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Why Is the Hope-Focused Couple Approach Effective?

Everett L. Worthington, Jr.

Virginia Commonwealth University

Jennifer S. Ripley

Regent University

Joshua N. Hook and Andrea J. Miller

Virginia Commonwealth University

Shannan Crawford

Regent University

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Abstract

Hope-focused couple enrichment has been evaluated by a recent review (Jakubowski et al., 2004) to be one of four empirically supported couple enrichment interventions. We review the essence of the hope-focused approach for the therapist, and in doing so we present and discuss four possible reasons for the efficacy of the hope-focused approach. These include (1) a focus on hope, (2) a simple strategy with diverse techniques, (3) a focus on repairing damaged emotional bonds through forgiveness, and (4) reliance on systematic research on the components of the method. We hope to interest researchers and clinicians in the hope-focused approach as well as improve therapists' couple counseling.

(107 words)

Why Is the Hope-Focused Couple Approach Effective?

Hope-focused couple enrichment has been evaluated to be one of four empirically supported approaches to marriage enrichment in the United States (Jakubowski, Milne, Brunner, & Miller, 2004). The other three empirically supported marriage enrichment approaches are the Premarital and Relationship Enhancement Program (PREP; Markman, Stanley, & Blumberg, 1994), couple communication programs (Butler & Wampler, 1999) and Relationship Enhancement (Guerney, 1977). Over the years, these four programs have been investigated multiple times with demonstrated efficacy using many couples. Other approaches to couples enrichment may have been used frequently, but they have not met the criteria for an empirically supported treatment (effective in at least two randomized clinical trials conducted by two different research teams; Chambless & Hollon, 1998).

The hope-focused couple approach (HFCA) includes both couple therapy and couple enrichment (Worthington, 2005). The research of Worthington and colleagues has generally focused on couple enrichment; however, research is extending into couple therapy, with Ripley currently heading the first clinical trial investigation of the efficacy of hope-focused couple therapy. In that study, religiously-tailored hope-focused couple therapy is compared to standard hope-focused couple therapy and a control group.

Because hope-focused couple enrichment has been judged to be efficacious (Jakubowski et al., 2004), in the present article, we focus our attention on why we believe it is efficacious. We discuss four characteristics of the HFCA that we believe provide the basis for its efficaciousness. First, the HFCA is focused on hope. Second, the HFCA teaches a simple strategy. Third, the HFCA aims to repair the emotional bond between partners. Finally, the HFCA is responsive to research.

We hope this discussion will interest and motivate both practitioners and researchers. Various resources are available to learn to become a competent practitioner of the HFCA. These include manuals (Ripley, Worthington, & Quigley, 2007; Worthington, 1997), books (Worthington, 2005), and Web- and DVD-based training program (Ripley & Worthington, 2007). We also hope to interest researchers—especially those pursuing dissertations who hope to publish their results—in studying the efficacy and effectiveness of the HFCA

Factors Contributing to the Effectiveness of the HFCA

Focus on Hope

Hope is essential to positive living and to counseling in general. In the HFCA, the therapist's aim is to help the couple build hope. Many approaches to helping couples are educational and focus on building communication skills or problem solving. Preventive skill-building approaches are certainly helpful to couples. Some of the other empirically supported approaches to couples enrichment use skill-building models. However, we suggest that the change that is occurring is not simply due to learning communication skills. Instead, the skills are a means to (a) re-route negative marital relational patterns, (b) give the couple a safe space in which to bond with each other or at least not offend each other, and (c) provide hope that things can be different.

Although teaching skills such as communication is often used in the HFCA, it is not the overarching focus of therapy. We suggest that the higher-order focus on hope may be a reason for the efficacy of HFCA. Hope is essential for individual counseling (Frank, 1973), and we believe that it is essential for work with couples.

