



INVITED ESSAY

JEALOUSY IN COUPLE RELATIONSHIPS: NATURE, ASSESSMENT AND THERAPY

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Summary—This essay discusses jealousy in the context of couple relationships. Jealousy in couples is a common problem encountered in therapy settings, especially in marital counselling and sex therapy. The literature on the subject is small but growing. There is a need to clarify definitional and phenomenological issues. In this essay, an attempt is made to clarify some of these, drawing on the literature and on clinical data. A brief exploration of clinical assessment is also undertaken. Finally, a treatment strategy is proposed, and specific treatment techniques that might be considered are briefly commented on. © 1997 Elsevier Science Ltd

INTRODUCTION

Jealousy, Shakespeare's 'green-eyed monster', is a common human emotion or emotion-complex. The word 'jealousy' covers a wide range of meanings in day-to-day language. It is sometimes used synonymously with 'envy', although in strict dictionary terms the two are different: in envy, one is said to be unhappy about something that another person has but one does not, and in jealousy one is concerned about losing, or having to share, something one has (cf. Salovey & Rodin, 1989). Jealousy is seen as more intensely experienced than envy; it is also more complex than the latter (Lazarus & Lazarus, 1994). Jealousy is usually seen as compounded of fear, anger, sadness and perhaps hatred (cf. Neu, 1980). It is a natural human reaction, and emerges at an early age, often before three years (Hinde, 1997; Masciuch & Kineapple, 1993). It does not usually lead to major problems for the individual or others. When it is excessive, however, it can cause much distress and difficulty (Buunk & Bringle, 1987; Hauck, 1982; Mullen, 1990; Shepherd, 1961; Van Sommers, 1988). And it is such excessive, or morbid, jealousy that we are concerned with here. The scope of this essay is also limited in another important way: the discussion is limited to jealousy that occurs in the context of couple relationships, termed 'romantic jealousy' by some authors (White & Mullen, 1989; Mullen, 1990). The distress may be felt by the individual who has the feelings of jealousy (Seeman, 1979; Shepherd, 1961). Often, it appears that the main sufferer is the partner about whom the jealousy is focused—the target, or the victim. When such jealousy develops in a relationship, the couple may need help and intervention. Increasingly, clinicians are required to deal with the problem of jealousy in marital therapy, sex therapy and other mental health service contexts (Marks & de Silva, 1991; White & Mullen, 1989). Such jealousy can potentially cause serious difficulties. Sometimes the relationship ends as a result. In some cases, serious violence may occur (Mullen, 1995). Jealousy-related violence, including homicide, is not uncommonly reported in the media in all parts of the world (Daly & Wilson, 1988; Fido, 1993). In Shakespeare's tragic drama *Othello*, from which the quote in the first sentence of this essay is taken, the accomplished military hero Othello slays his wife Desdemona out of consuming jealousy—and then kills himself.

CLINICAL PRESENTATIONS

The main presentations of jealousy as a clinical problem in a relationship context may be summarised as follows:

- (a) Jealousy is presented as the problem that the individual or couple is referred for;
- (b) It becomes clear in the course of marital therapy or marital counselling that jealousy is a major contributor to the general marital disharmony for which help is being sought;
- (c) In the treatment of a sexual dysfunction, it becomes clear that jealousy is a major problem affecting the relationship and therefore at least partly contributing to the presenting difficulty; and,
- (d) Jealousy is part of another mental health problem, such as a schizophrenic illness, organic brain syndrome or alcoholism.

DEFINITIONAL ISSUES

What is morbid jealousy?

Some comments on the basic issue of when jealousy is to be considered morbid, or problematic, need to be made at this stage. It has been the view of some clinicians and authors that morbid jealousy must include a belief, or suspicion, of sexual infidelity on the part of the partner, who is the focus—or target—of the jealousy. A believes that B, his/her partner, has been unfaithful sexually. This makes his/her jealousy 'morbid' (e.g. Tarrier, Beckett, Harwood & Bishay, 1990). The term 'Othello Syndrome', still used in psychiatry to refer to this phenomenon, reflects this; as noted above, Othello's jealousy towards his wife was based on his belief that she had been unfaithful to him. This is too narrow a definition of morbid jealousy; it excludes persons who are jealous of their partner for other reasons and who would benefit from treatment targeted at their jealousy. It is, in our view, unnecessary to consider a belief of sexual infidelity as a definitional criterion of morbid jealousy. More crucial is the fear of losing the partner, or losing one's place in the partner's affections, whether it is sexual infidelity or other activities which are considered as signs of such threatened loss. Jealousy, which is a normal human reaction, assumes morbid—or maladaptive—dimensions when it causes distress in the jealous person and/or the target person, and disrupts the functioning of one or both of them and the relationship. It is advisable to use the term morbid jealousy in this wider sense, denoting in a descriptive manner its essentially maladaptive or dysfunctional nature. Indeed, there are many clinical cases where the problem of jealousy is of such severity that it necessitates intervention but where beliefs about sexual infidelity are totally absent (e.g. de Silva & Marks, 1994; Marks & de Silva, 1991). Jealousy associated with delusions of infidelity has been given the label 'Delusional Disorder—jealous type' in the *Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV)*; APA, 1994). This is only a sub-category of morbid jealousy as it presents in a clinical context.

White and Mullen (1989), in their influential book on this subject, classify jealousy into three categories:

- (a) normal reactive jealousy;
- (b) pathological reactive jealousy; and,
- (c) symptomatic jealousy.

The final category (c) refers to jealousy when it is symptomatic, or part of another mental disorder, and is usually characterised by delusional beliefs about the partner's behaviour. This corresponds to the 'Delusional Disorder—jealous type' of the *DSM-IV*. In our view, both (b) and (c) above should be seen as instances of morbid jealousy, thus widening the definition of the term.

Positive role of jealousy

In work with couples, jealousy sometimes appears as something positive or desired. Paradoxical as it may seem, it highlights the fact that jealousy is a common reaction which can be perceived as a sign of love and caring. Power and Dalgleish (1997) state that jealousy is "often functional in serving to improve communication and understanding, or by enabling individuals to recognise the strength of their feelings" (p. 336). It is not unusual to come across

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