An exploration of couple relationships formed by chronic schizophrenic individuals.

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AN EXPLORATION OF COUPLES RELATIONSHIPS FORMED BY
CHRONIC SCHIZOPHRENIC INDIVIDUALS

A Thesis Presented
By
MARY LOUISE HAAKE

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AN EXPLORATION OF COUPLES RELATIONSHIPS FORMED BY
CHRONIC SCHIZOPHRENIC INDIVIDUALS

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CHAPTER I
INTRODUCTION

Deinstitutionalization of mental health services for the severely emotionally disturbed has radically altered the lives of many chronic schizophrenics who might otherwise have persisted in careers as mental patients. The shift towards maintaining these individuals in the community has enabled some of them to carry on more normal and gratifying lives. Within the context of deinstitutionalization, an increasing awareness of the rights of chronic schizophrenics to develop sexual relationships has also been important. One impact of this development has been that in recent years more men and women who have been diagnosed chronic schizophrenic have had opportunities to interact socially in halfway houses and other treatment settings. In some cases, committed heterosexual couples relationships, including marriages, have resulted. Despite the increased occurrence of chronic schizophrenic couples, their relationships have yet to be systematically studied. The purpose of this thesis is to provide such an investigation.

The theoretical and clinical interest of this study is substantial. It has long been thought that chronic schizophrenia involves a basic retreat from interpersonal relationships—a premise which appears to be challenged by the phenomenon of chronic schizophrenic couples. Accordingly, a better understanding of how these relationships function may shed light on the nature of chronic schizophrenia itself, at least with regard to the relational potential of these individuals. From a
clinical perspective, it seems clear that useful intervention strategies with these couples will require a better understanding of their relational dynamics. An appreciation of both the adaptive and problematic aspects of these relationships would be crucial in treatment efforts ranging from case management to individual and/or couples psychotherapy.

This study provides an exploration of theoretical and clinical aspects of chronic schizophrenic couples through a qualitative, open-ended study of three such relationships. Data on these couples were obtained in a series of nine weekly group meetings in which various features of their lives together were discussed. Primarily on the basis of these observations, an attempt is made to describe these couples in terms of the significant dynamics in their relationships. This analysis is then used to address the theoretical and clinical issues which are raised by chronic schizophrenic couples. Finally, a critical evaluation of the method employed will be provided as well as suggestions for future research.
CHAPTER II
EXPECTATIONS FOR CHRONIC SCHIZOPHRENIC COUPLES

It is generally accepted that persons who are diagnosed chronic schizophrenic experience a level of psychological disturbance which greatly interferes with their achievement of productive employment and successful interpersonal relationships. These individuals tend to lead lives marked by recurring hospitalizations for psychotic episodes which even highly skilled mental health professionals find nearly impossible to prevent. Their lives outside of hospitals often reflect a precarious adjustment allowing for the management of only the most simple activities. How, then, might we expect two such individuals to function in a couples relationship— that intimate encounter which can confound the most psychologically successful among us?

Probably the most likely expectation for these couples is that they would not exist at all. Chronic schizophrenia is widely understood as a psychopathological process representing an autistic retreat from an anxiety provoking relational world, a view which may be traced to the works of such pivotal figures in the field as Harry Stack Sullivan (1954, 1962), Frieda Fromm-Reichmann (1939, 1946, 1948), Silvano Arieti (1955) and Harold Searles (1965). The schizophrenic's autistic stance is described by Arieti (1955) as follows:

It is often said that the schizophrenic lives in a shell, that an autistic barrier separates him from others. He reduces communication to the minimum; if he is addressed, he resents even simple questions as intrusions into his own privacy. The
patient lives a kind of private life which nobody, not even his roommate, his closest relative, or his best friend can touch (pp. 274-275).

Given this understanding of the chronic schizophrenic's autistic inclinations, it might be anticipated that even when in remission, a patient would have difficulty negotiating intimacy in a marital relationship. Along these lines, Fromm-Reichmann (1946) reports a case where the mental health criteria for a successfully treated chronic schizophrenic woman did not include a satisfactory marital adjustment. She attributes this to her patient's "great legitimate need for privacy, and at times aloneness" (p. 307), thus identifying certain autistic tendencies which were attenuated, but not entirely removed by the psychotherapeutic process. According to these formulations of chronic schizophrenia, the formation of a sustained, intimate, heterosexual relationship between two chronic schizophrenics would be seen as unlikely and any such couples would be considered anomalous.

Although many clinical practitioners and researchers would probably be surprised by the occurrence of chronic schizophrenic couples, one can speculate about possible expectations for these couples on the basis of several relevant sources. For the most part, these are drawn from the literature on psychotherapy with chronic schizophrenics, but also include one paper which actually deals with schizophrenic partners. In these papers, an assumption is made that individual psychopathology is expressed relationally and the direct implication for chronic schizophrenic couples is that their relationships must be pathological. Just how this pathology might be expected to manifest itself will be explored
A paper by Bychowski (1956) provides one of the few, possibly the only, discussions of schizophrenics in couples relationships. A psychoanalytic theorist, he argues that such relationships represent attempts by both partners to fulfill primitive and, not infrequently, contradictory unconscious wishes. He further reasons that because these individuals have difficulties with reality testing, they may act on their wishes by choosing a schizophrenic partner. This partner would be considered inadequate in the sense of meeting financial and/or sexual needs, while satisfactory at a primitive, unconscious level. For example, he describes a schizophrenic marriage in which the husband had no history nor prospects of employment. Bychowski suggests that the husband's primary aim in this union was simply to be cared for, which he was, while the wife's motivations were more complex and mostly unconscious. They included her satisfaction with her husband's sexual inhibitions, her wish to help and also to dominate him and finally her identification of him as a father figure. Bychowski suggests that because her unconscious wishes could be satisfied in this relationship and because these wishes interfered with her reality testing, this woman chose a partner who was clearly unable to provide for her concrete needs such as financial support. An alternative marital pattern to the reciprocal gratification of unconscious wishes is also described by Bychowski in which a "mutual adaptation" occurs and one partner takes over the other's psychopathology via identification. This, he writes, should be considered a special form of folie à deux.
Bychowski's discussion of schizophrenic partners is partly limited in its relevance to the study of chronic schizophrenic couples by the fact that most of the marriages he observed occurred between individuals whose psychotic symptomatology was quite subdued. The husband and wife described above, for instance, had no history of actual psychotic episodes; it was their marginal life style and the results of psychological tests which suggested that they be considered schizophrenic. However, Bychowski's primary argument that schizophrenic relationships result from efforts to satisfy primitive unconscious wishes at the expense of reality considerations suggests an expectation that the same would hold true for chronic schizophrenic couples. His view that an adaptation might occur along the lines of folie à deux provides an alternate expectation for chronic schizophrenic couples. This idea will be discussed further in another context. A final somewhat more general expectation which may be derived from Bychowski's paper is that relationships between schizophrenics are highly maladaptive. He writes that to an "unbiased observer" they "may appear devoid of any meaning, fraught with frustration and even rather horrible in some ways" (1956, p. 135). In this statement, Bychowski expresses his belief that these relationships are basically destructive and an expectation that chronic schizophrenic couples would follow a similar course may be implied.

As noted above, further expectations for chronic schizophrenic couples may be developed from the literature on psychotherapy with chronic schizophrenics. It should be noted, however, that this process is a highly speculative one. After all, a therapeutic relationship is
very different from a couples relationship. Furthermore, in the literature on psychotherapy with chronic schizophrenics, the psychological maturity of the therapist is assumed and this doubtless exerts a significant influence on the kind of relationship which the patient develops with him/her. These limitations on the relevance of this body of literature for the current study should be kept in mind in the following discussion.

According to certain theorists (Searles, 1965; Stierlin, 1959), when the chronic schizophrenic surmounts his/her autistic inclinations and engages in the therapeutic relationship, fusion is likely to result. This has been related to the chronic schizophrenic's presumed developmental experiences of pathological symbiosis with a parent, most often with his/her mother. The inability of the parent to tolerate separateness on the part of his/her child has been believed to subvert the child's development of appropriate ego boundaries. Autism may be seen, in part, as a defensive response to the anxiety provoked by lack of ego boundaries. When the chronic schizophrenic shifts from this stance to one of involvement with the therapist, his/her lack of ego boundaries tends to result in the development of a fused therapeutic relationship. The aim of the therapist is to facilitate a more satisfactory resolution of the symbiosis via the encouragement of an individuation process. Because fusion has been proposed as a characteristic of chronic schizophrenics in relationships, it may be that chronic schizophrenic couples would be expected to be highly fused. The following discussion will focus on the concept of fusion with the goal of developing an
appreciation of the implied expectations for chronic schizophrenic couples.

One hindrance to discussing fusion is that it is hardly a unified concept. Recently it has gained prominence in both psychoanalytic and family systems theories and authors representing these two perspectives define fusion somewhat differently. Because of this, Karpel's (1976) suggested integration of perspectives on fusion is of special help and will be reviewed in some detail below.

In his attempt to integrate psychoanalytic and family systems perspectives on relationships, Karpel outlines four basic relationship modes. Of interest here is his discussion of one of these modes, "pure fusion." He defines this as a high degree of mutual identification between two partners in which the boundary between self and other is foregotten in favor of an experience of oneness in the relationship. Karpel further highlights the gratifications available in this kind of relationship as well as the sacrifices. The positive quality of the relationship is explained in terms of the feeling of total involvement with the other. The anxieties of separate and possibly lonely existences are laid down in favor of mutual absorption. Negative aspects of pure fusion are identified in the sacrifice of growth and change.

He writes:

Because partners see each other as essential for their very survival and because the boundary between self and other is so indistinct, object-loss, that is, the loss of the other, is tantamount to ego-loss and is, in fact, experienced in just this way. Because the only mode of relatedness possible at this level is identification and because security is seen as lying in this fusion of identities, any indications of
difference, growth, or change are perceived as threatening, not only to the relationship, but, as suggested above, to the person's survival (1976, p. 72).

Both positive and negative features are attributed by Karpel to the relationship mode, "pure fusion." In order to understand the implications of these aspects of fusion for chronic schizophrenic couples, potential difficulties and benefits associated with fusion will be elaborated below.

Although not discussed explicitly in terms of fusion, folie à deux may be seen as representing just such a relationship. Gralnick (1942) reviews numerous authors on this topic concluding that folie à deux may be defined as "the close association of two or more persons and the transfer of delusional ideas from one to the other by some means yet to be explained" (p. 232). He describes a process wherein the dominant partner in a dyadic relationship becomes psychotic and gradually through identification the submissive partner accepts his/her delusions. In other terms, the lack of an appropriate boundary between the two individuals contributes to the flow of delusional ideation from one to the other. This may be noted as a negative feature of fusion with special significance for chronic schizophrenic couples. It might be expected that delusional ideation in one partner would be more readily adopted by the other given his/her vulnerability to psychotic process. The relationship might be expected to stabilize around shared distortions of reality and to lead to a psychotic isolation from the outside world.

More general psychological difficulties have been noted by several theorists in association with high degrees of fusion. Boszormenyi-Nagy
(1965) uses the term, "merger," to identify high levels of fusion in relationships and for him it seems to be the absence of self experience which is problematic. He writes:

It is as if the parasitically dependent or symbiotic person were exempted from the necessity of being a person. Persons attached to each other in this engulfing manner appear to share each other's feelings and motivations, instead of mutually recognizing their disparate traits (p. 49).

In a paper describing the role of pathological symbiosis in the etiology of schizophrenia, Stierlin (1959) identifies the absence of change as a significant and negative aspect of pathological symbiotic relationships. He describes such relationships in terms of a "mutual enslavement" which leaves "no room for developmental change" (p. 143). Although Stierlin emphasizes that symbiosis may have beneficial effects in certain relationships, e.g., the mother-infant dyad, he asserts that a relationship between adults which prohibits the growth of the individuals involved would be necessarily damaging. Bowen (1971) argues that couples are formed by individuals with roughly equal levels of differentiation of self. Low levels of self differentiation are associated with vulnerability to stress and a tendency to develop chronic emotional problems in addition to a propensity to fuse in relationships. Couples who operate in a highly fused way are understood by Bowen as sacrificing their productive capabilities: "So much life energy goes into seeking love or approval or in attacking the other for not providing it that there is no energy for developing a self or for goal directed activity" (p. 395). To sum up, it appears that Nagy, Stierlin and Bowen see fusion as a debilitating relationship mode because,
according to them, it annihilates self experience, prohibits growth and reduces productivity.

Significantly, positive aspects of fusion between adults have been discussed with regard to therapeutic relationships with chronic schizophrenic individuals. Freeman, Cameron and McGhie (1958) did a pioneering study of chronic schizophrenia in a Scottish state mental hospital and came to some interesting conclusions about the impact of therapeutic relationships on these patients. They conclude that the chronic schizophrenic suffers from a disturbance of ego boundaries which results in a confusion of identity. In their study, they found that when hospital circumstance allowed for genuine, warm contact between the nurses and the patients, a fused type relationship emerged which the authors refer to as "primary identification." This kind of fused relationship was beneficial for highly regressed patients in that they began to pursue simple, but new activities, e.g., sweeping and knitting. First, they would copy the nurses and later they would pursue the activity if a nurse were present. It is Searles (1965), however, who has clearly provided the most eloquent discussion of the positive aspects of high degrees of fusion in psychotherapy with chronic schizophrenic individuals. He refers to the "deep contentment," "the felt communion that needs no words" (p. 339) that develops in a psychotherapeutic stage which he calls the "preambivalent symbiosis." Further, he suggests that during this highly fused therapeutic stage, both therapist and patient are thoroughly gratified by their shared intense experience of closeness. Thus, both Freeman, et al. and Searles suggest that fusion in a
therapeutic relationship is necessary for the alleviation of psychotic symptomatology in chronic schizophrenic individuals. It is important to note that fusion is seen positively here, not as an end in itself, but only as a means of facilitating further progress towards differentiation in the patient and the development of greater psychological health.

Positive and negative aspects of fusion have been outlined above in order to help clarify expectations for chronic schizophrenic couples. An additional issue of significance for appreciating such expectations relates to the role of difference in fused relationships. On the one hand, certain theorists imply that the participants in a fused relationship experience few if any differences, one from the other. In Karpel's discussion of "pure fusion," he suggests that "any indications of difference, growth, or change are perceived as threatening" (1976, p. 72). Nagy (1965) writes also of the absence of difference in the fused relationship: "Intersubjective merger or fusion is a nondialectical mode which lacks the polarity of subject-object demarcation in its transactions" (p. 49). These authors support a view of fusion that would be manifested in the tendency of one partner to behave, think and feel as if s/he were the other partner. A question addressed to one might be answered by the other; if one desired ice cream, so would the other. Within this frame, any difference between the two partners would evoke joint responses for their elimination and by extension, the dyad would come more and more to approximate psychological identity.

In contrast to this view are discussions of fusion which emphasize the important function of differences in the fused dyad insofar as a
mother-infant type relationship is approached. Searles (1965) highlights this position in the following description of the "preambivalent symbiosis" in psychotherapy with chronic schizophrenic individuals:

The therapist now comes more and more unconflictedly to accept both the feelings of a Good Mother who has a godlike importance to the little infant in the patient as well as his own equally infantile-dependent feelings toward the patient as a similar Good Mother; the therapeutic relatedness, having progressed to the preambivalent mother-infant symbiosis, oscillates between the therapist's now being in one position, now in the other towards the patient (p. 537).

Here Searles expresses his understanding of fusion as a kind of replication of a mother-infant mode of relating. Difference, as seen in one partner's maternal stance and the other's infantile dependence, far from being antithetical to the state of fusion, is seen as a vital aspect of this relationship mode. From this perspective, one might expect a fused relationship to contain certain mothering behaviors, possibly in a fixed pattern or as in Searles' description above in an alternating fashion.

The preceeding discussion of fusion suggests several expectations for chronic schizophrenic couples. First, of course, is the expectation that these couples would be highly fused. In the therapeutic relationship with the chronic schizophrenic, it is the patient's tenuous ego boundaries which are believed to contribute to its fusion. In a couples relationship where both partners have weak ego boundaries, it might be expected not only that fusion would develop, but possibly that it would be especially profound. Given a state of fusion in chronic schizophrenic couples, positive and negative effects would be anticipated. On the negative side, the relationship would be expected
basically to reduce the possibility of the individual partners' movement toward greater psychological health. *Folie à deux* would represent such a handicap. In addition, fulfilling self experiences, growth and productivity would all be expected to be discouraged in such a relationship. However, possible benefits would be expected insofar as the relationship might mitigate against tendencies toward autism, disorganization and floridly psychotic symptoms. Further benefit might also be provided by gratifications to be found in close relationships such as understanding, warmth and the avoidance of loneliness. A question remains as to how the couple would be expected to deal with difference in their relationship. Some authors' discussions of fusion suggest an expectation that chronic schizophrenic couples might actively avoid the presence of any differences in their relationship and present themselves more or less as psychological twins. Other discussions of fusion suggest that differences would be expected to play a vital role in a chronic schizophrenic couples relationship insofar as a mother-infant type configuration might be replicated.

In reviewing the expectations for chronic schizophrenic couples which have been discussed in this section, a focal issue may be identified in the question of whether these relationships might serve some adaptive functions. It was seen that autistic avoidance of interpersonal contact has most often been understood to characterize the chronic schizophrenic. In light of this, a couples relationship represents an alternative which may well be preferred, but at what cost? Bychowski emphasizes the pathological elements of relationships between
schizophrenics in terms of the unconscious, primitive motivations involved. He seems unaware of any potentially adaptive aspects of these relationships. The expectation that chronic schizophrenic couples would be fused also contains within it an assumption of relational pathology. In this context, the spectre of *folie à deux* may be conjured which suggests the possibility that a chronic schizophrenic couples relationship might exacerbate individual psychotic tendencies via the transfer of delusional ideation. Further, fusion has been thought to be associated with psychological problems such as an absence of self experience, lack of growth and a failure of productivity. These all may represent the price the chronic schizophrenic couple might pay for such benefits as the reduction of regressive trends and the enjoyment of intimate interpersonal involvement. A less central, but still significant issue relates to the question of whether fusion in a chronic schizophrenic couples relationship would be characterized by interactions in which differences played a central role or were avoided at all costs. These three topics—the adaptive significance of the couples relationship, the operation of fusion and the function of differences—will be addressed in the data analysis and further explored in the discussion section.
CHAPTER III

METHOD

A qualitative, open-ended method was chosen for this study in which three chronic schizophrenic couples attended group meetings where various aspects of their relationships were discussed. Since there were no specific hypotheses to be tested, the group leaders attempted to gain basic information on how the couples managed their lives. The meeting format also provided for the discussion of special issues of concern for the couples. Transcripts of the sessions served as the primary source of data in this study; the analysis was aimed at the identification of several significant dynamics in these couples' relationships via study of both content and process variables. With regard to this method, three basic areas require review: (1) the rationale for the choice of this particular method; (2) the procedures of the data collection; and (3) the process of the data analysis. Each of these topics will be discussed below.

