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Cognitive Behavioral Therapy for Jealousy

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Jealousy is a multidimensional cognitive, emotional, behavioral and interpersonal phenomenon. Jealousy can be a destructive and often dangerous emotional and interpersonal response to threats to a valued relationship. Despite the importance of jealousy as an issue for couples, there has been relatively little attention to this problem. Jealousy is a form of *angry, agitated worry*, whose goal is to anticipate and avoid surprise and betrayal. A meta–emotional model is described, emphasizing the normalization of jealous emotion, distinguishing between "feeling" and "acting on" jealousy and linking jealousy to emotional processing, intolerance of uncertainty and thought fusion. Mindfulness and acceptance based approaches can be used that emphasize cultivating a capacity to distance and de–center from disturbing thoughts and feelings, overcoming attempts at experiential avoidance that may amplify jealousy, disrupting thought–reality fusion, and establishing a non–judgmental observing stance, from which adaptive behaviors may proceed.

COGNITIVE BEHAVIORAL THERAPY FOR JEALOUSY

Jealousy is one of the most serious problems encountered in romantic relationships. Jealousy leads to anxiety, depression, hopelessness, anger, intimidation, attempts to control, violence—and, in some cases, death. A number of theories have been advanced to account for jealousy. Evolutionary theory proposes that jealousy is a behavioral system that has evolved to protect the individual's "investment" in a relationship where procreation is a possibility (Buss, 2000). According to this model males and females differ as to the triggers for jealousy, with males more threatened (and more jealous) over sexual infidelity, while females are more threatened by emotional infidelity. Although some research points to sex differences in reasons for jealousy (Buss, Larsen, Westen, & Semmelroth, 1992; Buunk, Angleitner, Oubaid, & Buss, 1996; DeSteno & Salovey, 1996), other research suggests that these sex differences may partly be due to experimental design artifacts (DeSteno, Bartlett, Braverman, & Salovey, 2002). Moreover, among heterosexual and homosexual couples, individuals *recalled* that emotional infidelity was more upsetting than sexual infidelity (Harris, 2002). Notwithstanding the purported sex difference, evolutionary theory still has credibility as a distal cause of

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jealousy since both males and females have genetic investment in protection of resources.

White has suggested that jealousy can be understood in terms of cognitive appraisals, behavior and emotion activated during the development of a relationship (White, 1980, 1981; White & Mullen, 1989). According to this model, during the earliest stages of a relationship there is little investment—so jealousy would be minimal. In a well–established, long–lasting relationship there is less uncertainty, so jealousy would also be less. The model predicts a curvilinear relationship between extremes of investment (very low, medium, very high) and jealousy. Knobloch, Solomon, and Cruz (2001) have expanded this model to include the negotiation of "relationship uncertainty" which attempts to integrate the development of commitment, relationship uncertainty and attachment issues into a model that suggests that attachment anxiety interacts with relationship uncertainty to determine jealousy.

Jealousy has also been linked to supposed deficits in self–esteem (Guerrero & Afifi, 1999), higher dependency (Ellis, 1996) and serotonergic effects (Marazziti et al., 2003). Cognitive–behavioral approaches to jealousy have focused on correcting or modifying dysfunctional interpretations or assumptions that give rise to jealousy (Bishay, Tarrier, Dolan, Beckett, & Harwood, 1996; Dolan & Bishay, 1996; Ellis, 1996). However, these cognitive approaches are limited to traditional testing or challenging dysfunctional thoughts and have not included recent advances in cognitive–behavioral therapy. Thus, these contemporary approaches to jealousy may help us understand the possible causes of jealousy, but may not provide a comprehensive approach to the treatment of jealousy. Similar limitations are found with other models of jealousy. For example, the ethological model stresses protection of genetic investment, the universality of jealousy, its existence across species, and the relationship factors that increase jealousy (young partner, child bearing, sexual activity) (Buss, 2000), but ethological theory does not provide a model of treatment. Feminist theory may stress the power and control differential that may underlie jealousy, but it is unclear how an effective treatment model can be derived from this model. Psychodynamic models provide intriguing conceptualizations of jealousy, based on theories of projection, paranoid ideation, disrupted object relations, and models of insecure/ambivalent/angry attachment patterns, but a structured treatment approach has not been advanced from this perspective. Finally, Ellis's REBT model (with its emphasis on "shoulds", low frustration tolerance, and labeling) can be invalidating and unrealistic and ignores the possibility that there are times that jealousy is appropriate.

