

A Hierarchical Framework for Relational Competence Theory

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“The establishment of theory is the very purpose of science”.
(Martin H. Fischer, 1979–1962)

ABSTRACT

This article outlines and updates a formal, hierarchical theory of relational competence about socialization in intimate relationships, comprising: (1) three requirements: verifiability, applicability, and redundancy; (2) three meta-theoretical assumptions about the Width and Depth of relationships in Settings where relational competence is socialized; (3) three theoretical assumptions about abilities to love and to control through Presence Performance, and Production; (4) five models which include identity differentiation, styles, interactions, selfhood, and priorities; and (5) four applied models derived from meta-theoretical and theoretical assumptions: distance regulation, pathogenic roles, intimacy, and negotiation. Empirical verification of these models has occurred through self-report paper-and-pencil instruments in the laboratory, through enrichment programs in primary prevention, targeted written practice exercises in secondary prevention, and prescribed tasks in tertiary prevention or psychotherapy.

Key words: intimate relationships, relational competence, settings, socialization, theory

INTRODUCTION

This article outlines and updates a theory of relational competence socialization in intimate and non-intimate relationships. A theory is

a speculative framework about a topic that lends itself to empirical validation in the laboratory and to applications in prevention and clinical settings. The formal hierarchical framework comprising the theory includes meta-theoretical and theoretical assumptions. Derived from these seemingly abstract assumptions and constructs are more specific, concrete, and testable models and applications. Socialization is the process whereby relational competence is articulated, nurtured, molded, and produced by lifelong intimate and non-intimate relationships, by pleasurable and painful events, and by traumatic and joyful experiences. Relational competence is the totality of an individual's characteristics and effectiveness in relationships (L'Abate, 1976, 1986, 2003, 2005; L'Abate & Cusinato, 2007; L'Abate & De Giacomo, 2003). Competence includes intimate, communal and expressive relationships that are close, committed, interdependent, and prolonged as well as non-intimate, instrumental and exchange relationships that are agentic, distant, opportunistic, superficial, autonomous, and short-lived.

Socialization in intimate and non-intimate relationships varies along dimensions ranging from functional to dysfunctional styles and prototypes classified by traditional psychiatric classification (American Psychiatric Association, 1994). Connections to dysfunctional prototypes anchor and link theoretical models to real life conditions rather than to abstract, hypothetical, inferred, or ideally intra-psycho constructs. These connections attribute dimensional, relational, and contextual meanings to otherwise static, monadic, and non-relational psychiatric categories. This theory, therefore, serves as

a framework to understand psychiatric classification according to relational dimensions rather than according to categorical lists of symptoms and syndromes.

The theory includes 16 models (Figure 1) that encompass relational competence socialization in different settings and in different relationships. It is impossible to disentangle

Requirements					
Verifiability	Applicability		Redundancy		
Meta-theoretical Assumptions about Relationships					
	Width ¹	Depth ²	Settings ³		
Models	ERAAwC ¹	Levels of Interpretation ²	Settings ³		
	Emotionality	Description	Home		
	Rationality	Presentation	School/work		
	Activity	Phenotype	Transit		
	Awareness	Explanation	Transitory		
	Context	Genotype			
		Generational- -developmental			
Theoretical Assumptions about Relationships					
Models	Ability to Love ⁴	Ability to Negotiate ⁵	Both Abilities ⁶	Contents ⁷	
Dimensions	Distance	Control	Functionality	Modalities	
	Approach/ Avoidance	Discharge/Delay	High/Middle/Low	Being/Doing/Having	
DSM-IV	Axis II, Cluster C	Axis II, Cluster B	GAF* (100 to 0)*	Sexual deviations Type A personality	
Models of the Theory					
Models	Self-differentiation ⁸	Relational Styles ⁹	Interactions ¹⁰	Selfhood ¹¹	Priorities ¹²
Dimensions	Likeness Continuum	AA/RR/CC	Functionality	Importance	Survival/Enjoyment
	a. Symbiosis/ Alienation	Abusive/ Apathetic	Divisive	No-self	Vertical: Self/ intimates
	b. Sameness/ Oppositeness	Reactive/ Repetitive	Subtractive/ Static	Selfless/ Selfish	Horizontal: Settings
	c. c. Similarity/ Differentness	Conductive/ Creative	Additive/ Multiplicative	Selfful	
DSM-IV	a. Axis I b. Axis II, B & C c. No diagnosis	a. Codependencies/addictions b. Conflict high c. Conflict low	a. below 39 on GAF b & c. 40 to 69 on GAF d. Above 70 on GAF		
Applications of the Theory					
Models	Distance Regulation ¹³	Drama Triangle ¹⁴	Intimacy ¹⁵	Negotiation ¹⁶	
Dimensions	Pursuer/Distancer/ Regulator	Victim/ Persecutor/ Rescuer	Sharing Joys, Hurts, & Fears of Being hurt	Structure/Process (Ill, Skill, Will)	

