of the following feelings or behaviors:

(a) desire to promote the welfare of the loved one, (b) experienced happiness with the loved one, (c) high regard for the loved one, (d) being able to count on the loved one, (f) sharing of one’s self and one’s possessions with the loved one, (g) receipt of emotional support from the loved one, (h) giving of emotional support to the loved one, (i) intimate communication with the loved one, and (j) valuing the loved one in one’s life. (p. 121)

When looking at loving relationships with parents, siblings, friends, or lovers, Sternberg (1986) suggests that these components of intimacy are at the core of the emotional bond. The level of or depth of these intimacy factors will be different from one relationship to another. The love for the spouse or lover will be different because of the next component: passion.

Passion is the sexual longing or arousal felt in a relationship which differentiates romantic love from family or friend love. It’s that sexual chemistry or desire which often is the very thing that brings partners together. Sternberg (1997) also states that passion can fulfill other needs such as those for “self-esteem, succorance, nurturance, affiliation, dominance, submission, and self-actualization” (p. 315). Passion varies and changes within relationships. For some, passion increases as intimacy increases; while for others, passion is stronger with the absence of an emotional connection. Noller (1996) states that passion declines with long term relationships and that those couples tend to be more interested in maintaining intimacy and commitment.

Kissing, touching, gazing into each other's eyes and making love are examples of behaviors associated with passion.

The third vertex of the triangle of love is decision/commitment. This component is cognitively based and includes both decision and commitment. In the short term, a couple makes the decision that they love one another and want to be together. The commitment is choosing to stay in the relationship for the long term. A commitment can be made in the absence or the presence of intimacy or passion. Some examples of decision and commitment in a relationship may include becoming engaged, marrying, maintaining sexual fidelity or staying in the relationship in times of difficulty (Sternberg, 1997).

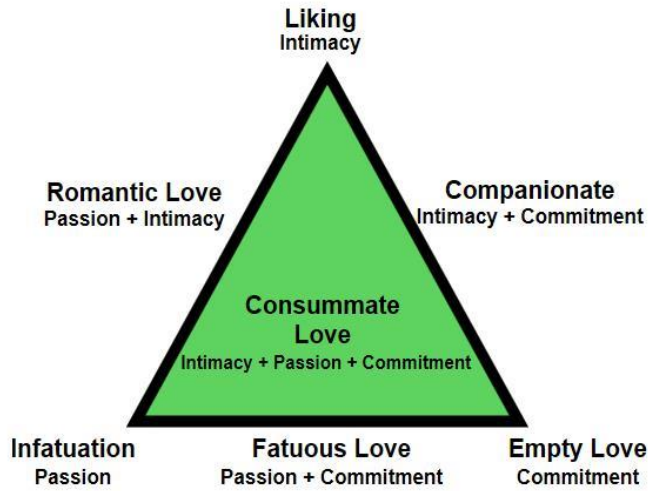
There are a number of kinds of love that are a result of the different combinations of intimacy, passion and commitment. Relationships will have differing amounts of each component and at any time each component may wax or wane. The following are the possible combinations of the triangle of love and are also depicted in Table 1 and 2:

1. Non-love is the absence of all three components.
2. Liking is the result of experiencing intimacy in a relationship but with no passion or commitment. This type of love is a friendship love which shares a sense of warmth, caring and connectedness.
3. Infatuation occurs when only passion is experienced and may be fleeting.
4. Empty love has the presence of commitment but lacks intimacy and passion which may be the result of a loss of love in a long term relationship or the way in which arranged marriages are started.
5. Romantic love is experienced when the couple has an intimate connection and sexual desire but does not have a commitment.

6. Companionate love is a combination of intimacy and commitment but without passion. This may occur with long term relationships that maintain a respectful and mutual bond and commitment but have lost the passion or sexual desire. This type of love is a deeper kind of friendship love and can be experienced with a spouse, friend or family members.
7. Fatuous love is a combination of passion and commitment but without intimacy. This may be seen when couples fall madly in love and quickly go to marriage but have not taken time to develop intimacy.
8. Consummate love is a complete love which occurs when all three components are present within the relationship. This love is sometimes considered an ideal love because of the balance of intimacy, passion and commitment.

**Table 1. Sternberg’s Triangular Theory of Love.**

Triangular Theory of Love



(<http://sciencebasedlife.wordpress.com/2012/05/18/the-triangular-theory-of-love/>)

**Table 2. Sternberg’s Triangular Theory of Love**

	Intimacy	Passion	Commitment
Nonlove	-	-	-
Liking	+	-	-
Infatuated Love	-	+	-
Empty Love	-	-	+
Romantic Love	+	+	-
Companionate Love	+	-	+
Fatuous Love	-	+	+
Consummate Love	+	+	+

(<http://www.geocities.ws/kmwahl/Motivation/triangular.html>)

Sternberg (1986) suggests that there is any number of types of triangles based not only on the presence of the three components but also on the amount of each in the relationship. He states

that there will be a triangle of love for each individual and can be used as a point of comparison. The couple can also use the model to consider their ideal type of love to be used as a goal for their marriage. To determine the level of intimacy, passion and commitment within the relationship, therapists can have couples complete the Sternberg Triangular Love Scale (Appendix A). In further explanation of his model of love, Sternberg (1986) stresses the importance of expressing love over merely having the feeling of love. It is the actions in each of the three components that have an effect on the relationship and he warns “without expression, even the greatest of loves can die” (p. 132).

**Love and gender.** To fully understand love in marriage, it is important to be aware of gender differences in the experience and expression of love. According to Noller’s (1996) findings, the ideas and beliefs men and women hold about love are learned through one’s culture. In American culture, this idea of marrying for love is fairly recent and has helped to create a division between work and home. The world of work in the office or factory became the man’s domain and the home-life which included the love in the marriage and family became the woman’s domain.

Researchers claim that a feminization of love grew out of this division of work and home when women became the ones tending the love in the marriage and family. The feminization of love means that love has an emphasis on the feminine style of showing love such as “verbal self-disclosure and expressing tender feelings” (Noller, 1996, p. 98) and disregards or puts less emphasis on masculine ways of showing love such as “providing protection, practical help, shared activities, spending time together and sex” (p. 98). Furthermore, researchers contend that because of this women became more dependent on the marital relationship and overly concerned with the status of the marriage. This led to women being “dependent, loving, and incapable of



practical action” (Noller, 1996, p. 98). Men, on the other hand, tended to be more independent and primarily focused on work which led them to being seen as “independent, competent, not needing help from others, and being unable to provide emotional support” (p. 98).

