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Common Factors Between Couples Therapists and Imago Relationship Therapy: A Survey of Shared Beliefs, Values, and Intervention Strategies

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Abstract

In this study, 273 couples therapists were surveyed regarding their alignment with the beliefs, values, and intervention strategies of Imago Relationship Therapy (IRT). The Likert-type scale survey utilized 46 items reflecting 6 key domains important to the theory and practice. All domains reflected a minimum of 50% therapist agreement while 4 of the 6 domains reflected 75% or greater therapist agreement. Due to reported agreement with a majority of IRT domains, these findings suggest (1) potential common factors between IRT and couples therapists of diverse theoretical approaches and (2) a rationale for the consideration of IRT as an area of study for academics researchers and a model of training in marriage and family therapy programs.

Keywords

Imago Relationship Therapy, couples counseling, marriage and family therapy

Imago Relationship Therapy (IRT) is a contemporary model of couples therapy practiced by therapists worldwide. A number of factors identified as important to the efficacy of psychotherapy and Marriage and Family Therapy (MFT) are reflected in IRT, and because of its widespread use, it is considered a well-established model for working with distressed couples (Helmeke, Prouty, & Bischof, 2015). Still, however, many academics and practitioners remain unfamiliar with this theory and practice. The present study, therefore, aims to identify common therapeutic factors between couples therapists of various theoretical orientations and IRT in order to explore their potential alignment.

IRT

IRT was developed by Harville Hendrix in conjunction with his wife, Helen LaKelly Hunt, and is based in a synthesis of attachment theory, object relations, developmental psychology, transactional analysis, and behavioral change techniques (Hendrix, 2005). Skills and ideas are synthesized into a therapy that emphasizes growth and understanding between the couple. Couples are taught a basic dialogue technique of mirroring their partner, validating their partner's point of view, and empathizing with their experienced emotion. They are taught skills to reimage their partner as an ally to increase empathy; restructure frustrations so that corrective behaviors can be acted upon; reromanticize their relationship to express more caring behaviors; and revision their marriage to shape how they would like the relationship to be in the future. They are given written exercises to help them understand that their attraction to each other as well as their frustrations with each other may be related to their childhood experiences or their "Imago." The couple practices methods of maintaining safety within the relationship so deep authentic emotions can be discussed. IRT is manualized, though not standardized, which is in line with other evidence-based practices (*Clinical Instructors Manual*, 2003; Hendrix, 1986; W. Luquet, 1996).

The foundational curriculum required in accredited MFT programs includes early and contemporary relational/systemic practice, theories, and models (Commission on Accreditation for Marriage and Family Therapy Education [COAMFTE], 2016). The curriculum standards in accredited counseling programs for marriage, couple, and family counseling require a variety of models and theories of marriage, couple, and family counseling (Council for Accreditation of Counseling and Related Educational Programs, 2009). While it is possible that some will be exposed to IRT in MFT training settings, it is unlikely that IRT will be emphasized as a contemporary

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approach. The IRT is not typically found in major textbooks alongside other contemporary models. Although studies are underway, in a shift toward evidence-based practice (COAMFTE, 2016), it is also not found in widely used texts such as the *Clinical Handbook of Couple Therapy* (Gurman, 2008). Currently, controlled study data are being collected in order to investigate and document IRT's clinical efficacy, and several quasi-experimental studies exist to support its claim of improved dyadic adjustment and marital satisfaction (Hannah et al., 1997; Hannah & Luquet, 1997; W. Luquet & Hannah, 1996; Muro & Holliman, 2014; Schmidt, Luquet, & Gehlert, in press).

While limited in empirical support, the IRT model meets criteria for a sound theoretical approach (Boy & Pine, 1983; Hansen, Stevic, & Warner, 1986; Hendrix, Hunt, Hannah, & Luquet, 2005). Like many marriage and family models, its beginnings can be traced to the work and ideas of a founder who then acquired adherents who found the model useful in their practice and sought training. Only later was research conducted to determine efficacy. Other prominent models have had similar beginnings, including cognitive and attachment theory, and many are still working toward becoming evidence based.