* GAF= Global Assessment of Functioning

Figure 1. Summary of a Theory of Relational Competence in Intimate Relationships

relational competence socialization from its relationships with intimates and non-intimates, because relational competence is circularly and contextually the product and producer at the heart of those relationships. Relational competence socialization occurs through continuous interactions with significant and non-significant others. Ideally, if at all valid, this theory should apply not only to individuals in relationships but also to dyadic and multi-relational systems, such as couple, family, parent-child, siblings, in-laws as well as to non-intimate exchange relationships.

Models of this theory are supported by both conceptually similar but independent sources, and by direct evidence specifically created to validate them (Cusinato et al., 2008). Three major requirements have been demanded of this theory: (1) *verifiability* in the laboratory, (2) *applicability* to both preventive as well as psycho-therapeutic interventions, and (3) *redundancy*, the ability to describe and perhaps explain certain constructs through different versions of the same construct, as will be explained in the text (Figure 1). To be relevant, the theory must be valid in more than one setting, therefore the laboratory setting alone is not sufficient to satisfy this requirement. Models or methods derived from the theory must be replicable also in applied and clinical settings.

Hierarchy is just as important in psychology as it is in biology, as well as in any other science, for that matter, allowing one to divide components according to their functions and respective position in relation to other constructs or models. Without hierarchy there is chaos and confusion, epistemologically and ontologically, because one cannot know how a component part functions in relation to other parts of the overall framework (Harkness, 2007; Markon, Krueger & Watson, 2005).

No specific or direct support had been proffered previously to explain the hierarchical organization of this framework, an omission that is corrected in L'Abate and Cusinato (2007). Here, we are primarily concerned with the hierarchical structure of the formal theory and secondarily about the overall evidence that is relevant to the validity of its models. The seemingly abstract

nature of these models has been reduced to a concrete structured interview for individual verbal administration to couples and families as well as written practice exercises for group administration (L'Abate, in press a). Conceptual and research-based references have been omitted for reasons of space but are available in previous publications and lengthier versions of this article (Cusinato et al., 2008).

META-THEORETICAL ASSUMPTIONS

These meta-theoretical assumptions go beyond the theory itself to encapsulate past knowledge. They represent constructs necessary to any theory of relational competence socialization. These assumptions include the Width (Model¹) and Depth (Model²) of relationships as well as Settings (Model³) where such relationships are directly related to the process of socialization.

Width of Relationships: Model¹

Intimate and non-intimate relationships vary along a horizontal (Width), information processing dimension based on a circular model involving five sequential components: Emotionality, Rationality, Activity, Awareness, and Context (ERAAwC). Each component is fundamental to past and present schools of thought (e.g., existentialism, empiricism, rationalism, contextualism,) and of psychotherapy (e.g., psychoanalysis, rational-emotive, cognitive behaviorism, or family therapy, among many others). Each school, conceptually or practically, emphasizes the hegemony of one particular component over the other four. Emphasis is achieved by fostering and publishing a myriad of publications in each specific component, be E, R, A, Aw, or C. Models and applications of this theory are derived in part from components of this model because they, in one way or another and to a certain degree or another, enter in all the models of the theory.

Depth of Relationships: Model²

Complementary to the Width model, levels of observation and interpretation of relationships vary along a vertical dimension of Depth based

on a multilayered Model² comprising Description and Explanation. Description consists of two sublevels: an easily observable *public*-presentational facade, what is outwardly exhibited, and a *private-phenotype* kept hidden in one's mind or the privacy of one's home. Explanation consists also of two sublevels: an internal *genotype*, usually inferred or hypothetical, such as id, ego, and superego or self-esteem, (expanded here into observable Identity-differentiation (Model⁸) and Selfhood (Models¹⁰), and *generational* characteristics transmitted from one's family of origin, including physical, emotional, and intellectual development. Consistency and inconsistency among levels and sublevels is crucial to observe and to interpret relational competence socialization in different settings.