Rationale for a Qualitative, Open-Ended Method

The choice of a qualitative open-ended method for use in this study was made on the basis of several considerations. Possibly foremost is the fact that this is the first known study of chronic schizophrenic couples. Accordingly, an important implicit goal of the investigation is descriptive. A need exists to have a better understanding of how a chronic schizophrenic couple might function, before any more specific
hypotheses are posed. A qualitative open-ended study of a few couples allows for the emergence of data that facilitates such descriptions in a way that a more narrowly defined, quantitative approach could not.

Despite the lack of specific hypotheses in this study, the three issues outlined in the theoretical section above do provide useful foci for this investigation. These issues relate to the possible adaptive significance of the couples' relationships for the individual partners, the potential operation of fusion in these relationships and within the context of fusion, the function of differences. They are tentative in that they are based on extrapolations from a number of relevant sources. They are also global insofar as they are aimed at broad relational concerns. Because of their tentative and global nature, it was determined that these questions would be best addressed within the context of a qualitative open-ended study of a few couples. This approach would allow for the emergence of unanticipated material as well as for the analysis of the total relationship rather than any single dynamic. Disadvantages associated with this approach will be discussed within a general critique of the method to be presented in the conclusion.

Data Collection

The original impetus for this study came from Ms. Amalia Johnson, M.S.W., A.C.S.W., who was the clinical supervisor of a community mental health center located in an industrial New England city. This agency is primarily engaged in providing therapeutic services for emotionally disturbed adults with some history or risk of psychiatric hospitalization.
In the course of her work there, Ms. Johnson came into contact with a number of chronic schizophrenic couples and became interested in pursuing a systematic investigation of their relationships. On the basis of this, she contacted Dr. Harold Jarmon of the Psychology Department of the University of Massachusetts to ascertain his interest in participating in such a research project. He, in turn, invited the present author to meet with him and Ms. Johnson to discuss the idea and subsequently an agreement was reached to launch this study. In addition, it was agreed that this master's thesis would serve as the main vehicle for the organization and presentation of this investigation.

Following discussion among the investigators, a decision was made to pursue a qualitative, open-ended study of three to four couples in the context of a series of nine weekly, hour-long research group meetings. The group format was chosen for several reasons. First, it was anticipated that chronic schizophrenic couples would experience prohibitive levels of anxiety in individual couple interviews. It was thought that this anxiety would be ameliorated in the group meetings. Second, potential therapeutic effects of research participation for the couples were deemed more likely to occur in a supportive group situation where couples would have the opportunity to share and compare their experience than in individual couple interviews. Finally, it was thought that valuable data on inter-couple interactions could be gained in a group context that would be missing in individual couple interviews. A series of nine group meetings was decided upon because it was thought that this amount of time would allow for an adequate review of these couples'
lives and also that the interval spanned by the group meetings would generate a sense of the process of these couples' interactions over a limited, but still significant period of time.

In addition to data gathered directly from the subject couples in the group meetings, it was decided that the individuals' case files at the sponsoring agency would be reviewed for pertinent social and psychiatric history information.

Potential subject couples were identified by Ms. Johnson from the clientele of the sponsoring agency on the basis of a significant history of psychiatric hospitalizations in both partners. A list of approximately ten couples was developed by Ms. Johnson and eight were queried as to possible interest in participating in a research couples group for the purpose of finding out more about couples like themselves. Some of these queries were made by Ms. Johnson, herself, while others were conveyed by the counselors of the prospective research participants.

If a couple expressed interest in the study, arrangements were made for a screening interview involving the couple and the investigators in order to provide the couple with further information about the group and to decide whether the couple should participate. This decision was based on the clinical judgment of the investigators as to whether one or both of the couple members would be adversely affected by their participation in the research. Specifically, an evaluation of the risk of decompensation was made both on the basis of Ms. Johnson's experience with the couple and their presentation in the screening interview. In addition, the purpose of the research project was explained to the couple.
They were told that the investigators were interested in how couples got along when both partners had spent some time in a psychiatric hospital. Further, the format of the group meetings was explained and the confidential nature of the data assured. Eight couples were asked about their interest in the research. Two of these rejected the idea completely. Three other couples agreed to come for a screening interview, but never showed up. Three couples actually came for screening interviews. They all were found to be appropriate for the project and they all agreed to participate in the research. During their screening interviews informed consent forms for taping and transcribing the group meetings and reviewing their files were reviewed and signed.

The nine group meetings were held in the fall of 1978 and were facilitated by Ms. Johnson and Dr. Jarmon. The present author observed these sessions except during the eighth meeting when, owing to Dr. Jarmon's absence, she took on a leadership role. The format for the group meetings was flexible in that discussion was focused on, but not limited to, topics raised by the group leaders. At times current events in the couples' lives became lively and revealing areas for group discussion. The areas which were raised by the leaders included: (1) history of the relationship; (2) current living situations; (3) management of household responsibilities; (4) budgeting; (5) extended family relationships; (6) social activities; (7) sex; and (8) the communication of feelings.
Data Analysis

Transcripts of the group meetings served as the study's primary data source. In addition, a review of the group participants' case files at the sponsoring agency provided information on the subjects' personal and treatment histories. Further data were available from the screening interviews, but this material was not used because ample information was supplied by the two previously mentioned sources.

The main thrust of the data analysis lies in the exploration of the three issues outlined in the theoretical section: what is the adaptive significance of the chronic schizophrenic couples relationship? how might fusion operate in these relationships? and given the existence of fused interactions, how might differences be managed? These three questions are all addressed to complex and abstract features of the subject couples' relationships. In order to specify more clearly how these issues are understood and explored in the data analysis, further elaboration of these themes will be provided.

Fusion. It has already been noted that fusion is a concept which has been utilized in such disparate theoretical approaches as psychoanalysis and family systems theory. In part because of this, a unified definition of fusion has not yet been formulated. Although the development of a theoretically sound and integrated definition of fusion is not an objective of the present study, an analysis of fusion in the subject couples' relationships certainly should be informed by a reasonably coherent understanding of this dynamic. For the purposes of clarity, then,
four basic criteria will be outlined which will be used in evaluating fusion in the subject couples' relationships. These criteria are not meant to be seen as independent aspects of fusion, but rather as salient and related features of the same process.

First of all, fusion is understood here to be characterized by the lack of a clear boundary between two persons. This may be manifested in any number of behaviors which indicate that the partners do not experience themselves as separate people. For example, one partner may answer questions addressed to the other or respond to his/her own hunger by getting something to eat for the other. A second criterion of fusion to be used here is that the individual partners be extremely dependent on each other, i.e., the loss of the partner represents an essential threat to the survival of the self. In a relationship where such a level of dependence exists, any change in a partner, whether it be an actual physical move away or a psychological transformation rendering the person unwilling to respond to the partner in an accustomed manner, will be responded to by the other with enormous anxiety. For example, a partner who had refrained from disagreeing with his/her partner might change this stance following a significant job promotion leading to increased self-confidence. In a fused relationship, this would prompt anxiety in his/her partner and an attempt to return the relationship to the status quo.

The third criterion to be used for fusion is one which is discussed by Strauss and Karpel (1977). They suggest that in fused relationships, "members are so closely connected that any move by one triggers strong
and immediate reactions from another" (p. 13). This may be manifested either in a hostile, argumentative style of relationship or in an especially solicitous one. For example, in a fused relationship characterized by a high degree of hostilities, insignificant actions such as a pot of poorly made coffee or a failure to mow the lawn could result in major explosions. Where solicitation characterizes the fused relationship, minor problems are likely to result in excessive concern. A cold, for example, might become the focus of considerable anxiety and caretaking efforts. They key factor here is an overreactiveness between the partners.

The final aspect of fusion to be considered here relates to the rigidity of the couples' interactions. Spontaneity is a threat to the fused relationship as it prompts anxiety over the separateness of the partners. For example, a fused couple may ritualize such everyday events as cooking and eating the evening meal. Any sudden suggestions to depart from this ritual would be avoided since they would be signs of separateness.

To summarize, the four key elements of fusion that will be considered in the analysis of the subject couples' relationships are: (1) the lack of a clear boundary; (2) an extreme dependence making any genuine change impossible; (3) overreactiveness; and (4) rigidity. Again, it should be noted that these dimensions are not independent, but actually closely interrelated. Perhaps they are best considered as the various qualities of the same basic process. A further point should also be clarified regarding the distinctions between normal and fused
couples. Here the crucial point is the assessment of the entire relationship context. While normal partners may at times manifest interactions that seem fused in terms of the closeness achieved, they are capable of stepping back and pursuing independent actions. The fused couple, however, does not have this flexibility. The evaluation of fusion thus requires a sense of the entire relationship and the range of behaviors which are acceptable to the couple.

**Difference.** As discussed in the theoretical section, a lack of agreement exists with regard to whether or not fusion is likely to be manifested in a relationship where differences are avoided or where they provide a necessary framework of the relationship. A useful presentation of this relational dimension is provided by Watzlawick, Beavin and Jackson (1967) in their discussion of symmetry and complementarity. They conclude as follows: "Symmetrical interaction then, is characterized by equality and the minimization of difference, while complementary interaction is based on the maximization of difference" (pp. 68-69).

As defined here, symmetry and complementarity are characteristics of a specific relationship interchange. Presumably, a couple may engage in a complementary fashion in one sphere and in a symmetrical fashion in another. However, it seems likely that some general symmetrical or complementary pattern would emerge for the couple when seen in perspective. This generalized tendency may become manifest in the form of a relationship role, a concept defined by Strauss and Karpel (1977) as follows: "Roles organize who we feel we are and how we act, and who others feel
we are and how they act towards us" (p. 14). In an effort to arrive at an evaluation of the place of difference in the subject couples' relationships, an assessment is made of their general tendency towards symmetrical or complementary interaction within the context of particular relationship roles. The observation of symmetrical roles will provide the basis for concluding that differences are important in these relationships. An example of symmetrical roles would be found in a relationship where the partners acted as fellow teammates thus emphasizing an experience of sameness. Complementary roles would be seen in a relationship where one partner invariably acted as a parent and the other acted as a child. Because the assessment of roles in the couples' relationships is the vehicle through which differences will be explored in the data analysis, subsequent discussion will focus explicitly on roles and implicitly on differences.

Adaptation. The issue of the potential adaptive significance of the subject couples' relationships is also one which requires clarification. For the purposes of this thesis, the subject couples' relationships will be considered adaptive to the extent that overt psychopathology, e.g., delusions and hallucinations, are avoided and life-management functioning is improved. One basic measure of psychology is the avoidance of psychiatric hospitalizations. In addition, the presence of less extreme symptomatology will be assessed. With regard to life-management functioning, the adequacy of the couples' abilities to maintain households will be evaluated. The degree to which they can manage to function independently of institutional supports will also be determined. In addition, the extent to which the relationships facilitate
the psychological growth of the individuals will be taken as an indica-
tion of adaptive benefit. Finally, some assessment will be made of the
nebulous, but important issue of the quality of life that these couples
experience. The question to be answered is whether the relationships
contribute to the partners' experience of happiness and well-being.

Organization. The themes of fusion, roles and adaptation will be ex-
plored in the context of three broad relational topics: (1) positive
feelings; (2) caretaking; and (3) the management of conflict and the
response to positive change. These topics were chosen because of their
salience in the subject couples' lives and because of their usefulness
in evaluating the themes of fusion, roles and adaptation. With regard
to the latter point, these three areas were found to contain a variety
of significant couple interactions. On the basis of these interactions,
it was possible to develop a full appreciation of fusion, roles and
adaptation in the couples' relationships. These three relational
topics and the subtopics contained within them will be outlined briefly
below. They will be elaborated more completely as they appear in the
data analysis.

In general the couples presented themselves as very loving and
warm. Their interactions along these lines will be discussed in the
section on positive feelings. Three particular areas will be reviewed,
the couples' recollections of their courtships, their current means of
expressing affection and their attempts to articulate the positive na-
ture of the relationship. In addition to being affectionate, the
couples reported and manifested many interactions in the nature of caretaking. In this context, three particular areas stood out--caretaking in the context of basic housekeeping functions, caretaking at times of physical illness and caretaking at times of emotional disturbance. The third basic relational area to be discussed involves the two topics of the management of conflict and the response to positive change. Interactions around these concerns tended to be of a somewhat more negative quality and they were revealing in important ways of underlying dynamics. Again, these topics will be discussed in more detail as they arise in the data analysis.

Regarding the organization of the data analysis, for each subtopic, relevant data from all three couples' relationships will be reviewed following which discussion of the themes of fusion, roles and adaptive significance will be provided. A broad assessment of these issues will be offered in the discussion section. In order to provide an introduction to the three subject couples, the data section will begin with brief descriptions of the individual partners and their relationships.

The presentation and discussion of the data by subtopic allows for a close analysis of the specifics of the subject couples' relationships. One hazard of this approach is that any particular incident extracted from the context of a couples' relationship may hold little significance in itself. Being especially affectionate, for example, does not necessarily indicate that a couple is pathologically fused. However, a high degree of affection in a context of extreme difficulty with angry feelings may be more convincing evidence of pathological fusion. In the
following analysis, support for the various couple dynamics under investigation will be developed in a cumulative fashion. The synthesis and evaluation of these observations will be provided in the final discussion section when the total relational context may be taken into account.

Before proceeding to the data, it should be noted that a careful effort has been made to assure the confidentiality of the subjects' identities through the use of pseudonyms and the disguise of other identifying information. Because of this, the sponsoring agency has not been identified and the nearby halfway house which figured significantly in some of the subjects' experiences is referred to by a pseudonym, Baxter House.
CHAPTER IV
DATA

Subjects

The research participants were six individuals with several characteristics in common. All had significant histories of hospitalizations for psychotic episodes and all demonstrated continuing life-management difficulties. None of the subjects was capable of maintaining competitive employment at the time of the group meetings and they all relied on government assistance for financial support. In addition, all of the research participants received some form of anti-psychotic medications through the sponsoring agency and either continuing or ad hoc counseling there. Within these common defining characteristics, there was considerable variation. The following individual and couple descriptions are meant to provide an introduction to the subjects and their relationships.

Mr. William Talbot. Mr. Talbot was a white man, aged thirty at the time of the group meetings. He was a good looking fellow with a ruddy complexion and sandy colored hair. In the group meetings he communicated fairly well, though a few times he showed evidence of tangential thinking.

Apparentely, Mr. Talbot had not lived with a woman prior to meeting Ms. Jackson, but he did report previous romantic relationships. Between the ages of twenty and twenty-nine, Mr. Talbot was hospitalized for a total period of about twenty months. The diagnoses he received included:
manic-depressive disorder, bipolar type, manic phase; schizophrenia, undifferentiated type; and schizophrenia, paranoid type. Approximately two years before the group meetings, at the age of twenty-eight, Mr. Talbot was discharged from the hospital to Baxter House and about a year later he moved in with Ms. Jackson. Mr. Talbot had been employed as an unskilled laborer in a variety of positions during the years he was in and out of the hospital. At the time of the group meetings he made efforts to involve himself in a job training program, but with limited success. He was being seen regularly by his counselor at the sponsoring agency at the time of the group meetings.

Ms. Jackson. Ms. Jackson, a white woman, was thirty-two years old at the time of the group meetings. She was tall, thin and fair complexioned with shoulder length black hair. Interpersonally, Ms. Jackson tended to be ingratiating towards the group leaders and superior in her interactions with the other group members. Her communication was relatively effective, although normally concrete. Ms. Jackson had been married once before at age twenty-one and a year later she gave birth to a daughter. She was divorced at age twenty-three. Because of Ms. Jackson's emotional difficulties, she gave up her daughter for adoption at age four.

Ms. Jackson's treatment history included five brief hospitalizations and she received the following diagnoses: schizophrenia, schizoaffective type, depressed; chronic schizophrenia with depression, and chronic schizophrenia. Ms. Jackson had never been successfully employed,
although at the time of the group meetings, she began volunteering at the sponsoring agency's used clothing store. Ms. Jackson was being seen regularly by her counselor at the sponsoring agency at the time of the group.

The Jackson/Talbots. Ms. Jackson and Mr. Talbot met each other in Baxter House sometime in 1977. She was thirty-one years old and he was twenty-nine. Following an initial period of friendship to be covered below, they began seeing each other in a romantic sense and several months later, he moved into her apartment where they continued to live. At the time of the group meetings, they had been living together for about ten months during which time neither had required psychiatric hospitalization. For convenience sake, subsequent reference to this couple will be as the Jackson/Talbots, although they were not married.

Mr. Thomas Dixon. Mr. Dixon was a thirty-eight year old white man from a professional class background. He was of average height, but overweight and his blond curly hair was usually tousled. His overall appearance was of a potentially attractive person hidden behind an obese and sloppy facade. In the group meetings, Mr. Dixon tended to dominate discussions, often by launching into monologues on his attempts at self-improvement. His thought was normally well controlled, but at a couple of anxious moments, definite disorganization was observed. For example, Ms. Johnson once suggested that Mr. Dixon was great at "joining," implying that he tended to conform to others' behavior. He responded, "Yeah, well, I need to lead myself out of the wilderness I've
joined, you know, and, am I coming apart? Do you have to join me?"
With reassurance from Ms. Johnson that he was doing fine, Mr. Dixon
quickly regained control of his thoughts.

During his twenties, Mr. Dixon married, fathered a child and di-
vorced. Apparently, he maintained no contact either with his ex-wife
or child. He attended several colleges, though never obtained a degree
and worked at a wide variety of jobs ranging from low level management
to blue collar factory work. Mr. Dixon was first hospitalized for
mental disturbance at the age of thirty-two. During the next three
years he was hospitalized three times for a total period of about one
year. His diagnoses included schizophrenia, paranoid type and schizop-
phrenia, chronic undifferentiated type. At the time the group meetin-
gs began, Mr. Dixon was unemployed, but he stated an interest in getting a
job.

