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Exposure in Couple and Family Therapy

Alexander O. Crenshaw and Brian R. W. Baucom
University of Utah, Salt Lake City, UT, USA

Introduction

Exposure in couple and family therapy (C&FT) draws on the same principles as exposure used in individual treatment of anxiety disorders. Based on past learning, certain cues (e.g., an emotion expressed by one partner) come to represent some feared outcome (e.g., a relationship-threatening argument). In order to avoid the feared outcome, partners avoid the cues that are thought to precede the feared outcome. Through associative learning, those cues come to represent the feared outcome and are avoided with greater vigilance, growing the fear to be disproportionately larger than the actual likelihood of the event occurring. When fear cues inevitably arise in the course of life, romantic partners may react with intense emotions, often leading to dysfunctional and destructive behaviors toward one another. Exposure in C&FT, like in treatment for anxiety disorders, involves repeatedly facing such fear cues, learning to tolerate the intense emotions as they arise, and learning that the specific cue does not necessarily lead to the feared outcome. A key difference between exposure for anxiety and in C&FT, however, is that exposure in C&FT is

typically done through interactions among partners rather than to specific outside stimuli.

Theoretical Framework

Exposure in C&FT is utilized in most behaviorally and affectively based models. The unified protocol for couple therapy, a transtheoretical framework for couple therapy (Christensen 2010), suggests that exposure is a key intervention technique because avoidance of relationship content prevents couples from experiencing emotional closeness and support with one another around these difficult issues and prevents the couple from working together toward solutions.

Rationale for the Strategy or Intervention

Decades of research support the effectiveness of exposure as an intervention when significant avoidance is present (Foa and Kozak 1986). The principle of exposure first gained support in the treatment of anxiety disorders and serves as the bedrock of cognitive-behavioral interventions for anxiety disorders. Exposure therapy involves systematically confronting situations that elicit fear or anxiety, which reliably reduces subsequent fear or anxiety in future encounters with the same stimulus. The use of exposure in couple therapy is supported by research showing the efficacy of

couple therapies that utilize the principle (e.g., Baucom et al. 2015). Two prominent theorized cognitive-behavioral mechanisms of change for exposure have been proposed: habituation and inhibitory learning (Craske et al. 2014). The habituation model states that exposure works to reduce anxiety by helping an individual habituate to the feared situation. The inhibitory learning model states that exposure works by learning that the feared situation (e.g., anger of partner) usually does not produce the feared outcome (e.g., end of relationship) through repeated trials.

Description of the Strategy or Intervention

Exposure in C&FT, like couple and family therapy in general, takes two forms: partner-assisted exposure therapy and exposure as part of couple therapy. In partner-assisted exposure therapy, a romantic partner assists in helping conduct exposure exercises designed for his or her partner's individual psychopathology, acting as a coach or source of encouragement. Exposure in C&FT – the focus of this entry – is conducted in order to improve the relationship itself, and it typically involves exposure to frequently avoided relational stimuli, such as intense negative emotions or undisclosed vulnerabilities.

Carrying out exposure in C&FT involves primarily eliciting avoided, relationship-relevant content while preventing or interrupting subsequent destructive interaction behaviors, and encouraging constructive communication and mutual disclosure of avoided content. Like exposure therapy for anxiety disorders, in which exposures are carefully planned out based on a hierarchy of intensity, this process involves a great deal of clinical judgment as to when this avoided content is elicited and the depth at which it is discussed. Also like exposure therapy for anxiety disorders, the therapist typically exercises more control over the process at the outset of therapy compared with later.

Case Example

Eric and Cindy presented to therapy reporting conflict related to the frequency of sexual contact they have. Cindy was satisfied, but Eric was not. Due to her history, Cindy was sensitive to feeling that her autonomy was being encroached upon, so she often felt her “walls” go up in response to Eric's attempts at establishing physical intimacy and rebuffed his advances. Eric strongly wanted his relationship to be more than just an average relationship, and he was vigilant for any sign that the relationship was less than great or in decline.

When Cindy had disclosed emotions in the past related to feeling her sense of autonomy was encroached upon, Eric interpreted these emotions as signs that the relationship was in jeopardy and responded with invalidation and anger, which resulted in Cindy disclosing less in the future. Part of therapy for this couple involved eliciting this important but avoided relationship content in a safe, therapeutic context. Exposure to Cindy's feelings of having her autonomy encroached upon was important both for Cindy to understand and express exactly what it felt like when Eric made sexual advances toward her and for Eric to hear this distressing content and learn over time that her response did not signal the end of the relationship.

Cross-References

- ▶ [Cognitive Behavioral Couple Therapy](#)
- ▶ [Emotionally Focused Couple Therapy](#)
- ▶ [Enhanced Cognitive Behavioral Couple Therapy](#)
- ▶ [Extinction in Couple and Family Therapy](#)
- ▶ [Extinction in Couples and Families](#)
- ▶ [Integrative Behavioral Couples Therapy](#)

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