Socialization Settings: Model³

Socialization occurs between intimates and non-intimates in various settings (Model³) related to survival and enjoyment in life, including extra or surplus leisure time. This model includes home, school/work, transit (airplanes, buses, cars, roads, hotels, etc.) and transitory (church, grocery store, barber, beauty salon, etc.) settings. Each setting is a necessary aspect of socialization. How much time and energy is spent in one particular setting? Which relational competence characteristics determine how much time and energy is spent in one setting over another? How are these characteristics reflective of these settings? These questions will be answered by other models of the theory, especially Model¹².

THEORETICAL ASSUMPTIONS

The theory proper assumes that relational competence comprises two basic relational abilities, which include the ability to love (Model⁴) and the ability to self-control or self-regulation (Model⁵). An additional corollary specifies the contents of both abilities, Model⁶. These abilities imply that in order to love and to self-control there should be prolonged interactions between at least two individuals. Whether positive or negative, functional or dysfunctional, these interactions occur in intimate

relationships at home and develop in ongoing non-intimate settings, such as school or work, where prolonged interactions are more likely to occur.

Ability to Love: Model⁴

The ability to love relies on a dimension of *space* or *distance* defined by extremes in approach-avoidance. Functionality occurs when approach-avoidance tendencies are balanced. Dysfunctionality occurs when approach-avoidance tendencies are at polar extremes of this dimension. Usually, one's distance and motivation to approach-avoidance are measured by self-report paper-and-pencil tests. In this model, distance is assessed objectively – how much time, how frequently, how often, when and where one approaches or avoids self, a particular person, a setting, a task, or an object? How strong or weak are these approach or avoidance tendencies? Is approach stronger than avoidance or vice versa? At what level of observation and interpretation is either tendency occurring? Does it occur in public or in private? We might need to approach disliked co-workers or neighbors, but we wish we did not have to. What about conflicts in approach-avoidance tendencies? Are the gradients of these tendencies different?

Extremes in the ability to love include personality disorders of the Axis II Cluster C (DSM-IV; American Psychiatric Association, 1994) according to a dimension of distance. These prototypes are defined at one extreme either by excessive approach or excessive avoidance. Needing and wanting continual closeness is observed in helpless dependent or codependent, parasitic personality disorders. Individuals with this disorder approach and rely continuously on others to survive. The other extreme of distance – avoidance of others – is observed in an increasingly severe continuum of phobias, social anxieties, and avoidant personality disorders, who tend to deny dependency. Balance is found in acknowledging and acting according to our inherent interdependence.

These prototypes help to define a dimension of distance basic to the ability to love. We approach and want to live with someone we love,

we approach what we love; we try to avoid (not always successfully!) individuals, activities, objects, tasks, and settings we do not like or love.

Ability to Control Self: Model⁵

The ability to control or self-regulation relies on a dimension of defined by extremes in discharge, or disinhibition, at one end and extremes in delay, inhibition or constraint, at the other end. Functionality occurs when control tendencies are balanced. Usually, this dimension is measured by self-report paper-and-pencil tests. Here, control is defined objectively by assessing reaction time, duration, frequency, rate, intensity, direction, and temporal perspective (L'Abate, 2005, pp.181–182). For example, how fast does one respond to internal or external stimuli or events? More specifically, how fast does one approach or avoid another person, activity, task, object, or setting can be directly observed and measured over time without relying solely on self-reports.

The locus of control could be internal or external as shown in prototypes defined by extremes of control. Extreme prototypes for discharge and externalization of the locus of control are observed in Axis II Cluster B personality disorders. These disorders show consistent and sometimes extreme discharge or inadequate controls, as in impulsive anti-social, narcissistic, and histrionic personality disorders. At the other end of this dimension, extremes in avoidance, internalization in the locus of control, and delayed discharge include most personality disorders of Cluster C. Model⁶ will expand on how control is basic to the structure and process of negotiation and problem-solving.

Combining Abilities to Love and to Control: Model⁶

Constructs highly similar to dimensions of space/distance (closeness, intimacy) and time/control (negotiation, bargaining, problem-solving) are present in a variety of two-factor models. Originally, a distinction between communal/expressive (love) and agentic/instrumental (control) is still considered relevant to intimate and non-intimate relationships. By the

same token, control is consistently viewed as an agentic exchange rather than as a communal construct.

