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The Role of Maturity in the Cognitions that Govern Love Relationships and Sexual Satisfaction

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Abstract This article discusses the Stage Climbing model, a cognitive behavioral therapy based system designed to identify the beliefs and attitudes typical of different developmental life stages that may explain or identify obstacles to resolving present day relationship issues. We suggest that self-defeating beliefs and behaviors characteristic of dysfunctional couples give evidence of one or both partners operating from a *stage* of development or level of maturity in that aspect of the relationship that is different from what would be optimal given their presenting issues and therapeutic goals.

Keywords Stage climbing · Developmental life · CBT · REBT · Couples therapy · Sex therapy · Marriage counseling · Maturity · Cognitive restructuring

Couples' and sex therapy represent two areas where REBT and various forms of CBT can potentially have some of their most innovative and successful applications. However, the extent to which a cognitive behavioral approach can meet the standard of permanently and effectively resolving any issue in treatment depends on how precise we are at identifying and reframing underlying dysfunctional cognitions or irrational beliefs. When working with couples, our task is to have a protocol to do this for each partner (Baucom et al. 1989; Dryden 1985; Ellis 1986; Moller et al. 2001). This is a practice that has been empirically validated (Addis and Bernard 2002). However, it has long been our observation that *irrational beliefs* are too often identified through a "one-size-fits-all" mentality. In addition, developmental implications which define maturity in a given life area such as one's sexual and relationship issues are often ignored—sometimes merely as part of our "anti-psychodynamic" brand.

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In, *Stage Climbing* (Broder 2012) a model is proposed for closing these gaps. The Stage Climbing model is simply a straightforward CBT based system designed to identify the beliefs and attitudes typical of different developmental life stages that may explain or identify obstacles to resolving present day issues. We are suggesting that blending REBT/CBT with aspects of developmental theory can produce a more effective treatment result. By drawing on some aspects of the developmental theories of Erick Erikson (1963); Kohlberg (1987) and Sullivan et al. (1957); we have found that a cohesive and consistent set of beliefs and behaviors in which to understand why an individual or couple may be consistently acting in self defeating ways can be identified. This model then takes it a step further and provides a roadmap and set of choices to help one break through an impasse by selecting a new set of beliefs and behaviors that are more consistent with therapeutic goals. In addition, we are taking development theory a step further by suggesting that self-defeating beliefs and behaviors characteristic of dysfunctional couples, give evidence of one or both partners operating from a *stage* of development or level of maturity in that aspect of the relationship that is different from what would be optimal given their presenting issues and therapeutic goals.

An important part of therapy using this model, then consists of picking a *target stage* along with deliberate strategies to integrate new and effective cognitions consistent with therapeutic goals. This article will illustrate the basic premise of this working model along with its implications for couples and sex therapy.

A *stage* is defined as a level or plateau of maturity that defines a cluster of behaviors, cognitions and/or motives. Stages are the *lenses* through which one sees life and all of its challenges. The Stage Climbing model contains seven ascending stages, numbered from one to seven. Most adults can recognize parts of themselves in each stage with respect to one or more aspects of life. Moreover, it is normal to choose—whether or not deliberately—to cope with different situations by viewing them via the beliefs characteristic of a unique blend of stages. Thus, one can be operating at a different stage with respect to various aspects of, love relationship(s) or sexually (as this article will demonstrate), in a career, as a parent, socially, or spiritually, etc.—all at the same time and without obvious contradiction.

The stage that is most consistent with how one normally (though not always) functions in a given area of life is what we refer to as the *principle operating stage* (POS). Think of a POS as the “default position” in that life area. One’s POS can be drastically different with respect to his or her career than it is as a parent or spouse, for example.

In the terminology of Stage Climbing, a *hook* is a belief, feeling, or behavior that is *uncharacteristically* typical of a stage higher or lower than one’s POS. Some hooks are beneficial, while others can be extremely counterproductive. In therapy we spend much of our time treating the hooks that hold our clients back. Self-defeating behavior that is Axis II in nature is normally differentiated by operating within one’s lower stage POS, without conflict. Hooks to higher stages can be thought of as the seeds for personal growth.