What is hope? C.R. Snyder has defined hope using two components (1994). First, hope involves a willingness to change (i.e., willpower). Second, hope involves a sense that one knows how to bring about change (i.e., waypower). In addition, we believe that hope also helps people remain positive and courageous in the times that they do not see change occurring (i.e., waitpower; Marcel, 1962). Worthington (2005) has shown that each of the many interventions used in the HFCA primarily promotes willpower, waypower, or waitpower.

We believe that hope is the essential component in couple counseling. In our experience, most people come to couple therapy without much hope in solving their problems. Many people who attend couple therapy do so because they believe that if counseling does not work, they can divorce with less guilt. They can look their friends and family members in the eyes and say, "We have tried everything, even counseling, and nothing worked. We had no recourse but to divorce." Couple therapy is extremely difficult when hope and motivation are low. If the therapist can inspire hope, the couple can often get back on track. Hope strengthens the emotional connection between the partners (Johnson, 2004), allows skills to be built (Christenson & Jacobson, 1996), and permits couples to apply existing skills during times of need (de Shazer, 1988).

Furthermore, couple therapists often lack hope. Individual psychotherapy is effective in approximately 80-85% of all instances (Howard, Kopta, Krause, & Orlinsky, 1986). According to a Consumer Reports survey on psychotherapy, patients reported that mental health professionals could effectively help relieve distress, but marriage counselors had the lowest success rate compared to other psychologists, psychiatrists, and social workers (Seligman, 1995). It is easy for couple therapists to become discouraged over low success rates. Most couple therapists believe in marriage, yet they are often unable to help couples solve their problems and regain a sense of emotional connection. We suggest that the path to marital change includes a couple therapist who retains hope for change throughout the process of marital therapy.

Promote Hope through a Strategy of Building Love, Work, and Faith

Targeting love. Increasing love makes sense to couples. Partners, if asked, usually say they got married because they love each other. They believe that they are having problems because their love has eroded. They believe that a renewed marriage means a renewed sense of love. The strategy of building love into their relationship not only makes sense to couples, it inspires them to cooperate with the counselor.

Love is also a primary theme in Christian living. For marital therapy in Christian contexts, love is the goal for the marital relationship as taught in Scripture and Christian tradition. This love reflects the love of God in the Trinity and the love of Christ and the

church. This contextual love-basis gives couples a sense of meaning as they seek to exert willpower, waypower and waitpower for love to manifest in their marriage relationship.

Requiring work. Energy must be put into the relationship if it is going to improve. The couple is encouraged to work for their relationship. In the HFCA, the counselor challenges the couple to put in just one hard work-week of effort into their couple therapy (i.e., 40 hours). This is more time than most troubled couples ever put into marriage counseling. Most couples have unrealistic expectations of couple therapy, and believe that all their relationship problems that took years to develop should disappear in five to ten hourly sessions. The therapist challenges them to put in 40 hours of work, which might include 10 hours in session and 30 hours out of session.

Work is essential to promote and maintain change in couples. When the relationship turns negative, almost all interactions are seen within a negative framework. Fincham, Hall, and Beach (2005) have labeled this negative framework negative sentiment override. Expectancies are negative, perceptions are negative, and memories are modified to be more negative. Partners look through dark-colored glasses. A study by Carrere, Buelman, Gottman, Coan and Ruckstuhl (2000) found that perceptual bias and selective attention are correlated positively with marital distress and longitudinally with higher rates of divorce. Couples characterized by negative sentiment override might work diligently in their weekly session. Yet, because of their negative mindset, they might undo much of the beneficial work during the 167 hours of the week that they are not in session. Effective therapy must show how negative sentiment override can be undone.