Noller’s (1996) review of research suggests problems and conflicts arise within the marriage when a spouse is dependent or independent where one is pursuing more closeness and intimacy and the other withdrawing. These types of love are described as the companionship blueprint and independence blueprint and are based on the amount of polarization of gender roles. The companionship blueprint is considered the dependent model and is characterized by the wife choosing to sacrifice her needs and desires for the interest of her husband and family. The independence blueprint is characterized by the masculine sense of independence where the individual’s needs and goals are more important than the relationship. There is a lack of and an avoidance of long term commitment to the spouse or significant other. Today, many men and women choose to end their relationship when there is a conflict between their individual goals and the relationship.

A third and more fulfilling type of love is the interdependence blueprint. This type of love is considered androgynous love because it respects and incorporates the feminine and masculine styles of love. Interdependent love is a more mature love than companionship and independence love and puts the responsibility of the relationship on each of the individuals. Personal growth and development are encouraged and mutually supported. The health and development of the individuals ends up supporting and strengthening the commitment in the marriage rather than being the cause of conflict or interference (Noller, 1996).

Another view of gender differences is the research conducted by Jenson, Rauer, and Volling (2013) with regards to giving and receiving emotional support. Previous studies had

indicated that individuals who gave and received support experienced positive benefits such as improved health and well-being, more quality marriages, and the ability to handle life stressors. These researchers were looking for how gender played a role in emotional support with marriages and whether the benefits were primarily for the recipient of the support or if the provider also displayed benefits.

The interactions between wives and husbands are affected and influenced by the socialization of the sexes. Women are typically encouraged and more comfortable with seeking out help and emotional support more so than men who are taught to be independent and to be the provider of support. Women tend to be able to connect emotionally with others while men may have more difficulty in understanding emotions and motivations. When it comes to intimate interactions men are more active and prefer “doing” to “being” (Jensen, Rauer, & Volling, 2013, p. 436.)

The multi-method study, which used a sample of 57 happily married couples, found that husbands and wives experienced greater satisfaction and well-being when the husbands were able to provide sensitive support to their wives. The results did not indicate that the converse were true. There was not a significant benefit to each spouse when the wife provided support or when the husband received support. These researchers surmised that when men provide emotional support to their wives they are also fulfilling the societal roles of being a provider, the problem solver and of taking charge. This may be giving the husbands a sense of competency and usefulness in the marriage which then gives them a feeling of psychological and physical well-being. And in contrast, women are socialized to want emotional support and seek it out and when they receive the sensitive support from their husbands this increases their well-being (Jensen, Rauer, & Volling, 2013).

These researchers find this information valuable for supporting marriages. Understanding the gender differences with regard to emotional support between husbands and wives can help to lay groundwork for couples in deepening their connection and love because “gender appears to act as a powerful filter through which support is experienced” (Jensen, Rauer, & Volling, 2013, p. 437). They also suggest further studies in the areas of uncovering the factors that allow husbands to be sensitively supportive of their wives and why it is that they receive such a great personal benefit from providing that support.

### **Characteristics of Enduring and Satisfying Marriages**

Because of the increase in divorce rates since the 1970s, there have been numerous studies conducted to find the reasons people were choosing to separate and divorce. Those initial studies tended to focus more on the divorcing couples and what went wrong in the relationships rather than looking at the marriages that stayed intact. It’s been within the past ten to fifteen years that researchers began focusing on the traits and characteristics of those couples who maintained long-term marriages. Also of note is the understanding of successful marriages. Enduring or long-term marriages may not necessarily mean that the marriages are satisfying or happy (Billingsley, Lim, Caron, Harris & Canada, 2005).

Blanchard and Caron (2001) suggest that each marriage and each spouse will have a different view as to what is most important and valued in relationships. Their advice to marital therapists is to understand this and help each couple define for themselves those key factors in creating a happy and enduring marriage. However, it is imperative and wise for marital therapists to have knowledge and understanding of the characteristics and qualities of long-term and satisfying marriages found in marriage research. In reviewing the marriage and family research conducted between 1953-2004, Billingsley, et al. (2005) were able to identify a number of

common qualities and traits among the successful long-term marriages. Those qualities and traits that stood out were “permanence of relationship, love, sex, compatibility in personality, common interests, communication, decision-making, intimacy and religion” (p. 7).

Permanence of relationship is described as having a commitment to the marriage and the expectation that it will last. Billingsley, et al. (2005) point out that some studies they reviewed found commitment to be either the number one factor or a very strong contributor in enduring relationships. Love and sex were also found to be major factors in long-term marriages. Having a feeling of love, displays of affection and sexual activity were important and present within these relationships. Compatibility of personality and common interests rated high in the overall review of marriage research. Relationships are positively impacted when couples have “compatibility in temperaments” (p. 10) and spend time in shared interests and leisure activities.

In enduring marriages, communication and decision making are regularly practiced. Couples want to share and listen to each other’s thoughts, feelings and ideas and desire to “talk things through” (Billingsley, et al., 2005, p. 10). And when making decisions they put a value on cooperating and reconciling their different thoughts and opinions. The final two factors of enduring marriages found in the review of research are intimacy and religion. Billingsley, et al. (2005) found one definition of intimacy to be “the ability to display acts of tenderness, such as touching and holding hands” (p. 10) while others describe it as emotional bonding. Intimacy was found to be a central component to many marriages and influenced couples’ “level of commitment, congruence and communication” (p. 4). Much of the research they studied found that attending church together or having similar religious orientation contributed to enduring marriages.

Robinson and Blanton (1993) recommend that researchers look at both the longevity of a marriage and the level of satisfaction or happiness within the marriage; and the connection of the two in order to gain a comprehensive view. They also believe that researchers and therapists should have some understanding that relationship quality changes over time and should explore what factors help couples get through the difficult times. In their study, they interviewed fifteen couples who had been married between thirty-five to forty-eight years. The questions and discussions with couples explored their perception as to the qualities that aided them through the good times and through the challenging times. The results of the study named several key factors to these enduring marriages: intimacy, commitment, communication, congruence, and religious faith.

For these couples, intimacy emerged as the number one factor to their success as a couple. Intimacy was characterized as a closeness and connection that “encompassed the emotional, physical, and spiritual aspects of their marriage” (Robinson & Blanton, 1993, p. 40). They were able to form an intimate bond through shared experiences, thoughts, feelings and activities and by sharing the joys of life. It was noted that the bond also grew as they met and overcame their marital distress. Their experience of closeness increased as they were able to be there for each other as they faced personal challenges.

