

RESULTS OF GOTTMAN METHOD COUPLES THERAPY WITH GAY AND LESBIAN COUPLES

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The results of an uncontrolled study of Gottman Method Couples Therapy in changing relationship satisfaction with 106 gay and lesbian couples is reported in this paper. Measurement of relationship satisfaction was conducted at five separate time points. The data show significant improvements in relationship satisfaction following eleven sessions of therapy for both gay male and lesbian couples. Effect sizes suggest that this therapy was highly effective, compared to the usual 0.5 standard deviation effect size in couples therapy. Initial co-morbidities did not affect the size of the changes; in fact, some changes were significantly larger for three initial co-morbidities.

Over the past decade there has been a major cultural shift in the way same-sex couples' relationships are viewed in the United States of America, culminating in the historic 2015 Supreme Court decision legalizing marriage for gay and lesbian couples. As Filmore, Baretto, and Ysasi (2016) noted, as this shift has taken place, professionals within the clinical community are facing a major challenge to have the tools be able to meet the growing needs of same-sex couples for counseling, guidance, and therapy. Many other papers have been written calling for new methods to meet the particular needs of these couples and the problems that may arise from homophobia (for example, Addison & Coolhart, 2015; Belous, 2015; Brown, 2015; Green, Mitchell, Alan, Lebow, & Snyder, 2015; Thomas, Marini, & Stebnicki, 2016).

There is a need for basic research about the special needs of same-sex couples. The classic questionnaire-based study of American couples by Blumstein and Schwartz (1983) actually concluded that same-sex couples are not very different from married couples on most issues. In fact, the group that stood out as most different was the heterosexual cohabiting group, where commitment to one another was generally weak, compared to the other groups of couples in the study (married heterosexual, gay, and lesbian). This general conclusion that heterosexual couples and same-sex couples are not very different from one another has been replicated in a series of studies by the late Lawrence Kurdek. Kurdek's (2004) compared gay and lesbian cohabiting couples without children with heterosexual married couples with children on variables from five domains

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indicative of relationship health, studied at three separate longitudinal time points. He found that for 50% of the comparisons, gay and lesbian partners did not differ from heterosexual partners. Furthermore, seventy-eight percent of the comparisons on which differences were found indicated that gay or lesbian partners functioned *better* than heterosexual partners did. Furthermore, the variables that predicted concurrent relationship quality and relationship stability for heterosexual parents were the same as for gay and lesbian partners. Kurdek concluded that the processes that regulate relationship functioning are identical across gay, lesbian, and heterosexual couples.

There has been very little basic quantitative observational, or physiological research on what makes for successful same-sex love relationships. An exception was Gottman et al. (2003a,b), who reported the results of a 12-year longitudinal study of committed gay and lesbian couples in San Francisco, and compared these data to married heterosexual couples who had been together an equivalent amount of time, and were matched in relationship satisfaction with the same-sex couples. Their conclusions were the same as Kurdek's when they used questionnaire data. There were very few differences between gay, lesbian, and heterosexual married couples. However, observational data suggested that same-sex couples were less defensive, less hostile, less domineering, and demonstrated a better sense of humor during conflict than heterosexual married couples.

That conclusion echoed the results of Kurdek's (2005) paper. He concluded that, compared to heterosexual, married couples, same-sex partners divided up household labor more fairly, and they reported resolving conflict more constructively. Same-sex couples reported similar levels of relationship satisfaction, received less support from family members, but more support from friends compared to heterosexual, married couples. However, Kurdek did suggest that same-sex couples are less stable than married heterosexual couples.

There is no outcome data for couples therapy with gay and lesbian couples. In the couples and family therapy field effect sizes of interventions with couples and families have been small, usually of the order of 0.5 standard deviation units (Pinsof & Wynne, 1995, 2000). There was a recent randomized clinical trial of a psycho-educational intervention with gay male couples by Whitton, Weitbrecht, Kuryluk, and Hutsell (2016), who reported an even smaller effect size of 0.19 from pre to post and 0.18 from pre to 3-month follow up. As a beginning, the data from basic studies about same-sex relationships were used to inform the modification of Gottman-method couples' therapy with gay and lesbian couples. This study reports the results of an uncontrolled study of this therapy over a 5-year period conducted at the Gay Couples Institute in San Francisco by psychotherapists trained specifically in Gottman-Method Couples Therapy.