AN INTEGRATED COGNITIVE BEHAVIORAL MODEL OF JEALOUSY

The model that we advance here is that jealousy is a form of worry, which we characterize as *angry, agitated worry*. We distinguish between the emotion of jealousy and the strategies that are activated that maintain or increase jealousy or that attempt to exercise control (over thoughts, feelings and the relationship) and attempts to minimize personal threat. Our model integrates traditional cognitive theory of schematic processing (of threat to the relationship) (e.g., Beck, Emery, & Greenberg, 1985), with metacognitive and meta–emotional models (Leahy, 2001a; Wells, 1997), acceptance

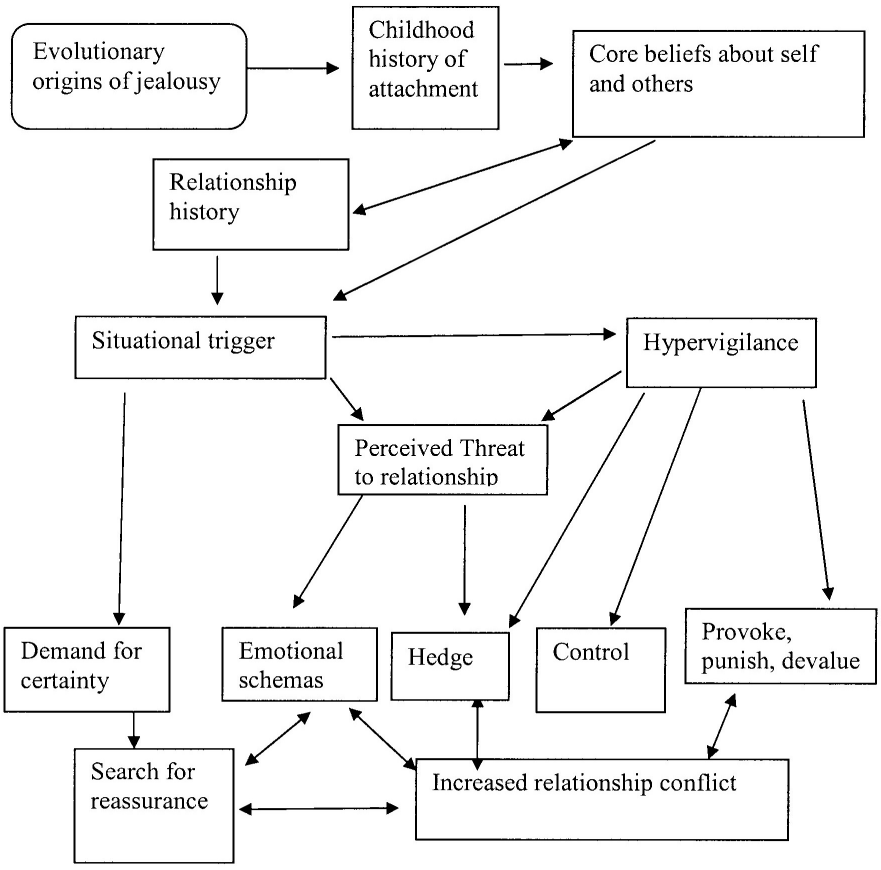

FIGURE 1. Conceptual Model of Jealousy

and commitment therapy (Hayes, Strosahl, & Wilson, 2003) and mindfulness based approaches (Segal, Williams, & Teasdale, 2002). Moreover, individuals differ in the interpersonal strategies employed in the face of jealousy—sometimes utilizing interrogation, reassurance–seeking, provoking, hedging, and attacking. Our view is that the action that follows from jealousy can be self–verifying, but ultimately self–defeating. We shall briefly outline each of these factors here. The integrative CBT model is outlined in Figure 1.

Schematic Processing. As with any anxiety disorder, jealousy is characterized by hyperawareness of threat (Beck, Emery, & Greenberg, 1985). Thus, the jealous individual is likely to misinterpret neutral information as a threat to the relationship and to engage in attentional bias—for example, mind–reading ("She is interested in him"), personalizing ("He is reading the paper because he no longer finds me attractive and interesting"), fortune–telling ("She is going to leave me"), and overgeneralizing ("He's always doing that").