In the HFCA, this is done in at least five ways. (a) The participants invite Christ and the Holy Spirit to work in the couple and in each partner all week. (b) HFCA provides easy-to-remember cues. These include the strategy of faith, work, and love; the focus on hope; acrostics to cue STEPS to good communication, and a TANGO of interaction, LOVE to resolve differences, CLEAVE to promote intimacy, five steps to REACH forgiveness and four planks in a bridge to reconciliation that FREE the partners (for descriptions, see Worthington, 2005). (c) HFCA therapists engage the couple in memorable events within the session such as empty-chair exercises, using the space in the therapy room to represent intimacy, and teaching communication with physical movement using the STEPS or TANGO acrostics. (d) Therapy provides powerful positive bond-building emotional processes. (e) Therapists elicit an overt commitment to work on the relationship for at least 40 hours and follow through on obstacles to that commitment.

Promoting faith. Faith may have a multitude of objects. Faith in God through Jesus helps activate, empower, and guide intervention into the marriage and allows Jesus to make changes that would not ordinarily be made under the effort of the couple. However, faith also includes faith in one's partner's willingness to restore their relationship. Couples in therapy have usually lost this faith. Having lost faith in each other, couples may place some of their faith in the counselor and his or her ability to help the couple improve the relationship. The counselor can help restore the couples' faith in their own ability to improve their marriage.

Faith is a way that couples can restore their relationship to a covenant with healthy norms and rules of giving and receiving. Research has indicated that couples who focus on giving to the relationship without a sense of obligation for repayment have a stronger sense of security (Clark & Mills, 1993). Couples who are caught in the negative sentiment override with coinciding negative attributions and behaviors have lost their sense of faith, and they may focus instead on protecting themselves as individuals and rather than taking risks for the marriage. This is analogous to research on self-esteem, which finds that those with little self-esteem are self-protective and take few risks with what little they have, while those who feel secure and positive take risks and invest more deeply in developing themselves (Tice, 1991).

The HFCA counteracts this self-protective stance by building faith through a covenantal values system. Covenantal values are a system of beliefs that each partner will (a) act in good faith and do all he or she can for the marriage relationship, (b) trust that God will bless the marriage, (c) believe that marital vows were made to God, and (d) view the relationship as central to their lives. Weiss (1998) hypothesized that programs promoting a covenantal-type of system would produce enduring change because this value system promotes the development of the emotional bond and attachment. For the Christian couple, this empowers the couple to develop a deep bond with a set of values and faith in God as a firm foundation to restore their marriage. In Malachi 2, there is discussion of the importance of the marriage covenant in which Malachi exhorts Israel's men not to "break faith with the wife of their youth" (Malachi 2:16b). Thus, in addition to promoting love through work, the HFCA encourages couples to develop a covenant of faith that binds them together.

A Simple Strategy

The HFCA incorporates a strategic and practical approach to couples therapy and enrichment. The strategy is simple, powerful, and is inspired by Galatians 5:6: to promote faith working through love.

The HFCA is simple but not simplistic. Couples need to learn a simple yet personal approach if they are going to benefit from therapy or enrichment. Some of the approaches that therapists, and especially researchers, suggest are complicated, difficult to understand, and overwhelming for couples and therapists. Researchers often develop complex models with several variables. Crucial connections between situational, individual, couple, and outcome variables are mediated or moderated by an array of intermediate variables. Therapists are simultaneously responding to the emotional interactions between partners, inferring couple dynamics, assessing personalities, making diagnoses, attending to the situation, and planning the next therapeutic maneuver.

Clients, too, can be overwhelmed. They may be managing feelings of embarrassment and shame at having to attend counseling, adjusting to an unfamiliar setting and role as client, responding to an irate partner, trying to tell their story, and gain understanding from the therapist or counselor, and monitoring their own thoughts and feelings as well as those of partner and therapist. Even couple enrichment can tax couples' cognitive and emotional capacities.

Both therapists and clients need an approach that is simple yet not simplistic. Simple approaches can be more easily tailored to the couple by any level of therapist. When an experienced therapist enters a room with a couple, he or she may be considering about 50 options about how to help. The inexperienced therapist may be virtually paralyzed over what is important. What will make a difference? What should I be looking for? One theory says one thing. Another theory says something else. The task of helping the couple seems almost impossible.