The same two dimensions appear also in monadic, non-relational models. For instance, appetitive approach and defensive avoidance tendencies are orthogonal with polarities of discharge/impulsivity at one pole and delay/inhibition/constraint at the other pole. Approach-avoidance tendencies stem from or are related to Emotionality. We approach or avoid according to how consistently or inconsistently we feel toward some-body or something. Discharge-delay tendencies stem from or are related to either limited or excessive Rationality. Impaired Rationality produces quick discharge, as in the impulsivity of Cluster B personality disorders. Excessive Rationality produces delayed discharge, as in procrastinators and obsessive-compulsive disorders of Cluster C. Further-more, both distance and control may derive from or relate to different neurological underpinnings. Other components of Model¹, namely Activity, Awareness, and Context need to be taken into consideration for a satisfactory description and explanation of this model.

However, the abilities to love and to control combine to form an orthogonal Model⁶ yielding four quadrants with three levels of functionality: (1) when love and control are high, they produce the highest level of functionality in relationships; (2) when love is high and control is low, or love low and control high, they produce an intermediate level of functionality; (3) when both abilities are low, they produce the lowest level of functionality, that is: psychopathology. *Functionality in human relationships, therefore, is an appropriate balance of approach-avoidance and discharge-delay tendencies that vary developmentally according to realistic task demands at various stages of socialization in the life cycle.*

Contents of Relationships: Model⁷

A corollary to both abilities includes a triangular Model⁷ regarding the contents of relationships: what is exchanged among intimates and non-intimates. Contents are exchanged through the Triangle of Living derived from Foa's and Foa's

(1974) resource exchange theory. Resources include Status (changed to here to Importance, Model¹¹), Love (changed here to Intimacy, Model¹⁵), Information, Services, Possessions, and Money. Conceptually, combining Importance with Intimacy produces a modality of Presence, that is, *Being* emotionally, communally, and instrumentally available to self and intimate others. Combining Information with Services defines a modality of *Doing* or Performance. Combining Money with Possessions defines a modality of *Having* or Production. Combining *Doing* with *Having* defines a supra-ordinate modality of *Power*. The latter is democratically negotiated and shared in functional relationships. In dysfunctional relationships power is negotiated ineffectively. In extremely dysfunctional relationships power is neither shared nor negotiated. Hence, Presence and Power represent different constructs to view redundantly love and control respectively.

Each modality in this Triangle defines relationships with functional and dysfunctional extremes. There are excesses in either direction and in each modality. For instance, when this model is applied to a classification of sexual relationships, sex and sexuality are functional when shared, that is: two people Being Present together with a minimum of demands on performance or production. Extremes in *Doing* are represented either by disorders of low sexual desire or by excessive emphasis on Performance, as in hyper-sexuality. Money enters in the use of prostitutes, while possessions include a whole industry of sexual products (L'Abate, 2005).

Extremes in either directions of Being produce extremes in the other two modalities also. Too much emphasis on Being would make it difficult to attend to and satisfy realistic needs and demands requiring *Doing* and *Having*. Contrarily, decreased emphasis on Being would increase over-reliance on *Doing* and/or *Having*. Extremes in *Doing*, for instance, can be found in Type A personalities, while extremes in not-*Doing* can be found in procrastinations and, at the extreme, in severe psychopathologies. Extremes in excessive *Having* are found in hoarders and tycoons, as well as in compulsive shoppers wit-

hin the larger context of a consumer-oriented, materialistic culture. Extremes in not-*Having* are found in members of some religious orders who give away their worldly possessions sacrificing themselves and their lives to help others in need.

One part of this model, the relationship between Being Present and Having Production, is well supported by extensive research that consistently found significantly negative correlations between measures of materialistic values orientation and measures of well-being, self-esteem, affiliation, and community. Positive correlations, on the other hand, were found between measures of materialistic values orientation and measures of unhappiness, neuroticism, and even depression, among others. Measures of well-being, affiliation, and community emphasize the importance of Being emotionally available to self and intimates – unconditional love, without requirements of production, performance, problem-solving, or perfection. Negative correlations between the inability to be available to self/intimates (Being) and Performance are evident in Type A and perfectionist, obsessive-compulsive personalities where Performance and Production are more important than Presence.

Models of Relational Competence Socialization in Intimate Relationships Five major models are derived from both meta-theoretical and theoretical assumptions: (1) Identity Differentiation, (2) Styles, (3) Interactions, (4) Selfhood, and (5) Priorities.