Co-morbidities And Treatment Effects

A second question we had was whether the effects of our treatment would vary depending on several initial common co-morbidities that we have seen that accompany relationship unhappiness in same-sex couples. In our experience these common co-morbidities are: (a) suicidality, assessed with our brief suicidal thoughts scale, (b) minor domestic violence using minor items on the Conflict Tactics Scale, (c) major domestic violence on the Conflict Tactics Scale, which also includes two additional scales—partner controlling behaviors (e.g., taking partner's keys, or controlling partner's money), and fear of partner (Bradley, Drummey, Gottman, & Gottman, 2014), (d) using the Emotional Abuse Scale (Jacobson et al., 1995) emotional abuse via excessive jealousy, (e) emotional abuse via socially isolating the partner, (f) emotional abuse via public humiliation of the partner, (g) emotional abuse via sexual coercion, and (h) alcohol and drug addiction. Cronbach alpha reliabilities of each of our scales were always above .80, and ranged between .80 and .97. A detailed summary of these reliabilities is available on the <http://www.Gottman.com> website. Multi-method validities of the scales also averaged .80, with independent observational scoring of conflict discussions and the Gottman Oral History Interview. We expected that our effects would be reduced for these co-morbidities.

METHODS

Participants

Couples ($N = 106$) consisted of 88 gay couples and 18 lesbian couples who sought treatment for relationship problems at the Gay Couples Institute in San Francisco, CA. The mean age of the

couples was 35 years of age. The average length of time together was 10 years. The couples had at least a Bachelor's degree and had a combined annual income between \$200,000 to \$250,000. The couples attended an average of 9 sessions. There were 8 therapists who provided treatment at the Institute, 6 were gay or lesbian therapists and 2 were heterosexual therapists. All of the therapists completed at least Level 1 of Gottman Training, with six having completed Level 2, four having completed Level 3, and three having completed Certification as a Gottman Method Couples Therapist (CGT).

Procedure

The therapists provided treatment using Gottman Method Couples Therapy (GMCT). Gottman Method Couples Therapy is based on the scientific research of Drs. John and Julie Gottman (Gottman, 1991; Gottman & Gottman, 2015). The method consists of three parts: an assessment of the relationship, active treatment, and relapse prevention. GMCT assesses and attends to 3 systems: the friendship system, the conflict management system and the shared meaning system.

Each couple's relationship was assessed to determine the strength of their friendship system, their conflict management system and their shared meaning system. The assessment process consisted of three sessions, which are a standard part of Gottman Method Couples Therapy. The initial assessment session was a conjoint session where the couple's narrative, oral history and a sample of the couple's conflict were taken. The second assessment session was divided in half into two individual sessions. The third session was a feedback session where the therapist informed the couple of the strengths and areas of concern of the relationship based on the Sound Relationship House theory. This third assessment session collaboratively discusses treatment goals.

Treatment. Three domains of the same-sex couple's world were addressed in treatment—conflict, friendship/intimacy, and shared meaning—but not in any pre-determined order. Interventions were selected in each session based entirely on the emotional concerns the couple brought into each session. This therapy is an emotionally focused and experiential therapy. However, it also develops specific social skills using structured blueprints to assist the therapeutic process, it also focuses on monitoring and creating physiological calm, and it focuses on the existential aspects of a committed relationship. The couple's experiences therefore drive the therapy, which is primarily experiential, and not psycho-educational in nature. For details of the conduct of Gottman Methods Couple Therapy, readers are referred to Gottman (1999), and to Gottman and Gottman (2015).

Conflict Interventions. The active treatment phase addressed each couple's past conflicts that might have created attachment injuries, their current conflicts, and their perpetual/gridlocked conflicts. Several interventions were used to address these conflicts and to help guide the couple to have a gentler dialogue with each other. The Four Horsemen, a term coined by Dr. John Gottman to describe behaviors that have been shown to destroy relationships, were addressed and their antidotes were supplied. Other interventions included the following "conflict blueprints": The Gottman-Rapoport, The Aftermath of a Fight, The Dreams Within Conflict, Compromise Ovals, and The Repair Checklist.