The stage climbing approach simply challenges clients to identify where they are now vis-à-vis the stage from which they are operating, versus where they want to be regarding their therapeutic goals in that life area. This can be done by focusing on present day issues and which stage(s) they typify in present day functioning.

(Note: It is no more necessary with this approach to spend an inordinate amount of time on childhood or other history, than any other cognitive behavioral approach would require.) Once the present and target stages are established, the next step is to select clear strategies to make the shift. The seven stages below illustrate this.

The Seven Stages

Stage 1—Normal at infancy; later can potentially render one profoundly dependent upon others with varying degrees of feelings of inadequacy. Characteristic lack of taking initiative can increase the severity of depression, anxiety, and most other disorders. *Common default beliefs about self*: “I must be taken care of”, “I am inadequate”, “I am a victim with no ability or potential to turn things around”, “I am incapable of change or taking the initiative to better my life.” *Intervention objectives for Stage 1 issues*: address chemical/medical problems, anything to empower client to take the initiative toward reaching therapeutic goals and improving self-defeating cognitions/irrational beliefs regarding victimhood, powerlessness, hopelessness and poor self-evaluation.

Stage 2—Normal for toddlers; thereafter, a life without limits can result in extreme self-centeredness, narcissism, sociopathy and/or acting out. *Common default beliefs about self*: “I must have/be able to do whatever I want, regardless of the effect I (or my actions) have on others (or even the *long term* consequences I may cause to myself)”, “I don’t want to change...‘everyone but me is wrong’”, “I will be/do whatever I have to be/do to get whatever I want (or get anything or anybody that prevents me out of the way of what I want) at any given moment.” *Intervention objectives for Stage 2 issues*: behavior modification and other concrete forms of counseling to change errant habits that threaten security, desired relationships or freedom; effectively (often forcefully) driving home the self-defeating nature of Stage 2 behavior and cognitions; helping client learn limits and frustration tolerance as well as to learn from mistakes.

Stage 3—Normal throughout middle and late childhood; thereafter can morph into an authoritarian personality often with extreme rigidity about rules or people (including prejudicial beliefs). *Common default beliefs about self and others*: “I (or you) must fit in by doing only what I (or you) should do and by being what I (or you) should be—that which is expected of me (you)—or some dire consequence will result”, “situations are black and white”, “people are good or bad”. *Intervention objectives for Stage 3 issues*: challenge beliefs that lead to rigidity (especially black-and-white/all or nothing thinking); help awaken openness to new ideas, people and experiences outside of comfort zone.

Stage 4—Normal during adolescence; as an adult, can result in anxiety, depression, self-doubt, alienation and a wide variety of neurotic and/or approval seeking behaviors. *Common default beliefs about self*: “I must (or need to) be loved or approved of by others”, “Failing at something (e.g. a relationship, a job, an exam or to meet a goal) makes me a failure.” *Intervention objectives for Stage 4 issues*: self-acceptance (especially in dealing with real or perceived failure or rejection), anger, depression and anxiety management, cognitive restructuring to override

tendency to catastrophize; learning to handle discomfort anxiety. (Note: More than any other stage, it is the treatment of Stage 4 issues that REBT is best known for.)

Stage 5—Normal adult in our society; where the definition of self (who you perceive yourself to be) becomes the sum of all your life roles. View of life at this stage is most neutral. Stage 5 can also be a source of the ideal attitudes and frame of mind to function best while doing or coping with what is merely necessary in order to live life in the higher stages. *Common default beliefs about self:* “I must keep all aspects of my life together and in balance and step up to the plate with respect to all of my roles (e.g. spouse, breadwinner, parent, member of the community, etc.), regardless of whether or not they provide me feelings of satisfaction or gratification”, “I cannot tolerate being unglued, overwhelmed or underwhelmed”. *Intervention objectives for Stage 5 issues:* handle overwhelm and role ambiguity, make lifestyle choices and decisions regarding life changes, learn to rise above one’s roles in order to identify sources of passion and intrinsic motivation.

