The matrix diagram, used as a tool to present and train individuals in a functional contextual viewpoint, can also serve to integrate contextual therapies other than acceptance and commitment therapy. In this chapter, we describe how the matrix can serve as a powerful tool for integrating a relationship-centered therapy—functional analytic psychotherapy (FAP; Kohlenberg & Tsai, 1991; Tsai, Kohlenberg, Kanter, Kohlenberg, et al., 2009; Tsai, Kohlenberg, Kanter, Holman, & Loudon, 2012)—into ACT-based individual and couples clinical work.

We’ve been using the matrix diagram in our clinical and therapist training practice since it was first devised by Kevin Polk, Jerold Hambright, and Mark Webster. We’ve found it incredibly helpful in getting our clients and trainees to adopt a functional contextual viewpoint, which in turn has promoted broader psychological flexibility and values-driven behavior.

In our ACT practice, we noticed occasionally getting stuck in a very “mind-y” place, especially when doing defusion or values work. We’d get
lost in our heads (and our clients in theirs) and find ourselves moving away from a deeper connection with our clients and their suffering, hopes, and aspirations. Although ACT, as presented in the classic manuals, is a powerful intervention to help clients develop a more accepting relationship with their personal experience, we also noticed that it didn't always get at the roots of our clients' interpersonal difficulties, at least as we practiced it then. Though clients came to struggle less with inner experience and engage in more valued actions, progress in interpersonal effectiveness didn't always follow.

FAP is a relationship-centered contextual therapy that focuses on the therapeutic relationship as the vehicle of clinical change by means of reinforcement of improved in-the-moment behavior. FAP alerted us to the importance of noticing interpersonal functions in the room. It helped us better track and make use of the effects of our behavior on clients, as well as the effects client behavior had on us. FAP offers the therapeutic relationship as a training ground for improved interpersonal behavior—for both clients and therapists.

A Tool for Integrating ACT and FAP

We'd already started integrating FAP into our ACT practice when we adopted the matrix diagram. Soon we discovered that it could serve as a tool to integrate ACT and FAP.

The Importance of Interpersonal Processes

Difficulties in close relationships are implicated in many psychological disorders (see, for example, Whisman, Sheldon, & Goering, 2000). Struggling against unwanted inner experience isolates people, whether through the resulting avoidance of relationships or because it leads them to pursue ineffective ways of seeking support. The outward forms of the inner struggle often make others move away. For example, Jack, who is depressed and expresses only dark thoughts, has seen his friends gradually distance themselves and lose touch. This is unfortunate, as poor quality of relationships is a major risk factor for depression (Teo, Choi, & Valenstein, 2013), is correlated with depression severity (Vittengl, Clark,
& Jarrett, 2004), and is a predictor of recurrence (Vittengl, Clark, & Jarrett, 2009), whereas social support offers protection against depression (Peirce, Frone, Russell, Cooper, & Mudar, 2000) and is a predictor of recovery from depression (Lara, Leader, & Klein, 1997).

Furthermore, for highly social species such as humans, relational values are at the center of most people’s lives. When the question “What’s important to you in life?” draws blanks, the question “Who’s important?” nearly always works.

Modeling Intrapersonal and Interpersonal Processes

The matrix is first and foremost a way to establish a functional contextual viewpoint. It enlarges the context of interest to include inner experience, both aversive (suffering) and appetitive (values), and puts workability center stage because it helps sort behavior in terms of its effectiveness in moving toward what's important. The matrix draws attention to the clinically relevant aspects of the context: those that play a role in maintaining problematic behavior and those that can contribute to flexible values-driven behavior.

The matrix invites people to discriminate between actions engaged to move toward what's important and actions engaged to move away from inner suffering. It helps discriminate between experientially avoidant behavior, which according to the ACT model is one of the main sources of psychopathology (Boulanger, Hayes, & Pistorello, 2010), and valued actions, which in ACT are key to a meaningful life (Wilson & Murrell, 2004).

The matrix is also an effective tool for helping clients notice in session their inner experience and whether they respond to it (again, in session) by moving toward values or away from unwanted inner experience. In therapy as in real life, there is rarely just one matrix in play. In real life, people's matrices interact with others’ matrices. In therapy, there is the client’s matrix, the therapist’s matrix, and how they interact. The matrix is thus ideally suited to helping both client and therapist notice interpersonal processes.
The Matrix and Functional Analytic Psychotherapy

FAP focuses on discriminating between in-session instances of problematic day-to-day client behaviors (in FAP called clinically relevant behavior 1, or CRB1) and in-session instances of improved behaviors that could make a positive difference when generalized to the client’s life (clinically relevant behavior 2, or CRB2). The two types of CRB map out neatly onto the horizontal axis of the matrix, with CRB1s on the left (away moves) and CRB2s on the right (toward moves).

PROMOTING GENERALIZATION

The relevance of the matrix to FAP work extends outside sessions to problematic or improved daily-life behaviors. The matrix point of view helps clients sort their behavior between sessions and, by increasing the functional similarity between in-session toward moves and away moves, promotes generalization of matrix sorting to clients’ everyday lives.