The rate at which IRT became widespread also demonstrates a practical utility and relevance among practitioners. Despite a legitimate theoretical framework, established status, and clinical texts (Hendrix et al., 2005; W. Luquet, 1996; W. Luquet & Hannah, 1998), academics tend to look suspiciously at IRT because of its initial roots in popular self-help literature and talk show notoriety following the publication of its seminal work *Getting the Love You Want: A Guide for Couples* by IRT founder Hendrix.

Common Factors and IRT

The search for common factors in psychotherapy has been of interest to the mental health community for decades beginning with Rosenzweig (1936) who determined that all therapies available at that time were effective in some way. This may be related to common factors that all therapies share including client factors, treatment settings, and therapist factors. Rosenzweig (1936) stated that:

> In conclusion it may be said that given a therapist who has an effective personality and who consistently adheres in his treatment to a system of concepts which he has mastered and which is in one significant way or another adapted to the problems of the sick personality, then it is of comparatively little consequence what particular method that the therapist uses. It is, of course, still necessary to admit the more elementary consideration that in certain types of mental disturbances certain kinds of therapy are indicated as compared with certain others (p. 415)

The search for common factors has had a resurgence in recent years, as therapy outcomes and short-term treatment models have dominated the mental health field due to limited insurance funding and a move toward shortening treatment times. The often quoted research of Lambert (1992) found that the broad factors that influence client improvement include 40% from extratherapeutic factors (client strength and family factors), 15% from the expectancy effect (clients faith in the treatment model and desire to improve), 15% from the treatment model, and 30% from common factors including therapist warmth, empathy, and acceptance. While treatment models are a smaller percentage of the change factors, it is still important that therapists have solid training and knowledge of one or more treatment models that work in a particular situation (W. J. Luquet, 1999; Sprenkle & Blow, 2004). Models help the therapist create order and add "narrow factors" (Lambert, 1992; Sprenkle & Blow, 2004; Sprenkle, Davis, & Lebow, 2009), or specific treatment factors, to the change process. However, for all its appeal and potential to develop a singular model of treatment, there is a danger that a common factors model will slow potentially better models from developing and does not take into account the complexity of families (Sexton, Ridley, & Kleiner, 2004).

Recently, common factors have become a research interest for marriage and family therapists. MFT has been notoriously model centered and competitive, yet there are factors that all of them share including the broad categories of family strength, therapist empathy, safety, and acceptance that seem to be an underpinning of all models. MFT also has its own common factors because of its general base in systems theory and cybernetics. First proposed by Sprenkle, Davis, and Lebow (2009), four MFT common factors are commonly recognized including " ... (1) conceptualizing difficulties in relational terms, (2) disrupting dysfunctional relational patterns, (3) expanding the direct treatment system, and (4) expanding the therapeutic alliance" (p. 34). Because they are unique to MFT, conceptualizing problems in relational terms and disrupting dysfunctional relational patterns are felt to be the most significant of the change factors (D'Anniello, 2013; Davis & Piercy, 2007a, 2007b).

One question that has arisen in MFT is whether common factors are model dependent or independent. Model-independent factors are broad factors not directly taught by the model and include client variables, therapist variables, the therapeutic alliance, therapeutic process, and expectancy and motivational factors (Davis & Piercy, 2007b). Model-dependent factors are narrow aspects taught by the model and include conceptualizations, interventions, and outcomes (Davis & Piercy, 2007a). In their qualitative study of 3 widely used MFT models, Davis and Piercy (2007a) conclude that both independent and dependent factors are necessary " ... because the client's chaos was replaced with the therapist's order (i.e., their model)" (p. 338).

D'Aniello (2013) deconstructed three models of family therapy—narrative, solution focused, and cognitive—to determine whether they shared the common factors of MFT recognized by Sprenkle et al. (2009). He determined that each indeed conceptualized difficulties in relational terms and worked toward disrupting dysfunctional relationship patterns. When viewed

through this lens, IRT can also be said to meet the criteria for model-independent MFT factors with its emphasis on the couple relationship and disruption of dysfunctional relationship patterns through the use of dialogue and calming techniques to prevent negative flooding and escalation.