The HFCA avoids too much information. In basic psychological science, researchers have investigated the usefulness of information in decision making. The results have been consistent. Information is helpful in making right decisions. But too much information (TMI) is devastating. For example, Iyengar and Lepper (2000) studied consumer behavior in over 700 consumers in a grocery store. They evaluated the effect of the number of choices available on buying a product after passing an advertisement booth. Either 6 or 24 choices of a single product were presented. When six choices were presented, about 30 percent of the consumers purchased the product. However, when 24 choices were available, only three percent of consumers purchased the product. TMI simply overwhelms. It prevents people from making decisive choices.

Providing too much verbally-based educational information affects memory and diverts attention from what one perceives. Consider verbal overshadowing. People remember faces, colors, or anything perceptual less accurately when they are allowed to create verbal or written cues to their memory than when they rely on their perception alone (Schooler & Engstler-Schooler, 1990). More information can be worse, not better.

Malcolm Gladwell (2005), in the book *Blink*, provides many astounding examples of the harmful effects of TMI. He champions “thin slicing” rather than “thick slicing” of information in situations requiring rapid judgments under ambiguous and confusing conditions. Thin slicing provides important information without distraction to irrelevant and unnecessary information.

The simple strategy format helps beginning counselors. The simplicity of this powerful strategy is important for beginning counselors. Like new sports players, beginning counselors need a simple strategy, or they can be overwhelmed by the amount of emotion and intensity of emotion in couple counseling. The couple gives to counselors many indications of problems. These include communicating poorly, being unable to contain their conflict, destroying their intimacy bonds, and thinking negatively about the relationship. To make matters worse, each partner can have different views of the problems. When the beginning counselor has a simple, powerful strategy in which he or she can be confident, the counselor works on the relationship with the focus of a laser instead of the scatter of a shot-gun blast.

The simple strategy format helps the expert counselor. It is not just the beginning counselor who is helped by a clear strategy. The strategy of promoting faith, work, and love actually will benefit the expert counselor even more than the beginning counselor. Research on expert decision making has shown clearly that experts make decisions

differently and more effectively than do people who are less expert. For example, most studies of expert thinking have used chess problems (Ross, 2006).

Among the findings of the study of expert thinking are the following (Ross, 2006). Novices tend to respond to the pieces in front of them. They try a limited number of moves. They do not often think ahead. As players gain experience, they then tend to think ahead in the many combinations. However, grandmasters, who are extremely expert, try fewer, yet more effective combinations than do those who masters. Why? Grandmasters have a storehouse of past experiences from which they draw. They compare the current board conditions to recognized patterns that have been repeated in their experiences many times. Their experiences may come from reading and working through other people's games as well as playing their own games.

In couple counseling, most expert counselors have similar templates against which they judge individual cases. The strategy of promoting faith, work, and love enriches the experienced therapists' template. The expert counselor can look at a case and see that the couple needs stronger faith, work, and love. But in this particular case, they encourage the couple to stop devaluing each other. They can foresee potential obstacles several sessions down the road, and options for circumnavigating them. They have a sense of the amount of work necessary to turn the relationship around. This template of experience is enriched by good flexible theory that can be tailored to each couple.

Assessment as the foundation. The expertise of experienced counselors depends especially on being able to assess the differences among troubled couples. The HFCA is built on assessment. Assessment occurs at the initial session, or even prior to the session if the therapist can obtain written or online questionnaires. The first session is scheduled for 1.5 hours. The assessment session involves not only an interview but also a 10-minute videotaped discussion by the couple over a problem that they are trying to solve to allow the counselor to see how the partners communicate during conflict.

Explicit up-front assessment helps the novice provide a more objective way of detecting important difficulties. Each of the areas of a couple's relationship is considered in this assessment. Even the novice counselor can identify the major weaknesses of the couple. As the counselor gains experience, the interview can focus the counselor's attention quickly on the likely sources of the difficulties of the relationship.