In this group of couples, commitment was an expectation that the marriage would last a lifetime and meant sticking with it even during the difficult times. Some admitted to their commitment wavering but recognized their commitment to their children kept them from seeking out a divorce. Communication was viewed as having the ability to share and listen to each other’s perspectives, thoughts and feelings. Positive communication helped couples at times avoid conflicts and at other times helped to resolve conflict. A few of the couples acknowledged

difficulties with communication while others stated that they put effort into improving their communication over time (Robinson & Blanton, 1993).

Congruence was displayed as couples described similar views of each other and their relationship. Couples with a high degree of congruence were attuned to and could acknowledge their similarities and differences. Religious orientation was the final factor identified in this study. It was found that religious beliefs and involvement within a religious institution was important to many couples and was supportive in their marital commitment and helped to guide them during times of distress. Some couples experienced deeper intimacy because of the ability to share their faith with one another (Robinson & Blanton, 1993).

The compilation of marriage research from Billingsley, et al. (2005) and the study from Robinson & Blanton (1993) shows a relation to Sternberg's model of love. The studies and research support the importance and value of passion, intimacy and commitment as well as a shared spiritual orientation within long-term, satisfying marriages. The next area to examine is looking at how immature love and mature love as described by Maslow, Fromm, and Sternberg impact the health and longevity of marriages.

### **Love that Supports Marriage**

The theories of love offered by Maslow, Fromm and Sternberg describe different types of love and refer to those types as mature and immature. Does the type of love have an impact on the success and health of the marriage? Noller's (1996) goal of reviewing research and theories on love was to identify those types of love that supports marriage and family. She explored the characteristics and differences to find out if there are functional and dysfunctional types of love and how those play out in marriages and families. She concludes that there is a more functional and mature type of love that provides a positive environment for more healthy, stable and

satisfying marriage and family relationships. What are those mature and immature aspects and how do they impact relationships?

Immature love such as explained by Maslow and Fromm is characterized by selfishness, narcissism, possessiveness and dependency. The individual's selfishness and narcissism is displayed by having an extreme focus on oneself over the needs and wants of others. The belief is that the individual's happiness and freedom is more important than making the effort to create a relationship with care, commitment and trust. Immature love also expects the partner to fulfill the need for happiness, esteem, safety, and security rather than developing that within oneself. When those needs go unmet, the immature lover may blame and become resentful towards the partner. Possessiveness and dependency may be acted out with angry, controlling, blaming or jealous behaviors (Noller, 1996; Branden, 1996).

At the core of immature love relationships is a feeling of inadequacy, low self-esteem and lack of self-responsibility. In some relationships, both individuals look to the other to fulfill the feelings of lack and deficiency. These couples may have an unspoken agreement where one will take a child's role or submissive role and the other takes a parent role or the superior role. Neither spouse is capable or comfortable with more mature forms of relating equally and mutually. These relationships are steeped in conflict as each protests or fails at trying to meet each other's needs of overcoming the feelings of inadequacy or low self-esteem. Relationships such as these will end or continue to have high levels of conflict and hostility (Brandon, 1996).

Immature love relationships often begin with very strong sexual attraction which many mistake for the deeper, more committed type of love. Because of this strong attraction and feelings of euphoria, an immature lover only sees a few aspects of the other and does not see or know the whole person. This love is an infatuation, is driven by fantasy and is often just fleeting

because once the feelings of sexual excitement or infatuation drop off the relationship ends. The idea here is that once those feelings are gone then the couple has fallen out of love. This can happen for couples already married and where infidelity or divorce is justified because one or both were no longer feeling the excitement or euphoria in the relationship. For those immature lovers, developing intimacy or commitment is not expected (Noller, 1996; Branden, 1996).

Mature love, on the other hand, is marked by mutuality, equality and having care and concern for the other's well-being. In mature love relationships, each individual has a sense of self-esteem, self-confidence, and self-awareness and is not dependent on the other to meet those needs. However, in these relationships the individuals want to put the relationship and the needs of the other as a priority and are concerned about the health and well-being of the other. Spouses feel cared for and valued which enables the feelings of safety, security and confidence in the relationship (Noller, 1996; Branden, 1996).

Feelings of anger, resentment or jealousy may be displayed in mature relationships however these feelings do not dominate and are not pervasive. Mature love understands that disagreements and negative feelings are a part of relationships and seeks to find understanding and resolution. Acceptance of individual differences and weaknesses is expected as well as having boundaries for unacceptable behaviors. Individuals who have care and respect for themselves will not allow for abusive, exploitative or manipulative behaviors and will also have the ability to be accountable for their own behavior (Branden, 1996).

Noller (1996) and Branden (1996) contend that mature love supports and enables couples to have more satisfying and happier marriages. The qualities of mature love fall into alignment with what the research shows as being characteristics of long-term satisfying marriages. Valuing each other's well-being, having interdependence and mutuality, allowing for differences, being



committed, having an emotional and sexual connection are all qualities that signify mature love and create healthier marriages. Branden (1996) states that mature love “is a passionate spiritual-emotional-sexual attachment between two people that reflects high mutual esteem” (p.146).

Couples can use this understanding to help develop a vision and goals for their marriage.

### **Summary of Love and Marriage**

Love is the motivation and reason many people choose to marry. In order to get a more in-depth understanding and look at love, theories of love were explored and examined. “Love” was characterized as immature and mature with respects to Maslow’s and Fromm’s theories. Maslow’s D-love and Fromm’s pseudo love are types of love that individuals look for to help them overcome their feelings of deficiency, inadequacy and low self-esteem. This love is narcissistic, possessive and dependent and typically fraught with conflict and hostility. Maslow’s B-love and Fromm’s genuine love are both experienced by those whose self-esteem and self-worth are intact. They are not looking for the partner to fulfill those needs and are able to be caring and concerned for the welfare of the other. This love demonstrates empathy, respect, and knowing each other to a deeper level. Sternberg’s theory of love breaks the concept of love into even more detail. His ideal love or consummate love encompasses healthy levels and aspects of passion, intimacy and commitment.

Love between the genders was considered and shown that men’s display of love is more active as in problem solving, sharing activities together, and sex. Women’s display of love is sharing and disclosing personal thoughts and feelings. This information can help couples understand, accept and negotiate their differences. The research on the most important qualities of long-term and satisfying marriages was shown to be intimacy, love, sex, commitment, communication, congruence, and religious faith. Mature love of mutuality, caring, concern,

empathy and the ability to overcome selfish tendencies to see and know one's partner was shown as the type of love that will support long-term, satisfying marriages.