Friendship/Intimacy Interventions. The couple's friendship system was addressed and strengthened through several different interventions. The couple at times were asked to use card decks or the phone app versions of the following card decks: Love Maps, Open-Ended Questions, Fun and Play, and Expressing Needs. These card decks and apps had a game-like quality to help couples learn more intimate information about their partners. The intervention, Adjective Checklist was also used at times as well as the 7-week exercise called Relationship Enhancing Thoughts. The couple's sexual relationship is considered a part of their friendship system and was addressed using the Salsa Card Deck, Affection and Lovemaking app, and the "Gott Sex?" interventions – a 7 exercise series to help couples have more intimate sex.

Shared Meaning System Interventions. Finally, the couple's shared meaning system was strengthened through developing a Stress-Reducing conversation and using the card deck called "Build Rituals of Connection." Couples were encouraged to have a conversation about external stressors in their lives outside of the relationship. They were also encouraged to develop rituals that would be meaningful to them to implement into their daily lives as well as ritualizing important events such as birthdays, holidays and anniversaries.

Relapse Prevention. The relapse-prevention phase of therapy was beginning of termination of therapy. The therapist began fading out therapy by spreading out sessions over time to bi-monthly and then monthly sessions. The couples were encouraged to brainstorm about potential difficult situations that might impair their ability to use their recently learned communication skills and how to manage those situations. The couples were encouraged to make a 6-month follow-up appointment to check in with the therapist for a duration of 2 years to prevent relapse. 23 couples made follow-up appointments or continued on a monthly or bi-monthly basis after their last session, on average 9 sessions. Delivery of Gottman Method Couples Therapy was through standardized 90-min weekly sessions, with group and individual supervision of our therapists. The supervision was designed for practicing interventions and reviewing cases. With permission from the couples, many of the sessions were audio or video recorded for quality control review and supervision.

Measurement. The Locke-Wallace Marital Adjustment Test (Locke & Williamson, 1958; MAT) was used as a self-report of relationship satisfaction. The MAT had been normed so that its scoring followed the standard intelligence tests, with a population mean of 100.0 and a standard deviation of 15.0. The couples in this study completed the MAT recurring measurements by pen and paper form or through a HIPPA compliant website on average 5 times throughout their therapy. The couples then filled out the MAT at the beginning of treatment (T1), after session 4 (T2), after session 7 (T3), after session 9 (T4), and at the end of treatment (usually session 11, T5). Cronbach α for this study for the MAT averaged .82.

Reliability and Validity of the MAT. Historically, there are extensive reliability and validity data for the Locke-Wallace Marital Adjustment Test and its extension by Spanier (1976), primarily for heterosexual couples. An early paper establishing reliability and construct validity of the MAT with *heterosexual* couples was Locke and Williamson (1958); literally hundreds of papers have followed. For relationship satisfaction for gay and lesbian couples our recent search on PsycNet found 290 references. For gay male couples, papers establishing the reliability and validity of the MAT go back to Jones and Bates (1978). The late Lawrence Kurdek had employed the scale in his extensive longitudinal research program (cited in the manuscript) with gay, lesbian, and heterosexual married couples. Extensive cross-measure *validity* data go back many decades (for example, Weiss & Aved, 1978). More recent validity results can be found in Ducharme and Kollar (2012). For further evidence of validity, the Locke-Wallace Marital Adjustment Test predicted physical health in a 20-year longitudinal sample (Haas, Holley, Bloch, Verstaen, & Levenson, 2016). More recent attempts to improve on the MAT for gay and lesbian couples can be found in Belous and Wampler (2016).

