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Between the "I" and the "we": individual identity and the construction of conjugality from the perspective of Cognitive Behavioral Therapy

Entre o "eu" e o "nós": identidade individual e construção da conjugalidade na perspectiva da Terapia Cognitivo-Comportamental

Entre el «yo» y el «nosotros»: identidad individual y construcción de la conyugalidad desde la perspectiva de la Terapia Cognitivo-Conductual

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Abstract

This study aimed to analyze how individual identity and conjugality interrelate and come into tension in romantic relationships, discussing how Cognitive Behavioral Therapy (CBT) understands and intervenes in these processes. This is a theoretical, qualitative, and descriptive study, operationalized through an integrative literature review across PubMed, SciELO, LILACS, and PsycINFO databases, covering publications between 1988 and 2024. The results show that conjugality is a dynamic phenomenon sustained by the continuous tension between the "I" and the "we," requiring constant negotiations that directly impact communication, intimacy, and marital satisfaction. From a CBT perspective, relational conflicts frequently stem from schemas, beliefs, and cognitive distortions that feed dysfunctional interaction patterns. Literature demonstrates that cognitive-behavioral interventions—focused on cognitive restructuring, emotional regulation, assertive communication training, and collaborative problem-solving— promote the expansion of social skills repertoires and dyadic adjustment. It is concluded that CBT constitutes a consistent theoretical-clinical model for managing contemporary marital demands, offering well-grounded technical resources for practice in couple psychology.

Keywords: Conjugality. Individual identity. Cognitive Behavioral Therapy. Couple therapy. Marital conflict.

Resumo

O objetivo deste trabalho foi analisar como a identidade individual e a conjugalidade se articulam e se tensionam nas relações amorosas, discutindo de que maneira a Terapia Cognitivo-Comportamental (TCC) compreende e intervém nesses processos. Trata-se de uma pesquisa teórica, de abordagem qualitativa e natureza descritiva, operacionalizada por meio de uma revisão integrativa da literatura científica nas bases de dados PubMed, SciELO, LILACS e PsycINFO, abrangendo publicações entre 1988 e 2024. Os resultados evidenciam que a conjugalidade é um fenômeno dinâmico, sustentado pela tensão contínua entre o "eu" e o "nós", o que exige negociações constantes que impactam diretamente a comunicação, a intimidade e a satisfação do casal. Sob a ótica da TCC, os conflitos relacionais decorrem frequentemente de esquemas, crenças e distorções cognitivas que alimentam padrões interacionais disfuncionais. A literatura demonstra que intervenções cognitivo-comportamentais — focadas na

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reestruturação cognitiva, na regulação emocional, no treino de comunicação assertiva e na resolução colaborativa de problemas — promovem a ampliação do repertório de habilidades sociais e o ajustamento diádico. Conclui-se que a TCC constitui um modelo teórico-clínico consistente para o manejo das demandas conjugais contemporâneas, oferecendo recursos técnicos fundamentados para a prática na Psicologia de casais.
Palavras-chave: Conjugalidade. Identidade individual. Terapia Cognitivo-Comportamental. Terapia de casal. Conflito conjugal.

Resumen
El objetivo de este trabajo fue analizar cómo la identidad individual y la conyugalidad se articulan y tensionan en las relaciones amorosas, discutiendo de qué manera la Terapia Cognitivo-Conductual (TCC) comprende e interviene en estos procesos. Se trata de una investigación teórica, de enfoque cualitativo y naturaleza descriptiva, operacionalizada mediante una revisión integrativa de la literatura científica en las bases de datos PubMed, SciELO, LILACS y PsycINFO, abarcando publicaciones entre 1988 y 2024. Los resultados evidencian que la conyugalidad es un fenómeno dinámico, sostenido por la tensión continua entre el «yo» y el «nosotros», lo que exige negociaciones constantes que impactan directamente en la comunicación, la intimidad y la satisfacción de la pareja. Desde la perspectiva de la TCC, los conflictos relacionales derivan frecuentemente de esquemas, creencias y distorsiones cognitivas que alimentan patrones interaccionales disfuncionales. La literatura demuestra que las intervenciones cognitivo-conductuales —enfocadas en la reestructuración cognitiva, la regulación emocional, el entrenamiento en comunicación asertiva y la resolución colaborativa de problemas— promueven la ampliación del repertorio de habilidades sociales y el ajuste diádico. Se concluye que la TCC constituye un modelo teórico-clínico consistente para el manejo de las demandas conyugales contemporáneas, ofreciendo recursos técnicos fundamentados para la práctica en la psicología de pareja.
Palabras clave: Conyugalidad. Identidad individual. Terapia Cognitivo-Conductual. Terapia de pareja. Conflicto conyugal.