Identity Differentiation: Model⁸

Developmental differentiation in identity is found in Model⁸ (“Who am I?”) is described by a curvilinear dialectical distribution. Instead of an either/or, similar/dissimilar dichotomy, still prevalent in the extant literature, a Continuum of Likeness comprises six conditions that are dialectically related: Symbiosis, Sameness, Similarity, Differentness, Oppositeness, and Alienation (L'Abate, 1976, p. 79). Derivations from these six conditions in a variety of functional and dysfunctional dimensions are included in L'Abate and Cusinato (2007).

Cusinato and Colesso (2008) verified the curvilinearity of this model with functional and non-functional participants. These conditions operate below the level of Awareness but have substantial effects on how we relate with each other.

Styles in Intimate Relationships: Model⁹

Model⁹ derives from Model⁸ by combining dialectically related conditions at either side of the distribution. Combining Symbiosis with Alienation defines Abusive-Apathetic (AA) styles. Combining Sameness with Oppositeness defines Reactive-Repetitive (RR) style. Combining Similarity with Differentness defines Creative-Conductive (CC) styles that are the most functional of the three, as found in optimal relationships. RR styles are intermediate in functionality, including Cluster C disorders with regard to internalizations and Cluster B disorders with regard to externalizations. The most dysfunctional AA style includes Axis I disorders, Axis II Cluster A, as in coexisting disorders such as addictions, physical, verbal, and sexual abuse, and extreme criminalities overlapping with psycho-pathologies.

CC styles are more focused on the present and the future with creativity in relationships being based on the ability to receive, accept, and use reciprocally corrective feed-back. This ability to introspect, to be aware of, and to benefit from external corrective feedback is either limited in RR styles or seemingly lacking in AA styles. There is an internal dialogue as well as dialogues with intimates in CC styles, but this dialogue is either defective, deviant, or deceptive in RR styles. If there is a dialogue in AA styles, it consists of either self-defeating, repetitive ruminations in internalizations in Cluster C or explosive acting out externalizations in Cluster B.

Interactions in Intimate Relationships: Model¹⁰

This model includes all three styles: CC, RR, and AA by expanding them into five types of interactions by including Model⁷. This expansion produces an arithmetical classification according to five rather than three differing in levels of functionality (L'Abate, 2005):

1. *Multiplicative* (x) outcomes occur when interactions between at least two individuals produce creative and integrative personal and relational growth, both within and beyond the immediate demands of that relationship. There are indeed individuals, couples, and families who are not only creative within themselves but are also creative in settings beyond intimate relationships, in addition to fulfilling domestic and school/work responsibilities. In exemplary intimate relationships at home and success at school/work, they exude an overflow of positive contributions to external settings (charitable, social, fraternal, artistic, political organizations, etc.) with much to spare. These individuals' abilities to love and to self-regulate are strong; they are able to laugh and enjoy life through ritual holiday celebrations and vacations, and their sense of humor is ever present. Intimacy (Model¹⁵), defined as the sharing of joys and hurts, is strong and pervades most areas of people's personal and relational lives. Inevitable stresses, strains, and losses are shared with loved ones as are victories and triumphs.

Given this definition, we need to include what settings are necessary to specify multiplicative expansions of creativity in intimate relationships, not in artistic, professional, or scientific endeavors. Multiplicative interactions occur at leadership levels in at least two to three settings (home, school/work, leisure time activities, charity and community work, etc.). A person who fulfills domestic demands and school/work responsibilities extremely well can excel in leadership positions in external settings, such as social clubs or charities. Multiplicative interactions include ca. 5 to 10% of the population.

2. *Additive* (+) interactions between two or more intimate individuals could produce positive change, but not multiplicative growth. Positive change occurs only internally to the relationship. Abilities to love and to self-regulate are relatively high. However, these abilities remain within the confines of home and work and do not overflow beyond those two settings. There is satisfaction and contentment in the relationship, but there may

not be a creative spark or integration at higher levels of functioning that expand to settings beyond home, school/work. There is laughter and humor, but these expressions of emotion are perhaps limited to that intimate relationship. Energy and time are devoted strictly to intimate relationships. With the exception of school/work, little else is available or offered beyond those relationships.