Pre-therapy Comorbidity Assessment. There is an extensive literature on the comorbid mental health problems of gay and lesbian people. A recent PsycNet search yielded a list of 7,550 papers, covering many of the mental health issues in the DSM-5 (2013). To explore the relationship between therapeutic outcome and pre-therapy levels of comorbidity, we limited ourselves to the following standardized scales: (a) Drug and alcohol abuse, Cronbach $\alpha = .94$ using the Revised Michigan Alcohol and Drug Screening Test, SMAST13; Fleming and Barry (1989), (b) Our 5-item suicidality scale, Cronbach $\alpha = .88$, with items comparable to the Miller, Norman, Bishop, and Dow (1986) suicidal ideation scale, (c) Our three domestic violence scales reported in Friend, Cleary-Bradley, Thatcher, and Gottman (2011), designed to screen characterological from situational domestic violence, Cronbach $\alpha = .79-.95$ (social control of partner, Cronbach $\alpha = .95$, fear of partner, Cronbach $\alpha = .79$, and level of physical violence using the Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), Cronbach $\alpha = .86$, (d) The Emotional Abuse Scale (EAQ, Waltz, Babcock, Jacobson, & Gottman, 2000), overall total scale Cronbach $\alpha = .90$, with 10 items measuring emotional abuse through excessive jealousy, Cronbach $\alpha = .92$, 10 items measuring emotional abuse through social isolation of the partner Cronbach $\alpha = .89$, 10 items measuring emotional abuse through public humiliation, Cronbach $\alpha = 0.88$, 10 items measuring emotional abuse through threats and property damage, Cronbach $\alpha = .90$, 10 items measuring emotional abuse through sexual coercion, Cronbach $\alpha = .91$. Our scales, with automatic scoring and therapy recommendations are available on our website <http://www.Chec.kup.Gottman.com>.

Data Analyses. Our two-step data analyses first explored the change in marital satisfaction throughout therapy at the Gay Couples Institute. A two-way repeated measures analysis of

variance was applied using STATA, with relationship satisfaction as the dependent variable, time as a categorical independent variable which is repeated at least once and up to five times, and group as the other categorical variable (gay male or lesbian). A two-way mixed ANOVA was performed, using the mean of the scores of both partners. In our second step, we also tested whether treatment effects were moderated by pre-existing co-morbidities that often accompany the treatment of same-sex couples.

RESULTS

Figure 1 presents the graphs of the mean relationship satisfaction of the couples in this study.

Table 1 provides a summary of the means, standard deviations and range of relationship satisfaction and the sample size represented at each time point of measurement. As shown in Table 2 for the two-way mixed ANOVA, the F statistic (12.06) for the variable time was statistically significant ($p < .001$). Effects were not moderated by whether the couple was a gay male or a lesbian couple. Table 3 presents the inter-correlation matrix of the repeated measures across the entire sample. As can be seen, the data over time points are highly inter-correlated. Table 4 is a summary of the trends analysis. The quadratic slope term was significant for both groups. This effect is consistent with a visual inspection of the graph that shows that the major effect began quite early in treatment, after 4 sessions, was stable by T3 (after session 7), and continued without relapse through T5 (after session 11).

Effect Sizes

The effect size of the intervention was computed using the change in relationship satisfaction from Time 1 to Time 5 divided by the standard error of the residual from the analysis of variance, computed as Cohen's d :

$$\underline{d} = (M_1 - M_2) / \sqrt{\text{MSE}}$$

where MSE was the mean square error term from the analysis of variance. We separated effect sizes by gender as follows: For the Gay male group, we compute Cohen's $\underline{d} = (101.42 - 84.52) / 13.70 = 1.23$, and for the Lesbian group, we compute Cohen's $\underline{d} = (105.50 - 90.08) / 13.70 = 1.13$. According to Cohen (1992) and Sawilowsky (2009), this effect size is in-between a large effect size (0.80) and a very large effect size (1.20). However, because there are many ways to compute effect sizes, Table 5 summarizes the overall effect sizes, and the effect sizes separately for gay and lesbian couples for four separate measures of effect size, Cohen's d , Hedges' g , and Glass's delta 1 and delta 2.