1. Introduction

The formation of conjugality is a complex process involving multiple relational and contextual levels, resulting in the psychosocial definition of a stable emotional union (Berger; Kellner, 1964; Féres-Carneiro, 2008; Féres-Carneiro; Diniz Neto, 2008; Grandesso, 2000). These authors agree that life as a couple requires the construction of a shared intersubjective reality, in which partners reconstruct their individual frames of reference in favor of a conjugal identity. This dynamic is consolidated through continuous verbal and nonverbal exchanges, in which behavioral changes in one spouse directly affect the other.

This process entails neither the cancellation nor the strict fusion of subjectivities, but an intertwining of selves within conjugality (Scorsolini-Comin; Santos, 2010) through negotiation and the reconciliation of expectations. It is a third reality generated by the encounter between human beings, requiring belonging, closeness, and intimacy without the individual losing their

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autonomy (Donati, 2012; Prandini, 2011; Scabini; Cigoli, 2000). Everyday relational life is thus permeated by a constant tension between the individual and the collective—the dilemma between preserving the "I" and sustaining the "we."

When this relational tension is no longer managed adaptively, conflicts emerge that are associated with communication failures, distorted expectations, and rigid interaction patterns. In this context, Cognitive Behavioral Therapy (CBT) acquires clinical relevance by understanding that marital difficulties arise not only from structural incompatibilities, but also from dysfunctional beliefs and cognitive schemas that filter perceptions of the partner and the bond (Beck, 1988; Baucom et al., 2020).

Despite advances in studies of couple therapy from a cognitive behavioral perspective, it remains essential to understand how the relationship between individual identity and conjugality is managed in the therapeutic setting. This study is therefore justified by the relevance of systematizing knowledge about the cognitive foundations of relational dynamics, supporting more effective clinical interventions to promote dyadic adjustment and marital satisfaction.

To address these questions, the overall objective of this study is to analyze how individual identity and conjugality interrelate and come into tension, discussing how Cognitive Behavioral Therapy understands and intervenes in these processes.

Specifically, the study seeks to understand the foundations of individual identity from a cognitive behavioral perspective, analyze how beliefs and schemas influence marital dynamics, discuss the main conflicts arising from the tension between individuality and conjugality, and present CBT's contributions to clinical practice with couples. Methodologically, the study is characterized as theoretical research of a qualitative and descriptive nature, conducted through an integrative review of the scientific literature.

2. Methodology

This study is characterized as theoretical research of a qualitative and descriptive nature, carried out through an integrative review of the scientific literature (Souza; Silva; Carvalho, 2010). The PubMed, SciELO, LILACS, and PsycINFO databases were consulted to delimit and select the theoretical framework.

The inclusion criteria were full scientific articles, book chapters, and reference works published between 1988 and 2024 in Portuguese and English that directly addressed the

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dynamics of marital bond formation and/or clinical interventions from the perspective of Cognitive Behavioral Therapy (CBT). Duplicate studies, editorials, reviews, and research focused strictly on individual psychopathologies without a relational interface were excluded.

The selection procedure involved a reflective reading of the titles, abstracts, and subsequently the full texts of eligible publications. The selected material was analyzed thematically, enabling conceptual connections between the couple's developmental cycle, the formation of cognitive schemas, and conflict management in contemporary couple therapy.