Mrs. Jenny Dixon. Mrs. Dixon was a forty-two year old white woman with
sharp facial features and striking red hair. Like her husband, she
normally presented a disheveled appearance with her hair mussed and her
clothes rumpled. In the group meetings, Mrs. Dixon was unusually direct
in her occasional comments and this contributed to a certain clarity of
expression. An example of this may be seen in her existential declara-
tion: "Loneliness, to me, is the worst thing you have to cope with in
this life...It feels like you ain't got nobody in the world, that nobody
cares about you." Emotionally, Mrs. Dixon conveyed a certain calmness
which seemed to be achieved through considerable denial. When at home,
she explained that she spent much of her time in bed because she felt
safe there.

Mrs. Dixon first married at age eighteen and she had two children by this husband whom she subsequently divorced. She entered a second marriage at age twenty-three which she described as a "disaster" and to which she attributed many years of "nervous breakdowns." She also had two children in this marriage and her husband finally left her when she was thirty-three at a time when she was hospitalized for an extended period.

In all, Mrs. Dixon was hospitalized eight times between the ages of twenty-four and thirty-nine for a total period of about seven years. Her various diagnoses included: depressive reaction; paranoid schizophrenia; and schizophrenia, chronic undifferentiated type. At the time of the group meetings, she considered herself a housewife and said she had no interest in doing anything else.

The Dixons. Five years before the beginning of the group meetings, the Dixons met each other at a dance held at the state mental hospital. She was thirty-seven and he was thirty-three. About six months later he moved in with Mrs. Dixon who had previously obtained an apartment for herself. Three months later they were married. In the first two years of their marriage, Mrs. Dixon was hospitalized briefly twice, while Mr. Dixon had avoided psychiatric hospitalizations for the entire four years of their marriage.

Mr. George Mack. Mr. Mack was a fifty-six year old white man, rather tall and thin with grey hair. Although his clothes tended to be old and
worn, he seemed to take special care that they were neat and clean. Mr. Mack's capacity to communicate was limited by his extreme concreteness. For example, in the last group meeting he was asked why he said he had "enjoyed the meetings." His response was a reference to the Dixons' discussion of their pet troubles: "Oh, I, I, uh, about their having a dog in the house. You know, in the house, talking about the dog in the house, making too much trouble in the house." Because of his verbal difficulties, Mr. Mack did not participate much in the group discussions, but he would join in if the topic was accessible to him.

At the age of twenty, Mr. Mack was committed to a state hospital for the criminally insane after being arrested on a charge of attempted burglary. There he received a diagnosis of psychosis with mental deficiency. Twenty-five years later he was transferred to the local state mental hospital which discharged him shortly to a halfway house. At the time of the group meetings, Mr. Mack was employed in a sheltered workshop.

Mrs. Sally Mack. Mrs. Mack was a fifty-two year old white woman of average height and weight. She had short brown hair and regular features. She typically presented herself in disarray with her hair loose and her clothes incongruously matched. Like her husband, Mrs. Mack had difficulties with verbal communication. Although she was more active than he, she could easily flounder when asked questions and tended to refer to a few familiar anecdotes. Despite this, Mrs. Mack occasionally responded to other group participants with a direct and surprising
sensitivity. One time, Mr. Dixon had gone on at great length about why a recent job attempt had been unsuccessful. Mrs. Mack's comment to him, "At least you tried, Thomas," seemed to provide exactly the kind of sympathetic recognition that Mr. Dixon most needed. Mrs. Mack's sensitivity may have contributed to a concern she voiced several times, whether or not she was "psychic." This concern suggested some anxiety over the maintenance of appropriate interpersonal boundaries.

Mrs. Mack was hospitalized continuously for twenty-eight years beginning when she was twenty-one years old. Her diagnosis was schizophrenia, chronic undifferentiated type. At the age of forty-nine, Mrs. Mack entered the hospital's discharge program and though initially unsuccessful, she was subsequently released to Baxter House. At the beginning of the group meetings, she was employed in a sheltered workshop with her husband, but in the fifth group meeting she announced that she had begun to volunteer in a senior citizens cafeteria.

The Macks. Mr. and Mrs. Mack met in the Baxter House lounge about three years prior to the group meeting. She was forty-nine years old and he was fifty-three. She was living at Baxter House and he was living by himself in an apartment. About eight months after their first meeting, Mrs. Mack moved in with Mr. Mack and they were married two months later. At the time of the group meetings, the Macks had been married two years during which time neither had required psychiatric hospitalization.
Positive Feelings

Three subtopics in particular provided the most important examples of the function of positive feelings in these relationships—the couples' accounts of their courtships, their reports and manifestations of the expression of affection in their current lives and their explanations of the positive nature of their relationships. All of these areas are rich in their potential for elucidating the themes of fusion, roles and adaptation. A fused couple with a solicitous style of interaction would be expected to manifest many positive feelings toward each other with respect to the past and also in the present. Relationship roles should also be apparent in these areas. With regard to courtship, the whole process of initiating and developing a relationship is likely to yield a pattern of significant role interactions. Roles also would be manifest in partners' expressions of affection. Does one person normally take the initiative or is there a balance here? Finally, the adaptive significance of a relationship would be clarified by an appreciation of both the origins of the relationship and the current function of positive feelings.

Courtship—the data. With regard to their courtship, Mr. Talbot explained that Ms. Jackson was the initiator. She approached him one day when he was at Baxter House, introduced herself and offered to teach him a card game. At the time, Mr. Talbot said he was involved with another woman and for awhile he tried to find Ms. Jackson "somebody to get hitched to." Eventually, he realized that he, himself, desired a
relationship with her, and at that point, according to him, they "fell in love and everything else."

About ten months before the beginning of the group meetings, Mr. Talbot moved from Baxter House to an apartment of his own. However, he actually spent only one or two nights there as he preferred staying over with Ms. Jackson who shared an apartment with another woman. After a few months, this roommate moved out and Mr. Talbot moved in with Ms. Jackson on a more permanent basis. They reported plans to marry the following spring. Mr. Talbot was primarily the one to describe the events concerning his courtship with Ms. Jackson. She agreed with his description and added a few comments of her own. They both appeared to enjoy recalling these experiences.

The Dixons' explained that they met each other at a dance held at the state mental hospital. Mrs. Dixon took the initiative and introduced herself to her future husband because he had a beard, and, as she explained, she loved beards. Mr. Dixon said that he knew they would be married the moment they met, a comment which prompted Dr. Jarmon to inquire, "It was love at first sight?" and to which Mr. Dixon replied, "Yeah, you could say that." About five months later, Mr. Dixon moved in with Mrs. Dixon, who had apparently been living outside the hospital for a few months; several months later, they were married. Later on in the group meeting in which this was discussed, Mr. Dixon amended this story by explaining that he was involved with another woman at the time he met Mrs. Dixon. That relationship, however, was breaking up.

The Macks' description of their first meeting was a simple and
romantic story of falling in love. Mrs. Mack explained that she had seen Mr. Mack at Baxter House and that she decided to introduce herself to him on New Year's Eve underneath the mistletoe. Mr. Mack's recollection was as follows:

Oh, there was New Year's Eve, and I was looking at that on television and uh, she came around and she started kissing the group around the television and when she kissed me, it was such a nice kiss that I just fell for her, fell in love with her.

Eight months later, Mrs. Mack moved in with Mr. Mack who was living alone in an apartment at the time. Two months later they were married.

Courtship--a discussion. The stories which the couples told of their courtships are similar in two respects. First, each of the couples "fell in love" at some point, an experience which they indicated was sudden and possibly even irresistible. This experience was perhaps most extreme in the Macks' relationship, where according to Mr. Mack's account, only one kiss was needed to prompt an experience of falling in love. Mr. Dixon's recollection was similar in this regard as he reported an experience of "love at first sight." A certain bias in the direction of simplifying and idealizing this encounter may be noted in Mr. Dixon's initial failure to recall the fact that he was involved with another woman at the time he met Mrs. Dixon. The Jackson/Talbots' relationship apparently did not begin in such a spontaneous fashion, yet Mr. Talbot still recalled the point at which he realized his attraction to Ms. Jackson as immediately leading to love.

These stories reflect a stereotyped notion of intimate engagement which is prevalent in the popular media. One may speculate that a lack
of interpersonal sophistication prompted these couples first to get involved in this way and then to describe their courtships in these idealized terms. A question arises, however, as to whether this pattern is atypical or whether it is typical of a more "average" couple. Certainly, it is likely that individuals who are not chronic schizophrenic could have an experience of "love at first sight." What is of interest is that regardless of the individual partners' psychopathology, such an experience is suggestive of a tendency towards fusion in relationships. For these three couples, it is almost as if they were unable to tolerate any intermediate steps in their courtships. They were either unattached or totally involved.

The second striking similarity in the couples' recollections of their courtships was that in each case, the woman took the initiative in introducing herself to the man. At the outset, this may suggest a more assertive or even dominant role for the women in these relationships. It is of interest to note that this behavior is counter-stereotypic, an observation which may challenge a view that these couples merely enacted popular stereotypes in their interactions around getting involved.

With regard to the adaptive significance of these courtships, a positive function may be seen in that through their romantic, "falling-in-love" experiences, they were able to move beyond whatever autistic isolation they may have been tending towards. This was probably most true for the Macks, who even in the group meetings showed some autistic trends. But for the other couples as well, "falling in love" may have
facilitated the reversal of such tendencies. In addition to helping these individuals to engage each other, it was clear in the group meetings, that their love experiences were the source of a good deal of personal satisfaction. It seemed that each person derived a good deal of happiness from his/her success in becoming a member of a couple. For individuals who have had relatively few social successes, the significance of this experience seemed considerable.

The expression of affection—the data. The Jackson/Talbots presented themselves as a very affectionate couple. Every night, for example, Mr. Talbot explained that they went through what he called a "ritual" at bedtime when after prayers and some kissing, he said the following would occur: "It's mostly her that says it first. She says, 'I love you' and all this and I might say, 'Well, I love you too' and all that."

During the daytime, Ms. Jackson said she would initiate an affectionate exchange by telling Mr. Talbot she loved him. He would then respond with a kiss. At other times, Ms. Jackson said that her "signal" for a kiss could be quite subtle: "Sometimes I just look at him and he'll give me a kiss."

The Dixons' general pattern of expressing affection is described by them in the following excerpt from the transcripts:

Thomas's always telling me he loves me (she laughs). He's always telling me; that reminds me to tell him. (Mrs. Dixon)

He goes first. (Dr. Jarmon)

He goes first, yeah he... (Mrs. Dixon)

No, sometimes you do yourself. (Mr. Dixon)
Yeah, once in a while, I'll say, 'You know, Thomas, I love you very much and I'm glad we're married and my life has been a lot better since we're married. (Mrs. Dixon)

Granting that this is a relatively accurate account, Mr. Dixon seems to have been the more active partner with regards to expressing affection. Further, Mrs. Dixon's statements here seem to indicate that there may have been an almost compulsive aspect of her husband's expressions of affection and that he was significantly reassured by their affectionate exchanges. Her own expressions of affection seemed, by contrast, to be more spontaneous and heartfelt and less geared towards gaining reassurance regarding his feelings.

The Macks did not seem to be as verbally affectionate as the other two couples. This may be seen in the following report of their interactions in this area. Mrs. Mack reported that she had a special way of telling her husband she loved him--she would say, "You know something? I love you." Mr. Mack apparently did not respond to this with a similar expression, and on one occasion, he criticized some aspect of the way she made this remark. Because of this, Mrs. Mack said that for awhile she desisted from making this comment. When she resumed, she apparently tried to alter her tone of voice so as not to displease Mr. Mack. This behavior contrasted with the other couples' more habitual and automatic verbal expressions of affection. On the other hand, there seemed to be times when the Macks would say "I love you." This is what Mrs. Mack explained they would say when asked how they let each other know when they were feeling good.

On a couple of occasions, the Macks showed affection for each other
more indirectly. For example, they missed the second group meeting because they were home celebrating their second wedding anniversary. Although by phone they were encouraged to come and share the occasion with the group, they preferred to stay home together and in this way demonstrated their affection for each other. In addition, Mr. Mack once referred to his love for his wife when he was teased by the other group members for saying he was pretty old for sex, yet he made love with his wife a couple of times a week. He remarked, "Well, that's love, you know." So despite the Macks' lack of certain verbal affectionate exchanges, they did present themselves as a warm and loving couple.

Expression of affection--a discussion. According to these couples' accounts, affection played an important and valued part in their lives. The Jackson/Talbots and the Dixons readily described particular patterns of affectionate exchange which they seemed to enjoy thoroughly. The Macks seemed not to find verbal expressions so rewarding, yet during the group meetings they showed other ways that they communicated warm feelings for each other. Although the couples' descriptions of affection in their relationships suggested an emphasis on closeness, their interactions in this area were not so extreme as to indicate the operation of fusion.

Regarding relationship roles, it seemed that in each couple's relationship, one partner took more initiative in expressions of affection. Ms. Jackson, was the one to initiate a bedtime "ritual" with Mr. Talbot by telling him she loved him. In the Dixons' relationship, he seemed to be the one to push for expressions of affection, according to his wife,
by often telling her he loved her. As for the Macks, it was she who appeared to take the initiative in expressing affection while his comments along these lines seemed much more off-hand. In contrast with Mr. Talbot, Mr. Mack seemed to be unresponsive to his wife's expressions of love and even critical of these at times. Thus, Mrs. Mack seemed to be not so much the dominant partner as simply the more active one.

In considering the adaptive significance of these couples' expressions of affection, it is easy to see a very simple, human benefit arising from these interactions. Via these exchanges and in the context of their relationship, these couples experienced a warmth and closeness that clearly was highly gratifying for them. Especially in consideration of the loneliness which almost always plagues the chronic schizophrenic, this kind of apparent relational affection suggests a significant, positive adaptational benefit of these relationships.

The positive nature of the relationship—the data. The Jackson/Talbots' only effort to explain the positive nature of their relationship came from Mr. Talbot and is contained in the following excerpt from the transcripts:

It's somebody I can, I can turn to when I'm really in need of, when I'm troubled myself, I can turn towards her, and she can help me out and it's, it's helping each other take uh, one... (Mr. Talbot)

Hm-hm. (Dr. Jarmon)

...it's a one-on-one relationship and, but it's closer than that, 'cause it's something that uh, uh... (Mr. Talbot)

Comes from love. (Mrs. Dixon)

Yeah, love and whatever. (Mr. Talbot)
In these comments, Mr. Talbot emphasized the caretaking aspects of his relationship with Ms. Jackson and suggested that a sense of oneness emerged out of their reciprocal nurturant interactions. Although Ms. Jackson did not make any attempt to comment on this topic, her lack of objections to Mr. Talbot's statements may be interpreted as an indication of her tacit approval.

At one point in the group meetings, the Dixons attempted to explain the positive nature of their relationship and their comments on this topic were interesting and revealing:

> It's like we've known each other all our lives and...
> (Mrs. Dixon)

> Right. (Mr. Dixon)

> ...we just accept each other. (Mrs. Dixon)

> It's like, just like a family, like uh... (Mr. Dixon)

> Yeah. (Mrs. Dixon)

> ...like uh, just like a family's been together, maybe an old couple that's been together for fifty years or something even though we're... (Mr. Dixon)

> Yeah. (Mrs. Dixon)

> ...we're not that old, we feel like, you know.... (Mr. Dixon)

> We just nich and naw, we fit together like that. (Mrs. Dixon)

A couple of striking aspects of the Dixons' comments on the positive nature of their relationship may be identified. The first is the feeling they seemed to share of total acceptance. The second significant feature of their comments is that part of what was positive for them in their relationship was the feeling that they had not had in the past nor would they have in the future lives apart from each other.
Instead, they seemed to enjoy an all-embracing sense of togetherness.

The Macks were far less verbal than the other two couples and perhaps because of this, they never attempted to comment on the positive nature of their relationship. Because of this a discussion of this aspect of their relationship is impossible.

The positive nature of the relationship--a discussion. In both Mr. Talbot's and the Dixons' descriptions of the positive nature of their relationships, the experience of oneness seemed to be a significant element. Mr. Talbot emphasized reciprocal caretaking as an important theme, while the Dixons talked of mutual acceptance and the feeling they had always known each other. Although in themselves, these ideas do not indicate pathological fusion in these relationships, they may suggest some boundary diffusion. To what extent this differs from more normal couples is unknown.

Mr. Talbot's and the Dixons' descriptions of the positive nature of their relationships provide no evidence for particular relational roles. Their emphasis on oneness may suggest that the couples experienced their positive feelings as stemming from the absence of differences, but again, the extent to which this differs from more normal couples is unknown.

The evaluation of the adaptive significance of the couples' comments on the positive nature of their relationships is basically the same as for their expressions of affection. The Jackson/Talbots' and the Dixons' statements seemed to indicate that they experienced a closeness that was
highly gratifying. Again, it was evident, at least for these two couples, that their relationships were perceived in generally positive terms. To what extent this experience of closeness contributed to the psychological stability of the individual partners is impossible to determine, although one may speculate that the positive support provided by these relationships was significant in these individuals' avoidance of psychiatric hospitalizations.

Caretaking

Caretaking proved to be a realm of significant relational interactions for the couples involved in this study. These interactions took place in some relatively concrete contexts as well as in some more distinctly psychological spheres. The two areas which will be discussed that contained more concrete elements are "housekeeping" and "caretaking at times of physical illness." It should be noted, however, that in each of these contexts, important relational dynamics were observed. "Caretaking at times of emotional disturbance" is the context in which more explicitly psychological concerns received attention. The themes of fusion, roles and adaptive significance will be discussed following an outline of all three couples' interactions in each area.

Housekeeping—the data. Within the area of housekeeping, Ms. Jackson and Mr. Talbot reported fairly clear agreements as to who would do what. They took turns making breakfast and Ms. Jackson cooked dinner with help from Mr. Talbot about half of the time. With regard to shopping,
Ms. Jackson explained that they were trying to make weekly trips to a supermarket, rather than use the neighborhood store so that they could save money. In preparation for these trips, she explained that she planned a menu on the basis of which she developed a complete list of the items they needed. It is unfortunate that information was not obtained on how Ms. Jackson and Mr. Talbot handled their other household chores as this would have been useful in the present discussion.