### **Therapeutic Methods and Techniques Integrating Spirituality to Deepen Couples' Love**

The purpose of this thesis is to name and describe therapeutic approaches, methods or techniques that incorporate spirituality which help to deepen a couple's love and helps them to build a more quality marriage. Along with deepening love, these techniques will include views through a spiritual lens and stimulate the individuals' and couple's sense of spirituality. The sense of spirituality is used to support or enhance the couple's ability to see that their relationship transcends each of them as individuals. Spirituality also helps the couple provide meaning to their struggles and challenges and ultimately gives meaning and purpose to their relationship. Therapeutic methods or techniques may also help individuals or couples to get in touch with and become more open about their sense of God or a divine being which can then be used to support growth, connection and love within the marriage. A sense of spirituality can help a couple feel and experience connectedness and interconnectedness to each other and to others in their family and community. This sense of connection helps to support individual and relationship well-being by enhancing feelings of belonging, safety and significance in the world. Spirituality can influence a couple's values and morals, their desire to do the right and moral thing, and help them stay committed to love (Aponte, 2002).

In order to help couples deepen and expand their love for one another, the therapeutic methods and techniques will want to steer couples towards more mature and healthier forms of love; and towards positive qualities and characteristics of successful and satisfying marriages. Therapists will want to use methods and techniques that will take couples from the more immature and incomplete love such as companionate love, romantic love or fatuous love to the

more fully mature love of consummate love. Focusing on the three areas of Sternberg's triangle of love, passion, intimacy and commitment, is a way to identify methods and techniques that will help couples develop the ideal love or consummate love.

### **Increasing Passion**

Passion is typically present in the early stages of a relationship with the exception of arranged marriages (Epstein, Pandit, Thakar, 2013). The individuals in the relationship have an excitement and attraction for each other and are close to each other in affectionate, physical and sexual ways. As time passes in the relationship, passion can stall. The excitement can be gone, the energy wanes and the experiences happen less often. Or it can be that in immature relationships, individuals have some excitement and want the experience but are not putting in the energy to sustain it. One or the other may be putting less energy towards the relationship or expect the other to be responsible for the energy that goes into maintaining passion.

Relationships may end as passion fades but often a couple have made a commitment and/or have developed intimacy and want to regain or establish some passion in their marriage. The therapeutic methods or techniques will want to engage couples in a way that will encourage and reignite the excitement and attraction for one another. Two such methods to use with couples to help enhance passion are Initial Attraction and Courtship History; and Dating Ritual.

**Initial attraction and courtship history.** Many couples coming into therapy will be focused on the anger or negative aspects of their relationship. Asking about their initial attraction and courtship history is one way to move the focus to a more positive experience of each other at the beginning of the therapeutic process. Typically, couples cooperate as they share their stories. The therapist is to guide the discussion with questions such as asking how they met, how did they notice each other, what attracted one to the other then moving to when they started viewing

themselves as a couple and describing that history. The therapist can inform the couple that the process of therapy is not to provide routine answers to these questions but is an opportunity to go deeper into their thoughts, feelings and experiences. Establishing a therapeutic relationship of safety, care and curiosity will help elicit more honest and open discussions (Brock & Barnard, 2009).

After exploring the attraction phase of their relationship, spouses can then share their courtship history and major events of their relationship such as meeting the parents, the first time having sex, or a first major purchase of some sort. The therapist is to keep the couple focused on the more positive aspects and steer away from any potential conflict like bringing up a memory that the other has no recollection of which may anger a spouse; or managing the couple as each has different details of a particular memory or event. In order to integrate spirituality, the therapist can ask the spouses if they had a sense of purpose or meaning to their relationship or if they felt divine guidance as they were starting their relationship (Giblin, 2004). If they did not have a sense of purpose to their relationship, the therapist may ask the spouses to look back and ascribe a purpose or meaning to their union. The result of recalling the couples' initial attraction, courtship history and purpose to their relationship is to provide an opportunity for the couple to remember their relationship in a more positive and passionate light and to create a pleasant experience with each other in the present moment (Brock & Barnard, 2009).

Because this exercise is typically used in the first or second therapy session, it offers the therapist an opportunity to assess the couple. The therapist can take note of who speaks first, how the spouses listen to one another, how they take turns, and how each spouse is able to share thoughts and feelings. An Adlerian therapist will begin to develop theories as to the purpose of the spouses' behavior and their possible lifestyles. They will also be able to identify the

individual and couples' strengths and use those to encourage them and potentially to provide a sense of hope for the future (Dinkmeyer & Dinkmeyer, 1982).

**Dating ritual.** Winek and Craven (2003) suggest the use of rituals in order for couples to rebuild and heal their relationship. The ritual of dating is one way in which couples can rekindle their passion however this can be a struggle for many distressed couples. In order to assist the couple, the therapist can help them recreate this relational ritual by defining it and establishing boundaries around dating. Dating means “a social activity with the sole purpose of mutual enjoyment” (p. 264). It's important for the couple to recall their past enjoyable dating experiences to help come up with ideas for their new present day dating. Discussions will result in a plan for several dates. The therapist will then instruct the couple as to the boundaries of dating. Winek and Crave (2003) insist that the couple focus on themselves while on the date and refrain from discussing parenting, work or relational issues. This is a challenge for many couples however it is imperative for them to experience each other as wife and husband rather than as parents, workers or a distressed couple.

Developing a ritual of dating also includes the preparation of the date. The therapist can guide or coach the couple into how the date encompasses the time and action it takes to plan and execute the date as well as the date itself. One example provided was of a husband who washed and cleaned his car in preparation of the date. This action allowed him to view himself as a husband preparing to spend special time with his wife rather than thinking of his role of father or worker. Some couples will need further assistance in the form of role-playing. During therapy sessions, the couple can create a script as to how they would like to be on a date and role play this new way of being within the session or while on a date. This role play can help couples learn to focus on each other and establish a new pattern in the relationship (Winek & Crave, 2003).

The methods, Initial Attraction and Dating Ritual, are two methods therapists can use to help couples rebuild the passion within the relationship. Recalling and remembering their initial attraction, history and dating life enables couples to focus on more positive aspects to their relationship. With a more positive view, couples will be more encouraged and hopeful. These discussions are also an opportunity for the couple to think about the spiritual component to their marriage and recall or consider a deeper meaning and purpose to their relationship and feelings of connectedness.

### **Increasing Intimacy**

When choosing therapeutic techniques or methods to help increase couple's intimacy, therapists will want to use exercises that encourage caring and concern, empathy, sensitivity, and emotional bonding within the relationship. Providing opportunities for couples to give and receive; become aware of each other's desires and concerns; and share their similarities and differences will help couples increase the intimacy in their relationship. The emotional bonding piece of intimacy is usually the most challenging. Emotional bonding requires vulnerability and trust and many immature forms of love lack both. Couples struggling with their relationship may also have turned their differences of thoughts, ideas and interests into challenges with each other which erode safety in the relationship.