3. Theoretical framework

In the social imagination, the couple is conceived as two people joined by stable emotional and sexual bonds, with a strong commitment to mutual support and the goal of forming a new family, including children if possible. The marital relationship thus takes place within a sociohistorical and family context in which individuals internalize complex patterns of psychosocial action through socialization. Accordingly, the marital relationship begins with the creation of common ground, where partners start sharing experiences that produce patterns of social interaction meaningful to the couple, shaped by each individual's psychosocial development. The formation of conjugality should be viewed as continuous rather than restricted to the early stages of romantic engagement, since relationship patterns sustain conjugality and its quality over time, allowing it to withstand diverse circumstances and the predictable and unpredictable changes of the life cycle (Féres-Carneiro, 2003; McGoldrick, 1989/1995; Mosmann; Wagner; Féres-Carneiro, 2006).

Addressing the concept of conjugality, Féres-Carneiro (1998) states that every couple simultaneously encompasses two individualities and one conjugality, with each partner's autonomy and individual satisfaction being valued more highly than the bonds of dependence between them. At the same time, the author notes that individuals face the need to construct a shared area of interaction when they intend to build a conjugal relationship. According to the author, contemporary couples confront a dilemma: on the one hand, individualistic ideals encourage spouses' autonomy; on the other, there is a need to experience a conjugal identity. The author also emphasizes that valuing individual aspects sometimes means weakening conjugal spaces, whereas strengthening conjugality sometimes requires reducing the value assigned to individuality.

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The tension between the "I" and the "we" emerges as a central element in the dynamics of romantic relationships, influencing the quality of communication, intimacy, and the couple's emotional stability. The marital relationship thus contains all the fascination and difficulty of being a couple (Féres-Carneiro, 1998): a dramatic and unstable act involving two different people who must create a shared reality of interaction and a conjugal relational identity—that is, a relationship involving tension between individualities and the sharing of values, attitudes, and care (Scorsolini-Comin; Santos, 2011).

The desire for companionship and belonging is inherent in human beings, who have always lived in groups. The "other" is an indispensable reference point for maintaining a logical and organized perception of oneself. For a pair to form through the choice of a spouse, there must be some resonance between the individuals. This resonance enables inclusion; each individual becomes part of the other's system, and both can then interact (Anton, 2000).

Thus, in our culture, marriage is viewed romantically as a means of liberation and complete happiness, in which individuals idealize the other as responsible for fulfilling their desires and compensating for their unmet needs. According to Anton (2000), marital choice is motivated by the need to satisfy desires and instincts through relationships with symbolic objects. This choice is based on an unconscious perception that the object can perform the role assigned to it by the subject, with the aim of relieving past wounds that may remain alive and painful.

In this regard, Whitaker (1990) developed the theory that every marital union begins with each partner's illusory belief that they will become whole and have their needs fully satisfied. As a consequence of recognizing that reality differs from this illusion, the couple must develop so that each partner can move beyond the "I" and the "he" or "she" toward the construction of the "we." Seeking the "we" creates the possibility of achievement and success in the marital relationship.

Furthermore, in our culture, the beginning of a new family unit and the construction of conjugality are commonly marked by a civil and/or religious wedding ceremony. Through this celebration, individuals assume the roles and functions of husband and wife before society. According to Azevedo (1987), marriage is the moment in human life most characterized by meaningful, solemn, and engaging ritual and ceremonial actions, constituting an event that marks a profound change in the lives of individuals and their families.

Working with couples, with or without children, is understood to require psychology's involvement, paying attention to how these families have resolved their issues and, when they

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cannot, identifying positive strategies for assertive, empathic, affectionate, and understanding communication that they can use to solve their problems. Bertoni and Bodenmann (2010, cited in Costa; Cenci; Mosmann, 2016) explain that marital conflicts occur because of the process of adaptation, synchronization, and maturation of the relationship over time. The authors explain that marital conflicts occur naturally and arise from interactions between people who wish to build shared life projects and therefore need to discuss, negotiate, and reach agreements. Communication becomes a central focus, as assertiveness enhances effectiveness in couples' relationships.

Ineffective communication patterns reduce the likelihood of satisfactory conflict resolution, which over time may lead to reduced intimacy and subsequent changes in the sexual relationship (Zaheri et al., 2016). Marital satisfaction is generally positively correlated with sexual satisfaction (Tadayon et al., 2017), which depends on relationship quality and the communication style adopted (Lavner et al., 2016; Figueiredo, 2013). Processes of conjugality form and transform throughout the couple's life in a coevolutionary process associated with managing internal and external pressures (Abedi et al., 2015; Figueiredo, 2013). Marital satisfaction also encompasses other variables: the type of leisure activities the couple undertakes and their perceived quality, family management and income, and adaptive strategies mobilized in response to stressful events (Cabrera García; Aya Gómez, 2014; Taraban et al., 2017).