With regard to housekeeping responsibilities, the Dixons explained that he prepared breakfast for himself and she cooked dinner for them both. They shopped together and decided together what food they would buy. Mr. Dixon said that he helped with the laundry, but not with any other household chores. Mrs. Dixon corrected him on this by saying he took out the rubbish. Washing the dishes and keeping the apartment clean were chores that were left up to Mrs. Dixon who admitted that she didn't do much in this area.

Some of the significance of Mrs. Dixon's greater responsibility with regard to housekeeping seemed to be wrapped up in her stated identification of herself as a housewife. This role appeared to be associated with her expressed need to care for someone else:

I've been taking care of somebody since I'm eighteen and it's just a natural thing for me to want to take care of somebody and not just take care of myself. Myself, I can take care of in five minutes.

Mr. Dixon seemed happy to be cared for and admitted, "I depend on Jenny for a lot of things." Thus, with regard to the more concrete aspects of their life together, Mrs. Dixon was the caretaker, a role which apparently contributed substantially to her sense of identity. In
discussing these issues, Mr. Dixon expressed some concern over his reliance on Mrs. Dixon, indicating that he thought it would be better if he could do more for himself. This, however, seemed to represent a fairly typical obsession on the theme of self-improvement rather than any real dissatisfaction with his wife's caretaking.

With regard to housekeeping the Macks had little to say. Very briefly, then, Mr. Mack made breakfast and Mrs. Mack made dinner with some help from him. They shopped together with Mrs. Mack in charge of selecting purchases and Mr. Mack being the one to carry the bags home. Finally, they mentioned clean-up, but did not say how responsibilities in this area were shared.

Housekeeping—a discussion. In the pursuit of their household chores, all three couples seemed generally to prefer doing things together. Shopping, especially, was an area where there was no indication that any of the couples ever sent one person to do the job alone. With regard to cooking, Mr. Talbot and Mr. Mack apparently helped their partners with dinner, while Mr. Dixon seemed to leave this up to his wife. One explanation for this tendency to do things together may be that the couple members seemed to have few alternative activities. None of these people had a full-time job and there were no children which required attention. In addition these couples had little money with which to seek separate entertainments. This preference to carry out household chores together could be interpreted as a sign that fusion in these couples' relationships prevented them from functioning more independently. However, in this case it would seem that factors of unemployment
and financial restrictions are sufficient explanations of the couples' tendencies to work together on basic household chores.

In each of the couples' relationships, sex role stereotypes could be seen in their allocation of household responsibilities. The women tended to do more of the cooking, although the men did help out in this area. With regard to shopping, Ms. Jackson and Mrs. Mack were clearly in charge while their partners functioned as helpers. The Dixons decided together what groceries they would buy, yet Mrs. Dixon was in charge of keeping their apartment clean. The existence of sex roles in this context suggests that these couples simply complied with social expectations. As may be the case, however, for any couple subscribing to sex roles, such behaviors may have satisfied some of the maternal tendencies of the women and the men's wishes to receive caretaking. The Dixons' statements on this topic may be taken in support of this. She seemed to find fulfillment in taking care of somebody and he seemed to enjoy being the recipient of such attentions.

These three couples' interactions in housekeeping matters may be seen as having a positive adaptive significance. Chronic schizophrenic individuals often have trouble with such basic life management skills as keeping up an apartment and arranging for an adequate diet. With this in mind, the couple partners appeared to help each other with these tasks in such a way that they were able to live independently of institutional support. Of course, it is impossible to actually evaluate the standard of living that these couples achieved as no observations of their living situations were made and details of their diet were not
obtained. Nevertheless, they appeared to be managing these aspects of their lives in a more adequate fashion than would have been possible had they attempted to live alone.

Physical illness--the data. Physical illness appeared to function in at least two ways in Ms. Jackson's and Mr. Talbot's relationship. First, somatic complaints and crises seemed to develop in response to change, e.g., when Mr. Talbot sought job training. This will be discussed in a subsequent section. Second, and of present relevance, physical illness appeared to provide a context within which relationally significant caretaking interactions might take place.

Since Ms. Jackson suffered from chronic health problems, Mr. Talbot had numerous opportunities to care for her and he seemed to obtain a certain gratification through playing this role.

I stayed up with Ann one time all night. She was...she was getting a mild case of arthritis...I thought she was getting blood poisoning because it seemed that, 'cause I had blood poisoning one foot before, and it seems it started by, like a ridge on the foot or something and she had something like that. But it was from her shoes scraping, so I stayed up with her all night and I was really worried about it.

When asked about her reaction to Mr. Talbot's ministrations, Ms. Jackson said, "It made me feel wanted and made me feel good that he wanted to stay up with me all night." A reversal of caretaking roles could be seen in Mr. Talbot's account of an occasion when he had a fever and Ms. Jackson gave him an alcohol rub. He commented, "It seemed really good to have somebody really care about you when you're, when you're really not up to peak and everything."

In marked contrast with the Jackson/Talbots' reports of numerous
illnesses, the Dixons said that they were rarely sick. Nevertheless, their comments on this topic are of definite interest. After listening to Mr. Talbot describe the comforts of having "somebody with you when you're sick," Mrs. Dixon declared, "Not me, I want to be alone." Later she added, "I'm like a hurt kitten when I'm sick. I crawl in the corner and I want to recover myself." Mr. Dixon's response to his wife's statements was to try and convince her that she would, in fact, like to be taken care of if she got sick. She, however, refused to accept this and instead attempted to end the discussion by saying, "No, I'm never sick. I'm healthy as a horse." Although Mr. Dixon said that he was hardly ever ill, he did recall one time when he had a cold and agreed with Mrs. Dixon that she cared for him by giving him hot tea and telling him to take some aspirin. He also said, "I like to be helped, you know, taken care of," and Mrs. Dixon added, "I take good care of him."

Mrs. Mack was never described as physically sick, so no data were gained on how the Macks might deal with this. Mr. Mack, however, arrived at one meeting with a sore leg and this provided some useful data on the Macks' interactions at times of physical illness. Ms. Johnson asked Mr. Mack, "What happens when you get sick?" Before he could reply, Mrs. Mack answered for him, saying, "He gets quiet, sad looking and it drives me crazy." When she was asked more about this, she altered her previous statement: "He doesn't drive me crazy, just makes me, it just makes me feel blue when he's suffering." Then she added, "And that's crazy, when I get the blues. I just look at the four walls
and the ceiling and bump into everything." Mrs. Mack went on to explain her difficulties when she had the blues; the Macks' interactions at this time will be discussed in the section on emotional caretaking. However, it seems clear that she became extremely anxious and upset when her husband was ill. Ms. Johnson suggested to her, "So when George is not feeling good, you feel like, he may, you may lose him," and Mrs. Mack answered, "I feel depressed, yes, and I feel like I'm going to lose him."

Despite her strong emotional reaction to her husband's sickness, Mrs. Mack was able to take concrete steps to alleviate his discomfort. For example, she obtained a heating pad for him when his leg bothered him. He reported that this was helpful. However, Mrs. Mack did demonstrate some difficulties with reality testing in this context when she told the group that she thought her husband's sore leg might be the result of muscular dystrophy. When the group responded in disbelief, she revealed that she got the idea from someone at the coffee shop she and her husband frequented. Although a sign of poor judgment, Mrs. Mack's acceptance of this coffee shop diagnosis did not interfere with her ability to respond to the situation appropriately.

**Physical illness--a discussion.** Each of the couples showed some strong reactions to experiences of physical illness although these were not identical in each case. A tendency to overreact to physical illness in the partner could be noted for both Mr. Talbot and Mrs. Mack. In his report of the night he stayed up with Ms. Jackson, first Mr. Talbot's high anxiety and second his premature conclusion that her distress could
have resulted from blood poisoning just as he had once experienced it, both suggested that this was a striking example of a fused interaction. Basically, it seemed that in this situation, Mr. Talbot's identification with Ms. Jackson was such that the boundary between them became quite diffuse. Mrs. Mack's report that she became "crazy" and "blue" when her husband was physically ill, also suggests an overresponsiveness indicative of boundary diffusion in the Mack's relationship. In addition, her agreement with Ms. Johnson's suggestion that she felt she might lose her husband when he was sick appeared to be another extreme response which might suggest fusion in the relationship.

In total contrast with the reports of the others, Mrs. Dixon stated that she preferred to be alone when physically ill. An interpretation of these remarks is somewhat complicated by the fact that at the time they came up, Mr. Dixon had just obtained a night job and Mrs. Dixon was not looking forward to sleeping alone. Given this context, it may be that she stated a strong preference for being alone when sick partly in response to Mr. Dixon's anticipated move away from her. On the other hand, it may be that she simply could not tolerate the kind of physical care which she, herself, liked to provide for her husband. Mrs. Dixon's resistance to a role reversal in this context may also be interpreted as an indication that her sense of identity was contingent on a particular role structure in the relationship. She could function in the care-giving role, but not care-receiving role. The significance of this as it relates to boundaries will be elaborated further in a subsequent section.
Indications of roles could be observed in the couples' interactions around caretaking at times of physical illness. In the Jackson/Talbot's relationship, they both nursed the other when he or she was sick, but it seemed more common for Mr. Talbot to care for Ms. Jackson. This may in part be explained by the fact that Ms. Jackson was more often sick, but it was also suggestive of a more actively solicitous role for Mr. Talbot. In the Dixons' relationship, it was made clear that she would not tolerate his ministrations if she were sick, while they both accepted that she would care for him if he were ill. This suggests that in concrete matters, Mrs. Dixon was the acknowledged care-giver and that reciprocation from Mr. Dixon was not acceptable. Finally, in the Macks' relationship, she demonstrated active caretaking in response to her husband's physical discomfort. No data were obtained on what might happen if she were to become sick, so it is difficult to say whether Mr. Mack would reciprocate if necessary. However, the fact that this type of situation was not discussed suggests that this was not a very common occurrence between them.

The adaptive significance of the couples' interactions at times of physical illness seems to be largely positive, although it is possible to imagine that problems could arise. Basically, it could be seen that in most instances, physical illness was responded to with loving concern and pragmatic efforts to alleviate the distress. It seems this kind of attention would be valuable to the couples inasmuch as their physical health might be better assured. However, some problems with reality testing--e.g., Mr. Talbot's and Mrs. Mack's inaccurate diagnoses--might
at times have contributed to unnecessary anxiety and perhaps even inappropriate treatments. These mistakes, however, were in the direction of overconcern and it seemed unlikely that poor reality testing would have lead to the possibly dangerous underestimation of a physical symptom.

**Emotional disturbance--the data.** With regard to mental disturbance, Ms. Jackson and Mr. Talbot did not appear to provide the kind of explicit caretaking reported by the other two couples. Although they were aware of each other's emotional problems as could be determined from a few of their remarks, they seemed more likely to deal with anxiety via somatization which then appeared to provide a substitute caretaking focus. However, there were some ways that they provided each other with emotional support and these will be discussed below.

In general, Mr. Talbot seemed to be sensitive to Ms. Jackson's needs to see herself as competent and successful. He appeared to act on this by building her up while being careful not to let his accomplishments overshadow her own. This was observed in a group discussion of fishing during which Mr. Talbot first complimented Ms. Jackson on the way she had prepared some fish before going on to mention a summer when he said he had caught 150 trout. Mr. Talbot described Ms. Jackson's emotional caretaking of him mostly in terms of her availability for discussion of feelings. He explained:

I think in my instance, it's, it (--) with Ann, it's more like a reliability thing, you know, 'cause she's uh, she's there and, uh, if I have something bothering me, I way back...I used to hold it all in, 'cause I really didn't know how to let it
out that much, you know. I still have problems little bit now. Sometimes I hold things back, but (--) I, I more or less have someone who can, who can, uh, more or less listen to me and give me an, an input on their own, over how, how, how it relates....

In this speech, Mr. Talbot seemed to be saying that he found it helpful to be able to talk over his feelings with Ms. Jackson. However, he was not always perfectly comfortable doing this. For example, he recalled a time when he felt he might need to be hospitalized and yet he was unable to confide this in Ms. Jackson until the crisis had passed. Conflicts which emerged in this relationship around the expression of feelings will be discussed in a subsequent section.

Caretaking around issues of emotional concern was much more salient to the Dixons relationship. In explaining how she had managed to avoid hospitalizations for the previous three years Mrs. Dixon remarked: "Just a good marriage...and the medications, staying steady on my medications." In addition to helping her avoid psychotic episodes, Mr. Dixon provided important caretaking at the time of the two psychotic episodes that his wife had during the first two years of their marriage. Mrs. Dixon argued that her husband would also have been hospitalized if not for her and, although he refused to accept this, there seemed to be a number of significant ways that Mrs. Dixon helped him to deal with his emotional problems.

One basic way that the Dixons helped each other deal with anxiety was described by them in a discussion of worry. Mr. Dixon explained that he tended to become anxious following insignificant ambiguous events which would provoke obsessive concern over their possible meaning.
At these times, Mrs. Dixon helped alleviate his anxiety through pointing out the probable innocuous reality of the situation. Mrs. Dixon, on the other hand, was more likely to worry about major concerns like running out of money to which Mr. Dixon responded mostly with rationalizations, but at times with problem solving or wishful thinking. For example, in response to Mrs. Dixon's worries about finances, Mr. Dixon presented these rationalizations:

I don't worry about whether I have enough food or not, because I figure, oh, I'll go on a diet, or I'll, you know, uh...she worries about not having cigarettes, I say, 'Well, it's a good time to give up smoking.'

In a more problem-solving vein, Mr. Dixon surmised:

Well, we got five pounds of rice. That's, that's a way to eat. Plus you got ten dollars coming from your son for, uh, food stamps, so that's a way to eat...We got vitamins, we got a whole stock full of vitamins we can take, no problem....

Mrs. Dixon's response to this: "See how he comforts me?," showed that her husband achieved his intended effect.

An example of Mr. Dixon's use of wishful thinking came up before Thanksgiving when they didn't have enough money for a turkey and he speculated that perhaps one of their support checks would come through, although this seemed rather unlikely. Mrs. Dixon's positive response again seemed to show that she was comforted: "Yeah, if our check comes tomorrow, then we'll go out and buy a turkey and all the trimmings (and) have my son over."

As might be suggested in the preceding paragraphs, Mr. Dixon was more active than his wife in the caretaking he provided her around issues of emotional disturbance. A further example of this may be seen
in Mrs. Dixon's recollection of what he said to her at a time when she was about to be hospitalized for a psychotic episode:

He kept saying, 'Don't worry. You'll got over this,' and uh, I don't remember too much of what he was saying, but he was saying 'I love you and you'll get over this and so what if you do have a breakdown. You'll get over it and it's, if you're going to have a breakdown, this time of the year is the best time to have a breakdown.'

Mr. Dixon's loving support may be seen in these statements, but of special interest is his final comment which upon explanation turned out to be a rationalization that if she broke down in October, she would probably be well in time for the winter holidays. Mr. Dixon also provided emotional caretaking for his wife in two further significant ways. First he seemed to serve as a kind of auxiliary memory for Mrs. Dixon. For example, he reminded her to take her medications which was probably a significant factor in her avoidance of rehospitalizations. Second, at times he would support her efforts to deny the existence of painful feelings and situations. For example, in spite of the fact that they both acknowledged that she did worry, earlier in the same session, the following exchange occurred:

And if I started worrying about them (her problems) uh, I'd be a nervous wreck. So I don't worry about anything; I just let it go. (Mrs. Dixon)

That's a good idea, because worrying doesn't do any good anyway. It's just a habit. Worry's just a habit. (Mr. Dixon)

No, worry's just a habit. What good is worry? (Mrs. Dixon)

Although Mrs. Dixon's emotional caretaking of her husband was much more subtle, it seemed to be just as significant. Basically, she appeared to behave in certain inadequate ways that made her husband seem
more adequate. The examples cited above of his caretaking seemed to show how Mr. Dixon could see himself positively as the reassuring and comforting husband. This, of course, depended on Mrs. Dixon's willingness to present herself as his crazy, absent-minded wife. In addition, she normally presented herself as opposed to change, e.g., she said she would never work outside the home or quit smoking and this tended to make Mr. Dixon's obsessive discussions of his commitment to self-improvement seem more laudable, in spite of the fact that he only very rarely took action on these statements. This pattern will be discussed further in a subsequent section.

In the course of the group meetings, the Macks reported several striking instances when each was successful in reversing what seemed to be the development of autistic trends in the other. In addition to these responses to potentially drastic regressions, the Macks demonstrated in the group a variety of more subtle ways in which they supported each other emotionally.

One of the chief ways that Mrs. Mack attended to her husband during the group meetings was by speaking for him. An example of this occurred on an occasion when the present author brought up a relatively abstract issue for discussion--how partners let each other know about good feelings:

(To Mr. Mack) What do you say when you feel good? (Ms. Haake) Oh, when I feel good, I feel happy. (Mr. Mack) Uh-huh. How do you let Sally know about that? (Ms. Haake) He just acts like himself. He's also good natured every day,
every morning, every night. (Mrs. Mack)

Mrs. Mack also spoke up for her husband at the end of a group meeting when no one responded to his question, "Time to go already?"

Did George say something? He just (said) something. (Ms. Johnson)

He asked a question. He asked if it was time to go already. (Mrs. Mack)

Hm-hm. (Ms. Johnson)

And he got ignored. (Mrs. Mack)

Here it may be seen how Ms. Johnson asked her question in a way that suggested she didn't feel Mr. Mack could respond for himself, a belief that was based on experiences with his verbal difficulties. Of more interest here is the way that Mrs. Mack stepped in for her husband, even seeming to express some anger over the group's failure to attend to him. This might have been a way for her to express some of her own feelings about the group since in the previous discussion, she had made a few remarks that were also ignored.