Many of the skills and ideas taught in IRT are not new to the couples therapy field (Gordon & Frandsen, 2001; Gottman, 1999; Stanley, Blumberg, & Markman, 2001) and resemble various model-dependent factors. Unique to IRT, however, is its premise that it is more than good communication that brings satisfaction; it is the relationship and empathic connection that develops between the couple that heals. IRT puts partners in the unique position to be the helper or healer for the other, rather than the objective therapist assuming that role. In doing so, the therapy also incorporates established independent MFT factors into treatment. For example, factors typically associated as necessary qualities of the therapist or to the therapeutic alliance between a counselor and a client, such as empathy, safety, and acceptance, are transferred to the couple. Thus, while the model aligns with common independent factors, such as conceptualizing difficulties in relational terms and disrupting dysfunctional relational patterns, it also incorporates other independent factors as the primary intervention.

The Present Study

Given that factors important to MFT are reflected in the IRT, the present study aims to identify common dependent factors between couples therapists of various theoretical orientations and IRT. Survey questions reflect primary IRT theoretical constructs and interventions in order to determine whether therapists' beliefs, values, and intervention strategies are also aligned with IRT. The hypotheses of the study are that (1) many couples therapists hold theoretical beliefs about couples who are congruent with core principles of IRT; however, because IRT lacks a presence in scholarly journals and academia, many practicing couples therapists may not be aware of the philosophical match to their professional beliefs and (2) many couples therapists have preferences for strategies and types of intervention which are similar to core practices of IRT, but due to IRT's lack of presence in scholarly journals and academia, they may be unaware or uninformed about its potential for use as an intervention.

Method

Instrument

The survey consisted of 46 questions and 6 domains that were developed by an analysis of principals and themes explored in Harville Hendrix's *Getting the Love You Want* (Hendrix, 1986), *Clinical Instructor's Manual* (2003), and *Short-Term Couples Therapy: The Imago Model in Action* (W. Luquet, 1996). Survey questions concentrated on several core areas of IRT, including (a) Romantic Attraction, (b) Childhood Wounds, (c) The Imago—Mate Selection, (d) Romantic Love, (e) Power Struggle, and (f) Healing Factors in the Relationship. Each section contained approximately six to eight questions, ensuring that no single section was overrepresented in the survey. The survey included a series of statements on a 5-point Likert-type scale, with response options ranging from *strongly disagree* to *strongly agree*. Upon completion of development, the survey was distributed to the clinical faculty at the Imago Relationship Institute for content review and feedback regarding each domain and individual items' adherence to IRT principles.

Procedures

A convenience sample of couples therapists was obtained through an e-mail list that included members of state-level marriage, couples, and family counseling organizations listed in publicly available membership rosters as well as faculty members in university programs that specialized in teaching marriage, couples, and family counseling. The researchers sought to include practitioners of various approaches by including publicly available membership registries for programs such as Emotionally-Focused Couples Therapy and the Gottman Method. Participants were invited to complete the survey via e-mail which linked to the online program PsychData. Survey questions were analyzed by identifying those participants who agreed with a statement (e.g., selecting the *strongly agree* or *agree* options), disagreed with a statement (e.g., selecting the *strongly disagree* or *disagree* options), or responded as neutral (e.g., selecting neither *agree* nor *disagree* options).

Participants

The sample included 273 participants, 75 (27%) males, 197 (72%) females, and 1 (0.35%) participant who identified as both female and male. Participants responded to several professional demographic items indicating highest level of educational attainment, license(s) held to practice mental health, numbers of years in practice, primary setting of practice, and primary theory of couples counseling or therapy. Educational attainment included 61 (22.43%) participants with a PhD, 26 (9.56%) with a PsyD, 183 (67.28%) with a master degree, and 2 (0.74%) with a bachelor degree only. One-hundred (35%) participants held a license as a marriage and family therapist. Forty-seven (16.5%) were social workers and 47 (16.5%) were psychologists. The remaining 32% of the sample was comprised of those who did not fall into any of the aforementioned categories (e.g., licensed professional counselor, licensed chemical dependency counselor, etc.).

There was wide variation in the number of years of experience in practice, with both new and highly experienced therapists represented in the sample. The number of years in practice ranged from 1 to 46 years. The mean number of years in was 19.3 years with an *SD* of 11.6. Full breakdown of scores can be seen in Table 1.