In this context, Cognitive Behavioral Therapy (CBT) stands out as one of the evidence-based psychological models contributing to understanding and intervention with couples (Durães et al., 2020; Figueiredo, 2021). Aaron T. Beck systematized this approach in the mid-1960s, initially aiming to structure a brief psychotherapy for treating depression and anxiety disorders. His work focused on identifying and modifying thoughts that, when dysfunctional, produce cognitive distortions and hinder decision-making and effective problem-solving (Beck, 1997).

The transfer of these principles to Cognitive Behavioral Couple Therapy (CBCT) began in the 1960s and 1970s with Albert Ellis's pioneering contributions, becoming established and gaining greater clinical recognition in the 1980s (Dattilio, 2011). As the approach matured, clinicians observed that the foundations of individual CBT could be successfully adapted to the dyadic context, proving effective in managing marital conflicts and disagreements by examining evidence and restructuring the cognitive distortions that fuel relational impasses (Dattilio, 2011).

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From this perspective, individuals' belief schemas are understood to develop from early childhood, functioning as filters for processing information about the environment, the future, and themselves (Baucom et al., 2020). These cognitive structures, built through the interplay of temperamental, biological, sociocultural, and family factors, also influence individuals' future romantic choices (Cardoso; Paim, 2020, 2024).

CBCT clearly recognizes the negative role that automatic thoughts, unrealistic expectations, intense emotions, and distorted attributions can play in communication quality and other marital indicators. This model therefore views marital conflicts as arising from distorted interpretations that generate dysfunctional behaviors and communication failures rather than from a fundamental incompatibility, while recognizing spouses' capacity to deal with these difficulties and resolve even the most complex disagreements (Beck, 1988; Gameiro; Corrêa, 2019).

In his studies of the cognitive model applied to couples, Beck (1988) indicated that the main areas of intervention for relational problems involve restructuring cognitions, managing emotions, modifying dysfunctional communication patterns, and developing more effective strategies for solving everyday problems. To achieve these objectives, CBT applied to couples allows the integration of different therapeutic approaches, focusing on the belief system's influence on the emotions and behavior of each person in the relationship. The therapeutic process includes a detailed assessment of the couple's problem areas, interaction and communication styles, and stress factors, among other aspects (Ludgate; Gruber, 2018). Interviews, questionnaires, and scales are used to investigate information that will help formulate the intervention plan (Cardoso, 2021; Peçanha; Rangé, 2008).

Through an integrative literature review, Figueiredo (2021) identified that CBT with couples has sought to promote marital satisfaction and that studies of its application indicate significant levels of effectiveness. Furthermore, Bélanger et al. (2015) demonstrate through an experimental study that CBT with couples effectively improves overall adjustment and spouses' problem-solving self-appraisal. Explanations for these results range from maintaining and cultivating the therapeutic alliance (Wenzel, 2018) to the appropriate application of techniques selected on the basis of a sound case conceptualization (Cardoso; Neufeld, 2018; Wenzel, 2018).

Beyond romantic love, CBT recognizes that personal skills and qualities are necessary for a relationship to grow (Beck, 1988). By offering an in-depth understanding of the factors affecting marital relationships, CBT-based intervention programs have proved effective in

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improving communication (Epstein; Zheng, 2017; Pantoja; Martins, 2020), teaching partners to interpret each other more accurately (Beck, 1988; Gameiro; Corrêa, 2019), managing relationship stress, promoting the recovery and maintenance of healthy bonds (Bélanger et al., 2015; Guimarães, 2019), and expanding marital social skills repertoires, increasing relationship satisfaction and quality (Cardoso, 2021; Figueiredo, 2021; Pantoja; Martins, 2020).