Emotional Schemas. Similar to other fears that are exacerbated by the belief that "If I am afraid, then it is dangerous," the jealous individual uses his emotional intensity as evidence that the threat is real. However, just as the individual uses her emotions to evaluate reality, there is a corresponding belief that one cannot tolerate uncomfortable emotions (Leahy, 2002, 2007). This includes emotional schemas that one's jealousy is out of control, dangerous, or a "bad sign". Other emotional schemas include the belief that ambivalence about one's partner—or the partner's ambivalence about the patient—cannot be tolerated.

Personal Core Beliefs. Jealousy is often related to core beliefs about the self and others. Problematic core beliefs include thoughts that one is unlovable, flawed, doomed, or entitled to special treatment. Beliefs about others may include thoughts that others are not trustworthy, rejecting, abandoning, manipulative, or inferior. Thus, the individual with a core belief that he is sexually undesirable would be more likely to be jealous (Dolan & Bishay, 1996).

Meta–Cognitive Processes. Similar to worry and rumination, the jealous individual believes that their jealous hypervigilance will prevent any surprises, prepare them for the worst, or allow them to catch things before they fall apart (Wells & Carter, 2001; Wells & Papageorgiou, 1998). The jealous individual, similar to the worrier, fears letting his guard down, lest he be caught unaware of the danger. He has high cognitive self–consciousness, continually scanning his mind for jealous thoughts or memories. Similar to the worrier, he is caught in a dilemma—believing that his jealousy protects him, but also believing that his jealousy is "out of control." Consequently, he attempts to "control" his jealousy by suppressing, seeking reassurance, or avoiding the situations that give rise to jealousy (Wells, 2004).

Intolerance of Uncertainty. Similar to the worrier, the jealous individual believes that uncertainty about her partner's "real" interests is intolerable and, consequently, attempts to eliminate this uncertainty through looking for "clues," seeking reassurance, or "testing" the partner. This seldom results in a satisfactory resolution, thereby fueling more demands for certainty (Dugas, Gosselin, & Ladouceur, 2001).

Pathological Interpersonal Coping. The jealous individual believes that he must "take action", gain control and find out "what is really going on." Consequently, he activates problematic interpersonal coping that often leads to greater insecurity (Borkovec, Newman, & Castonguay, 2003; Erickson & Newman, 2007). This includes reassurance seeking, degrading competitors, attacking partner, controlling partner, surveilling partner, deferring to partner, threatening to leave, hedging through infidelity, or substance abuse.

COGNITIVE–BEHAVIOR THERAPY: TREATMENT PLAN

Develop a Case Conceptualization

Similar to other cognitive therapy treatment models, the present model begins with a case conceptualization on which the therapist and patient may collaborate (Beck, 1995;

Persons, 1993). Figure 1 provides a general template for such a case conceptualization. The general outline suggests that evolution has led to the emergence of jealousy as a protective strategy that is universal and adaptive in *certain situations*. This serves the purpose of "depathologizing" the experience of jealousy, providing some validation to the right to "have a feeling." Significant early and later relationship issues may be identified—for example, threats to family of origin (threats of or actual separation of parents, infidelity, or betrayal in adult relationships) and cultural values associated with sexuality, gender roles, and romantic idealization. Core beliefs about self may include thoughts that one is basically unlovable, ugly, defective, or vulnerable to being manipulated. Situational triggers may vary from neutral (attending a party) to non–existent (insecurity when the partner is at work) to provocative (partner having dinner with a former lover).

These factors may give rise to cognitive, emotional, behavioral and interpersonal coping strategies to face potential threat to the relationship. The therapist will explore the emergence of hypervigilance, attempts to find certainty, reassurance seeking, emotional coping strategies and beliefs, hedging, control, and attempts to punish the partner and devalue perceived competition.