The combination of written (or online) assessment, videotapes, and interview serves four purposes. First, it provides a confirmation for the counselor's judgment by providing multiple sources of assessment information. Secondly, more experienced counselors often already know what the issues are, thus the assessment provides concrete confirmation to the couple that these are indeed the issues of importance. Third, the assessment is a tool for intervention and not just a tool for diagnosis and treatment planning. The written assessment report to the couple, which can usually be written in less than half an hour, is seen as "objective" information by the couple. The intervention suggested by the counselor will be justified with the couple's own response as the basis of suggested change. Fourth, assessment and feedback report persuades the client to fully engage in the therapeutic process. We have found that many men are more reluctant to

attend couple counseling than their wives. However, those men who are analytical or business-oriented are typically more open to an objective assessment of the relationship than to rapport-building through relationship. So for those couples where one partner is reluctant to attend counseling, the reluctant partner may be persuaded to participate in an objective, analytical assessment phase of treatment. This is used as a foot-in-the-door technique. Compliance with subsequent therapeutic aims should be greatly increased by using assessment and feedback as a persuasion technique.

Diversity of techniques. Worthington (2005) has suggested over 150 discrete techniques to help couples change their marriage. He has provided a strategy that is simple but not simplistic and a framework for intervention with a focus on hope. The approach allows for eclectic incorporation of many techniques from other couple therapy and enrichment approaches. Many interventions involve concrete manipulations of space or materials with memorable experiences inside and outside of therapy. The hallmarks of individual psychotherapy are (a) a change in people's perceptions and understandings of their internal experiences and (b) different actions based on the perception and understanding. Worthington (2005) suggested the couple therapy is not as effective when it concentrates on changed perspectives as when it concentrates on changed mental, relational, and physical structures. This philosophy of intervention is informed by Minuchin's structural family therapy, solution-focused therapy, and integrative behavioral couple therapy.

Partners whose therapists primarily rely on talking to promote internal change often disagree about what happened even as they step outside the therapist's office. When an intervention involves manipulating space or material--such as completing a questionnaire, creating a sculpture to represent the relationship, or representing intimacy by moving their position in the room to show the emotional closeness they desire and currently feel--couples can more readily agree on what has happened in therapy and can therefore carry that agreement throughout the week. These types of interventions are also memorable, which helps create a better chance that couples will remember the principles from therapy when the need for them arises.

Repairing Damaged Emotional Bonds

Changes in the field of couple therapy necessitate a change of emphasis. Worthington, Lerner, and Sharp (2005), surveyed the research on marriage and couple counseling between 1997 and 2005. They concluded that marriage and couple relationships have undergone a transition in the last ten years. Before 1995, most couple problems were thought to be due to deficits in skills. Areas of skill deficit included communication, sex, conflict-resolution, or intimacy. Most therapists helped couples improve their skills. In addition to developing skills, some therapists promoted insight about the dynamics between partners, of family systems, or couple interactions. Insight was thought to allow the couple to isolate the skills that were necessary to bring ego control to their behavior, or to allow them the freedom to disrupt harmful patterned responses. Behavioral and cognitive-behavioral couple therapists were straightforward in their advocacy of skill-building.

The focus changed away from skill-building and skill-changing. After 1995, the focus of couple therapies moved from skill-building to repairing the emotional bond (Worthington, Lerner, & Sharp, 2005). The attachment relationship of the partners and the way that those elements affected the relationship between the couples became important. Fincham, Stanley, and Beach (2007) reviewed research on marriage and observed (similarly) that new topics—forgiveness, willingness to sacrifice—have been recent additions of intense scrutiny to the marriage and couple literature.

The foundation of the HFCA already emphasized the emotional bond. Even before Worthington et al. (2005), we conceptualized the HFCA to emphasize the change and the restoration of the emotional bond (see Ripley & Worthington, 2002). We described how hope, love, and faith could change the climate of the marriage, especially by promoting forgiveness. The recent reconceptualization (Worthington, 2005) merely helps practitioners focus more clearly and explicitly on restoring the emotional bond.