In contrast to his wife's protectiveness, at times during the group meetings, Mr. Mack seemed to be rather insensitive to Mrs. Mack's needs. For example, when a discussion of fishing came up, Mrs. Mack supported her husband by backing up his remarks on a large fish he caught. Then she made an apparent effort to gain some recognition for herself by explaining how she cooked the fish. Mr. Mack failed to pick up on this and so her bid was unsuccessful. However, on a few other occasions when his wife was criticized by Ms. Jackson, he responded indirectly to make Mrs. Mack feel better. This came up when Ms. Jackson criticized
Mrs. Mack for having Mr. Mack stay over nights with her while she was living in Baxter House since this upset one of Mrs. Mack's roommates who was a friend of Ms. Jackson's. These remarks seemed to upset Mrs. Mack and she responded with a loose association about a prayer she had ordered through the mail and the comment, "But I can't go back and do it all over again at Baxter House." At this point, in a move which apparently eased his wife's distress, Mr. Mack changed the subject:

(--) (Mr. Mack)

Thank you, George.  (Mrs. Mack)

I missed that, what did you tell her?  (Ms. Johnson)

Well, me and uh...  (Mr. Mack)

(--) (Mrs. Mack)

Me and Sally going to a Christmas party in (state hospital) uh, uh, next Fri--, next Friday, the 15th.  (Mr. Mack)

This turned out to be quite a successful distraction as the discussion of Mrs. Mack's inconsideration at Baxter House was immediately dropped.

Later on in the same meeting, Ms. Jackson was discussing her concerns about the possibility that she was pregnant and Mrs. Mack appeared to use this to get back at her for the criticisms she had just received. In this case, Mr. Mack helped his wife express herself more clearly:

That hap--, that happens common nowadays, getting pregnant before getting married.  It happens, it's been happening since about 1940.  (Mrs. Mack)

I hate to tell you, Sally, it's been happening sooner than that (laughter).  (Ms. Jackson)

Well, it seem to me... (--).  (Mrs. Mack)
Happening since before Christ (laughter). (Ms. Jackson)

A lot of women get pregnant now, out of wedlock, don't they? Get pregnant, out of wedlock. (Mr. Mack)

George, he's so frank. (Mrs. Mack)

So, you started to be saying, it's been happening lately, but then you ended up saying it's since 1940, and then since before that, but it's like... (Ms. Johnson)

(--) (Mrs. Mack)

...afraid to say what you really want to say. (Ms. Johnson)

No. (Mrs. Mack)

That, that's what she's going to say. That's uh, uh, women getting pregnant out of wedlock, you know. (Mr. Mack)

It is perhaps significant that Mr. Mack appeared to be limited in his responsiveness to Mrs. Mack to times when she seemed to be under attack. It may be that at these times he felt attacked himself and so joined his wife in a defense. When Mrs. Mack experienced difficulties that seemed to derive from her own problems in the group meetings, her husband did not seem especially sensitive to these concerns.

As mentioned above, the Macks described significant interactions in which autistic trends in one partner were interrupted by the other. An example of this was an event which seemed very important to the Macks as they discussed it on several occasions. What happened was that Mrs. Mack's sister took the Macks shopping one day to some kind of grocery warehouse where she encouraged them to make a large purchase because of the savings involved. Apparently, Mr. Mack was upset about spending so much of his money and Mrs. Mack reported that "He got worried, couldn't, his eyes got all red and he'd stay up late in the
night and get up out of bed in the night and couldn't sleep, so, 'cause he didn't want to tell me about what was on his mind...." This very much worried Mrs. Mack and she told a counselor about her husband's behavior. This counselor then asked him about the situation and he revealed the source of his distress. Mrs. Mack explained that "She, (the counselor), told him to tell, she told him I wasn't a mind reader. So, then he explained what was the matter." The end result was that Mrs. Mack decided to pay the major bills out of her own income, a solution with which they both seemed satisfied.

This episode is interesting in several respects. First, it seemed that in response to his anxiety over spending his money, Mr. Mack resorted to autistic like behavior. Basically, he withdrew from his wife. She seemed to be highly threatened by this and took steps to find out the nature of the problem. The counselor's comment that Mrs. Mack wasn't a "mind reader" was interesting in that she seemed to be offering a lesson on the existence of some boundaries in the Macks' relationship, which, when acknowledged led to a communication which allowed for a resolution of the problem. Mrs. Mack's decision to take over financial support of her husband appeared to be prompted by the anxiety she seemed to experience over his withdrawal.

Mr. Mack also appeared to be able to help his wife reduce her own psychotic and autistic tendencies as the following excerpt will illustrate:

I don't keep everything in me, and, until the last minute like I used to when I was in the (state hospital). (Mrs. Mack)
So, what, does that mean that you tell... (Dr. Jarmon)

Yes. (Mrs. Mack)

...that you're... (Dr. Jarmon)

I tell George... (Mrs. Mack)

...that you're... (Dr. Jarmon)

...about my every little headache, and, my feelings about things. I look at in the house, that, if I'm, if I get to a point where I think I see the record moving when I, I'm, record machine, and it's not moving. He told me not to look at it, ignore it.

Uh-huh. (Dr. Jarmon)

Get something else and I did. (Mrs. Mack)

Uh-huh. (Dr. Jarmon)

Yeah, he's a big help. (Mrs. Mack)

Although Mrs. Mack may have inflated her husband's possibly off-hand remark in this context, she clearly seemed to derive benefit from his reality testing. It will be remembered that Mrs. Mack reported being very upset when her husband became ill and that in discussing her reaction to this, she recalled a period in her life when she felt crazy. She added that this partly resulted in her staying up late at night. She went on to say that George "cured" her by joining her one night:

We sat in the kitchen together... (Mrs. Mack)

Together. (Ms. Johnson)

...and smoked and he looked at my eyes and he saw a tear and so he said, 'Let's make love.' It's hard to be, that's personal, so... (Mrs. Mack)

Hm-hm (--). (Ms. Johnson)

...ever since then I haven't had that feeling, to get up during
the night and smoke alone. (Mrs. Mack)

This is a touching example of the way Mr. Mack restored his wife to a more appropriate social engagement. It is possible to imagine that without his loving presence, she might have regressed further, eventually requiring hospitalization.

**Emotional disturbance--a discussion.** In general, the data presented above suggests that these couples were highly sensitive to individual partners' experiences of emotional difficulties. This concern seemed most often to be based on the kind of sensitive appreciation for the other's feelings that would be expected in any loving couples relationship. At times, however, the couples' responsiveness to partners' emotional difficulties reached an extreme that suggested a kind of involvement which could be characterized as fused.

In the Jackson/Talbots' relationship, he reported relying on her directly for emotional support at times of stress. According to their accounts, however, she did not typically seek the same kind of direct support from him. In the group meetings, it was possible to observe Mr. Talbot's more indirect efforts to sustain Ms. Jackson's self-esteem. These interactions provided evidence of sensitivity and warmth in the Jackson/Talbots' relationship, but they were not so extreme as to suggest fusion in their relationship.

The Dixons seemed to devote much more energy than the Jackson/Talbots to emotional caretaking. In many ways they were alert to the presence of anxiety in each other and were quick to take action to alleviate their partner's distress. Mr. Dixon seemed to support his
wife in some concrete ways such as reminding her to take her medications and staying by her side at the time of her psychotic episodes. In addition, he responded to her more everyday anxieties with reassuring problem solving and rationalization. Mrs. Dixon's emotional support for her husband seemed to be expressed through her reality testing of his obsessional anxiety and perhaps more importantly through her willingness to present herself as the more psychologically unstable, absent-minded partner. This seemed to allow Mr. Dixon an experience of himself as more competent and stable and one may speculate that this provided him with a source of self-esteem which may have contributed to his own emotional stability. The Dixons' interactions in the area of emotional disturbance suggested a high degree of sensitivity and interdependence in their relationship, but not the extreme boundary diffusion that is a characteristic of fusion.

In the Macks' relationship, interactions around emotional caretaking suggest the most diffuse boundaries of all three couples. To begin with, it was common for Mrs. Mack to speak for her husband and he, in turn, seemed to come almost automatically to her defense when she was criticized by Ms. Jackson. Both these actions suggest a kind of identification indicative of fusion. Perhaps most striking in this context, however, were the Macks' actions at the time he felt he paid too much for groceries. It will be remembered that when Mr. Mack finally confided his concern in the counselor, she reminded him that his wife was not a "mind reader" and that he would have to tell what was bothering him. This suggests that Mr. Mack had assumed that Mrs. Mack knew what
was on his mind and suggests the operation of fusion in their relationship.

Mrs. Mack's decision to take over the major financial responsibilities in her marriage may have resulted from the anxiety over Mr. Mack's autistic withdrawal. The extent to which this reflected fusion or simply a workable solution to the problem is unclear.

Clear evidence of relationship role differentiations for the Jackson/Talbots and the Macks was not observed in their caretaking interactions at times of emotional disturbance. In each relationship, both partners seemed responsive and willing to take action to alleviate any distress. Perhaps the only difference of any significance suggested in these relationships was some tendency in Mr. Talbot and Mrs. Mack to take special care in verbally supporting their partners. For example, in the discussion of fishing, both Mr. Talbot and Mrs. Mack commented on their partners' achievements before mentioning their own. The extent to which this dynamic characterized their relationships is unknown. In the Dixons' relationship more evidence of role differences were observed. In general, she seemed to play the part of the emotionally unstable, forgetful partner opposed to self-improvement. In a complementary fashion, Mr. Dixon assumed a more competent, emotionally stable and self-improving role. Much of the behavior which sustained him in this role was related to taking care of his wife's emotional difficulties.

These couples' interaction around emotional concerns seemed to contain both positive and negative adaptive significance. On the positive side, is the impressive fact that the Jackson/Talbots and the Macks had
all avoided psychiatric hospitalizations for the duration of their relationships. Mr. Dixon had also avoided psychiatric hospitalizations since marrying Mrs. Dixon and she had avoided hospitalizations for the two years preceding the group meetings. Staying out of the hospital is something that may in part be attributed to the beneficial functioning of these relationships. This could be seen in Mr. Dixon's reminders to his wife to take her medications and in the Macks' responses to each others' autistic tendencies. On a less extreme level, the couples' emotional caretaking efforts seemed to go some distance in easing anxiety and contributing to a less painful day-to-day existence.

On the negative side, a certain cost could be observed for the benefits described above. This could be seen in the trend in each couple's relationship for one partner to sacrifice his/her self-interests for the good of the other and indirectly, then for their own good. Mr. Talbot, for example, was willing to take a back seat to Ms. Jackson and Mrs. Mack was willing to support her husband financially. Finally, Mrs. Dixon was willing to play the role of a crazy and absent-minded wife in order to contribute to her husband's self-esteem needs. Although these self-sacrificing moves were significant, it is important to note that the extreme of hospitalization was not normally resorted to in these relationships.

The Management of Conflict and the Response to Positive Change

Conflict in a couples relationship may be defined as the experience of difference between two partners. Often this involves efforts by one
or both to change the other's thoughts, feelings and/or behavior with regard to the issue at hand. The course of the conflictual interaction may be such that the focus remains on the original problem or an escalation may occur in which numerous other issues are raised. The outcome of a conflictual interaction may involve capitulation by one partner, a "stalemate" in which neither partner will give up their position, a genuine agreement between the partners or an open acceptance of the differences between the partners. Disagreements, arguments, fights would all be considered examples of conflictual interactions. So, for example, a couple may disagree about whether or not they should go out for dinner. The wife insists they can't afford it, the husband argues that they can and they both feel angry. Given this conflict, a wide variety of events might ensue ranging from an agreement to an escalating argument in which the wife finally stomps angrily out of the house.

The response to positive change refers to a couples' interactions following a positive change on the part of one or both partners. For the present purposes, the emphasis is on individual change in the direction of expanded growth. This refers to a process whereby a person moves toward a greater degree of competence in dealing with interpersonal relationships and/or productive activities. Another way of describing positive change is that the individual moves from a more constricted way of dealing with the world toward a more flexible coping style. Examples of positive change would include a woman's increase in assertiveness allowing her to raise complaints effectively with sales personnel, a
man's development of the capacity to share inner feelings with close friends and family and a middle-aged woman's decision to leave a secretarial position in order to obtain professional training for a career more to her liking.

With regard to positive change, a couple's interactions may function to support the individual's movement or to discourage it. For example, a new job might lead a woman who had spent most of her time at home with her husband to be interested in an expanded variety of activities. Her husband may respond to this change in a supportive way by expressing pleasure in seeing her get out more often. On the other hand, he may respond negatively by criticizing her new friends and interests. It should be noted that the response to change in a negative direction as seen, for example in regression and the development of psychopathological symptoms is reviewed in the context of caretaking at times of emotional disturbance and will not be discussed further here.

On the basis of these descriptions of conflict management and the response to positive change, it should be evident that these processes overlap. For instance, it is likely that on some occasions, conflict represents a response to positive change in one or both partners and further that change may result from conflict. These two processes may be best differentiated on the following basis--conflict represents a desire to change the other on the basis of the self's needs whereas the response to positive change refers to what one partner does when the other changes in the direction of growth.

An evaluation of how couples manage conflict is very important in
analyzing the themes of fusion, roles and adaptation in the subject couples' relationships. As discussed in the methods section, either a high degree of conflict or the absence of conflict may be taken as signs of fusion or enmeshment in the relationship. If the couple fights all the time, this is probably a sign that they are being overresponsive to each other due to diffuse relational boundaries. On the other hand, the absence of conflict may reflect an avoidance and fear of fighting related to the anxiety raised over the potential loss of the partner. The couple's management of conflict when it arises is also an important source of information on relationship roles. A complementary pattern may be easily identified when one partner invariably capitulates in the face of conflict, and in a symmetrical relationship escalation may occur with each partner trying to establish his/her equality with the other. A symmetrical pattern may also be observed when couple partners maintain an experience of sameness via assiduous avoidance of conflict.

A couple's response to positive change is also revealing with regard to fusion and roles. In a fused relationship, any positive change which threatens the loss of the partner will be strongly resisted. An acceptance of change on one member's part, but not the other's would supply evidence for complementary relationship roles. In a symmetrical relationship, either positive change would be acceptable to both partners or to neither of them.

In general, a couple's ability to negotiate conflict in a straightforward, equitable fashion and willingness to tolerate positive change in both partners are considered signs of psychological health. Accordingly,
the adaptive significance of the subject couples' interactions around conflict and positive change will be evaluated with regard to how successfully they can manage these two areas. Insofar as conflicts are avoided or negotiated in a way that is detrimental to either or both partners, an assessment of a negative adaptive significance would be made. To the extent that conflict is managed in a direct, fair manner, the adaptive significance of the relationship would be seen as positive. With respect to the response to positive change, a negative adaptive significance would be noted in a lack of support within the couple for such changes while encouragement of these developments would be considered to have a positive adaptive significance.

Conflict management--the data. According to the Jackson/Talbots' reports, conflict was not uncommon in their relationship. Mr. Talbot referred to a period of "constant trouble" early in their relationship and although this had subsided, they described several current areas of disagreement such as the frequency of sexual relations and management of their budget. Further, on several occasions conflictual interactions were observed in the group meetings. These were subdued, but still quite useful in assessing basic patterns in the Jackson/Talbots' management of conflict.

In their conflicts, the Jackson/Talbots seemed to operate according to the underlying rule that he must never criticize and/or blame her while she would have the perogative of criticizing and/or blaming herself or him. An interesting example of this in which the process of their statements paralleled the content was observed on an occasion when
the Jackson/Talbots explained what happened when they disagreed. Mr. Talbot began by saying he was usually the one to apologize following a disagreement. This statement contained an indirect criticism of Ms. Jackson—namely that she never said she was sorry. Accordingly, it was not long before she defended herself, "There's been times too when I did something wrong. I said something to you or didn't do something and I said I was sorry." This statement may be interpreted both as a defensive response to Mr. Talbot's indirect criticism and as a self-critical assertion that was in accordance with their rule for conflict management. Mr. Talbot's response to this disagreement over who apologized was to correct his previous criticism and to agree with Ms. Jackson. Essentially, he apologized.

Another example of the Jackson/Talbots' rule for conflict management occurred as follows. Mr. Talbot reported that one evening, Ms. Jackson had been talking on the phone and he wanted to spend time with her. Instead of telling her this, he waited until she hung up to express his displeasure. In the group meeting in which this was discussed, Ms. Jackson protested, "But I said I was sorry and I said next time you don't want me on the phone, just come and tell me to get off, right?" Here Ms. Jackson's response may be interpreted as an open invitation for Mr. Talbot to express his feelings more directly. On another level, however, it may be that Ms. Jackson apologized but implied that Mr. Talbot was to blame for not expressing his wishes. Consequently, Mr. Talbot emerged from the interaction as the guilty one.

An example of how extreme to Ms. Jackson's sensitivity to
criticisms was and Mr. Talbot's willingness to retract such statements may be seen in the following excerpt in which they discussed plans for a holiday meal with friends:

We'll have, now, after New Year's, day after New Year's, we're going to more or less attempt, like a with a couple of friends of ours, attempt like a, a cooking of our own, we're going to have ham, potatoes... (Mr. Talbot)

What do you mean, attempt? (Ms. Jackson)

Well, attempt to do it, whatever (he laughs). (Mr. Talbot)

It's an attempt for you, but I'm the one that's going to be cooking. You can help me... (Ms. Jackson)

Well, I'll peel... (Mr. Talbot)

...you can help. (Ms. Jackson)

So we think we're going to have like an...a meal, New Year's Day, kind of more or less a get together...well, she does most of the cooking, but I help out, lately around the house too and... (Mr. Talbot)

Yeah, you do. (Ms. Jackson)

We're going to see (--) we don't know how it's going to turn out yet, but I imagine it'll turn out pretty good. (Mr. Talbot)

Mr. Talbot's criticism in this instance was that Ms. Jackson would only "attempt" to cook this meal. Her response, "What do you mean, attempt?" showed that this was unacceptable to her and soon Mr. Talbot voiced a more optimistic prediction for the event.

In the examples cited above, Ms. Jackson's hypersensitivity to criticism from Mr. Talbot could be observed. The reverse situation was very different as may be seen in the following excerpt from their discussion of disagreements:

I usually give in first, before she does, though. It seems I
do, like last night (they laugh). (Mr. Talbot)

Well, what happened? (Unidentified speaker)

Yeah, well, who was at fault? (Ms. Jackson)

I don't know. I guess I was, but it was something...

(Mr. Talbot)

Alright. (Ms. Jackson)

I was at fault last night. (Mr. Talbot)

Here Mr. Talbot again asserted that he usually was the one to apologize following a disagreement, citing as an instance the previous evening's agreement. Ms. Jackson's comment, "Well, who was at fault?" suggested that it was alright for her to criticize Mr. Talbot and the fact that he accepted her blame was also significant. When she said he was in the wrong, he seemed to have no other option than to agree.