Validate and Inquire. The therapist empathizes and validates the emotion of jealousy while questioning the degree, persistence, and the impact on pathological coping: "It's one thing to feel jealous, but another thing to punish your partner." Validation can link jealousy to evolutionary theory ("natural instincts to protect yourself"), the value of commitment and honesty in relationships, and the desire to feel understood (Gilbert, 1998; Leahy, 2005a). Validation is an essential component because the jealous partner is often dismissed and criticized for his jealousy. Inquiry can examine the extremity of the response, while validating the right to have the emotion of jealousy. This sets up a dialectic—"You have feelings of jealousy, but the response may or may not be extreme" (Leahy, 2001b; Linehan, 1993).

Assess Motivation to Change. The therapist helps the patient evaluate the costs and benefits of jealousy—for example, the benefits may include not being surprised, avoiding the dissolution of the relationship and developing the motivation to either improve or leave the relationship. Costs may include anxiety, anger, helplessness and relationship conflict. Resistance to modifying jealousy may include the belief that feeling less jealous is "granting permission" to being hurt or may reduce one's effective self–defense against betrayal and humiliation (Leahy, 2005b; Wells & Carter, 2001).

Distinguish between Productive and Unproductive Jealousy. The therapist evaluates if the jealousy can lead to any productive action, such as assertion about rules of conduct or specific action to improve communication and reward within the relationship. Unproductive jealousy does not lead to productive action and is characterized by worry and rumination over events that cannot be controlled (Leahy, 2003; 2005b; Wells, 1997).

Defuse Thoughts and Feelings. Metacognitive and acceptance–based interventions can assist the patient in distancing from and de–literalizing thoughts and emotions that escalate the jealousy. Similar to worry and rumination, the patient may have heightened cognitive self–consciousness, believe that his jealousy protects him, view jealous thoughts as potentially out of control and requiring suppression, and believe that he will suffer negative consequences because of these thoughts. These beliefs are similar to

metacognitive beliefs and strategies for worry, rumination and anger (Papageorgiou, 2006; Papageorgiou & Wells, 2001; Simpson & Papageorgiou, 2003).

The patient presenting with pathological jealousy may experience their threat–based cognitions as literal representations of the outside world, rather than simply as the contents of their stream of consciousness. Defusion techniques can serve to change the context in which these thoughts are experienced, thereby changing the function of the angry and agitated worries involved in problematic jealousy (Hayes, Strosahl, & Wilson, 2003).

Use Mindful Awareness. The therapist assists the patient in employing a mindful "observing" stance towards their experience of jealousy in the present moment. Such a strategy would involve the suspension of control–based strategies, urges to act upon emotions, and attempts at interpersonal manipulation. Rather than coercing or protesting, the patient can practice an intentional, non–judgmental, and accepting awareness of their internal responses to each participant's behavior, and of events independent of the relationship (Segal, Williams, & Teasdale, 2002). In such a way, the patient may learn to let go of habitual patterns of responding to perceived threats, and may begin to have the space and time to make more informed and reality based decisions regarding the relationship to jealousy and partner.

Practice Acceptance. This phase of treatment recognizes that uncertainty is part of any relationship and accepting uncertainty as inevitable does not mean giving up one's rights. Furthermore, struggling to suppress the experience of jealousy and jealousy based predictions may paradoxically increase their frequency (Wenzlaff & Wegner, 2000). The therapist assists the patient in recognizing that you cannot control the partner's thoughts and actions and that you may not even be able to prevent the experience of jealous feelings or thoughts, but that you can choose ways to respond to jealousy (Hayes, Strosahl, & Wilson, 2003; Linehan, 1993).

Use Uncertainty Training. Like worry, jealousy involves intolerance of uncertainty about negative events. The therapist asks the patient to examine the costs and benefits of uncertainty, examples of uncertainty acceptance in daily life, and practice flooding oneself with the uncertainty message ("I can never be sure if my partner will betray me") (Dugas, Buhr, & Ladouceur, 2004; Leahy, 2005b).

Teach Emotion Regulation Skills. Dialectical Behavior Therapy skills can assist the patient in managing the intensity of the emotion. This can include examining emotional myths, improving the moment, and stress reduction techniques (Linehan, 1993). The patient can also be encouraged to use self–imposed "time–out" when jealousy and anger escalate, so that she can remove herself temporarily from interactions with the partner until she has used her emotion regulation skills.