Two-hundred and thirty two (85.9%) participants indicated that their primary practice setting was private practice, 20 (7.02%) individuals worked in agency settings, 16 (5.93%)

Table 1. Experience Level of Survey Participants.

Number of Years Practicing	Percentage of the Sample
1–5	12.5
6–10	17.2
11–14	15.4
15–20	13.9
21–24	5.2
25+	35.8

worked in university settings, and 2 (0.7%) individuals practiced primarily in a religious setting.

Thirty-six (13.2%) participants identified their theoretical orientation as the Gottman Method, 91 (33.2%) practiced Emotionally-Focused Couples Therapy, 9 (3.3%) used Attachment Theory, while 12 (4.4%) identified with Cognitive–Behavioral Therapy. There were 23 (8.4%) family systems therapists, 7 (1.1%) psychodynamic, and 49 (17%) who were eclectic. Seventeen (6.2%) stated that their guiding theory did not fit any of the abovementioned theoretical modalities. Finally, 33 (12%) utilized IRT.

Overall, the sample was diverse in education and experience, though it may be oversampled for private practitioners. While one third of the participants practiced Emotionally-Focused Couples Therapy, the sample was otherwise diverse in theoretical model utilized, which made the sample appropriate for both research questions.

Results

In this particular study, therapists expressed moderate to strong agreement with six core domains of IRT, indicating a presence of shared beliefs, values, and intervention preferences reflected in those domains. In addition, an analysis was conducted to determine the percentages of agreement and disagreement across all statements with the average percentage of respondents in each category (e.g., *strongly agree*, *agree*, *neither agree nor disagree*, *disagree*, *and strongly disagree*). The average percentage of respondents who responded for each category is as follows: *strongly agree*: 28.10%; *agree*: 47.92%; *neither agree nor disagree*: 17.3%; *disagree* 6.08%; and *strongly disagree*: 0.6%. The researchers also analyzed each statement to determine whether *agree*, *neither agree nor disagree*, and *disagree* responses constituted the simple majority of responses. In 40 of the 46, agree statements constituted the simple majority. In one, neutral statements constituted the simple majority. In none did disagree statements constitute a simple majority. These results indicate a large percentage of agreement across statements. In addition, these findings offer compelling preliminary support for the common factors reflected in Childhood Wounds and Healing Factors in Relationship. As the most strongly agreed upon by participants, these domains describe (1) the impact of relationship security during formative, developmental stages on the adult couple relationship and (2) specific qualities and behaviors necessary for relational and individual healing and growth. Findings also offer preliminary support for the common factors reflected in Romantic Attraction and The Imago—Mate Selection. Also agreed upon by a majority of participants, these domains describe (1) the major forces that play a role in partner attraction, including past, primary relationships and emotional needs and (2) the origins and role of relationship conflict, including the influence of primary caretakers, significant childhood experiences, and potential to heal childhood wounds and reset human development.

The most significant finding was the percentage of couples therapists' agreement with core principles of IRT, regardless of theoretical orientation. While only 12% of the sample was composed of Imago Relationship therapists, every survey domain reflected averages of over 50% therapist agreement. Four of the six domains reflected averages of 75% agreement or higher and two of the six domains reflected averages of 85% agreement. As mentioned, the highest therapist agreement levels were represented in the domains Healing Factors and Childhood Wounds, while the lowest agreement levels were represented in the domains of Power Struggle and Romantic Love.

An analysis of individual items found that only 4 of 46 items resulted in less than 50% agreement, with 21 of the 46 statements showing agreement rates of over 80%, and 26% of the items reflecting agreement rates of over 90%. Furthermore, a surprisingly low number of items (5 of the 46) reflected disagreement rates that exceeded 15%. It should also be noted that of those items with less than 50% agreement, many participants responded as neutral, neither agreeing nor disagreeing, versus disagreement.

While some domains reflected high levels of agreement across individual items, such as Childhood Wounds and Healing Factors, others reflected greater variability, such as the Power Struggle and Romantic Love. Healing Factors in the Relationship contained the highest number of strong agreements over 90%. These items related to ideas that healing in a relationship is tied to emotional safety, the building of empathy, nonjudgmental listening and communication, understanding the feelings and experiences of the other, validation, and diminished defensive responding.