The Jackson/Talbots' rule for conflict management could also be observed in the differences they each manifested with regard to the expression of angry, negative feelings. Within this context, Mr. Talbot explained: "I more or less, I most of the time hold things in, I guess. It's hard for her to get them out of me, unless she confronts me directly or something." Mr. Talbot admitted that this tendency could be problematic as occasionally negative feelings would build up inside of him until he exploded. Because of this, he said he was trying to share his feelings more openly, but when Ms. Johnson asked if he wished Ms. Jackson could read his wishes, he was clearly unwilling to go that far:

No, I don't think so. I think it's better if she talk to me about it, 'cause if she just read my wishes, it, it'd be like almost simultaneously, you know, she'd know right off what's bothering me. It's better if she confronts me and asks me
what's bothering me.

Mr. Talbot's reluctance to share his negative, angry feelings with Ms. Jackson may be explained in terms of their rule for conflict management whereby it was unacceptable for him to blame or criticize her.

Ms. Jackson's expression of negative, angry feelings was much more open and direct than Mr. Talbot's. When Ms. Johnson asked her, "What about when you're angry? How does he (Mr. Talbot) know?" she responded simply, "Because I, I don't beat around the bush" and laughed. Mr. Talbot supported this statement with an illustration: "Couple of times when she was angry, when we were going to bed, she threw me in the other room on the couch. So finally she come in and apologized and everything, but she was mad as hell before that (laughter)." On the basis of these statements, it seems clear that in the Jackson/Talbots' relationship it was acceptable for her to express angry feelings in a strong and direct fashion.

This might be seen as her way of modeling the direct expression of feeling. On the other hand, the observations made in the group meetings of her extreme sensitivity to any criticism from Mr. Talbot suggested that she would not have been able to tolerate a direct, explosive attack from him.

In addition to their basic rule for conflict management, the Jackson/Talbots also manifested another consistent method for dealing with conflict. As may be observed in the examples cited above, they often laughed when conflictual topics arose. Both Ms. Jackson's and Mr. Talbot's laughter took the same form--uncontrollable, and
inappropriate giggling. This laughter appeared to function to diffuse tensions associated with conflict and also to emphasize the Jackson/Talbots' sameness. In their laughter, they dramatically joined together and asserted their similarity even at times in the midst of a disagreement.

The Dixons denied the existence of any significant degree of conflict in their relationship. When asked about disagreements, Mrs. Dixon explained, "Well, Thomas and I don't have that many differences." Mr. Dixon disagreed with this, but in support of the existence of conflict in their relationship, he cited an argument over which television program to watch, an issue that seemed of little significance. So, essentially, he also downplayed the importance of conflict between them. It is interesting to note, however, that even in this exchange, the Dixons disagreed and with this in mind, their rule for conflict management, at least with respect to the early group meetings, may be outlined. In the majority of their discussions in the early group meetings, Mr. Dixon raised some objection to his wife's statements. So long as no explicit mention was made of this disagreement whether by the Dixons or by other group participants, no negative feelings seemed to arise. If, on the other hand, some comment was made on the differences between Mr. and Mrs. Dixon, he would deny it and she would change what she had said in order to agree with him.

In general, the theme of the Dixons' disagreements was self-improvement. He argued at length the benefits of such things as competitive employment, quitting smoking and developing self-reliance through
living alone. She, on the other hand, asserted her desire to avoid work, continue smoking and live with others. As long as no mention was made of these important differences, the Dixons seemed content. The following excerpt will illustrate what happened when these differences were acknowledged, in this case, by Mrs. Dixon:

Yeah, well, I get fits and starts and what I'll do is I'll get to a point when I can't stand them (cigarettes) anymore...they revolt me...Of course, I've given them up for three months. I've only smoked for five years. I haven't smoked all my life which is not a--, not as bad as some who have smoked for thirty years. (Mr. Dixon)

I've smoked for thirty years. (Mrs. Dixon)

But I don't mean that; I'm not talking about you. (Mr. Dixon)

Yeah, well, I know, but I've smoked for thirty years and I can't give 'em up. (Mrs. Dixon)

Given the fact that his wife was a life-long smoker, Mr. Dixon made what in another couple's relationship might have been an inflammatory remark, "I haven't smoked all my life, which is not a--, not as bad as some who have smoked for thirty years." Mrs. Dixon's response was to mildly remind her husband that she had smoked for thirty years. In the face of this, Mr. Dixon simply denied that his remark had any relevance to her and she, in turn, seemed to accept this. Of special interest in this exchange is Mr. Dixon's willingness to go to the extreme of absurd denial in order to avoid an explicit acceptance of significant differences between himself and his wife.

Another important example of Mr. Dixon's response to an explicit mention of differences between himself and his wife occurred after he had argued the benefits of living alone and Mrs. Dixon had declared that
she could imagine nothing worse. In this instance, Ms. Johnson was the one to identify this difference:

To me, that's the heaviest cross you have to bear is loneliness. (Mrs. Dixon)

Loneliness. (Ms. Johnson)

That's the heaviest cross that anybody has to bear. (Mrs. Dixon)

So when you are alone, you're lonely. (Ms. Johnson)

Yes. (Mrs. Dixon)

It's never any feeling like what uh, Thomas said. (Ms. Johnson)

No. (Mrs. Dixon)

Yeah, but you had an experience that you had when you were in the hospital...that spiritual experience.... (Mr. Dixon)

The "spiritual experience" to which Mr. Dixon here referred turned out to be his wife's vision of Jesus while in isolation at the state hospital. When Ms. Johnson suggested Mrs. Dixon was delusional at the time, the Dixons would have none of it:

Well, she doesn't think it was a delusion, though, she thinks it was real. (Mr. Dixon)

No, it wasn't a delusion, it was real. (Mrs. Dixon)

This interaction may be taken in support of Mr. Dixon's inability to acknowledge differences in his marriage. In this case, he went to the extreme of reminding his wife of a psychotic vision in order to allow them both to assert that she had, in fact, had a positive experience while being alone. Incidentally, this was the only example of true folie à deux observed in any of the couples.

The Dixons' pattern of conflict management as discussed so far
depended on their adoption of the opposite sides of most issues. Mr. Dixon usually argued the benefits of self-improvement while Mrs. Dixon asserted her disinterest in change—a less socially approved position. Perhaps because she became dissatisfied with this role, as the group progressed Mrs. Dixon became less willing to do this. She also became more actively critical of her husband. For example, in the third session she mentioned that when her father visited once a year, he took her and her husband out for a meal. At this point, Mr. Dixon made an apparent bid for praise by reminding her that one year they had taken her family out for dinner. Mrs. Dixon's response was to undercut her husband with a remark on how they were broke for the next two weeks. In the fifth session, Mrs. Dixon berated her husband for being a hypochondriac and insisted, against his protests, that he would have required further psychiatric hospitalizations if it weren't for her.

At the same time, Mrs. Dixon was becoming less supportive and accommodating, Mr. Dixon was also generating conflict through getting a night job to which his wife was openly opposed. Mr. Dixon lasted only a night or two in this position, but within a couple of weeks he had gotten another job with a day shift. Mrs. Dixon said she was happy about this development in the next group meeting which she attended alone. The outcome of this position was unknown as the Dixons failed to attend the final two group meetings.

Increased conflict of a genuine sort in the Dixons' relationship was accompanied in the group meetings by the development of what Minuchin (1976) calls "detouring." In this form of conflict management,
hostilities between two persons are alleviated when they join together to attack a third. For the Dixons, this pattern could be observed in their tirades against her twenty-three year old son who was living with them temporarily. They presented the group members with a long list of complaints about the son's laziness and irritability. In addition, the son owned a dog which was not supposed to be in the housing project (eviction was the feared outcome) and numerous attacks were leveled at it as well.

In summary, the Dixons seemed to demonstrate in the early group meetings a type of conflict management in which differences based on distinct roles (he championed self-improvement, she supported self-indulgence) were acceptable so long as they received no explicit mention. As the group meetings progressed, Mrs. Dixon seemed less willing to play her role and to accommodate her husband's need for support. Mr. Dixon became so intent on getting a job that he took a night position even though he knew his wife was opposed to this. Both of these developments seemed to generate genuine conflict in the Dixons' relationship which then was at least partially dealt with via detouring. Finally, although the Dixons had been enthusiastic participants in the group meetings, they failed to come to the last few sessions. It is possible that the group meetings played some part in the development of conflict in the Dixons' relationship and so in leaving the research group, they were avoiding the source of their difficulties.

When the topic of conflict management arose in the group meetings, Mrs. Mack emphasized the absence of disagreements in their relationship.
For example, when asked how they decided what to listen to on the radio, Mrs. Mack said:

Well, we generally get sick of the same program at the same time, so we switch it together. I'll, I'll say, 'You sick of that one too?' and I, he says, 'Yeah.' I go, 'I'm sick of it,' or else he says that to me and I say, 'Yes, I'm sick if it.'

According to Mrs. Mack, she and her husband simply never differed as to what they wanted to hear on the radio. She also explained that if a difference did arise between her husband and herself, a straightforward expression of her wishes was enough to remedy the situation. For example, Mrs. Mack said that when she didn't feel like making love and her husband did, she simply would tell him how she felt and this avoided an argument. On another occasion, she wanted to listen to records, but he didn't hear her say so and turned on the radio instead. When she told him she wanted to listen to the records, he put them on.

Mrs. Mack's description of conflict management in her marriage downplayed the presence of differences in addition to highlighting her husband's willingness to accommodate her wishes. What she failed to mention was that it seemed far more likely for her to alter her ideas and preferences in order to accommodate his desires than the reverse. An important example of this has already been discussed in the section on emotional caretaking when Mrs. Mack responded to her husband's distress over spending too much money on groceries by agreeing to pay all the major bills herself. In addition, the Macks explained that when they had owned a television, they watched what Mr. Mack wanted. A final striking example of this pattern in the Mack's management of conflict
follows below.

In the first group meeting, Mrs. Dixon happened to ask Mr. Mack how long he'd been married and this interaction resulted:

Oh, going on about two years and a half, I think. Almost three years. (Mr. Mack)

Two years, October 12. (Mrs. Mack)

Two years? (Mr. Mack)

Two. (Mrs. Mack)

Two years, yup. (Mr. Mack)

It's, it's almost our second anniversary, but I think its three years. Think you're right, George. (Mrs. Mack)

In this exchange, Mrs. Mack at first disagreed with her husband's statement that they had been married almost three years and said instead that they had been married not quite two. Then, even though Mr. Mack accepted that she was correct in this matter, Mrs. Mack retracted her statement in order to agree with her husband. Later, with the help of Ms. Johnson, the Macks were able to conclude that they had, in fact, been married almost two years. In this interchange, Mrs. Mack's need to change her ideas in order to agree with her husband seemed particularly salient.

The only example of an argument in which Mrs. Mack insisted that she get something from her husband was described by her as follows:

One Sunday we were waiting to go bowling, watching T.V. This was what? When we first got married and I asked someone (her husband) to, what his dream was when he was a young (man), when he was about twenty-one. He said, 'I don't know, and I kept asking him, 'You must have some, you must have had some dream.' I kept saying that and he kept saying that, 'I don't know,' and we made ourselves late for the b--, the bowling.
The poignance of Mrs. Mack's wish to hear about her husband's youthful dreams may be especially appreciated in light of the fact that whatever their dreams, the Macks actually had spent most of their lives in mental institutions. In any case, Mrs. Mack here expressed an important request of her husband in response to which he seemed basically indifferent. Mr. Mack's stance here appeared to be the opposite of her own active efforts to meet his wishes even when this entailed sacrificing her own. This example suggests that the Mack's avoided conflict through her accommodation of his wishes and that the reverse situation was rare.

Conflict management--a discussion. The subject couples were similar with respect to conflict management in that they all manifested complementary roles which served to prevent explicit disagreements from escalating into serious fights. Specifically, Mr. Talbot, Mrs. Dixon and Mrs. Mack were much more likely than their partners to change their views in order to avoid conflict. In these interactions, issues of fusion and roles are closely related inasmuch as individuals' identities seemed to be highly dependent on their complementary interchanges with their partners. Ms. Jackson's dominant stance, for example, would have been impossible to maintain without Mr. Talbot's submissiveness and the reverse would also be true. Thus it may be hypothesized that the Jackson/Talbots' identities were mutually defined in a way that reflected an extreme level of dependence on each other. This basic theme will be addressed for each couple below in addition to other significant aspects of their management of conflict.
Conflict management reported and observed in the Jackson/Talbots' relationship seemed to follow a rule that he must never criticize and/or blame her while she had the perogative of criticizing and/or blaming either herself or him. Their fights, then, tended to make Ms. Jackson appear powerful and justified while Mr. Talbot seemed weak and guilty. These interactions suggested that the Jackson/Talbots' identities were intertwined in a complementary fashion. Her dominance was validated by his submission and his weakness was supported by her strength. Although a degree of conflict was tolerated by the Jackson/Talbots, his subsmissiveness tended to avert escalations. Thus, genuine head-on conflict was still largely avoided by the Jackson/Talbots in part through the operation of complementary roles in their relationship.

Two additional features of the Jackson/Talbots' conflict management provide support for the existence of fusion in their relationship. First, their responsiveness to each other was extreme. Mr. Talbot had only to suggest that Ms. Jackson would "attempt" to cook a dinner for guests in order to evoke a reaction from her. Their other conflictual interactions were also characterized by this degree of responsiveness. Second, their laughter during conflictual moments seemed to provide a symmetrical counterpoint to their complementary exchanges that both diffused tension and emphasized their sameness.

In general, the Jackson/Talbots' conflictual interactions were characterized by a high degree of responsiveness and a complementary resolution with laughter serving to diffuse tensions aroused in these situations. Although this pattern does not reflect a direct and open
approach to dealing with conflict, it also does not reach the extreme of absolute denial of disagreements which might be seen in fusion.

In the early group meetings, the Dixons seemed not to experience much conflict despite the fact that they disagreed on nearly every issue that came up for discussion. These disagreements seemed to provide an expression of deeply ingrained complementary roles in their relationship. Mr. Dixon advocated change and self-improvement while his wife supported stasis and self-indulgence. The function of these roles may have been a reciprocal definition of self which may have supported both the Dixons' identities. Given that Mr. Dixon rarely acted on his verbal commitment to change, it seems unlikely that he would have been able to maintain a positive self-image based on his declarations without the contrast provided by his wife's self-indulgent stance. From Mrs. Dixon's perspective, her satisfaction with staying the same may have been doubly rewarding due to the contrast provided by her husband's anxious obsessions on change. In these ways, their identities could be seen to interlock in a way that may have validated each of them by way of contrast.

Mr. Dixon's inability to tolerate explicit mention of the differences he and his wife expressed suggested that he needed to deny the differences that served him so well on a covert level. One may speculate that his professional class origins did not prepare him for a marriage to a woman four years his senior with four children and eight psychiatric hospitalizations to her credit, a woman, who, by her own statements, preferred to spend most of her time in bed. Possibly Mr. Dixon had
accepted differences between himself and his wife, he would have experienced a highly threatening awareness of her inadequacies which seemed to provide such a crucial covert support for his self-esteem. Mrs. Dixon seemed able to accept these differences, but she cooperated readily with her husband's denials of them. The Dixons' cooperation in the distortion of reality (e.g., their recollection of her hospital "spiritual experience") suggests that on an overt level, a symmetrical denial of difference was required to defend against awareness of the more covert complementary roles.

The Dixons' system for conflict management as described above seemed to be upset by their participation in the group meetings. It is possible that they both experienced a desire to obtain approval from the group leaders and that this resulted in Mrs. Dixon's increasing resistance to playing the inadequate foil for her husband. He also took steps to gain approval through his efforts to gain employment which he proudly detailed in the group meetings. He made these moves despite his wife's clearly stated opposition to his working at night. The generation of conflict in the Dixons' relationship appeared to be dealt with in two ways--first via detouring hostilities onto her son and second through leaving the research group. Both of these developments suggested the Dixons' need to avoid direct, genuine conflict. The Dixons' extreme difficulties tolerating the explicit identification of differences between them may be evidence of some tendencies toward fusion in their relationship.

The Macks' management of conflict appeared to follow a fairly
consistent pattern in which she changed her views in order to accommodate her husband's desires. Mrs. Mack did describe two occasions when Mr. Mack acquiesced to her wishes to listen to records instead of the radio and not to make love, but the reverse pattern seemed to be the rule in their relationship. Even Mrs. Mack's reports of her husband's agreeable nature may be interpreted as further evidence of her deference to him.

Again, a reciprocal definition of self may be noted. Mrs. Mack seemed to enjoy her role of being the doting, maternal partner while Mr. Mack appeared satisfied with the role of a self-centered child.

These complementary roles seemed to help prevent the development of direct conflict in the Macks' relationship. In particular, Mrs. Mack seemed highly sensitive to any disagreement with her husband and acted quickly to withdraw a conflicting point of view. For example, as previously described, when they disagreed about the date of their marriage, she immediately withdrew her opinion. This degree of difficulty with disagreements suggests anxiety over separation which may indicate some tendencies toward fusion in the Macks' relationship. However, evidence of a total lack of a boundary between the two individual was clearly not observed.

The adaptive significance of the subject couples' conflict management was positive insofar as conflict was negotiated or avoided in such a way as to minimize anxiety and negative feelings in these relationships. One may speculate that without these methods of conflict management, these relationships could not survive. On the negative side,
however, this seemed to be accomplished at a significant cost to these individuals, particularly those who tended towards self-sacrifice in order to avoid conflicts. Mr. Talbot, Mrs. Dixon and Mrs. Mack all seemed likely to deny their views in order to support their partners even though this involved a certain self-sacrifice. This is not to deny that these three individuals may have obtained important gratifications in their roles, but merely to indicate that they needed to hold themselves back in order to avoid relationship difficulties.

The response to positive change--the data. For both Ms. Jackson and Mr. Talbot, the most significant moves toward positive change during the period of the group meetings occurred in the context of employment. Both of them began new job training experiences, but the apparent relational consequences in each case were quite different. In general, it seemed to be acceptable for Ms. Jackson to initiate and follow through on a positive change in the context of employment, while for Mr. Talbot, it was unacceptable.