Examine Emotional Schemas. Patients who are jealous often have dysfunctional beliefs about their emotions and the emotions of their partner. These beliefs include the following: "I cannot accept my feeling," "I shouldn't feel this way," "I should not feel ambivalent," "I need to get rid of an unpleasant emotion immediately," "If I allow myself to feel this way, I will be overwhelmed," "Other people cause me to have these feelings," "If I ruminate or worry I might be able to get certainty," and other beliefs about emotion and coping with emotion (Leahy, 2002, 2007). Cognitive therapy techniques

and behavioral and experiential experiments can be used to test out these beliefs and strategies about emotion. Emotion intolerance and over–control of emotion can be replaced by self–validation, acceptance, and emotion regulation skills.

Examine Cognitive Biases. This phase of treatment employs traditional cognitive therapy techniques such as eliciting automatic thoughts ("Mind–reading," "personalizing," "labeling") and vertical descent ("If my partner is attracted to someone it means she will leave me which means I am a loser and no one would want me"). The therapist can examine the costs and benefits, evidence for and against, double–standard technique, and alternative interpretations.

Examine Personal Schemas. Jealousy is often related to personal schemas about defectiveness, unlovability, or sexual attractiveness. These schemas can be examined in terms of origin of the schema, costs–benefits of the schema, and the use of other schema focused techniques (Leahy, 2003; Leahy, Beck, & Beck, 2005; Young, Klosko, & Weishaar, 2003).

Decastrophize Potential Loss. Jealousy is often an anxious appraisal that the loss of a relationship would be devastating. The patient can examine the meaning of the loss: "If this ended, I would be humiliated," "I could never trust anyone," "This confirms I am unlovable," and "I would not be able to take care of myself." Beliefs about the essentiality of a specific relationship for one's life can be tested by examining alternatives available for a meaningful life independent of the relationship, including how life had meaning prior to the relationship.

Modify Assumptions about Coercive Control. Jealous partners often have beliefs that they can coerce their partner into "staying," by punishing them, devaluing the competition, and threatening self–harm. These beliefs can be examined in terms of setting up a self–fulfilling prophecy—that the partner will leave because of the coercion, not necessarily because of another option.

Build Relationship Enhancement Skills. Since many relationships can focus on jealousy to the exclusion of productive behavior, the therapist can assist the patient in decreasing destructive behavior (withholding, contempt, stone–walling, criticizing, labeling, and mind–reading) and increasing positive behavior (positive tracking, reward, active listening skills, developing shared activities, and validating the partner that one's jealousy has been damaging)

Commit to Self–Care. Jealousy tethers one's feelings to the actions and thoughts of another person in an angry, struggling dependency. The therapist can focus the patient on personal goals and values that are independent of the other person. Thus, the patient can be encouraged to develop supportive friendships, independent activities and interests, involvement in community activities, and valued work. This can reduce the sense of desperate dependency and over–focus on the relationship.

CASE STUDY IN CBT FOR JEALOUSY

The patient was a 37–year old Caucasian male, who originally presented for the treatment of panic attacks and persistent intrusive thoughts. His intrusive thoughts involved a fear that he might accidentally impregnate his long–term girlfriend. After he success-

fully completed a short–term CBT intervention for panic disorder, and effectively employed verbal exposure and reappraisal of meta–cognitions involving obsessive thoughts, the primary focus of the sessions was on his experience of intense jealousy regarding his partner.

As the patient had already been introduced to some of the fundamental components of the CBT model of anxiety and dysfunctional thinking earlier in his therapy, he reported a belief that his subsequent work to address jealousy was based on a "solid foundation." The multi–modal CBT model that was employed followed the steps outlined in "The Worry Cure," (Leahy, 2005b) and the patient used this book as a compendium of homework assignments, and as a reference throughout the course of therapy.

Develop a Case Conceptualization

The treatment of jealousy began with the development of a case conceptualization, based on an assessment of his relationship to his problematic thoughts, feelings and behaviors associated with jealousy. The patient explained that he trusted his girlfriend a great deal. She had never given him any "cause to be jealous" in the past. In fact, he reported that she had never engaged in any infidelity throughout the course of her entire relationship history. He felt enormously guilty for experiencing jealous feelings. He also expressed embarrassment over his construction of imaginary scenarios during which he would expose his girlfriend as having been unfaithful, and he would walk out.