Forgiveness and reconciliation. Forgiveness and reconciliation have been important aspects of the HFCA from the beginning (see Worthington, 1989). Revised versions of the HFCA recommend focusing even more on forgiveness issues in counseling and embedding forgiveness and reconciliation in an attachment conceptualization. We believe lack of forgiveness manifests as a strained or broken attachment and is almost always an issue with troubled couples. We postulate that lack of forgiveness for a large event or chronic small events leads to a lack of empathy, reduced motivation to use good marital skills, and negative reciprocity. Couples with chronic lack of forgiveness would be expected to also have a history characterized by numerous disruptions in the emotional bond.

Healing the emotional bond. Healing ruptured bonds can be ameliorated by simple acceptance (Christenson & Jacobson, 1996) or forbearance which should at least stop negative reciprocity processes. Partners also formulate narratives about the partner's and their own role in the causes of and responsibilities for a misunderstanding, and generous attributions for offenses should help couples overcome offenses (Fincham et al., 2005). However, especially for Christians, forgiveness is an important way of healing past ruptures in the emotional bond that may be more effective than acceptance, forbearance, and using generous attributions. Acceptance merely focuses on moving on with one's life. It does not restore the emotional bond as much as it stops paying attention to the negativity. The same is true with forbearance. Forbearance effortfully suppresses negative responses, but emotional turmoil often lingers. Even telling different stories about what happened, which changes attributions, often does not eliminate negativity. It often merely spreads out the blame. On the other hand, forgiveness not only reduces negativity over transgressions through decisions, but it also can build positive emotions back into the relationship.

In couple therapy, forgiveness is often an important avenue to reconciliation. Even beyond the goal of reconciliation, Christians often find meaning in participating in forgiveness, just as they were forgiven by Christ. The application of forgiveness to the sacred marital relationship, a covenant with spiritual meaning, enriches forgiveness with deep meaning. Christian couples participating in the HFCA are encouraged to act in covenantal ways which include giving sacrificially for the marriage, confession, and forgiveness of sins.

Understanding the theology of marital forgiveness requires an integration of theology and psychology. Worthington (2003; see also 2006) does this as he defines two types of forgiveness. Decisional forgiveness involves deciding to control one's behavior or an act of will. That decision might be made quickly; however, emotional unforgiveness (i.e., resentment, bitterness, and anger) can still be experienced even if one decides to forgive. Decisional forgiveness is the kind of forgiveness mandated by God. For example, Christ commands his followers to forgive just as they were forgiven, such as the disciple's prayer in Matthew 6:12, 14-15. Augustine in "Handbook of Faith, Hope and Love" discussed forgiveness of debts as a gift (with some translators using the ancient term "alms;" Outler, 2006) given to an offender. It is a decision, an act of the will. Augustine applauds the gift of forgiveness given "from the heart" as higher value, but discusses the expectation of forgiveness as a decision based on Scripture. Thus, partners who hold unforgiveness against each other are damaging themselves spiritually (Worthington, 2003) and those who are able to work toward forgiveness from the heart are especially spiritually blessed.

Emotional forgiveness involves replacing negative unforgiving emotions with positive other-oriented emotions such as empathy, sympathy, compassion, and love for the partner. Emotional forgiveness would be a change in the heart, as Augustine discussed. Emotional forgiveness usually takes longer to experience than does making a decision to forgive, although some partners may withhold decisional forgiveness until emotional forgiveness has been achieved. We recommend against this approach as a spiritual, and psychological, tactic. Scripture commands forgiveness and emotional forgiveness may be facilitated by decisional forgiveness. Furthermore, emotional forgiveness does not have to stop with just eliminating negative emotions. Positive emotions can continue to be generated even beyond the full replacement of the negative emotions making the relationship even stronger than before the transgression.