Ms. Jackson explained in the first group meeting that she had had to discontinue her participation in the sponsoring agency's sheltered workshop because of emotional problems. As a step towards returning to the workshop, she reported that she would be volunteering a few hours daily at the sponsoring agency's used clothing store. She seemed pleased with this opportunity and from time to time in the course of the group meetings, she would bring it up with apparent pride. In response to this development, Mr. Talbot stated that he missed Ms. Jackson when she was gone during the day. At times he visited her while she was working--she
said they could talk then, but if a customer came in, she had to excuse herself. If there was something for Mr. Talbot to do like unloading boxes, he would help out. According to the Jackson/Talbots, Ms. Jackson retained her position throughout the period of the group meetings and they gave no evidence that she had any difficulty keeping up with this commitment.

Mr. Talbot reported in the first group meeting that he would soon begin full time job training as a machine operator at a facility some distance from home. He was under pressure to do this as his government financial assistance was about to be discontinued based on an evaluation that he was now capable of working to support himself. Mr. Talbot admitted that he was anxious over beginning his training: "It's, it's a little frightening (--), it's experience, 'til you get started after being out of work for almost two and one-half years or something like that." He also revealed that he was concerned about who would care for Ms. Jackson should she become sick while he was at his job training site.

Mr. Talbot managed to delay beginning his job training with several excuses so that his first day on site did not come until around the fourth group meeting. His reaction to the training program was basically negative. He complained about the expense of the bus fare, not being paid during the orientation activities and the program itself. In the following weeks, he went to the training site a few times, but at the end of the group meetings his prospects of successfully carrying through with the program were shaky at best.

Several of the Jackson/Talbots' interaction around his participation
in the job training program seemed significant. They described one morning when Ms. Jackson woke first suffering from an asthma attack. She recovered shortly, after which he told her he felt ill and would not go to the training program that day. She stated that she was very concerned about Mr. Talbot's health, but came in for her work in the used clothing store anyway. On another occasion, Mr. Talbot missed his bus and Ms. Jackson explained that she was so upset about this that she left for work without her asthma medication and had to return home shortly. Finally, in the eighth group meeting, Ms. Jackson discussed her worry that she might be pregnant because milk had been discharged from her breasts. In the same meeting, Mr. Talbot said that he'd decided to quit his job training altogether and seek competitive employment instead. When Ms. Johnson inquired if this was due to his wish to support Ms. Jackson and possibly their baby, he said this was part of it. In the final group meeting, Mr. Talbot had changed his mind again and was planning to continue with the job training program. Thus he remained on the verge of a significant move toward employment for the duration of the group meetings.

Several relational themes seemed to be manifested in the Jackson/Talbots' interactions as described above. First, Ms. Jackson overtly expressed a desire for Mr. Talbot to continue his job training and became angry with him when he failed to go. Second, she seemed to get sick at certain times in ways that pulled him to stay home and care for her. Third, she was overly concerned with his health, so when he complained of something minor she took it as a major concern and a definite
block to his attending his training program.

In general, Mrs. Dixon argued against any efforts toward positive change. She asserted her unwillingness to quit smoking and refused to consider seeking a job. As discussed previously, these attitudes seemed in part a way to express a particular role in her relationship with Mr. Dixon. It was in this area that Mrs. Dixon seemed to make some moves toward what might be called positive change. As the group meetings progressed, she seemed less willing to portray herself in a negative light in order to support her husband. In these ways she seemed to be attempting to develop a more positive self-image which may be considered a positive change. Mr. Dixon's response to this change was to anxiously argue against Mrs. Dixon's new assertions and in general the degree of conflict seemed to increase in their relationship following these developments.

Mr. Dixon's moves toward positive change came in the sphere of employment. Throughout the early group meetings, Mr. Dixon obsessed over how important it was to him to work. Then in the fifth group meeting, he announced that he had obtained a janitorial job on the night shift. In the next group meeting, he reported that he lasted only a night or two on this job. He admitted to some mental stress while working, but mostly attributed his failure to the difficulty of working a night shift. He explained:

Well, this time it wasn't a mental thing, my mental, well, I had some problems with jumbled thoughts, but mostly my mental togetherness was OK, but I couldn't seem to get the hang of sleeping at night...I mean in the daytime.

Mrs. Dixon's response to this job from the outset was negative, as she
explained that she didn't want to sleep alone or give up time spent with her husband during the day. Mr. Dixon also cited his wife's dissatisfaction as a reason he hadn't stayed with the job. Mrs. Dixon clearly stated her opposition to her husband's night job, but revealed later that she hadn't argued against it more strongly because she didn't think he would be able to "stick to it."

Mrs. Dixon came to the seventh group meeting alone, because Mr. Dixon had just begun working as a supermarket cashier on a day shift. She was very positive about his new job, referring to it as a "godsend" that would greatly improve the upcoming Christmas holidays. The Dixons both missed the last two sessions, so their subsequent interactions around this job could not be observed. Ms. Jackson did report that Mr. Dixon told her his shift was changed to the evening.

Mr. Mack manifested no moves toward positive change during the group meetings, so it is impossible to know what Mrs. Mack's response to this might have been. She, on the other hand, made at least two significant moves in the direction of growth to which Mr. Mack responded in quite different ways.

At the beginning of the group meetings, both the Macks were employed in the same sheltered workshop. In the fifth group meeting, Mrs. Mack announced that she had quit working at the workshop in order to begin volunteer work at a senior citizen's cafeteria. She seemed pleased with this change and when Ms. Johnson inquired, "How does George feel about it?" she replied, "He likes it." Speaking for himself, Mr. Mack's response was subdued, "Oh, I kind of miss her in a way, but I
have to get over it." In the remaining four group meetings, there was no indication that Mrs. Mack had returned to the sheltered workshop or that either of them seemed especially concerned about this shift.

The other positive change Mrs. Mack attempted took place when she voiced a lack of enthusiasm for their almost nightly pasttime of playing bingo. This came in the form of a complaint about their fellow bingo players: "That's what they do at bingo parties, let their cigarettes burn down in the ashtray, let you eyes get all (full of) smoke, and stare at the bingo numbers." With help from the group leaders, she said that this was something she wanted to change in herself, indicating indirectly that she wanted to spend less time playing bingo. She went on to suggest that they would have some alternate activities in the upcoming Christmas season and then, practically in the same breath, she asserted: "But we just might walk in the bingo hall at 9:00, all depends on what time we get out (of) the party." This seemed to reflect an anticipation of George's wish to maintain their level of bingo participation and in the exchange which followed, this could be clearly heard:

We're crazy about bingo, aren't we? (Mr. Mack)
Yes, we are, that's the... (Mrs. Mack)
Bingo crazy. (Mr. Mack)
Crazy about bingo. (Mrs. Mack)
Bingo crazy. (Mr. Mack)

In this interaction, it could be seen how quickly Mrs. Mack backed down from a positive change when she sensed that her husband would oppose her.
In this case, she reasserted her interest in bingo before he even said a thing.

The response to positive change--a discussion. In general, the individuals in the research group did not manifest significant progress toward positive change. Most of them had been incapable of competitive employment for years, they all required continuing anti-psychotic medications and their difficulties with budgeting were chronic. This overall tendency away from growth may be interpreted as a result of fusion in their relationships, but this would ignore the fact that even without these relationships, these chronic schizophrenic individuals had little potential for positive change. Thus, it is important to evaluate the ramifications of specific attempts to change within these relationships for insights into fusion, roles and adaptation. As in the area of conflict management, the dynamics of fusion and roles are intertwined with respect to the response to positive change. For this reason, they will be discussed together.

In the Jackson/Talbots' relationship, distinct responses to their individual moves toward growth were observed. She obtained a volunteer position at the beginning of the group meetings and nine weeks later she was still managing her work successfully. Although Mr. Talbot revealed that he missed Ms. Jackson when she was working, relational repercussions did not seem to inhibit her from going. In contrast, Mr. Talbot's efforts to begin job training seemed fraught with difficulties. He was clearly anxious about making this move and Ms. Jackson's overall
response to his efforts in this area was unsupportive. On an overt level, she voiced an expectation that he would carry through with his training, but covertly she acted in ways that undermined his efforts. Her physical crises seemed to express a need to have Mr. Talbot at home to care for her. In addition, her overconcern with his health seemed to provide encouragement for him to stay home.

The Jackson/Talbots' interactions in the area of positive change suggest the operation of a homeostatic rule which defined Ms. Jackson's moves toward positive change as acceptable and Mr. Talbot's moves in that direction as unacceptable. This rule provides further evidence of the Jackson/Talbots' complementary relationship roles. As the more dominant partner, it seemed acceptable for Ms. Jackson to succeed in a new work experience because this behavior was congruent with her role. However, if Mr. Talbot had succeeded with his job training, this would not have been congruent with his submissive posture in the relationship. Although Mr. Talbot's moves toward positive changes were not supported in his relationship with Ms. Jackson, the life-and-death avoidance of any change which would characterize fusion was not observed.

A caveat should be added to the foregoing discussion of the Jackson/Talbots' response to positive change. Some of the differences observed between them may have resulted from differences in the employment efforts they made. Ms. Jackson's volunteer position was located in the sponsoring agency—a place familiar to them both—and was limited to a few hours per day. Mr. Talbot's training program, on the other hand, was a significant distance from home and he was expected to participate on a
full-time basis. Thus the change he was attempting was more substantial than hers and this may have contributed to his difficulties.

Mrs. Dixon's only attempt in the direction of positive change was to become less supportive of her husband insofar as this required her own abnegation. Mr. Dixon's response to this was negative and conflict soon resulted. As discussed previously, conflict over Mrs. Dixon's positive changes may have been an important factor in the Dixons' decision to leave the research group. In general, it seemed that Mrs. Dixon's role of being opposed to positive change was her only acceptable relational position.

As for Mr. Dixon, his chief attempts toward positive change were in the context of employment. Mrs. Dixon openly criticized his decision to take a night job and he failed in this position. When he obtained a daytime job, Mrs. Dixon seemed pleased, but the final outcome of this venture was unknown. Given Mr. Dixon's history of difficulties with competitive employment, it seems safe to predict that he would have trouble with this job as well. Relational factors which may have contributed to Mr. Dixon's job problems lie in two directions. First, both the Dixons acknowledged that she had nothing with which to occupy herself during the day. Mr. Dixon referred to this as a reason why he quit his night job--since he had to sleep during the day, she had no company. Although they did not refer to this as an obstacle to Mr. Dixon's daytime employment, it may be that Mrs. Dixon encouraged Mr. Dixon to fail at work so he could stay home and keep her occupied. On a more speculative note, one wonders whether Mr. Dixon's anxiety at work in part resulted
from not having his wife present as a negative foil. At home, his insistence on the value of working contrasted favorably with his wife's openly stated preference to stay in bed all day. Their complementary roles thus may have served to bolster his self-esteem. When he was at work, however, Mr. Dixon could only compare his inadequacies with the relatively adequate functioning of his peers. It may be that this provoked anxiety in Mr. Dixon and prompted his return home. It may be that the Dixons' homeostasis represented a kind of complementary balance between them that served to protect his self-esteem and allowed her a very non-pressured life. Evidence that this dynamic tended toward a more complete absence of change characteristics of fusion was not observed.

Mr. Mack's lack of any movement toward positive change during the period of the group meetings contrasted with his wife's behavior. It is interesting to note that his response to her moves in two different areas were quite distinct. It will be remembered that Mr. Mack seemed to resist his wife's highly tentative criticisms of their bingo participation while he seemed to accept her move out of the sheltered workshop. Apparently, Mr. Mack's investment in having his wife attend bingo games with him was much higher than his investment in having her work with him, perhaps because he was more dependent on her company in social situations. In any case, the Macks' interactions with regard to the bingo situation clearly suggest fused tendencies in their relationship. As to the job situation, a possible explanation for Mrs. Mack's seeming ease in making this move may be that it was congruent with her
relationship role of being the maternal one. As a mothering figure for Mr. Mack, it may have been acceptable for her to leave him briefly for independent employment activities. On the other hand, this development may be evidence of Mr. Mack's tolerance of some degree of independence in his wife and of a relationship not based on fusion.

Regarding the adaptive significance of these couples' interactions in response to positive change, it may be concluded that growth was not generally supported. Individual efforts to move towards competitive employment were probably the most significant examples of positive change and these seemed largely unsuccessful in the long run. Ms. Jackson, for example, managed to maintain a part-time volunteer position for the duration of the group meetings, but she had never had any success with competitive employment. Again, it should be noted that these difficulties cannot be attributed solely in these couple relationships. Doubtless, problems would have existed even without the relationships. Nevertheless, it is important that in general, support for positive change was not observed in these relationships.
CHAPTER V
DISCUSSION

In the last chapter a wide variety of interactions were reviewed with the goal of shedding light on the issues of fusion, roles and adaptation in the subject couples' relationships. The point has previously been made that it may be misleading to base conclusions on any particular behavior in isolation from the entire relational context. The first objective in this chapter is, therefore, to integrate the foregoing observations in an attempt to develop a more complete evaluation of fusion, roles and adaptation in the subject couples' relationships. It should be noted that the focus of this review will be on the descriptive aspects of the data. This chapter's second objective is to discuss the implications of the subject couples' relational dynamics for the broader theoretical and clinical questions prompted by the occurrence of chronic schizophrenic couples as outlined in Chapter II.

Integrating the Data

Fusion. In general, the couples' relationships appeared to be positive and caring. Direct, escalating conflicts seemed to be avoided and positive change was not supported. These observations suggested an emphasis on closeness, but in general this was not so extreme as to support an hypothesis of fusion in these relationships. This finding will be developed in the following discussion of the three topic areas covered:
positive feelings, caretaking and the management of conflict and the response to positive change.

In recalling their courtships, all three couples presented a very romantic picture. The Jackson/Talbots reported an initial period of indecisiveness over involvement with an eventual experience of "falling in love." The Dixons and the Macks seemed to enter into their relationships more suddenly. These experiences suggested tendencies in the subject couples to fuse, but it is impossible to determine how divergent these reports might be from an average couple's account of how they came together. Certainly, the celebration of romantic fusion is an ever popular theme in contemporary American culture. The couples also described themselves as very affectionate. They seemed to value verbal and non-verbal expressions of positive feelings. Had this type of behavior been observed in a more extreme degree, for example if a couple had held hands constantly and kissed often during the group meetings, it might have been a stronger indication of fusion in the relationship. As it was, the couples' expressions of affection did not suggest the operation of fusion in these relationships. Mr. Talbot's and the Dixons' attempts to identify the positive nature of their relationships may be viewed in the same way. Emphasis was placed on oneness, reciprocal caretaking and mutual acceptance which are just the qualities which any loving couple might describe if given the opportunity. Fusion, again, was not supported.

Caretaking was an important focus of these couples' relationships. On the most concrete level they tended to work together on housekeeping
activities such as shopping and cooking. The mutual support observed in these areas could be interpreted as a reflection of the individual partners' difficulties with independent action. However, a much simpler explanation would be that economic and social factors led these couples to occupy themselves jointly in the relatively few activities open to them. Physical illness provided the focus of a considerable amount of energy in the Jackson/Talbots' relationship, somewhat less in the Macks' marriage and very little in the Dixons' relationship. According to the couples' reports, physical discomfort in one partner activated concerned caretaking efforts on the part of the other. Two instances—when Mr. Talbot interpreted Ms. Jackson's blisters as bloodpoisoning which he had experienced and when Mrs. Mack became "blue" and "crazy" in response to some minor physical complaint in her husband--suggested some boundary diffusion in these relationships. One may speculate that these physical problems were crises which provoked fused reactions that ordinarily were not typical of these couples' relationships. In the area of emotional caretaking, the couples demonstrated and reported a high degree of concern and responsiveness. At times, this responsiveness verged on an extreme which might indicate the lack of a boundary in the couples' relationships. This however, was not typical and most often the couples' efforts at emotional caretaking seemed to result primarily from their sensitivity and concern.

These couples tended to shy away from direct conflictual situations that might escalate into open battles. They most often did this via complementary submission on the part of one partner. Although this
suggests that vigorous disagreement was anxiety provoking for these couples, this factor, in itself, would not imply that these relationships were fused. This argument is supported by the observation that the couples did tolerate some degree of conflict. They did not constantly agree. The Jackson/Talbots probably showed the most capacity for discord with the Macks capable of the least. Yet even Mrs. Mack could handle the fact that her husband was not entirely pleased with her decision to leave the sheltered workshop. Thus some tolerance for conflict was observed in all the relationships, albeit in a relatively narrow range. The couples' interactions in the area of positive change seemed primarily to stabilize the non-psychotic functioning of the individual partners. Further growth beyond this level did not appear to develop out of these couples' relationships. This absence of positive change may be related most simply to the individual partners' psychopathology. The prospects of competitive employment, for example, are not good for most chronic schizophrenics and the individuals involved in this study seemed to be no exceptions. With respect to the dynamics of the couples' relationships, negative homeostatic feedback could be identified which also contributed to the employment failures observed. As in the management of conflict, however, these interactions showed a range of movement beyond what would be expected in a fused relationship.

Roles. In general, the couples' interactions provided strong support for the existence of complementary roles in their relationships. Although at times symmetrical denials of difference were voiced, most
typically the couples manifested distinct, reciprocally defined relationship roles. Along this theme, each couple presented a unique organization of their behaviors. Because of this, each couples' roles will be discussed separately.

In the Jackson/Talbots' relationship, she appeared to be a dominant, demanding maternal figure while he was submissive, solicitous and dependent. Ms. Jackson's dominant stance could be seen initially in her pursuit of Mr. Talbot during their courtship. Both the Jackson/Talbots cared for each other at times of physical illness although it seemed more likely for Mr. Talbot to play this role. With regard to emotional problems, Mr. Talbot reported that he could confide in Ms. Jackson, but he was the one to demonstrate in the group meetings an actively solicitous stance with respect to her feelings. In conflictual interactions, Ms. Jackson was never made to feel guilt, although she would sometimes accept responsibility for problems. Her control in this sphere was almost total and in any disagreement, Mr. Talbot invariably backed down quickly. Finally, with respect to positive change, Ms. Jackson was allowed some latitude inasmuch as she managed to keep up her volunteer activities while Mr. Talbot's efforts to gain job training seemed to be undermined by a negative relational response.

In the Dixons' relationship, a consistent division could be observed in their interactions in which he seemed concerned with abstract issues, while she focused on concrete concerns. In general, this seemed to be associated with an assumption that Mr. Dixon was more capable on a psychological level while Mrs. Dixon was supposed to be dependent on her
husband for her sanity. In their courtship, she was the one to initiate their acquaintance, he was the one to later rhapsodize about how the minute they met, he knew they would fall in love. With regard to affection, Mr. Dixon was more likely to tell his wife he loved her. In contrast, Mrs. Dixon much more rarely offered a spontaneous statement of affection and when she did she was more direct and concrete.