The patient and therapist reviewed situations that had triggered jealousy in the past. The patient was encouraged to focus on the earliest internal or external cue that he could remember in these situations, and to begin his description of the situation from just before that point. These triggers and cues were placed in a hierarchy of intensity and the degree of distress they brought on.

During this assessment of jealousy related triggers, the patient's examples were highly detailed, and illustrated a prototypical pattern underlying his response. The patient reported that he and his partner spent a great deal of time together, when they were not at work. The vast majority of their social and free time was spent in shared activities. Also, the patient explained that he and his partner worked together at the same firm. Although they did not see much of each other during the day, this did lead to frequent contact and a sense of connection throughout the business day. When the patient concluded his business day, he would typically meet his girlfriend and head home together.

On occasion, she would be delayed with her own work, or would be involved in after–work social gatherings. Both of these situations involved her spending time with men. At such times, the patient would begin to feel a "flush" of jealousy. This jealousy was particularly pronounced when his girlfriend appeared "evasive" or "secretive" about the nature of her meeting with men. The patient would typically respond to this with a series of overt behaviors and internal responses. His observable behavior usually included a persistent, if polite, "interrogation" of his girlfriend. He would attempt to seem unconcerned while repeatedly asking her for more details. This strategy would usually become rather transparent to her and she would then provide reassurance that she was trustworthy and faithful. After receiving this reassurance, the patient would cease his questioning, and spend his time in isolated worry and rumination. Persistent "what if"

cognitions regarding her potential infidelity would flood his mind, followed by harsh self–criticism for having these feelings and thoughts in the first place.

Validate and Inquire

Following this assessment, a psychoeducational intervention involving the nature of jealousy proceeded. The patient and therapist discussed jealousy as a form of anxious, angry and agitated worry. As such, jealous cognitions were explained as functioning as a threat perception mechanism. An evolutionary model, which described jealousy as a simple response to the perception of a potential threat to the patient's relationship was discussed. Rather than viewing the initial "spark" of jealousy as a problematic or pathological reaction, the patient was encouraged to observe this response as a valid and "all–too–human" tendency, which could be dealt with, coped with, or simply sat with rather than acted upon. The patient and therapist clarified the aim of the treatment as involving the cultivation of an ability to notice, tolerate, and regulate the jealousy response rather than as an attempt to avoid any feelings of jealousy and apprehension altogether. Rather than pursuing a goal of "not being jealous," the patient was taught to distinguish between"productive" and "non–productive" jealousy based predictions, and the foundation for a flexible response strategy was put in place.

Assess Motivation to Change

The next step in the treatment involved assessing the patient's motivation to change. Although the patient described an intense desire to "get a handle" on his jealousy, he admitted some ambivalence about this. In truth, he still held on to a belief that his hypervigilance and jealousy–based predictions may be protecting him and his relationship from future problems. The patient and therapist reviewed his history of struggling with jealousy, and explored the costs and benefits of his continuing to relate to his partner and his jealousy in the way he had been 'Upon review, the costs of buying into jealous thoughts, and struggling against both his experience and his girlfriend' seemed to clearly outweigh the benefits.

Between sessions, the patient was given a modified "Worry Log" ("Jealous Cognition Log") which he would use to document the times, places, and situations, during which he would feel intense jealousy. He would also use the log to rate his anxiety in these situations, and to examine his jealousy based predictions.

Use Mindful Awareness and Practice Acceptance

During the next session, the patient brought in his Jealous Cognitions Log and the therapist and patient debriefed around those times during the week when the patient felt jealous. The patient and therapist then began a brief period of training in mindful awareness and tolerance of difficult emotional experiences. The patient and therapist reviewed the applied concept of "radical acceptance," whereby the patient might adopt an observing stance and examine his reality not in the way he feared or insisted it to be, but as it is

in the present moment. The patient was taught to notice the initial flush of jealousy in the body. This was facilitated in session by engaging in a brief affect–induction procedure involving an imaginary situation that would typically evoke jealousy. Following this experiential example, the patient was taught a fundamental mindfulness of the breath exercise. This 7–minute exercise involved focusing a nonjudgmental and accepting awareness upon the physical sensations involved in the act of breathing. When distracting thoughts, images and feelings would arise, the patient was taught to address these with an observing stance, merely labeling the experience, and gently directing attention back to the breath. The patient began to practice this daily as a "preparatory" exercise for the applied mindfulness and acceptance techniques involved in coping with jealousy. These techniques appealed to the patient, as he had greatly enjoyed the "relaxation" and stress reducing effects found in a yoga class, which he found similar.