Conversely, Romantic Love contained the highest number of low to moderate agreements, indicating that while a large number of participants agreed that romantic attraction is based on experiences in past relationships (91%), more specific characteristics related to how romantic love is experienced and played out between partners were subject to varying levels of agreement. Similarly, in several instances, participants tended to agree with broad statements yet demonstrated more variability when items described more specific actions or ideas.

Overall, the findings suggest that, regardless of theoretical orientation, a large number of professionals currently providing couples therapy share alignment with the principles, beliefs, and interventions of IRT. Full results regarding agreement percentages for each domain and survey item can be found in

Table 2. Romantic Attraction.

Question	Agree (%)	Disagree (%)
Who to pursue as a romantic partner is based more on emotional attraction than logic	80	6
Romantic attraction in mate selection is largely unconscious in nature	65	14
A significant part of romantic attraction is based on experiences in past primary relationships	91	1
Although mostly outside of awareness, individuals tend to attract to someone with characteristics of their primary care takers	68	7
People will unconsciously attract to romantic partners with familiar qualities, both positive and negative, of past primary relationships	80	4.5
The ways in which an individual selects a mate have more to do with early, significant attachments and relationships than a drive to produce children, provide for and protect a mate, or equal social standing	65	10.5
Average	75	7

Table 3. Childhood Wounds.

Question	Agree (%)	Disagree (%)
The rupture of relationship security in the formative years results in anxiety, distress, and defense adaptations	93	1.7
The frustrated and unresolved needs of childhood are carried into adult relationships	90	1.3
Part of the human condition involves psychological wounding in early and formative stages of human development	75	7
A major issue in marriage/romantic partnership is a lack of awareness, understanding, and appreciation for the separateness or individuality of one's spouse/partner	69	16
Although incomplete in development, humans enter the world with a capacity for connection and wholeness	95	1
A psychological wound which affects adulthood is a repressive message that, "only certain parts of you are acceptable"	75	5
Intrusive (overinvolved) or neglectful (underinvolved) experiences with primary caretakers can result in psychological, developmental, and relational wounds	95	1
Average	85	5

Tables 2–7 (*Note*: Tables 2–7 do not include the "Neither Agree Nor Disagree" category, and therefore percentages will not equal 100%.)

Table 4. The Imago—Mate Selection.

Question	Agree (%)	Disagree (%)
Individuals attract to mates that carry both positive and negative qualities of their primary caretakers as they were experienced by the individual	81	2.7
Negative experiences with primary caretakers have a strong influence in the adult romantic relationship	87	2.0
Relationship conflict often triggers a reenactment of wounding childhood experiences	88	0.9
Relationship conflict creates opportunities for unmet needs to surface, thereby, offering opportunities to heal and reset human growth and development	96	0.4
A function of romantic attraction is human nature's attempt to gain access to repressed parts of the person in order to heal, restore wholeness, and reset human growth	49	15
Partners often share psychological wounds from similar developmental stages, however, defense adaptations are usually opposite and complementary, for example, one adapts by withdrawing/constricting whereas the other adapts by expressing/expanding	57	10.2
Relationship conflict is often complementary in that one partner needs to develop what the other needs to heal and vice versa, for example, a stoic partner must learn to nurture and a caretaker must learn to give space	67	9
Average	75	6

Implications

Two major implications can be derived from the present study. First, there is an identification of common factors, including beliefs, values, and intervention preferences, among couples therapists who corelate to Imago theory and process. Additionally, the findings offer support for the inclusion of IRT in the academic or professional training of couples therapists. These results imply that while IRT is a widely used method of couples therapy, it has the necessary qualities to come out of the shadows in training programs and academic settings to establish itself as one of several sound, theoretically and empirically supported methods of working with distressed couples.

Common Factors in Couples Therapy

As mentioned previously, a timely discussion in mental health revolves around the identification of factors common to the vast array of therapeutic approaches. More than ever, constraints dictated by insurance providers require that mental health professionals utilize short-term, evidence-, and

Table 5. Romantic Love.