4. Techniques used

Approximately half a century after Aaron T. Beck systematized the cognitive model, this approach became established in the treatment of diverse clinical concerns, including marital conflicts, a field in which behavioral therapy also strongly influenced the development of intervention strategies (Rangé; Peçanha, 2008).

In Cognitive Behavioral Couple Therapy (CBCT), assessment constitutes the initial and fundamental stage of the therapeutic process, using clinical interviews, inventories, and psychometric scales. Prominent instruments in the international literature include the Relationship Belief Inventory—RBI (Eidelson; Epstein, 1982) and the Dyadic Adjustment Scale—DAS (Spanier, 1976; Spanier; Thompson, 1982). In Brazil, tools validated for the national population are available, such as the Marital Satisfaction Inventory (Dela Coleta, 1989) and the Couple Relationship Satisfaction Measure (Wachelke et al., 2004).

The first assessment session is usually conducted with both spouses present, allowing the therapist to observe interaction dynamics, communication patterns, areas of conflict, the dyad's positive resources, and external stressors. The information gathered supports the formulation of preliminary clinical hypotheses about the persistence of marital impasses (Schmaling et al., 1997).

After the initial joint meeting, two individual sessions—one with each partner—are usually conducted to investigate information that might be withheld in the spouse's presence because of fear or inhibition, such as a history of abuse, intrafamily violence, extramarital relationships, or a desire for divorce. These interviews require rigorous ethical management: individually reported content remains confidential and may only be shared in joint therapy with the partner's express authorization, except in situations of serious risk, such as physical violence, in which the ethical duty to protect and refer to the appropriate support networks applies (Dattilio; Padesky, 1995).

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During the cognitive intervention stage, the therapist provides psychoeducation to help the couple identify automatic thoughts and relate them to cognitive distortions—often with the aid of thought records—while teaching partners to examine and restructure their intermediate and core beliefs. Techniques include Socratic questioning (which encourages flexibility in rigid interpretations through reflective questions), the downward arrow technique (aimed at identifying core beliefs underlying conflicts), and role-play to rehearse new cognitive and emotional responses (Dattilio, 2004).

In the behavioral component of treatment, communication and problem-solving training is especially important and indispensable for highly conflicted couples, in whom overlapping speech and defensive listening compromise dialogue and damage the bond. This procedure primarily aims to develop active listening, assertive expression of feelings, and collaborative negotiation skills, reducing escalating hostility and increasing marital adjustment and satisfaction (Rangé; Dattilio, 2001).

Finally, the therapeutic process includes relapse prevention. Developed gradually from the beginning of treatment and consolidated in preparation for discharge, this strategy aims to enable spouses to identify early signs of vulnerability and stress triggers, anticipate possible setbacks, and prevent a return to the dysfunctional patterns that gave rise to the conflicts (Schmaling et al., 1997).

5. Final considerations

The study showed that conjugality is a complex phenomenon sustained by the continuous interaction between individual identity and relational identity. The construction of the “we” does not cancel out the “I,” but requires negotiation, adjustments, and shared meanings. The literature demonstrates that the inherent tension between individuality and collectivity in romantic relationships directly affects communication, intimacy, emotional stability, and the couple's satisfaction.

The analysis of Cognitive Behavioral Therapy (CBT) revealed that the approach offers robust methodological and technical resources for identifying and restructuring dysfunctional cognitive and behavioral patterns. The emphasis on beliefs, schemas, and cognitive distortions —combined with emotional management, assertive communication training, and collaborative problem-solving—proves fundamental to overcoming conflicts. The studies reviewed confirm

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that CBT-based interventions produce significant gains in dyadic adjustment and improvements in marital social skills.

Furthermore, the integrative review methodology adopted successfully connected the theoretical constructs of contemporary conjugality with CBT clinical practices, demonstrating this model's relevance and contemporary applicability in work with couples. The results reinforce the need for therapists to consider both the intrapsychic and intersubjective spheres, recognizing that healthy bonds depend on partners' ability to communicate, negotiate, and make their beliefs more flexible.

It is concluded that CBT constitutes a consistent and highly effective model for clinical practice with couples. By integrating classical concepts of relational dynamics with contemporary cognitive behavioral strategies, this study offers relevant theoretical support that enriches the work of professionals and students dedicated to couple psychology.

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