Defuse Thoughts and Feelings and Teach Emotion Regulation Skills

As an initial "applied mindfulness" activity, the patient was taught to draw his attention to his breath, to pause, and to notice the overall sensation of jealousy as it arose both in sessions and in daily life. He was then encouraged to label the emotion using a "feeling word." Often this word was simply "jealous," but it also could be "angry" or "frustrated" depending upon the situation. After labeling this emotion, the patient was encouraged to "dis–identify" or "de–fuse" from the emotion, by simply recognizing the emotion as an event in his mind, rather than an all–consuming perspective with which he was identified. The patient and therapist used "coping cards" to provide self–validating statements readily outside of session. These statements were focused on the patient's ability to tolerate distress and discomfort, and emphasized viewing anxiety as a manageable response of the mind. Some also involved a re–appraisal of the jealousy. These statements included "Jealousy is a normal emotional response," "I can handle this without acting out my emotions," or simply "I can make space for this feeling and observe my thoughts." Additionally, the patient was taught ways of externalizing these thoughts in the service of cognitive defusion. In fact, the patient improvised a defusion himself, imagining the thoughts as billowing words written across the sky by a skywriting airplane, which would gradually break up and fade into the air with time.

The patient reported that this process of distancing and self–validation felt "immediately helpful" and he speculated that practicing this would help him to "be his own therapist." The patient's homework after this session included the continued use of the "Jealousy Log" and the regular practice of mindful acceptance and tolerance of emotional responses.

After a week of working with these mindfulness exercises, the patient returned to his next session concerned that he had avoided or procrastinated on this exercise, as he had only practiced it three times during the week. Further discussion indicated that the patient had simply failed to plan a regular time and place to engage in this exercise. This simple detail allowed the patient to engage in a more disciplined practice over the next several weeks.

Distinguish Between Productive and Unproductive Jealousy

During a subsequent session, the focus was on distinguishing between productive and un–productive cognitions related to jealousy. The patient defined productive jealousy worries as those that identified a plausible, reasonable problem with a viable and actionable solution that was in the patient's power to address. For example, if the patient had actually discovered that his partner had been lying to him about something, he could appropriately and effectively communicate with her about his observation and his response and seek some sort of dialogue. The patient was clear that the jealous cognitions he had been experiencing were unproductive, and appeared more unproductive as greater rational attention was directed toward them.

Modify Assumptions About Coercive Control and Build Relationship Enhancement Skills

At this point, the patient and therapist also discussed the need to implement effective and ethically sound strategies for acting on any productive worries related to jealousy. The patient and therapist reviewed the many practical and moral costs of verbally or physically acting out on the basis of any frustration or hostility that may accompany jealousy. As the patient had no history of acting out and also had sufficient insight to see that his jealousy based cognitions and predictions were baseless and unproductive, this component of the intervention was easily addressed. By examining the possibility of productive and unproductive cognitions and emotions, the patient reportedly felt further validated with regards to the legitimacy of his emotional response, while not feeling compelled to buy into his jealous thoughts. Rather than engage in experiential avoidance or thought suppression through trying to "not be jealous" the patient was actively engaging with his emotions and cognitions in an adaptive way. Homework included ongoing use of relaxing breath and coping cards, self–validation, the log of jealous cognitions, and the rating of jealousy based worries as productive or unproductive.

Use Uncertainty Training

During the assessment of the patient's problems with jealousy, as well as during his earlier treatment for anxiety disorder symptoms, the patient's reluctance to accept and tolerate uncertainty became clear. Furthermore, a primary method of dealing with his unacceptable intrusive thoughts and jealous cognitions appeared to be a combination of futile attempts to suppress such thoughts, with a concomitant barrage of self–criticism for his having such thoughts "in the first place."