The areas of housekeeping and physical caretaking seemed to be dominated by Mrs. Dixon, although Mr. Dixon helped out to some extent. In this context, it was interesting that Mrs. Dixon was quite opposed to receiving care from her husband when she was sick. Thus, it seemed that in the more concrete sphere of caretaking, Mrs. Dixon was the primary figure and she seemed unable to tolerate any reversals in this area. In the realm of emotional caretaking, Mr. Dixon was more active in reminding her of her medications and appointments. In addition, he utilized rationalizations and wishful thinking at times to buoy up her feelings. Finally, he provided a sympathetic and supportive presence on the two occasions during their marriage when she suffered a psychotic episode. Her support for him was partly expressed in her reality testing of his obsessive worries. Perhaps more important was Mrs. Dixon's implicit support which she provided through playing a self-indulgent role and opposing change. This stance seemed to help Mr. Dixon's obsessions on self-improvement look good and in this contributed to his self-esteem and emotional stability.

The Dixons' interactions in the areas of conflict management and the response to positive change provided further evidence of Mr. Dixon's
role as the representative of abstract concerns and Mrs. Dixon's role as the advocate of concrete concerns. Early in the group meetings, the Dixons manifested a pattern of disagreements in which she expressed her dedication to staying the same, while he argued the cause of self-improvement. These roles seemed to be tightly balanced in a complementary fashion with Mrs. Dixon on the side of concrete satisfactions and Mr. Dixon pushing for a much-discussed betterment. This complementary dynamic clearly relates directly to positive change. The relational significance of the Dixons' complementary roles may be determined by the consequences of moves made counter to these role expectations. Especially Mrs. Dixon's increased unwillingness to portray herself as inadequate resulted in significant relational reverberations.

In the Macks' relationship, she seemed to play the role of a solicitous, non-demanding mother while he acted like a dependent and somewhat oblivious child. Mrs. Mack initiated her relationship with Mr. Mack, demonstrating from the outset a more active, though not yet quite maternal, relational role. With regard to the expression of affection, Mrs. Mack arrived at a wording which she enjoyed and which Mr. Mack with the insensitivity of a child rejected. The Macks enacted a mother-child relationship in their shopping trips--she picked out the groceries, paid for them, and he carried them home. When her husband was sick, Mrs. Mack took careful sympathetic care of him as a mother would. The reverse situation did not occur or else occurred rarely which would also be characteristic of a mother-child relationship. In the area of emotional caretaking, both the Macks were responsive to each
other. Mr. Mack's ability to alleviate his wife's distress was surprising given his normal failure to initiate a supportive response. However, when he came to the rescue following Ms. Jackson's criticism of his wife, he did so in the kind of indirect way that a child might use. A significant example of Mrs. Mack's response to her husband's emotional difficulties was her decision to take their major bills upon herself. In this way she became even more of a motherly figure to her husband.

With regard to conflict, Mrs. Mack invariably gave up her position in order to support Mr. Mack's wishes. This kind of move was typical of her solicitousness towards him. In the area of positive change, Mr. Mack made no moves, while his wife was able to change her job, but not her avocation of bingo. It is possible that the job change was congruent with her motherly role and therefore not significantly resisted. Mr. Mack's wish to have her at his side every night at bingo was clear, however, and she moved quickly to allay any fears he might have about whether she would accommodate his wishes in this area.

Adaptation. In general, the subject couples' relationships appeared to have a positive adaptive significance for the individuals involved. Perhaps the most striking and convincing evidence of these relationships' adaptive value was the fact that for almost all of the individuals involved in the study, psychiatric hospitalizations had not been required for the duration of the relationships.

Within these relationships, a warm, caring and sensitive atmosphere was evident which seemed to be highly gratifying for the couples. In
a society where each of these individuals occupied the bottom rung on a ladder of social desirability, they found acceptance and concern with their partners. In addition, basic caretaking functions were served by these relationships which undoubtedly contributed significantly to the quality of life the partners enjoyed. Sharing even such simple activities as shopping, cooking and cleaning seemed to insure that the couples were more adequately fed and housed. Caretaking at times of physical illness appeared to be another positive function that these relationships served. With only a few exceptions, these individuals were capable of responding to the physical distress of their partners in highly sensitive ways. Perhaps even more significant were the caretaking efforts which arose in the sphere of psychological difficulties. In a wide variety of ways ranging from Mr. Dixon's reminding his wife to take her medications to the subtle supports provided by Mr. Talbot for Ms. Jackson, the couples seemed to cooperate in the attempt to avoid psychotic ideas and behaviors in the individual partners.

With regard to the management of conflict and the response to positive change, the couples were not very successful. Genuine conflict was normally avoided through the submission of one partner, and positive change, such as the attainment of competitive employment, appeared to receive little support in these relationships. In light of this, it appeared that a "no-growth" principle operated in the subject couple's relationships such that interactions went smoothly only as long as the individuals avoided conflict, positive change or growth. Thus, over the period of the group meetings, little real improvement in functioning was
observed in these individuals. Naturally, this incapacity to grow should be evaluated in light of the general difficulties manifested by chronic schizophrenics with growth. The key advance, apparently enabled by these relationships, then, was a stabilization of non-psychotic adjustment and relatively independent living.

Theoretical and Clinical Implications

Theory. It will be recalled that in developing theoretical expectations relevant to chronic schizophrenic couples relationships, the most basic assumption is that these couples simply would not exist. Chronic schizophrenia has long been considered a psychopathological phenomenon characterized, at least in part, by an autistic retreat from the interpersonal world. Autism, of course, hardly provides a springboard into the intimate experience of a committed couples relationship and so the couples studied here would have to be considered exceptional. One of the theoretical implications of these couples, however, is that their existence provides a challenge to the idea that autism is still a defining characteristic of chronic schizophrenia. Two psychiatric developments in the last thirty years may begin to provide some explanations for this possible change in the phenomenon of chronic schizophrenia. Briefly, these are the development and widespread use of the major tranquilizers in the treatment of chronic schizophrenia and the subsequent efforts to help chronic schizophrenics to improve their functioning so as to allow them to move out of the large mental institutions. Both of these developments may have been involved in the reduction of the autistic
focus of most chronic schizophrenic mental patients in the first half of the twentieth century. The existence of the three subject couples suggests at least that under appropriate circumstances, chronic schizophrenics may overcome autistic inclinations and engage in committed, intimate relationships.

The second theoretical expectation raised for chronic schizophrenic couples is based primarily on data from individual psychotherapy with chronic schizophrenics. This is the expectation that these relationships would be highly fused. The data presented here do not support this expectation. There was no evidence of a complete loss of the boundary between the partners. On the contrary, the couples demonstrated a variety of actions and reactions in their relationships through which they moved relatively closer and further apart. Although the range seems fairly small, some movements toward separation were tolerated. An absolute, mutual absorption was never seen.

The final theoretical issue posed in this study relates to the question of how differences are managed in a fused relationship. Are differences avoided in an effort to achieve a symmetrical oneness or do differences provide a necessary complementary framework for the fused relationship? Given the failure to observe the operation of fusion in the subject couples' relationships, no data could actually be obtained relating to this question.

For its own sake, however, the observation of particular relationship roles in the subject couples' relationships is of interest. The Jackson/Talbots seemed to operate with her in a dominant role and him in
a submissive one. The Dixons' complementarity revolved around a more subtle distinction that he was the psychologically stable and growth-oriented partner. Mrs. Dixon, by contrast played the role of the more psychologically disabled and anti-change partner. In the Macks' relationship, she seemed to play the role of a mothering figure, while he played the role of a child. These roles appeared to provide an important structure for these relationships which seemed to facilitate relatively smooth functioning. Perhaps, in this, they are not so different from any couple trying to get along with the least amount of friction and difficulty.

Practice. Two basic areas of clinical concern for the treatment of chronic schizophrenic couples may be distinguished for the purposes of discussion. The first relates to the formation of such couples and to what role mental health workers ought to play in this process. Given the existence of the chronic schizophrenic couple, a second area of clinical concern involves how best to intervene in such relationships if the couple requires psychological treatment. These two areas of concern will be discussed below and the implications of the present research reviewed.

Impact from the mental health sphere on the formation of chronic schizophrenic couples may come at a variety of levels and in a number of direct and indirect ways. For example, a state mental hospital may sponsor a sex education workshop for patients—an activity which communicates an expectation that the patients will at some point engage in sexual relationships. Rules permitting or forbidding cohabitation in a
halfway house would also be expected to exert some influence on the formation of chronic schizophrenic couples. Individual therapists of chronic schizophrenics also have the opportunity to work on issues of the person's involvement in couples relationships with other chronic schizophrenics and doubtless contribute to the client's decision whether or not to become so engaged. Relevant to this context is the fact that the subject couples all met in mental health treatment settings and that it seems likely that these settings would be by far the most likely places for chronic schizophrenics to interact socially. In the development of treatment plans liable to influence the formation of chronic schizophrenic couples, the present study suggests that these decisions should be made with the possibility of client benefits in mind. Again, this thesis hardly demonstrates that most chronic schizophrenic couples will avoid hospitalizations and maintain independent living, but the observation that the subject couples achieved these important goals certainly highlights the need to keep an open mind on this issue.

With regard to treatment of chronic schizophrenic couples, this thesis suggests that an emphasis on closeness and the operation of complementary roles might define the kinds of behavior acceptable for each partner. Working slowly within these limits might represent the best therapeutic approach. Mr. Talbot, for example, was apparently encouraged by his counselor to participate in employment training, certainly a very important objective. In the group meetings, however, it could be seen
that this type of move was extremely threatening to the dominant-submissive roles Ms. Jackson and Mr. Talbot played. With an appreciation of their complementary roles, it might be possible to arrange for vocational training that would preserve this configuration, for example, by encouraging Ms. Jackson to be in charge of any small moves Mr. Talbot might make toward getting a job.
In concluding this study, it seems appropriate to cover three final concerns. First, a general review of the key points focused upon in this thesis is in order. This overview should provide some sense of perspective on the study in its entirety. Second, and with this perspective in mind, criticisms will be offered of the approach taken here to the study of chronic schizophrenic couples. It is to be hoped that these reflections will help to elucidate the weaknesses in the current study which may then be considered in plans for future research. A discussion of these plans constitutes the third concern to be addressed in this chapter.

An Overview

Deinstitutionalization of the treatment of the severely disturbed has been guided in part by the goal of reducing the geographical and psychological distance between the chronic mental patient and his/her community. It is perhaps safe to say that success in terms of geography has much more rarely been accompanied by success in terms of true social integration. The chronic schizophrenic continues to occupy a marginal position in a society which has little patience with irrational individuals who fail to produce. The development of chronic schizophrenic couples was not anticipated by the deinstitutionalization movement. These relationships seem rather to represent more spontaneous and,
indeed, more profound connections than those established with the stream of mental health workers who intervene in these people's lives. In forging these new connections, chronic schizophrenics have opened up possibilities for improving the quality of their lives that go beyond what may be offered in any standard rehabilitation program. Given these factors, the significance of chronic schizophrenic couples must be clear and the importance of developing some understanding of their lives apparent.

This study was designed as an exploration of dynamics in chronic schizophrenic couples relationships with a specific focus on several theoretical and clinical concerns. Although no reports were found of investigations of chronic schizophrenic couples relationships, reasoning from related sources allowed for the development of two specifically theoretical issues. The first involves the expectation of fusion in chronic schizophrenic couples relationships and the second relates to whether such relationships would be characterized primarily by an avoidance of or organization around differences. Clinical concerns were addressed within the context of a consideration of the adaptive benefit of these relationships for the individual partners.

The data were obtained in a series of nine weekly hour-long group meetings attended by three chronic schizophrenic couples. A wide variety of topics were discussed in these meetings within the context of an open-ended format. Analysis of the transcripts of these meetings formed the basis for the following observations: (1) the couples were not fused, although their relationships were very close; (2) the
relationships were characterized by complementary configurations of differences that seemed to represent a profound interdependence of the partners' identities; and (3) the relationships appeared to function adaptively insofar as psychiatric hospitalizations were avoided and a certain quality of life was achieved, but maladaptively as far as conflict was avoided and positive individual change was not supported.

The observations made of these three couples' relationships should not be taken as generalizations. It is possible that chronic schizophrenic couples more often exhibit destructive, chaotic relationships. The most that this study can offer is an evaluation of three chronic schizophrenic couples that suggests relevant theoretical and clinical issues which may provide the basis of future research on this topic.

Assessment of Method

In presenting this methodological assessment, first the reasons for using this method will be reiterated and second, the criticisms of this approach will be discussed.

A qualitative open-ended study of a few chronic schizophrenic couples in a group context was chosen for a variety of reasons. First, a need to develop basic descriptions of chronic schizophrenic couples was well served by this method. Second, the global and tentative issues that were developed on the basis of relevant literature seemed to be best approached in a way that would allow for the inquiry into complex relational variables while at the same time allowing for the
emergence of unanticipated observations. Third, it was felt that the group context would provide for some clinical benefit insofar as the couples would be able to share and contrast their experiences with others in a similar position. Fourth, it was anticipated that the group meetings would also allow for observation of inter-couple interactions. Finally, the time period of the group meetings was chosen for the purpose of allowing for the data collection over a short, but significant interval.

In general, the question may be raised with regard to the method used here as to whether the objectives discussed above were actually met. Beginning with the goal of developing descriptions of the couples, the use of the group context for data collection clearly limited possible observations. How the couples behaved with each other in a group setting with other couples could be determined, but as for describing other aspects of the couples' lives, this information necessarily derived from the couples' self-reports. The reliability and validity of these reports is naturally open to question. Potentially more accurate descriptions of the couples might have been achieved through use of interviews in other settings, particularly their homes.

The exploration of global, yet tentative relational dynamics represents another objective of the open-ended group method used here. A serious problem with this approach may be that the type of observations available in such a context might not actually address the sorts of questions being asked. Especially with respect to fusion, one may wonder if the internal experiences characteristic of this relationship
mode would actually be manifested in a group setting. Typically, observations of pathologically fused relationships with schizophrenics have come out of reports of psychoanalytic psychotherapy with such individuals. The writings of Searles (1965) are probably the best example of this. The therapist, in these situations, however, relies on his/her internal experiences in the relationship in order to evaluate the operation of fusion. For example, he or she may enter a session with an unconscious feeling of sadness which is then observed in the patient. The absence of a boundary between the two is thus determined. In the group meetings, this kind of information was not available since the internal worlds of the research participants were not explored in any depth. The question, however, presents itself as to whether a more intensive exploration would threaten a chronic schizophrenic couple's relationship in such a way as to prohibit its use.

Regarding the validity of the observations made of other relational dynamics in the subject couples, the reliance on self-description should again be noted as problematic. For example, the couples' reports of frequent affectionate exchanges were accepted as fairly accurate portrayals of their relationships. Some substantiation was possible through observations made in the group meetings, but in the analysis, careful distinctions between self-report and actual observations were not made. Perhaps the use of such distinctions could have aided in at least some evaluation of the type of data upon which important observations were made.

The prospect of potential benefit for the research participants
contributed to the choice of a group format for data collection. The experiences of the subject couples suggest that the group meetings may have had both positive and negative effects in their relationships. The Jackson/Talbots and the Macks were faithful participants and in the last meeting reported satisfaction with the group meetings. These two couples seemed to experience a kind of validation of their relationships in the group meetings that contributed to a sense of worthiness. The Dixons, on the other hand, appeared to experience the group meetings as a source of conflict between them and their early departure from the group suggested a need to avoid a source of threat to their relationship. On the other hand, it may be that the Dixons would have had relationship difficulties whether they had participated in the group meetings or not. In any case, it is possible that another method of data collection might have been less problematic for the Dixons, particularly one which would not require such extensive participation. Perhaps interviews with the research participants counselors would have provided meaningful information about the couples with less of a risk to their relationships.

One reason for choosing a group setting for the collection of data in this study was to enable the observation of inter-couple dynamics. However, the analysis of intra-couple dynamics emerged as the central focus of the study and a systematic exploration of the interactions among the couples was foregone. Because of this shift in goals, the group setting may have been more of an obstruction than otherwise. On several occasions, exploration of one couple's comments on a topic were cut short because of the participation of other couples.
Had the goals of the study been more clearly defined prior to the collection of data, this problem might have been anticipated and a more appropriate method might have been selected.

The choice of the method used in this study was made partly on the basis of the complete lack of prior research, clinical or theoretical, on chronic schizophrenic couples. In a sense the study was planned as a preliminary survey of all aspects of the subject couples' relationships as a way of arriving at more particular issues of interest. The open-ended group discussions were expected to provide such all-encompassing information and the fact that this was not entirely successful should perhaps not be too much of a surprise. In retrospect, it seems that even as a preliminary inquiry, the study could have addressed itself to a more specific and limited set of questions. Even were these questions not completely on target, important data on these couples' relationships might still have been obtained. Descriptive information could have been gathered in a more comprehensive fashion or the issue of fusion might have been explored in a way that could have proven more conclusive. As the study stands, some lack of clarity remains with regard to both these important areas of inquiry.

**Future Research**

Clearly the present study of chronic schizophrenic couples represents a preliminary investigation into possible issues of interest relevant to this new clinical phenomenon. The need for future research in this area is imperative. Theoretically, these relationships promise
further insight into the psychopathology of chronic schizophrenia and into the relational potential of such individuals. From a clinical perspective, it seems likely that in the future, couples relationships between seriously disturbed persons will increase in numbers. Many questions remain as to the best therapeutic approach to such couples given the need for mental health interventions.

One basic research need in the study of chronic schizophrenic couples is to develop some estimation of the incidence of these couples. This kind of work would aid in evaluating the significance of this clinical group in terms of concrete numbers rather than clinical impressions. Further exploration is also needed into chronic schizophrenic couples' relational dynamics with the use of larger groups that would provide a broader view of the population. Comparison studies among chronic schizophrenic couples, neurotic couples and normal couples would also be useful in the determination of which, if any dynamics are specific to chronic schizophrenic couples. Further research into the relationship between the psychopathological processes involved in chronic schizophrenia and the interpersonal dynamics evident in a chronic schizophrenic couple would be of significant theoretical interest. Finally, clinical research into successful intervention strategies with these couples is needed.
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