The therapeutic methods or techniques to foster intimacy help to create a safe environment where couples can share their thoughts, ideas, and interests and are able to become emotionally vulnerable which would then result in emotional bonding and physical closeness. Several areas for therapists to focus with couples are establishing caring actions, sensual touch and closeness and spiritual understanding. By providing a safe space and teaching relationship safety, the therapist can help couples establish trust; learn to be open and vulnerable; and

acknowledge and accept differences to help deepen intimacy. Three exercises to use with couples are Caring Days, Sensate Focus and Spiritual Lifemaps.

**Caring days.** Stuart (1980) recommends the Caring Days technique to increase couples' positive interactions towards each other and give them measurable success early on in the therapeutic process. By the time most couples decide to try therapy, their relationship is often steeped in negative attitudes and behaviors. It is not enough to just stop the negative cycle of behaviors but it is imperative to have a plan for positive actions. Some couples coming into therapy will have been able to continue some caring actions towards one another and this technique will still be beneficial to them as it will build upon their existing positive behaviors.

When the therapist introduces this technique to couples it is important for them to understand that this technique is not meant to be used in place of identifying the issues that are causing the couple strife. The act of giving and receiving positive, caring actions is intended to build trust and move the relationship in a more positive direction. Building a foundation of trust will aid the couple with acknowledging and resolving their conflict and increase their intimacy. Also, it is advised not to use the word 'loving' in place of 'caring' when discussing Caring Days because for many distressed couples 'loving' actions may be more challenging and may even seem impossible due to the level of conflict and hostility in the relationship (Stuart, 1980).

The therapist sets up the caring days by asking each spouse "Exactly what would you like your partner to do as a means of showing that he or she cares for you" (Stuart, 1980, p. 199)? As each spouse begins to share ideas, the therapist can write it on a sheet of paper and place the requests in the center of the paper. These requests need to be stated in a constructive and positive way rather than asking the partner to stop a behavior. The therapist will want to guide the couple to keep the actions or behaviors simple, small and specific. For each action request, the spouse

should describe the what, when and how the action should be acted upon. Any requests of actions or behaviors that are based on points of conflict should be avoided. It is up to the therapist to guide the discussion and to help keep the couple focused on small, positive behaviors and asking them to think in terms of acting “as if” they care for one another. Stuart (1980) also emphasizes the point that each spouse is to do these actions regardless if the other spouse is doing his or her part. Each spouse is responsible for acting on the requests and is not to be dependent upon the actions of the other.

Once the couple has at least eighteen requested action items, they are instructed to act on at least five items from the list every day. They are also advised to add to the list throughout the week as they become more aware of the types of actions they would appreciate from their spouse. On the list of requested actions, the couple can record each time the other spouse has fulfilled a request. The action items are listed down the center then to one side the husband can record the times the wife has carried out the requested action and to the other side the wife can do the same with the husband’s actions. This serves the couple by demonstrating their progress and will show their areas of strengths and challenges in the relationship. The record can also be used in therapy as a means to identify and discuss those strengths and challenges.

In terms of integrating spirituality into Caring Days, the therapist can appeal to couples’ sense of morality and doing the ‘right’ thing. Performing small, positive and caring actions towards a spouse particularly during times of conflict can be based on a moral decision and can be the impetus for couples to take action. Another spiritual point could be when couples return to the therapy session after a week or two of caring days, the therapist can check in with regards to any changes in feeling connected to one another or to others. If the couple has children, the children may have noticed the caring acts occurring between their parents and made mention of



it. Couples' family or friends may have observed changes in the relationship. The therapist can guide the discussion as to how couples' treatment of one another has an impact on others and questioning what kind of impact they would like to have on their children, other family members and friends while stressing the idea of connectedness, interconnectedness and purpose of their relationship. A sense of gratitude can also be highlighted as each spouse shares their experience of giving or receiving the acts of caring. Acts of kindness, compassion, empathy, gratitude and altruism enhance intimacy and are all values in most spiritual traditions and can be enacted and emphasized in the Caring Days technique.

**Sensate focus.** For those couples wanting to reignite or enhance an intimate or sexual life, Markman, Stanley, and Blumberg (1994) suggest the Sensate Focus exercise created by Masters and Johnson. This exercise is meant to encourage couples to experience sensual pleasure with each other rather than focusing on being sexual; and also helps them develop the means to communicate what each finds pleasurable. Stuart (1980) states that the exercise, Sensate Focus "provides the opportunity to restore natural sexual responsiveness through the enhancement of sensory awareness" (p. 318). Many couples coming into therapy may have ceased their sexual activity or any physical displays of affection; or they may be having sex but finding it less pleasurable and this exercise can help guide them to be more intimate, sensual and present with themselves and each other.

The therapist can explain the guidelines of the exercise and together with the couple can create a plan. Couples are instructed to do the exercise three times a week and set aside about ninety minutes of uninterrupted time to complete. For those couples who may be uncomfortable with the idea, they may want to begin the time with a connecting activity like having a quiet

dinner together, playing a game or showering together (Stuart, 1980). They can set the mood with soothing music and soft lighting.

The exercise consists of the couple touching each other and massaging each other pleurably. The first few times of doing the exercise, couples are advised to avoid touching the genitals and avoid sexual arousal or intercourse. Some spouses feel relieved to have sex off the table as the idea of performing can bring pressure, anxiety, or stress. Each spouse is to take turns being the giver and the receiver of the touching and massaging for about twenty minutes each. The spouse who is the receiver is to become aware of the touching that is pleasurable and to express to the giver what feels good. The receiver should also let the giver know in a gentle way those touches that don't feel good. This helps the receiver learn for his or herself what is pleasurable and it is also an opportunity to practice expressing and communicating this to a partner. Practicing this communication in this way will help couples' ability to communicate when they are sexual and will enhance their sexual experience.

The giver in this exercise is to touch and massage the receiver. In that role, the spouse is to be present with the other and to be aware of the other's pleasure. The giver can touch or massage the feet, hands, back or legs and follow the receiver's feedback. As the receiver is communicating and providing feedback, the giver has an opportunity to learn to become responsive and acknowledge his/her partner. At times, the communication may be in the form of being guided by the receiver's hand as to how to touch or massage in a pleasurable way.

Couples' experiences and reactions to this exercise may vary which is why Stuart (1980) suggests giving the couple enough time and attention to ask questions and to process the details of the experience. The therapists and couples who want to integrate spirituality into the discussion may want to explore religious or spiritual beliefs around sex that have impacted

sensual and sexual desire and performance. Some religious or spiritual traditions have taught that sex is only for purposes of procreation or may teach a ‘sinful’ aspect to different sexual practices. The therapist open to spirituality will provide the safe space to allow for the spouses to explore what they choose to believe. While some religious or spiritual traditions hold a conservative view of sex others consider sex between spouses to be a transcendent experience and a celebration of love (Francoeur, 2001).