In order to facilitate his ability to overcome attempts at experiential avoidance, and to assist in tolerance of uncertainty, the therapist employed metacognitive and exposure based techniques for tolerating uncertainty. A primary technique employed was a form of verbal exposure known as "uncertainty training." During this homework exercise, the patient would repeat the phrase "It is always possible that my girlfriend has been cheating," over and over again, out loud, for a period of 15 minutes each day. As is the case with other forms of verbal exposure, the patient recorded his level of anxiety upon repeating the phrase every three minutes during the exercise. After one week of daily prac-

tice, the patient reported dramatically decreased anxiety when engaging in the practice and when considering the uncertainty of his girlfriend's fidelity.

Examine Cognitive Biases and Decatastrophize Potential Loss

After establishing this attitude of acceptance, implementing a regular mindfulness practice, working with affect tolerance, and increasing tolerance for uncertainty, the focus turned to responding to dysfunctional jealousy cognitions. The patient employed "cost/benefit" analyses of his thoughts, imagined and de–catastrophized the "worst case scenario" that could emerge if his worried and jealous predictions were true, and examined the evidence for and against the cognitions that were troubling him. Many of these techniques were familiar to him as he had employed them in the treatment of his earlier problems with anxiety. Throughout any exercises in rational responding, the patient was encouraged to adopt an "emotionally intelligent" attitude: rather than attempting to argue down these thoughts, the patient and therapist began by recognizing these thoughts as mental events and not reality itself. From this perspective, the patient would emphasize labeling his emotions and contact with his emotions as they arose, employing earlier methods of self–validation. Only from this point did the cognitive challenging occur, and the patient was invited to engage in it with nearly a sense of play. By mindfully distancing himself from his jealous cognitions, the patient reported that he was better able to apply cognitive therapy techniques to both craft more rational responses to real–life situations and to consistently recognize the distinction between his thoughts and "things in the world." The patient reported that by not "identifying" with these thoughts, they held less sway over him. Further, the patient suggested that this perspective allowed him to disengage from struggle against his "negative" experience, and base his assessments of situations on a more reality based "headset."

Examine Personal Schemas and Emotional Schemas

The therapist and patient together discussed ways that emotional schemas and assumptions about emotional experiences might be involved in the patient's habitual patterns of emotional avoidance. The patient reported that he had been raised by a domineering and "traditional" male father, who had discouraged any outward display of emotion. According to the patient the only expressions of emotion that were tolerable in his family of origin were displays of aggression or frustration. The patient identified such emotional schemas as, "Having fears and experiencing emotions makes me weak" and "I'm not going to put up with feeling insecure" as key core beliefs about his emotions in his relationship. The patient wrote a letter to the source of his schema, challenging the validity of the emotional dismissiveness in his family of origin. In addition, he kept a data log to gather evidence to counter these negative emotional schemas on a daily basis.

Commit to Self–Care

The patient reported that the entire range of techniques employed had significantly reduced his distress regarding his response to "flashes" of jealousy. Although he might still

experience jealous feelings from time to time, he was reportedly far better able to recognize the irrationality of the assumptions underlying them and to "keep them in perspective" while carrying on with a successful relationship. In order to help the patient build upon his shift in perspective, the patient and therapist concluded their work in the area of jealousy by engaging in skills training sessions concerning active listening, effectively giving and receiving feedback, and validating his partner's concerns and emotions. According to the patient's report after a period of one year from the completion of this phase of his work, he rarely experiences pathological or significantly distressing bouts of jealousy and jealousy based worries.

CONCLUSIONS

Jealousy is often a destructive and refractory problem in relationships, sometimes resulting in the feared consequences it attempts to prevent. We have outlined an integrative cognitive–behavioral model for conceptualizing and treating pathological jealousy, while also recognizing the wisdom in validating the legitimacy of these emotions. By conceptualizing jealousy as a form of agitated, angry worry, we can provide therapists with the many advantageous interventions drawn from a variety of theoretical orientations. This integrative approach recognizes that thoughts, emotions, behaviors and relationships are all part of a single system and that interventions at all points can maximize therapeutic effectiveness. Unlike prior approaches that stressed "personal insecurity" or "distorted thinking," the current approach incorporates meta–cognitive, meta–emotional, and acceptance and mindfulness techniques. These techniques allow the patient to accept discomfort, emotion, and uncertainty which may be an inevitable part of any relationship.

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