Question	Agree (%)	Disagree (%)
In the initial relationship, most lovers appear healthier than they actually are	81	3
In the initial relationship, well-matched partners will meet the needs of the other rather automatically	52	18
In the initial relationship, well-matched partners experience a sense of familiarity as if they have known each other for a longtime	65	7
In the initial relationship, well-matched partners experience a sense of wholeness or completion	64	5.3
In the initial relationship, well-matched partners experience their needs being fully met by the other	44	21
In the initial relationship, well-matched partners experience a sense of joyfulness and aliveness	83	3
In the initial relationship, well-matched partners may find it difficult to remember what it was like to live without their partner	41	16.9
Average	52	11

Table 6. Power Struggle.

Question	Agree (%)	Disagree (%)
The most powerful unconscious expectation individuals have of their romantic partner is that they will love them the way that they need but were never loved	69	9
When needs are met in romantic love this can stir up repressed parts of a person causing tension as romantic love fades	56	12
In power struggle, the relationship focus shifts from how partners are the same to how they are different	82	4
A major source of power struggles occur when a deep and unresolved need triggers a defensive response from the romantic partner	82	3
In conflict, individuals frequently experience and respond to a romantic partner as if they were a past, significant person.	73	6
When couples hit power struggle impasses their needs for emotional safety, connection, and pleasure are likely to move outside of the couple relationship	46	13
Average	68	8

Table 7. Healing Factors in Relationships.

Question	Agree (%)	Disagree (%)
Emotional safety is a primary condition for connection in romantic partnership	92	0.9
Building empathy between partners is a key facet of healing and growing relationship	99	0
The healing process for couples must involve communication processes where both partners feel understood by the other and don't provide their own subtext	92	1
To heal and grow, couples must learn to understand and validate the feelings and experiences of the other	93	0.9
To heal and grow, partners must diminish defensive responding and increase empathic responding	97	0
Listening and responding with curiosity, empathy, and understanding promotes each partner's appreciation of and differentiation from the other	94	0.9
Generally speaking, to grow the relationship, one partner works harder to initiate contact and loving expression while the other works harder to contain and eliminate negative expression	38	17
Restoring and growing relationship involves increasing the frequency of loving behaviors and eliminating negative behaviors	73	7
Average	85	3

outcome-based treatment models if they expect to work with individuals and couples whose treatment is supported by insurance (Beidas et al., 2013; Mechanic, 2012). In order to safeguard effective treatment, the identification of common factors across a wide range of approaches can narrow the field to offer key guidelines for intervention and change (Lambert, 1992; Sprenkle & Blow, 2004; Sprenkle, Blow, & Dickey, 1999; Sprenkle et al., 2009). More specific to MFT, the identification of model-independent and model-dependent common factors can serve to offer a bridge of foundational qualities and specific concepts and skills across a notoriously model-centered field (Davis & Piercy, 2007a).

It stands to reason that couples therapists would align with items that reflected factors already common in MFT, such as conceptualizing couples issues through relational terms. In addition, because half of the participants aligned with Emotionally-Focused Therapy or the Gottman Method, which are typically categorized as Humanistic-Existential approaches (Gurman, 2008), it also stands to reason that there might be considerable agreement with items that reflect these philosophies, such as the importance of empathy. While the relational view and utilizing interventions that disrupt dysfunctional patterns are not new (D'Aniello, 2013), what was unique in this study was agreement with items that reflect more *specific* philosophical claims and interventions. While many couples therapists might already agree with general statements in the Romantic Attraction domain, such as "A significant part of romantic attraction is based on experiences in past, primary relationships," the more specific philosophical claim that,

"People will unconsciously attract to romantic partners with familiar qualities, both positive and negative, of past, primary relationships" also reflected strong agreement. The same can be said for The Imago—Mate Selection domain. While most therapists might already agree that, "Negative experiences with primary caretakers have a strong influence in adult romantic relationships," strong agreement was also expressed for bolder claims, such as "Relationship conflict creates opportunities for unmet needs to surface, thereby, offering opportunities to heal and reset human growth and development."