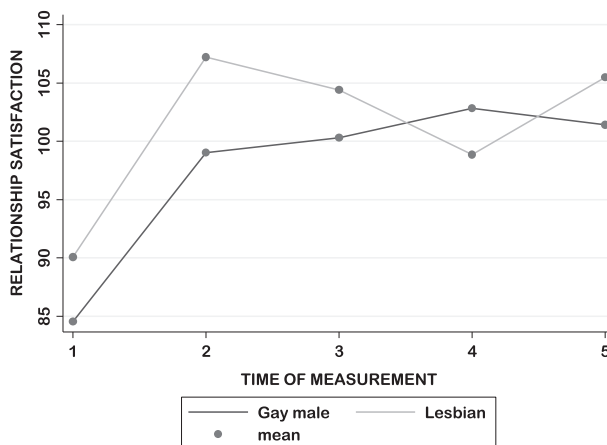


Figure 1. Relationship satisfaction (MAT) for gay and Lesbian couples in therapy over time.

| Table 1 <i>Summary Statistics for the MAT Variable</i> | | | | | |
|---|----------|--------|--------------------|---------|---------|
| Variable | <i>N</i> | Mean | Standard deviation | Minimum | Maximum |
| Mean 1 | 105 | 85.48 | 21.70 | 39.0 | 144.0 |
| Mean 2 | 98 | 100.43 | 20.23 | 41.5 | 146.5 |
| Mean 3 | 69 | 100.82 | 23.35 | 43.5 | 144.5 |
| Mean 4 | 45 | 102.49 | 23.88 | 46.0 | 148.5 |
| Mean 5 | 32 | 101.67 | 20.41 | 41.5 | 142.0 |

| Table 2 <i>Repeated Measures ANOVA</i> | | | | | |
|---|------------|-----------|----------|----------|----------|
| Source | Partial SS | <i>df</i> | MS | <i>F</i> | <i>p</i> |
| Overall | 137,631.34 | 113 | 1,217.98 | 6.49 | <.001 |
| Sex | 230.43 | 1 | 230.43 | 0.20 | <.65 |
| Id/sex | 117,962.58 | 104 | 1,134.26 | | |
| Time | 9,059.22 | 4 | 2,264.80 | 12.06 | <.001 |
| Sex × Time | 513.38 | 4 | 129.60 | .69 | <.60 |
| Residual | 44,133.52 | 235 | 187.80 | | |
| Total | 181,764.86 | 348 | 522.30 | | |

Note. Number of observations = 349, $R^2 = .76$, Root MS = 13.70, Adjusted $R^2 = .64$.

| Table 3 <i>Correlation matrix of the responses over time</i> | | | | | |
|---|---------|---------|---------|---------|--------|
| | Mean 1 | Mean 2 | Mean 3 | Mean 4 | Mean 5 |
| Mean 1 | 1.00 | | | | |
| Mean 2 | 0.56*** | 1.00 | | | |
| Mean 3 | 0.58*** | 0.76*** | 1.00 | | |
| Mean 4 | 0.46** | 0.72*** | 0.66*** | 1.00 | |
| Mean 5 | 0.40* | 0.52** | 0.54** | 0.72*** | 1.00 |

Note. * $p < .01$, ** $p < .01$, *** $p < .001$.

Pretest Co-Morbidities and the Amount of Change

Table 6 is a summary of the correlation between pretest values for selected variables that are indicative of serious co-morbidities and the amount of change from session 1 to session 3. We selected as the dependent variable of change the Session 3 (T3) minus the Session1 variable (T1) for two reasons: First, as Figure 1 shows, most of the change has already occurred and stabilized by Time 3. Second, our sample size decreases as the number of sessions increases. The number of couples in these correlations was 64 couples. As the table shows, there were no significant relationships between treatment effects and: (a) initial levels of suicidality, (b) the three of the violence scales (major violence, controlling partner, and fear of partner), (c) emotional abuse through

| Table 4 <i>Trend over Time by Group</i> | | | | |
|--|----------|------------|----------|----------|
| Time by sex | Contrast | Std. error | <i>t</i> | <i>p</i> |
| Constant | 6.23 | 1.01 | 6.15 | <.001 |
| Slope Lin. | 3.34 | 3.60 | 0.93 | <.36 |
| Quadratic Const. | -3.14 | 0.90 | -3.49 | <.001 |
| Quadratic Term | -3.62 | 2.98 | -1.21 | <.23 |