Stage 6—Mature adult with strong sense of self that transcends roles. At Stage 6, whenever possible, one solidly operates according to his or her own intrinsic values and passions. This is the first of two target stages that most people aspire to. *Common default beliefs about self:* “I prefer to have passion and to feel personally gratified by whatever I do in every important area of my life”, “life and each aspect of it is to be lived to the fullest and enjoyed”, “any answers I am seeking regarding myself lie only within myself”. *Intervention objectives for Stage 6 issues:* both to learn and practice ways to deepen one’s access to internal sources wisdom, mindfulness, passion and intrinsic motivation; to install self permission for living in accordance with one’s own definition of what is life at its best—governed by unique values, desires and interests.

Stage 7—The highest target stage. To the extent that one has hooks or a POS in Stage 7, he or she is beyond the need for self-gratification as per Stage 6 and lower; fulfillment is achieved by one’s contribution to the world and/or others (no matter how large or small it may be) and to how he or she can change it for the better. Any hooks in Stage 7 propel one’s purpose that is “larger than yourself” which now has more importance as an intrinsic motivator than “self-interest”. Some extremely common examples of Stage 7 hooks are contributions of time or money to charity, and the best attitudes that underlie the role of parenting and giving to others without regard to what comes back. *Common default beliefs about self:* “it is a mission/pleasure to contribute to or be of benefit to—(fill in person or cause, for example)”, “gratitude for what I have and/or my commitment to a person or cause motivates me to want to give back”, “There are larger, grander, bolder, and more challenging missions to undertake than merely pleasing myself”. *Intervention objectives for Stage 7 issues:* similarly to Stage 6, whatever is most effective in helping introspection in order to clarify one’s mission or level of commitment.

Relationships by the Stages

Conventional wisdom has long recognized the role of maturity (both of each partner and the type of involvement they have with each other) as having an effect on most

aspects of a marriage or love relationship. This model can help the therapist to assess maturity and the specific role it plays when treating a couple. The basis for the relationship and how partners relate to each other, as well as what a partner believes about the other partner by the various stages, can provide valuable clues for selecting the best intervention strategy. The following breakdown of love relationships by the stages could apply to the relationship itself, the POS of one or both partners or simply a hook of one or both partners. What is most important is the connection of a presenting problem to the stage it typifies:

Stage 1—The current basis of the relationship (and often the foundation or reason it even came to be) is security, dependency and neediness (for example: emotional or financial, etc.). One or both partners is often experienced (and seen) by the other as a “bottomless pit” and/or may be preoccupied with being taken care of. At the extreme, a person at Stage 1 can be the “powerless” recipient of abuse (or has the self-perception of powerlessness). Partner is seen as, and expected to be a need satisfier (or “parent”), without reciprocity. *Common relationship beliefs of person operating at Stage 1*: “I’m trapped in this relationship and would not be able to make it on my own”, “I have no choice but to remain in the unfulfilling (or even abusive) situation I am in”, “he/she owes me and/or must take care of me”, “we always have to be together (or you always have to be accessible to me)”.

Stage 2—Usually, one partner strongly dominates the other and/or uses the relationship as a vehicle to act out in a variety of ways. Abuse is often melded out and deception is, the substitute for intimacy (what is not felt can be lied about). For example, “Twos” often demand that his or her partner be faithful while they are not. *Common relationship beliefs of person operating at Stage 2*: “I must have things my way”, “I’ll stay as long as my needs are getting met”, “men/women are expendable”, “the name of the game is to take as much as possible without giving anything back”, “I don’t want to change, if he/she doesn’t like ‘it’, too bad”.