Responsive to Research

Christian approaches to helping marriages often involve Christian therapists or authors proposing theories or interventions based on their own experiences with Christian integration. Often a secular theory (or eclectic blend of theories) is tailored to Christian clientele. Unfortunately, there is often little empirical research evidence supporting these Christian approaches to helping marriages (Ripley & Worthington, 1998).

This lack of a strong research base is disconcerting. Historically, methods that practitioners think are working in therapy have been shown by subsequent research not to be effective when examined with additional observations. Therapists can also make mistakes in determining the aspects of therapy which are effective. Historically, one important example of this is Carl Rogers' client-centered therapy (Rogers, 1951). Rogers claimed to have therapeutic success because he applied accurate empathy, genuineness, and unconditional positive regard. However, analysis of his actual behavior during therapy showed that he subtly guided clients by the way he paid attention to different aspects of their story. His subtle directiveness, not his "necessary and sufficient conditions for change" were found to be responsible primarily for his success (Meara, Pepinsky, Shannon, & Murray, 1981; Tracey, 1991).

For years, the HFCA has relied on scientific study of what was happening in therapy rather than merely on Worthington's theory or clinical experiences. Outcome studies have documented the efficacy of the approach (Jakubowski et al., 2004). Furthermore, unlike most other approaches, Worthington and his colleagues have systematically observed and analyzed components of the approach to see which parts work best. For example, Hammonds and Worthington (1985) showed that in a group setting with a facilitated discussion among couples, usually topic changes were initiated by the leader, not the members. Worthington, Buston, and Hammonds (1989) showed that the mere provision of information was not as effective at promoting change as was inducing couples in psychoeducational groups to share with and support each other in attempts to change. Worthington et al. (1995) showed that a hope-focused assessment and feedback protocol accounted for as much as one-fourth of all the change produced in marriage enrichment.

In recent research, Worthington et al. (2003) found that forgiveness interventions retained change longer than communication interventions. In a large clinical trial of early married couples, nine hours of forgiveness interventions were compared to nine hours of communication and conflict resolution interventions (Worthington, 1997). Both interventions produced change. However, they had different effects on the couples. Communication approaches changed communication within one to three weeks after treatment was over. The effects maintained for up to a few months but then about half of the benefit decayed. Forgiveness and reconciliation training changed couples for up to a year after the intervention was finished. Furthermore, it changed general measures of satisfaction and intimacy more than did the communication intervention. This finding has caused a shift in the HFCA toward an increased focus on forgiveness.

Just as keeping current with research literature can be difficult, understanding revisions in emphases in HFCA requires a commitment on the part of the clinician. Yet those researching HFCA are committed to refining the approach to make it as helpful as possible to the couples who receive it. There is a sense of responsibility among the researchers toward those couples and clinicians who participate in HFCA. This commitment to studying empirically the components of the HFCA has demonstrated that (1) several of the aspects were indeed effective, and (2) several components (such as merely providing information or relying on groups to direct themselves without thoughtful direction by leaders) were not as helpful.

Summary

HFCA has been found to be efficacious in helping couples change (Jakubowski et al., 2004). In the present article, we have advanced potential reasons that such efficacious changes occur. We hope that our speculation not only interests people in the HFCA, but will also affect the way therapists conduct their own couple counseling. We hope that therapists will analyze their approach in light of these principles. Do they promote hope? Do they teach a general strategy? Do techniques supplement talk therapy with concrete change? We hope that therapists enrich their therapy by using a Christian approach with Christian couples and can adapt their approach to clients who do not profess Christianity. We hope that therapists will sustain or initiate a commitment to studying their own practice with empirical measures and method instead of relying on clinical experience, which is valuable

but can at times mislead. We also hope therapists have discovered—as we have—that we cannot make couples change under our own power. Nor can couples change themselves. Yet with the grace and mercy of God through Jesus and the work of the Holy Spirit, the hope that saves our world will be applied to saving marriages.

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