The purpose of this book is to elaborate and update with recent and relevant research a contextual and developmental relational competence theory (RCT) in intimate/nonintimate relationships (L’Abate, 1976, 1994a, 1994b, 1997a, 1997b, 2002, 2005, 2006, 2008a, 2008b, 2008c, 2009a, in press, 2009c; L’Abate & Cusinato, 2007; L’Abate & De Giacomo, 2003). RCT focuses on how effectively we deal with each other, with intimates and nonintimates in close/distant, committed/uncommitted, dependent/interdependent/independent, and short/prolonged relationships. Relational means bidirectional rather unidirectional interactions with intimates and nonintimates in a continuous interdependent and reciprocal exchange of resources available to us. Effectiveness is evaluated by how we feel, how we think, how we act, how we are aware, and how we evaluate proximal and distant subjective contexts as perceived by us. Theory means a hierarchical framework akin to the table of organization of any human enterprise with various levels expanding downward from generality to specificity and from abstract to concrete, going from overall general assumptions (Part II), theory-specific assumptions (Part III), normative models proper (Part IV), models clinically relevant to dysfunctional conditions (Part V), to the improvement of competence (Part VI).

However, not all models of RCT have been evaluated empirically; hence, this volume represents research in progress, because only a limited number of models have been evaluated, whereas others have been ignored for at least two reasons. First, the literature on “ignored” or “bypassed” models is so extensive that it is questionable whether anything additional can be added empirically. However, that is not an excuse. Second, certain models were selectively evaluated more frequently than others because they were easier to evaluate than others, or they seem to be more relevant than others. Consequently, there are considerable gaps in the theory that have not been plugged but which are in the process of being plugged (Cusinato & L’Abate, 2009).

The field of intimate relationships is a vast and exciting one (Brehm et al., 2002; DeGenova & Rise, 2005) that perhaps no single theory or theoretical framework can encompass. The theory updated here is an attempt to develop such an encompassing framework, even though it may fall short of its admittedly grandiose and ambitious goal. The field of relational competence and intimate relationships is so complex that to reduce it to a few models may be an exercise in futility. Nonetheless,
the complexity of intimate relationships is a challenge that cannot be ignored. Will it be possible to reduce such complexity to a given number of theoretical models that are verifiable in the laboratory as well as applicable in the clinic? Not only should such models be verifiable in the laboratory, but they should also be verifiable in their applications to primary, secondary, and tertiary prevention approaches. Hence, this theory attempts to fulfill a tall order to make sense of a complex field that, thus far, and to the first author’s knowledge, lacks an adequately integrative, verifiably unifying theory or encompassing theoretical framework.

**Plan of the Book**

Part I covers two chapters necessary for the conceptual and empirical bases of the whole theoretical framework. Chapter 1 includes definitions of conceptual terms necessary for the elaboration of the theory, including (1) relational, (2) competence, and (3) theory, which involve four major requirements necessary for this theory: (1) *verifiability* in the laboratory, (2) *applicability* to functionality and dysfunctionality in relational competence and in mental health interventions, (3) *redundancy* in how different models offer different perspectives to view conceptually similar constructs, and (4) *fruitfulness*, how a theory generates testable hypotheses and methods to evaluate its models. This is where the hierarchical framework is introduced. Chapter 2 includes research data about established external resources, already validated test instruments, and rating scales used to evaluate new internal measures specifically created to verify the validity of selected models of the theory.

Part II includes three metatheoretical assumptions about whatever knowledge has been accumulated that helps us understand relational competence according to Model 1 (Chap. 3) about the width of relationships, and which is based on a horizontal circular model involving five components: emotionality, rationality, activity, awareness, and context (ERAAwC), evaluated with the Relational Answers Questionnaire. Chapter 4 (Model 2) deals with the depth of relationships based on two major levels composed of (1) *description*, consisting of two sublevels, the public-presentational façade exhibited outwardly and the private phenotype exhibited in the privacy and secrecy of one’s home, and (2) *explanation*, consisting by two sublevels, the internal genotype and the historical, intergenerational–generational family of origin, those characteristics that include physical, emotional, and intellectual development. Relational competence occurs within the range of various, objective *settings* as summarized in Chap. 5 (Model 3), such as the home, school/work, and in transit (buses, cars, roads, etc.), and transitory ones (church, grocery store, barber, beauty salon, etc.).