Stage 3—Both the foundation and climate for the relationship are grounded in dictums (often clichés or stereotypes) that are usually based on long standing rules and traditions of family of origin, religion, or “society”; but in any case were not willfully chosen (e.g. how one meets a mate, religious or ethnic background of anyone who could be considered for involvement, who works, who stays home, the nature of their sex life, religion, fidelity, etc.) *Common relationship beliefs of person operating at Stage 3*: “—(fill in the blank) is the way a marriage (husband, wife, parent, sex, etc.) should/must be”, “in any conflict, there is one partner who is right and one who is wrong”, “disagreement or conflict is a sign of a bad marriage/relationship”, “rigidity is preferred to changing the status quo”.

Stage 4—Partners look to the relationship and each other as a source of love, validation and approval. There is often an inordinate degree of jealousy and insecurity. Emphasis is on being loved (receiving) and validated as opposed to loving (giving). “Fours” often try to please partner as a way of getting back as much or more affection. When they say, “I love you”, it can mean, “I want you to love me.” Fours may often ask partner, “Do you love me?” and obsess on that. *Common relationship beliefs of person operating at Stage 4*: “I should/must get more personal validation from my partner”, “—(fill in the blank) means he/she does not love me”, “I should/must please my partner in order to be loved”, “there is nothing

as important in life as *being loved*”, “jealousy is not merely an insecurity, being jealous means you really care about your partner”.

Stage 5—Each partner honors his or her commitment to the other and (perhaps dutifully or dispassionately) fulfills the other’s spouse/relationship slot and all that it entails (e.g. sex partner, companion, friend, co-parent, confidant or someone with whom to be intimate, share finances, travel companion, etc.). Partners are not necessarily governed by passion or strong attachment that transcends their roles. In the case of a relationship such as a marriage that stays together mainly for practical reasons such as financial, social, political or lifestyle considerations (for example, “the children”); Stage 5 could be a couple’s target stage. In other words, for some couples, this is as good as it will get. Arguably, a marriage grounded in a Stage 5 POS is what most marriages become over time; and thus represent a norm in our society. *Common relationship beliefs of person operating at Stage 5*: “we are comfortable in our lives together”, “we enjoy each other’s company and have much in common”, “being ‘in love’ is something that happens in the beginning of a relationship or when you’re young and is not practical (realistic or necessary) later on”, “I love him/her but I’m not in love...”.

Stage 6—In this model, Stage 6 is considered a goal or target stage that most couples aspire to. Partners look to each other as a person they wish to love and support as opposed to someone from whom love, sex, support and validation is merely expected or reciprocated. There is genuine caring, intimacy, passion (perhaps, but not necessarily sexual) and respect that is not predicated on reciprocity. Thus, when “Sixes” tell partner, “I love you”, they mean just that, without consideration for what partner feels toward them. *Common relationship beliefs of person operating at Stage 6*: “this is the person that I want to be with for the rest of my life”, “when I am with him/her, I feel good about myself”.

Stage 7—This is the highest target stage. Couple becomes a team who selflessly work together in a common mission outside of themselves (e.g. their children, their community, etc.). Either partner can easily put the other partner or partner’s desires or mission above his/her own without distain or expecting a quid pro quo. Disagreements are resolved by reaching consensus on whatever represents the highest good. Stage 7 couples are beyond being attached to and governed merely by expectations. *Common relationship beliefs of person operating at Stage 7*: “my pleasure is in providing gratification to my partner”, “we can strongly disagree without either of us being wrong”, “our relationship is grounded in respect and support”, “I can be happy for my partner even though his/her good fortune does not necessarily benefit me”.

Protocol

First have the couple identify the stages and corresponding cognitions or variations of irrational beliefs (B) that underlie a relationship issue. Then identify a target stage (generally stages 5, 6 or 7), along with the desired attitude and cognitions (E) for optimal functioning within the relationship. This can be selected and installed using a variety of well established CBT/REBT techniques. It is important to stay realistic regarding what is possible in a given relationship. Striving for what is ideal instead of

what is optimal is akin to helping a client set themselves up for failure. A client friendly handout to help with this process can be downloaded at www.StageClimbing.com/calibrations/couples.