| Table 5 <i>Effect Sizes Summary Table</i> | | | | |
|--|--|-------------|-------------|-------------|
| | Effect Size Estimate, measured from Time 1 | | | |
| | T1 minus T2 | T1 minus T3 | T1 minus T4 | T1 minus T5 |
| Both Groups | | | | |
| Cohen's <i>d</i> | 0.71 | 0.69 | 0.76 | 0.76 |
| Hedges' <i>g</i> | 0.71 | 0.68 | 0.76 | 0.75 |
| Glass Delta 1 | 0.69 | 0.66 | 0.71 | 0.79 |
| Glass' Delta 2 | 0.74 | 0.66 | 0.71 | 0.79 |
| Gay Male Couples | | | | |
| Cohen's <i>d</i> | 0.67 | 0.72 | 0.82 | 0.78 |
| Hedges' <i>g</i> | 0.67 | 0.71 | 0.82 | 0.78 |
| Glass Delta 1 | 0.66 | 0.72 | 0.84 | 0.78 |
| Glass' Delta 2 | 0.69 | 0.71 | 0.79 | 0.81 |
| Lesbian Couples | | | | |
| Cohen's <i>d</i> | 0.96 | 0.58 | 0.37 | 0.74 |
| Hedges' <i>g</i> | 0.94 | 0.56 | 0.36 | 0.71 |
| Glass Delta 1 | 0.82 | 0.68 | 0.42 | 0.73 |
| Glass' Delta 2 | 1.24 | 0.46 | 0.25 | 0.81 |

excessive jealousy, (d) emotional abuse through social isolation of the partner, and (e) emotional abuse through sexual coercion. For four additional co-morbidity scales treatment effects were *larger* when there was initial pre-therapy: (a) minor domestic violence, (b) emotional abuse through public humiliation, (c) emotional abuse through threats, and (d) drug and alcohol abuse. These results were somewhat unexpected, and gratifying.

DISCUSSION

This study is a first test of Gottman Method Couples Therapy for gay and lesbian couples. The results and the effect sizes are encouraging. As we noted, the effect sizes of marital therapy tend to be on the order of " a standard deviation, and our results are twice that size. It is also the case that the national average for marital therapy with heterosexual couples is about eleven to thirteen sessions (Doherty & Simmons, 1996; Simmons & Doherty, 1995). Hence, the length of treatment for gay and lesbian couples is entirely comparable to national averages for couples therapy with heterosexual couples.

We would like to discuss potential reasons why we obtained such relatively large an effect size with a relatively comparable number of sessions of couples therapy. Why did gay and lesbian couples in this study show such a larger significant improvement in relationship satisfaction in

Table 6

Severity of pre-therapy co-morbid initial symptoms and positive change (T3 minus T1).

**Positive correlations indicate more change with more of the pre-symptom*

| | Pearson <i>r</i> | <i>p</i> |
|---------------------|------------------|----------|
| Symptom | | |
| Suicidality | -.16 | <.10 |
| Minor Violence | .25* | <.01 |
| Major Violence | .05 | <.60 |
| Control Partner | -.12 | <.21 |
| Fear of Partner | .03 | <.76 |
| Psychological Abuse | | |
| Excessive Jealousy | .17 | <.09 |
| Social Isolation | -.09 | <.36 |
| Public Humiliation | .20* | <.04 |
| Threats | .22* | <.03 |
| Sexual Coercion | .13 | <.20 |
| Addiction | | |
| Drug & Alcohol | .21* | <.04 |

approximately 8–11 sessions? We suggest that part of the reason may be that same-sex couples generally function *better* than heterosexual couples due to smaller gender-role and inequality. What is the evidence for this speculation? Gotta, Green, Rothblum, Solomon, and Balsam (2011) found that when comparing couples from 1975 to 2000, variables such as equal distribution of housework chores, and equal division of finances continued to contribute to the couple's perception of equality in their relationship. Equality of support, and equality of communication play important roles in same-sex relationships, beyond those in heterosexual relationships.