Leadership is exerted in the home setting whereas activities outside the home are limited to a submissive follower's role. Such people make themselves available in passive memberships, belonging to charitable organizations, professional associations, or social clubs, but not assuming leadership responsibilities. Intimacy is high but it is usually preserved within the confines of intimate relationships. Both multiplicative and additive intimate relationships rely on CC styles that are highly amenable to change and resilient to inevitable stresses and strains. Both types of interactions are sensitive to and incorporate corrective feedback necessary for change. Circa 15 to 20% of these interactions are included in the population.

3. *Static* (0) interactions between two or more intimate individuals could be passively or actively repetitive without change one way or another, neither positive nor negative. The relationship remains the same and neither party profits. Overall, energy and time are not used effectively. There may be some proffered love but abilities to love and to control are inadequate if not altogether missing. Static interactions are characterized by RR styles that under certain conditions may be somewhat amenable to change, such as during periods of crisis and stress. Intimacy is occasional, short-lived, and limited to special occasions (marriages and funerals). Corrective feedback is accepted only under extreme circumstances because it is usually interpreted as criticism. This interpretation limits the individual's chances to change for the better. These interaction include ca. 40 to 50% of the population.

4. *Subtractive* (-) outcomes occur when negative, abusive, and reactive interactions between at least two intimates take away energy and time from the relationship. Sometimes

these interactions remaining static, sometimes they lead to personal or relationship break-up, but they are usually refractory to change and require multiple methods of interventions during period of intense crisis. The abilities to love and to control vary from being patently inadequate to completely nonexistent and they may vary between RR and AA styles. In this instance, intimacy is practically nonexistent. Corrective feedback in the form of professional intervention is rejected because it is interpreted negatively as punishment. This interpretation precludes any possibility of change for the better. These interactions include ca. 15 to 20% of the population.

5. *Divisive* (/) interactions are completely negative and produce a breakdown in the relationship, resulting in sudden abandonment, divorce, psychosis, murder, and suicide. An individual's energies and time are expanded in unproductive and defeating interactions with intimates and non-intimates. Both subtractive and divisive relationships are characterized by AA styles that make these relationships either not amenable to change, or amenable to change only through various interventions: medication, hospitalization, as well as multiple and prolonged psychological interventions. The abilities to love and to control are almost nonexistent. Corrective feedback is discounted and ignored as abuse, blaming, and punishment. These interactions include ca. 5 to 10% of the population.

This fivefold classification of interactions derived from its three underlying styles seems consistent with a model based on two fundamental dimensions of centrifugal (externalizing), centripetal (internalizing), and mixed stylistic dimensions. From these two basic dimensions, derive five health/ competence dimensions. These five dimensions further discriminate among five levels of functionality: severely dysfunctional (sociopathic vs. schizophrenic offspring), borderline (borderline vs. severe obsessive compulsive offspring), midrange (behavior disordered vs. neurotic offspring), healthy adequate, and healthy optimal.

Consequently, severely dysfunctional dimensions in that model are similar to divisive and

subtractive interactions characterized by AA styles. The midrange dimension seems similar to static interactions with RR styles, and the healthy dimension seems similar to additive and multiplicative interactions with CC styles. Again, many interactions can be viewed redundantly from different models of the theory.

Selfhood in Relational Competence Socialization: Model¹¹

Model¹¹ is based on the attribution of importance bestowed on self and intimates as shown through reciprocal care, compassion, concern, and consideration, as in “perceived mattering” or in loving relationships. This attribution leads to four possible propensities in relational competence: (1) when importance is attributed positively to self and intimates, a propensity called *Selffulness* develops; (2) when importance is attributed positively to self but not to intimates, a propensity called *Selfishness* develops; (3) when importance is attributed to intimates but not to self, *Selflessness* develops; and (4) when importance is denied to self and intimates *No-self* develops. Selffulness includes CC styles of various types and degrees, as seen in multiplicative and additive interactions. Selfishness, in its extremes, is characterized by an externalizing RR style: acting out, aggression, criminality, and murder (Axis II Cluster B). Selflessness, in its extremes, is characterized by an internalizing RR style: anxiety, depression, and suicide (Axis II Cluster C). No-self is characterized by an AA style, as in severe psychopathology (Axis I disorders and Axis II Cluster A).

The four relational competence propensities of Model¹¹ integrate not only three levels of functionality (superior, intermediate, adequate), but also disorders in Axes I and II of DSM. In this model, most DSM syndromes are integrated into a whole framework which includes both categorical and dimensional aspects of seemingly disparate disorders.