**Spiritual lifemaps.** Spiritual or religious differences and concerns can be problematic for some couples entering into therapy. The research shows that religious or spiritual congruence in the marriage rates high as an indicator of healthy marriages (Robinson & Blanton, 1993). When couples come from different faith traditions or have differing spiritual beliefs, therapists will want to have an understanding and an approach in helping couples bridge those differences which will ideally increase their intimate bond with one another. The spiritual lifemap is one method for clinicians to use with these couples. The spiritual lifemap or ecogram is similar to a genogram however it focuses on the religious or spiritual history, beliefs and values of the individuals and their families of origin.

The use of spiritual lifemaps, according to Hodge (2005), helps to “tell us where we have come from, where we are now, and where we are going” (p78). The lifemap technique he describes uses artistic expression and invites clients to draw or use any medium to tell the story of their spiritual journey. The lifemap should go back at least three generations and highlight family history, significant spiritual experiences, spiritual conversions and important spiritual leaders. Taking time with this project offers clients time to reflect and gain insight into their spiritual life and journey. Limb and Hodge (2011) caution therapists to be sensitive to the terms and language used when asking exploratory questions with clients. They suggest that therapists

check in with the clients as to how they refer to the different aspects of their religion or spirituality then adopt that language as the discussion continues. Detailed questions to help guide the lifemap method are offered in Table 3. A marriage therapist can use this technique with couples and have the couples share with one another their stories, experiences and insights into their own personal spiritual evolution which expands their knowledge and understanding of each other. Hodge (2005) suggests that therapists also use this tool to help identify strengths and assets which have been derived by the spiritual experiences.

**Table 3: Example Questions for Spiritual Lifemaps. (Limb and Hodge, 2011, p. 86)**

*“What type of religious affiliation characterized each member of your family, going back to your grandparents?” “How meaningful was their relationship with their denomination/faith?” “How meaningful was their place of worship (e.g. church)?” “To what extent were their personal beliefs and those of their church /denomination congruent?” “What was their level of participation?” “To what extent did they enjoy religious fellowship? Enjoy their spiritual lives?” “How did they express their spiritual and religious beliefs?” “What were the particular rituals or sayings that were commonly evidenced?” “How were spirituality and religion assets in their lives?” “How did their spirituality intersect with the difficulties they encountered in life?” “How did their faith help them cope with trials?”*

*“What spiritually significant events (e.g., transitions, conversions, changes in affiliations, encounters with spirit beings) have occurred in the family?” “How did these events affect the individuals involved?” “How did other members react to these changes?” “What are the differences, and similarities, among various family members in their beliefs and practices?” “How were differences and conflicts managed?” “Who was the spiritual leader in your family?” “What role did your grandparents play in your spiritual walk?”*

*“What spiritual relationships stand out to you in your childhood years?” “What are your earliest spiritual/religious memories?” “What types of spiritually based practices have had the most influence on your spiritual walk?” “Who do you feel closest to in a spiritual sense?”*

*What particular rituals, ceremonies, or practices nurture your spirituality/family life? Are there specific symbols that are spiritually significant to you? What rituals/ceremonies facilitate coping with hardship, illness, and trials?*

*Describe your relationship to God (or the Creator). Have there been times when you have felt deep intimacy or distance? What facilitates this sense of closeness or distance? How does the state of your conscience affect your relationship with God? How does your spirituality relate to life's difficulties or joys? How do you deal with misdeeds/transgressions that violate your conscience? How does your relationship with God (or Creator) affect your relationship with others? What sort of fruit does it produce? Have you received premonitions or intuition insights from God concerning life events?*

*What is your level of involvement in spiritual communities (e.g., churches, spiritual groups, synagogues, temples, etc.)? What are their primary spiritual/religious beliefs, and how reflective are they of yours? What sort of atmosphere (i.e. cold, warm, conflicted, open, etc.) does your spiritual community transmit?*

*Have you had encounters with transpersonal beings such as spirit beings, angels, evil spirits, etc.? Did you ever feel the intervention of a spiritual helper (e.g., saint, angel, lower-order being) on your behalf? Have you had experiences with relatives who have died? How would you describe these encounters?*

Duba (2009) uses a Basic Needs Genogram with inter-religious couples. When using this genogram because of spouses' different religious affiliation an emphasis is put on the individual and family history of religious or spiritual beliefs, practices and traditions. The idea is to bring awareness and understanding to the differing views to each individual in the couple to expand care and understanding towards each other in order to bring compromise and negotiation to the marriage. Whether it is a spiritual lifemap, ecogram or a genogram highlighting the various spiritual or religious views and experiences, the goal is to help the couple learn about themselves and each other to a deeper and more intimate level. Spiritual beliefs and experiences are very

personal and lie at the core of one's being. In allowing for understanding and caring, therapists can help couples identify assets and strengths within the spiritual framework. The couples can then set the stage for a shared vision of their spiritual lives and determine new traditions and customs. The process of the spiritual lifemap also offers couples the opportunity to practice mutual respect, learn to tolerate their differences and to negotiate those differences.

These techniques, Caring Days, Sensate Focus and Spiritual Lifemaps can aid couples with building and deepening trust and intimacy in their relationship. The structure and content of these techniques is intended to help couples create a more positive cycle of giving and receiving; of demonstrating caring and loving actions towards each other; and understanding each other at a deeper level. When assigning these exercises, the therapist will want to be sure the technique supports the couple's goals and needs. For example, expecting a highly distressed and angry couple to do Sensate Focus too early in therapy may prove to be impossible for them and may set them up for frustration and more hostility. However, using the Caring Days with very small and simple actions may be a good starting point to lay a foundation for trust and intimacy to grow. As with any therapeutic technique, it is up to the therapist to determine the appropriate timing for using Caring Days, Sensate Focus or Spiritual Lifemaps with couples.

Exercises and techniques to increase intimacy with couples require the spouses to become selfless and giving. The ideas of creating a safe and open space in the relationship in order to develop a connection with oneself and with each other can be stressed by the therapist. Being vulnerable with each other and demonstrating caring, empathy, and trust help couples to create a more mature love and a sense of sacredness within their relationship.