We also found that Gottman Method Couples Therapy created a platform for gay and lesbian couples to discuss their unique preferences for equality in the relationship, if that was a value system they championed. We are suggesting that perhaps one reason for our large effect sizes is that couples therapy is somewhat more powerful with same-sex couples. Several researchers have found that the dynamics of same-sex couples are often different, and perhaps even more functional than the dynamics of heterosexual couples. Balsam, Beauchaine, Rothblum, and Solomon (2008) hypothesized that same-sex partners are socialized similarly with regard to gender roles, and may share more similar communication styles than heterosexual couples. Gottman et al. (2003a,b), found that gay and lesbian couples used more kindness and humor to bring up a disagreement, and partners are more positive as they engage in disagreement with one another. They also found that gay and lesbian couples use fewer hostile and controlling emotional tactics. We have found that Gottman Method Couples Therapy creates a platform for each couple to co-create their own preferred conflict style, regardless of general role socialized norms.

Note that we are *not* suggesting that couples therapy is easy with same-sex couples. For example, about 20% of our clients have a co-morbid addiction. Yet, there is hope in our data for treating these common co-morbidities. Our pretreatment assessment of co-morbidities were either uncorrelated with treatment outcomes, or positively related, meaning that couples with some co-morbidities, including alcohol and drug abuse changed more than couples without these co-morbidities. That is an encouraging result. Fals-Stewart, O'Farrell, and Lam (2009) also reported encouraging results with couples therapy when there were addictions.

Nonetheless, we do suggest that same-sex couples may be somewhat unique. For example, same-sex couples are unique—compared to heterosexual couples—in continuing to keep alive play, fun, and sex in their relationships. Antonelli, Dèttore, Lasagni, Snyder, and Balderrama-Durbin (2014) found that gay and lesbian couples, compared to heterosexual couples reported greater levels of satisfaction regarding quality of leisure time spent together, as well as satisfaction with

their physical and sexual interaction. Consistent with the Antonelli paper, our therapy emphasized ongoing work on the partnership's *friendship and intimacy*, not just improving communication and conflict management. While learning new ways to handle conflict was important, we believe that part of the strong and rapid improvement in satisfaction shown by gay and lesbian couples experiencing Gottman Method Couples Therapy could be explained by the support they experienced from the friendship interventions, and the exercises teaching couples to rekindle the sexual spark in their relationship.

Our encouraging results also lead us to consider the larger practical question regarding the components necessary for the effective treatment of same-sex relationships. Riggle, Rothblum, Rostosky, Clark, and Balsam (2016) identified six themes that same-sex couples identified as contributing to their relationship longevity: Communication; Similarities in Values; Complementary Similarities and Differences; Sharing Experiences; Commitment to the Relationship; and Support From Others. Interestingly, Gottman Method Couples Therapy has exercises that encourage couples to improve these same areas. Couples work on improving communication by learning the antidotes to criticism and defensiveness, as applied to their unique relationship challenges. Couples learn to interview one another about their value system in the Shared Meaning exercise. They learn to build shared experiences using the Emotional Bank Account exercise to identify fun ways to strengthen their friendship. Many couples at the Gay Couples Institute told us that these exercises immediately reminded them of their early dating experiences with one another. However, our experience is that 90% of our couples need only 10% of the skills we cover in couples' therapy; the challenge is that different couples need a different 10%.

In summary, although gay and lesbian couples have conflicts about many of the same issues as heterosexual couples, this study seems to show that Gottman Method Couples Therapy yields successful results in relationship satisfaction improvement for gay and lesbian couples in relatively few sessions.

Clearly this relatively small sample was limited and further replication and extension is required. Suggestions for future research include replication of this study in a randomized controlled trial, which we are planning. Another possibility is to conduct a dismantling study with specific components of the therapy, specifically examining the relative contributions and interactions between friendship/intimacy, conflict, and shared meaning components of the therapy. This study has a number of other limitations. It cannot be assumed that we have addressed all the issues represented by the wider LGBTQ community. We need to supplement this brief report with qualitative data about clients' experiences. Also, because the study was located in San Francisco the results could be limited to educated same sex couples living in a relatively wealthy part of the country with the ability to pay for couples therapy. These couples had the means to pay usual-and-customary costs per session in order to go through the program. The rates of the Gay Couples Institute were in the middle of what most managed care companies identify as normal rates for that CPT code per session. That said, this study does provide some hope for clinicians who do serve lower-income gay and lesbian couples in other parts of the country. Perhaps our results might be used for urging reimbursement by managed-care companies using this model with same-sex couples.

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