As another example, a most agreed upon domain, Healing Factors, describes the intervention process, whereby partners are directed in specific ways on how to interact and respond to the other. As indicated earlier, couples are coached to put their personal reactions on hold and to develop listening with curiosity and responding with empathy and validation. What is unique about the IRT approach is the way in which building emotional safety through these processes, or the Couple's Dialogue, is the primary focus. On the surface, this might appear simplistic, yet, similar to the core conditions of Person-Centered Therapy (Rogers, 1951), there is much more at work than meets the eye. The sustained practice of nonjudgmental listening and expression of understanding and validation between partners is foreign to many couples, at worst, and challenging, at best. These interventions can require significant effort, promote significant growth, and prove to be the most healing and hope-renewing facets of therapy (Hendrix, 2005). The strong level of agreement across statements in this domain from a diverse sample of therapists who, by majority, each hold over a decade of experience warrants recognition and further investigation.

Overall, the agreement expressed among participants of diverse theoretical backgrounds warrants further investigation into each domain as a potential common factor in couples therapy. In short, the findings are useful in that they can be used to further investigate specific common factors among couples therapists, and they can inform current or future practitioners of key assumptions for understanding couples' issues. In addition, they can offer useful interventions that may provide greater efficacy in one's professional work with struggling couples.

IRT in Academic and Professional Training

Another major study implication involves the justification of IRT in the academic or professional training of therapists. A primary hypothesis of the study was that, while not likely exposed to IRT, many therapists may resonate with its basic assumptions and principles, particularly as many factors identified as important in psychotherapy and MFT are already reflected in IRT (Clinical Instructors Manual, 2003; Hendrix, 1986; W. Luquet, 1996). While many academics and practitioners remain unfamiliar with this theory and practice, results indicated that several domains of IRT resonated with both newly practicing and highly seasoned practitioners. As such, the data provide compelling support for the inclusion of IRT in professional training and academic settings, alongside other established approaches. Inclusion of the model in future textbooks, syllabi, and coursework in graduate programs would facilitate the use and understanding of this easily understandable and usable model of couples therapy. Future planned and ongoing controlled outcome studies will continue to examine its methods as an effective treatment for relationship distress.

In addition, IRT can become a new area of research for academics and practice scholars seeking new areas for research. Because it is manualized, outcome studies can be replicated, and the model is open to study for its effect on specific diagnoses such as anxiety, depression, and other diagnostic categories that may have their etiology in relationship distress.

Limitations and Recommendations

Despite these conclusions, there are some limitations to their generalization. First, the sampling frame was a convenience sample and cannot be applied to all couples therapists. In addition, while the sample demonstrated some diversity among professional variables, personal demographics, such as age or race/ethnicity, were not collected; therefore, the beliefs, values, and intervention preferences of respondents may be skewed toward particular demographics and should be applied with caution, as it is possible that some of the consensus could be due to cohort effect. In order to generate data that may be applied to a larger population, further studies should incorporate probabilistic samples with diverse personal demographics, such as race, ethnicity, and general geographical location. Furthermore, the majority of participants work in a private setting, which may limit generalizability to a broader population of therapists.

Future studies also ought to focus on further investigation of individual items and domains, either to bolster support or to examine deficiencies where disagreement is present. For example, while participants expressed strong agreement about which healing factors need to be activated for relationship growth to occur, they expressed less agreement on the maximizer/minimizer healing factor construct, that one partner works harder to initiate contact and loving expression while the other works harder to contain and eliminate negative expression. Some items may reflect high enough levels of abstraction that agreement could be found among therapists across theoretical disciplines. More complex analysis is needed to examine the strength of each domain, particularly those with items revealing strong agreement.

Finally, future studies ought to compare therapists' beliefs with current research for each domain in order to assess the accuracy and relevance of any identified common factors.

In addition, given that a number of participants fell into Neither Agree Nor Disagree category, survey items ought to be reexamined to determine whether or not the statements are too broad, restrictive, or polarizing for participants. Future studies might include specific context or examples within each domain, such as more specific criteria for each philosophical

assumption or specific actions and behaviors involved in certain interventions. Future studies might also incorporate how to apply philosophies to a case study in a mixed-methods survey that gathers both qualitative and quantitative data.

Conclusion

IRT is a contemporary model of couples therapy that shares many theoretical and treatment factors with couples therapists of various theoretical orientations and skill levels. While the model is widely used by couples and marriage and family professionals, it is only beginning to make its way into academic programs. Because of its shared factors with therapists of various models, it should be considered as an area of additional research and training in graduate programs.

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