Priorities in Relational Competence Socialization: Model¹²

Model¹² includes synonymous constructs like goals, motives, intentions, needs, and attitudes. Eventually, no matter what construct one pre-

fers, it has to be prioritized according to urgency and importance. Priorities include immediate and long-term plans or expectations based on their reality-orientation, importance and urgency: What is more important? What is more urgent? The two major horizontal priorities in life are survival and enjoyment in various settings (Model³). Vertical priorities include self and intimates (parents, partner, children, siblings, in-laws, friends). Is home more important than work? Are leisurely activities more important than home or work? Priorities are as important as relational competence characteristics for continuous inter-action and coexistence with others.

APPLICATIONS FROM THEORETICAL MODELS

Limitations of space do not allow a proper expansion of four additional models, all derived from the previous assumptions and major models. Except for Model¹⁶, Negotiation, Models^{13, 14 & 15} apply to dysfunctional and clinical relationships (AA and RR styles (Model⁹), static, subtractive, and divisive interactions (Model¹⁰).

Distance Regulation: Model¹³

This model derives from the assumption of Distance (Model⁴) and includes three roles comprising Pursuer, Distancer, and Regulator. Pursuer involves approach, as in extreme dependence on others. Distancer involves avoidance of others, as in denial of dependence. Regulator involves contradictions in approach-avoidance tendencies (“Come here, I need your help”, “Go away, you did not help me!”), fluctuating inconsistently between dependence and denial of dependence.

Drama Triangle: Model¹⁴

This pathogenic model is based on immediate discharge and inadequate control tendencies (Model⁵). These tendencies, present in most RR and AA styles, include the roles of Victim, Persecutor, and Rescuer, as found in mythology, fiction, religion, politics, and wars (L’Abate, in press-a or ??). These roles occur all the

same time, to the point that a Victim could be perceived as a Persecutor, and the Rescuer as a Victim.

Intimacy: Model¹⁵

Intimacy is defined behaviorally as the sharing of joys, hurts, and fears of being hurt rather than defined by self-report, paper-and-pencil instruments (Feeney, 2005). This definition includes forgiveness of errors and of transgressions. This model involves all five components of Model¹ in a circular process, starting with the feeling of hurt (Emotionality) and progressing to the other components of the model (Rationality, Activity, Awareness, and Context). This model derives more directly from developmental identity-differentiation Model⁸ to the extent that feelings of hurt and joy are usually expressed and shared in CC styles. These feelings sometimes are shared at occasions such as funerals and marriages but they are otherwise internalized (Selflessness) or externalized (Selfishness) in RR styles. They are not shared in AA styles (No-self).

Negotiation: Model¹⁶

The process of Negotiation (bargaining, problem-solving) implies a certain amount of control (Model⁵) and functionality necessary to confront dispassionately emotionally-laden issues. The structure of negotiation and problem solving includes most of the previous assumptions and models. It is more prevalent in CC styles than in RR or AA styles. For instance, to evaluate the structure and process of negotiation, one must consider a multiplicative function of three basic factors: (1) levels of functionality between negotiating parties (ILL); (2) abilities necessary to negotiate (SKILL); and (3) motivation to negotiate fairly (WILL).

RESEARCH TO SUPPORT THE VALIDITY OF THEORETICAL MODELS

Research has been conducted since the inception of this theory to support models of relational competence socialization with the creation of models that could be verified (L'Abate, 1976). However, not all assumptions or models of the theory can be directly validated. For instance, Model² about the depth of relationships, is difficult to validate in totality, though its descriptive and explanatory levels can be validated independently. Some models are validated indirectly from conceptually similar theories or models (L'Abate, 2009). Some models can be validated in the laboratory through test instruments specifically derived from the models (Cusinato et al., 2008). Some can be validated through enrichment programs for couples and families in primary prevention. Others still can be validated through interactive practice exercises or protocols or workbooks as homework assignments in secondary prevention (L'Abate, 2008b), or through theory-derived prescriptions assigned in psychotherapy or tertiary prevention (L'Abate, 2005).

CONCLUSION

There is no question that the scope of this theory is ambitious if not grandiose. On the other hand, human and especially intimate relationships are too complex to be covered, condensed, and encompassed by few dimensions or models. All these descriptive models help us to understand redundantly coexisting or co-morbid relational competence disorders as different aspects and extremes of competence in human relationships.

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