### **Increasing Commitment**

In mature relationships, commitment is a knowing that each spouse is there for the other as an ally. A commitment also means the spouses have professed sexual fidelity and is built on trust and reliability. A commitment in marriage is not swayed by the emotional ups and downs of the relationship nor is it abandoned during times of difficulties or strife. In some immature types of love, couples may have a comfort with one another and automatically believe the commitment is present without developing the trust. It takes time to develop trust and confidence in the relationship and some couples rush to commitment without acknowledging the lack of trust or confidence. When therapists want to help couples increase their commitment to their relationship, it will be helpful to use methods or techniques that will promote honesty, trust, reliability and confidence. Trusting Practices and a Commitment Ritual are two methods to approach and reinforce commitment within the relationship.

**Trusting practices.** Trusting practices are actions that will build trust and confidence in the relationship (Winek & Craven, 2003) by building on the expectations of honesty and reliability. One such area needing trust and confidence for couples is finances. Finances are a part of life and “plays a significant role in the span of a relationship” (Shapiro, 2007, p. 281). It is common for couples coming into therapy to have trust issues over money management and to have established separate financial lives. Asking couples to combine their finances is an opportunity to practice honesty, openness and trust. The therapist can help by providing a structure and an opportunity for intervention and discussions around financial beliefs and patterns. Couples may need to set up regular financial discussion and may benefit from seeking out a financial advisor. Shapiro (2007) states “by identifying, understanding and negotiating



financial concerns throughout the relationship, couples build their autonomy, trust, commitment, and intimacy” (p. 287).

Another example of a trusting practice is communication and making phone calls during work or travel. The example provided was of a couple recovering from the husband’s infidelity and their need to reestablish trust. When the husband traveled for work, he and his wife discussed an appropriate system for communicating while he was traveling. Rather than looking at the check-in calls as a “checking in with the warden” (Winek & Craven, 2003, p. 263), the husband shifted his perception and viewed it as an opportunity to connect and to be involved with his wife and to keep her informed about his work and travel. This practice and the more affirmative view was a demonstration of rebuilding trust and commitment in the relationship.

Trusting practices such as joining finances or check-in calls provide couples opportunities where the expectation is for them to be more honest with each other and learn to rely on each other. The specific areas needing a reestablishment of trust will be different with each couple. Therapists and couples will want create trusting practices that will address those areas. The concepts of trust, honesty, and commitment can be easily viewed through a spiritual framework and be a part of the discussion. The therapist can direct the questions and conversation to these values and have the couple consider how their spiritual beliefs, practices or spiritual community can be a guidance and of support to them.

**Commitment ritual.** In the process of rebuilding their relationship, some couples may find it desirable to make a statement of commitment by renewing their marital vows. Winek and Craven (2003) suggest, at a midpoint in the therapy process, that couples create and enact a commitment ritual. Couples can be encouraged to write new vows rather than using the original vows to make it more meaningful. The commitment ritual can be discussed and created within

the therapy session. The discussion can begin with the understanding of commitment to marriage as being there for each other through the joyful times and the challenging times. Couples can recall their past examples of commitment in their relationship of trust, honesty, openness and reliability and share what it would be like to build upon those values. They can share what they think and how they feel about a commitment to their marriage and their long-view thoughts about their relationship. The therapist can encourage them to develop their thoughts, feelings and beliefs of their marriage being sacred, blessed and transcended.

The discussion can help the couple in writing their vows and set the tone for the commitment ritual. There are numerous imaginative ways couples can make this commitment ritual personally special and should take their time in creating the event. Winek and Craven (2003) share how one couple bought new rings to symbolize their vow renewal and how the act of purchasing the new rings was also a valuable demonstration of their commitment to one another. In order to help bring a sense of meaning to their relationship and a sense of support and interconnectedness with others, couples are advised to include witnesses, family, and a spiritual leader in their ritual. Nedumaruthumchalil (2009) contend that rituals shared with family and community create spiritual significance and connect them because “through the powerful experience of joint witnessing we are changed” (p. 36).

Commitment plays such an important role in marriages that stay together through difficult and challenging times. Exercises like trusting practices or commitment rituals can bring more awareness to couples as to their commitment with one another. Trusting practices such as combining and working on finances together helps to provide action steps of creating comfort, confidence and competency within the relationship. A commitment ritual can be a meaningful demonstration of marital commitment; and can be a way for a couple to get a sense of support

and belonging with family, friends and a spiritual community. Infusing spiritual beliefs and attitudes into these exercises will reinforce couples' sense that they are in this marriage together and together they can be there for each other. When trusting practices are demonstrated and commitment is renewed or reestablished, the couple can gain a sense of sacredness and transcendence within their relationship.

### **Summary of Therapeutic Methods and Techniques**

The therapeutic methods and techniques offered here are intended to help couples develop and deepen their love for one another and create healthier and more satisfying relationships. Spiritual views, attitudes and beliefs were integrated into these methods in order to support and enhance the couple in more meaningful ways. Sternberg's triangular theory of love which encompasses passion, intimacy and commitment, provided a framework for the suggested techniques. To help couples develop and practice more mature forms of love, the methods addressed passion, intimacy and commitment.

Setting the stage for reigniting or reestablishing passion within the relationship can be accomplished with using the methods of Initial Attraction and Courtship History and Dating Ritual. Having the couple recall and describe their story of initial attraction and courtship can help them remember more positive and pleasant aspects to their relationship. Enacting a dating ritual can help them create more meaningful and special time together that is separate from their roles as parents and workers. When engaging couples in these methods, a spiritual view can be encouraged by exploring the meaning and purpose to their relationship and the feeling of connectedness they have felt or do feel with one another.

Intimacy can be increased within the relationship with the methods of Caring Days, Sensate Focus, and Spiritual Lifemaps. Caring Days requires the couples to list those caring

actions that each would want from the other. These actions are to be small, simple and specific. These caring actions are to develop couples' ability to give and receive; and begins to build trust as the actions are enacted. Sensate Focus is a technique developed to assist couples with being more sensual with each other rather than sexual. This technique helps couples learn to give and receive; to communicate in gentle and effective ways; and to develop trust to allow for vulnerability. Spiritual Lifemaps is a way for couples to explore and share each other's spiritual history, beliefs and attitudes in order to bring them to a deeper understanding of one another which can help them create a shared vision for their spiritual lives. The three of these techniques help couples develop trust, empathy, understanding, gratitude and gentleness with each other. A spiritual view will support these values as well as help couples give meaning and purpose to their marriage and increase their sense of connectedness and interconnectedness with each other.