Part III includes three theoretical assumptions about basic abilities that determine relational competence, including Model 4 (Chap. 6) about the *ability to love* and Model 5 (Chap. 7) about the *ability to control* or regulate self. The ability to love relies on a dimension of *distance* defined by extremes in approach–avoidance, with functionality balanced in the middle. The ability to regulate self relies on a temporal
dimension of *control*, defined by extremes in discharge/disinhibition and delay, inhibition/constraint, with functionality balanced in the middle. When both abilities are combined into an orthogonal model (Model⁶, Chap. 8), this combination yields four quadrants with three levels of functionality. Functionality in relationships is an appropriate balance of approach–avoidance and discharge–delay functions that varies according to task demands at various stages of the life cycle. A third corollary to both abilities included in Chap. 9 (Model⁷) involves the *contents* of relationships, what is exchanged among individuals through the Triangle of Living composed of being, doing, and having.

Part IV includes five major developmentally normative models derived from both metatheoretical and theoretical assumptions: In Chap. 10, Model⁸ deals with developmental *self-identity differentiation*, according to a curvilinear dimension composed of six degrees. From these six degrees, three *relational styles* are described in Chap. 11 (Model⁹) and expanded into *intimate interactions* in Chap. 12 (Model¹⁰). In Chap. 13 (Model¹¹) a *selfhood* model related to functionality and dysfunctionality is expanded to relate to the DSM-IV psychiatric classification. In Chap. 14 (Model¹²) *priorities* include synonymous constructs such as goals, motives, intentions, needs, and attitudes.

In Part V, four additional, clinically relevant models are related to mental health interventions, all derived from the previous assumptions and major models, and applied to dysfunctional and clinical relationships. Chapter 15 (Model¹³) includes three roles of pursuer (approach), distancer (avoidance), and regulator (contradiction in approach–avoidance). Chapter 16 (Model¹⁴) includes a pathogenic *drama triangle*, which includes simultaneous roles of victim, persecutor, and rescuer. In Chap. 17, Model¹⁵ is defined as the sharing of joys as well as hurts, including forgiveness of errors and transgressions. In Chap. 18 (Model¹⁶), the structure and process of problem solving involves, among others, a multiplicative function of three factors: (1) level of functionality in negotiating parties (ill), which in some way determines (2) the abilities necessary to negotiate (skill), and (3) motivation to negotiate (will).

Part VI is dedicated to the improvement of competence though interactive practice exercises or workbooks. In Chap. 19, the promotion of competence, what in the past was called primary prevention, includes positive approaches related to models of the theory through enrichment programs for couples and families, and self-help and low-cost approaches to promote physical and mental health, including interactive practice exercises for functional populations, such as children, children and their families, adults, couples, and families. Chapter 20 focuses on prevention of incompetence in targeted, undiagnosed but at-risk populations, such as adult children of alcoholics, through a variety of interactive practice exercises specifically designed for these populations. Chapter 21 includes face-to-face, replicable prescriptions that derive from models of the theory that can be administered verbally as well as in writing in interactive practice exercises from single- and multiple-score tests and dimensions of severe incompetence.

In Part VII, the concluding chapter (Chap. 22) discusses the major issue facing research for RCT. Most of the research summarized in this volume was performed
by Italian-speaking experimenters and participants. Nonetheless, the major evaluation instruments derived or related to models of RCT have been published and are available in English. Furthermore, all the interactive practice exercises have been published in English. Consequently, the future of RCT lies in the hands and minds of English-speaking students, researchers, and professional mental health helpers. Nonetheless, from all models of the theory it is possible to conclude that *fully functioning relational competence involves loving self and intimates, controlling self, being present and performing in various settings, adopting a creative–conductive style, volunteering, playing, and bestowing importance to self and intimates by keeping one’s priorities straight.*

**Readership**

This book is oriented toward graduate courses in personality theories and graduate programs in psychotherapy and couple and family counseling and therapy, and especially toward academic researchers in psychology, relationship science, and sociology and toward practicing professionals in the major mental health disciplines, such as clinical psychology, counseling, psychiatry, social work, and pastoral counseling.

Atlanta, GA, USA                Luciano L’Abate
Padua, Italy                    Mario Cusinato
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L'Abate, L.; Cusinato, M.; Maino, E.; Colesso, W.; Scilletta, C.
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