As I have pointed out elsewhere (Broder 2002), I believe that the optimal attitude for any therapist working with couples is complete neutrality as to whether the relationship stays together or partners recognize that the relationship has run its course. Often when partners become aware of the stages through which they relate to each other, they realize that a lack of motivation to operate at a higher or target stage means the relationship is no longer viable (at least as their expectations had previously defined the relationship to be). On the other hand, couples who can identify with the stage or lens through which they each see the relationship and each other often experience an enhanced motivation to restructure the beliefs that govern their involvement. It is that mutual motivation for a couple to move forward after seeing what's possible, that we have found to be the essential ingredient to stay on the path of making a troubled relationship viable once again.

This same protocol can be used for evaluation and intervention with the cognitions each partner may have regarding the degree to which their sex life is functional or dysfunctional within the relationship.

Examples of Most Likely Attitudes and Beliefs Regarding Sex and Sexual Satisfaction by the Stages

Stage 1—“Putting out’ is necessary to keep your partner happy and the relationship intact”, “I have no choice... it’s what’s expected of me, whether I enjoy it or not”, “My partner should always want to have sex with me when I want it”, “I get depressed (and feel inadequate) when my partner doesn’t satisfy me sexually”.

Stage 2—“I have the right to be angry (and believe myself to be entitled to sexual fulfillment) when my partner doesn’t satisfy me sexually”, “Sex is a means by which to manipulate, control and/or truly humiliate the other person”. Note: Stage 2 is also the stage that is most identified with sexual addiction, where a partner is somewhere between difficult and impossible to satisfy sexually (as is the case with most addictions) and therefore might put all aspects of his or her relationship (and/or life) at risk. Partner is often seen as a sex object who is not to be respected and/or has no valid needs worth considering.

Stage 3—Sex comes with a set of rules that can only be done a certain way (for example, between married people, in the bedroom, missionary position, once a week on Saturday night, lights out, etc.). Any variation a partner wants is shameful, unacceptable and/or perverted. Strong belief may prevail that infidelity is *always*—and perhaps unforgivably—wrong: “A partner who goes outside of the marriage for sex regardless of the reason is no good and/or has forfeited his/her right to any consideration of having a point of view in any issue”.

Stage 4—“Sex is one way I feel needed and loved by my partner”, “Sex is a good anxiety reducer”, “Sex is anxiety producing as it heightens my self

conscientiousness about my body and/or sexual performance”, “If my partner doesn’t want sex he/she is rejecting me and I feel unloved and/or unlovable”.

Stage 5—“In addition to procreation; sex is a healthy, normal and nice way to have good sensations”, “Sex is an important part of any marriage or love relationship”, “If my partner isn’t in the mood, at a given time, that’s normal as long as it doesn’t happen too often. After all, I know I am not always 100 % eager myself”.

Stage 6—“Sex with my partner is an ecstatically pleasurable experience!” When one partner doesn’t desire sex, other forms of expression and pleasuring can often be substituted. However, couple is beyond making each other wrong when one partner is unavailable in this area.

Stage 7—“Sex is a way to deepen the loving connection perhaps even in a spiritual way between my partner and I, who love and care greatly for each other”. Partners can still give each other acceptance and empathy even when sexual needs are not met in the relationship.

A client friendly handout to help with this process can be downloaded at: www.StageClimbing.com/calibrations/sex.

In our book, *The Secrets of Sexual Ecstasy* (Broder and Goldman 2004)—which was written to be a bibliotherapy resource for clients—we demonstrate the importance of attitude in achieving sexual satisfaction. Using the stages as a as calibrations or benchmarks, adds yet another tool for helping clients to make desired shifts in their attitudes about the sexual aspects of their relationships and the beliefs that underlie them.

Conclusions

In addition to those typically encountered in sex and relationship therapies as discussed in this article, the Stage Climbing model can be applied to virtually any therapeutic issue. The variable of maturity suggests a new way of seeing personal, career, family, and organizational issues.

We also present the model as a new dimension to the understanding of emotions, motivation and values. All of its potential applications encourage clients to recognize where they are presently operating and then choose a target stage as a way of defining their goal and selecting the best strategy to get there.

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