To increase commitment within a marriage, it's important to continue to build trust with honesty and reliability. The methods offered are Trusting Practices and Commitment Ritual. The Trusting Practices will be specific to each couple however the two ideas offered were about combining and improving the marital finances and having a spousal communication check-in process. Combining the finances and establishing joint financial processes and goals helps couples practice honesty and openness which builds trust and confidence. Setting up a process of communication during work or travel, the other example of a trusting practice, is a way for couples to stay connected and builds trust particularly when recovering from infidelity. The Commitment Ritual was offered as a ceremonial way for couples to publically make a commitment to their marriage. It was suggested that couples take time to create new vows and make special plans for renewing their vows. Family, friends and members of the spiritual community should be a part of the ritual to help bring about a feeling of belonging, significance

and connection to others. The spiritual perspective when increasing commitment can help a couple bring sacredness and transcendence to their relationship, enhance their belief that they are there for each other and deepen their sense of purpose and meaning.

### **Final Summary**

Spirituality was shown to be of value to couples within the therapeutic setting and of support within their relationship. Marital therapists who want to incorporate spirituality into therapy and therapeutic techniques are instructed to adhere to ethical guidelines and to be sure these align with the clients' needs, wants and goals. The theories of love offered by Maslow and Fromm describe mature and immature love; and Sternberg's model of love elaborates the idea of love with his eight types of love. Sternberg's ideal love or consummate love means that passion, intimacy and commitment are all present within the relationship. These three components were used to compile marital techniques that would develop and deepen couples' love and help them to establish healthy marriages. A spiritual view was incorporated into those techniques to help couples feel a sense of connectedness and interconnectedness within their relationship and with others. Applying a spiritual perspective also encourages couples to see their relationship in sacred and transcendent ways in order to support the deepening of a mature love within their marriage.

### **Conclusion and Recommendation**

In conclusion, the research demonstrated the viability of using spirituality with couples in the therapeutic process to help them deepen their love and create healthier and more quality marriages. This research study showed that spiritual values and views align with, support and enhance techniques that enable couples to increase passion, intimacy and commitment within their marriages. Spiritual beliefs and values infused into therapeutic techniques as in the

examples provided will offer couples a deeper level of motivation and guidance in making the changes they need to make.

Due to personal experience and the findings in the literature review, this author recommends that marriage therapists help couples explore, identify and expand their spiritual beliefs and values. Spiritual Lifemaps is an example of assisting couples to become aware of their beliefs and values to help them create their own shared set of spiritual values. Shared spiritual values such as having a belief in God or divine being, finding meaning and purpose to the relationship, having a sense of sacredness and transcendence, honesty, compassion, forgiveness and empathy can set the tone and vision for their marriage. Couples' spiritual beliefs, values and attitudes can be considered the life force, the glue or the motivation that keeps them engaged; helps them overcome their selfish and narcissistic tendencies; and provide them a path to vulnerability and trust which together opens them up to more mature and deeper love.

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**Appendix A****Sternberg's Triangular Theory of Love Scales**

By John M. Grohol, Psy. D.

(<http://psychcentral.com/lib/sternbergs-triangular-theory-of-love-scales/000793>)

**Intimacy**

1. I am actively supportive of \_\_\_\_\_'s well-being.
2. I have a warm relationship with \_\_\_\_\_.
3. I am able to count on \_\_\_\_\_ in times of need.
4. \_\_\_\_\_ is able to count on me in times of need.
5. I am willing to share myself and my possessions with \_\_\_\_\_.
6. I receive considerable emotional support from \_\_\_\_\_.
7. I give considerable emotional support to \_\_\_\_\_.
8. I communicate well with \_\_\_\_\_.
9. I value \_\_\_\_\_ greatly in my life.
10. I feel close to \_\_\_\_\_.
11. I have a comfortable relationship with \_\_\_\_\_.
12. I feel that I really understand \_\_\_\_\_.
13. I feel that \_\_\_\_\_ really understands me.
14. I feel that I can really trust \_\_\_\_\_.
15. I share deeply personal information about myself with \_\_\_\_\_.

**Passion**

16. Just seeing \_\_\_\_\_ excites me.
17. I find myself thinking about \_\_\_\_\_ frequently during the day.
18. My relationship with \_\_\_\_\_ is very romantic.
19. I find \_\_\_\_\_ to be very personally attractive.

20. I idealize \_\_\_\_\_.
21. I cannot imagine another person making me as happy as \_\_\_\_\_ does.
22. I would rather be with \_\_\_\_\_ than with anyone else.
23. There is nothing more important to me than my relationship with \_\_\_\_\_.
24. I especially like physical contact with \_\_\_\_\_.
25. There is something almost "magical" about my relationship with \_\_\_\_\_.
26. I adore \_\_\_\_\_.
27. I cannot imagine life without \_\_\_\_\_.
28. My relationship with \_\_\_\_\_ is passionate.
29. When I see romantic movies or read romantic books I think of \_\_\_\_\_.
30. I fantasize about \_\_\_\_\_.

### **Commitment**

31. I know that I care about \_\_\_\_\_.
32. I am committed to maintaining my relationship with \_\_\_\_\_.
33. Because of my commitment to \_\_\_\_\_, I would not let other people come between us.
34. I have confidence in the stability of my relationship with \_\_\_\_\_.
35. I could not let anything get in the way of my commitment to \_\_\_\_\_.
36. I expect my love for \_\_\_\_\_ to last for the rest of my life.
37. I will always have a strong responsibility for \_\_\_\_\_.
38. I view my commitment to \_\_\_\_\_ as a solid one.
39. I cannot imagine ending my relationship with \_\_\_\_\_.
40. I am certain of my love for \_\_\_\_\_.
41. I view my relationship with \_\_\_\_\_ as permanent.
42. I view my relationship with \_\_\_\_\_ as a good decision.
43. I feel a sense of responsibility toward \_\_\_\_\_.

44. I plan to continue in my relationship with \_\_\_\_\_.

45. Even when \_\_\_\_\_ is hard to deal with, I remain committed to our relationship.

Answers are scored on a 9-point Likert scale from "Not at all," to "Moderately," to "Extremely."

Reference: Sternberg, R.J. (1990). A triangular love scale.

**Intimacy Score**

**Passion Score**

**Commitment Score**

**Scoring**

Psychologist Robert Sternberg sees love as being composed of three components: intimacy, passion, and commitment. The first 15 items in the scale reflect intimacy, the second 15 measure passion, and the final 15 reflect commitment. Compare your scores closest to your three totals in the appropriate column below to determine the degree to which you experience each of these three components of love.

<b>Intimacy</b> (Items 1-15)	<b>Passion</b> (Items 16-30)	<b>Commitment</b> (Items 31-45)	
93	73	85	Significantly below average
102	85	96	Somewhat below average
111	98	108	Average
120	110	120	Somewhat above average
129	123	131	Significantly above average

According to Sternberg, high scores in all three components would indicate consummate love. However, uneven or low scores do not necessarily mean that a relationship is not strong: All relationships have ups and downs, and the nature of a relationship may change over time.