IN-THE-MOMENT FUNCTIONAL ANALYSIS

FAP sees clients’ ability to identify the antecedents and consequences of their behavior as key to progress. Clients are encouraged to perform three-term ABC (antecedent-behavior-consequence) analyses of their behavior (FAP terms such analyses CRB3). Let’s consider a client named Rosa, who might identify feeling misunderstood (A) as an antecedent to the behavior of withdrawing (B), with the consequence that her relationships feel unsatisfying (C).

As clients identify the three-term contingencies evoking their behavior, they open the door to responding to the antecedents in new ways and moving toward desired consequences. So Rosa might identify the familiar antecedent of feeling misunderstood and instead respond to it by sharing her feelings (improved B), leading to a stronger sense of connection with others (desired C).

Using the matrix can be of great help to clients in performing CRB3s. The matrix is flexible enough to allow either outside events or inner experience to be identified as either antecedents or consequences of target behavior, whether away moves (CRB1s) or toward moves (CRB2s).
Thus, neither client nor therapist needs to get stuck on a given model of causality and argue about whether feelings and thoughts or outside events “cause” behavior. Depending on the context, either form of analysis can be helpful. The therapist helps clients gain flexibility in their functional accounts by orienting them either to outside events or to inner experience.

For FAP, CRB3s are also a way to promote generalization. The same holds true when using the matrix. It promotes generalization of CRB by inviting clients to notice away moves and toward moves in daily life and, more generally, to spot the matrix in everyday experiences.

Using the Matrix in Relationship-Centered Clinical Practice

Clinicians wishing to concentrate on present-moment processes can invite clients to focus on matrix sorting tasks in the moment, especially as they relate to the therapeutic relationship.

The FAP Rap

From the first session, we give clients a rationale for relationship-centered work: “The difficulties and unpleasant thoughts and feelings you struggle with might show up in here, between us, about our work or our relationship. This is not only normal and acceptable; it also represents an opportunity to work in the moment with what’s showing up so that you can learn ways of dealing with it that will help you go where you want to go and get what’s important for you in life and in your relationships. So it will be important for us to pay attention and share when these things show up in here. Are you willing to work in this way?” This rationale, known as the FAP rap (Tao et al., 2009), is central to setting the stage. It’s also an opportunity for clients to give informed consent to relationship-centered work. In addition, we spell it out in a letter. Beyond allowing clients to practice more effective interpersonal behavior and get reinforced for it, the therapeutic relationship is thus established as a model of how an intimate relationship that works looks and feels.
Introducing the Matrix

Next, we introduce the matrix. There are a number of ways this can be done. A quick and effective way is to show clients a matrix diagram and say, “We all have things that are important to us and things that make us suffer in life. What these are and how we function with them is unique to each of us. If you’d like, we can look at how this works for you.” Next, we ask clients to name someone or something important to them, or some inner difficulty or suffering that has been troublesome. Then we may invite them to identify at least one action they do to move away from their suffering and one action they could do to move toward what or who is important. We also ask clients to name one away move and one toward move we could see them doing in therapy (CRBs). We conclude by asking for permission to ask if particular in-session behaviors constitute an away move or a toward move.

Spiky and Flexi

Playing around with the matrix, we derived cartoon characters embodying moving away and moving toward: Spiky and Flexi (Schoendorff, Grand, & Bolduc, 2011; see figure 4.1). When people move away, they often become like Spiky, who tries his damnedest not to feel what he’s feeling. He tenses up and gets all rigid and spiky, making it hard for him to notice who or what is important—except as rigid rules full of “have-tos.” Spiky’s struggle makes others move away. It also makes him more vulnerable and easily entangled with spiky people and spiky things. When we notice ourselves getting spiky, we can choose to slow down and make room for whatever we’re feeling, allowing us to contact who or what is important and choose to move toward it. This is what Flexi does. Flexi feels the same difficult stuff as Spiky. He’s just more flexible around it and makes space in the service of moving toward who or what is important to him.
Figure 4.1. Spiky and Flexi. The spikes represent suffering as well as moves away from suffering. Whereas Spiky seeks to contract his experience of what he doesn’t want to think or feel, thus creating further spikes by struggling, Flexi makes room for what he doesn’t want to think or feel, allowing him to contact what’s important in the situation and choose toward moves.

We’ve found that these characters offer an intuitive way for clients to get a sense of the felt difference between away moves and toward moves. They also nicely illustrate the interpersonal functions of struggling, which makes others move away or enables only connection in superficial ways, and the functions of acceptance and valued living, which make others more inclined to move closer and seek deeper connection.
Letting Clients See Your Matrix

When clinicians are willing to be open about their own matrix and to authentically reflect the effects of client behavior on them, this can help clients better evaluate the impacts they have on others. Bearing in mind the potential aversive effects of revealing too directly the aversive functions of clients’ CRBIs, or away moves, clinicians will carefully choose how to titrate such reflections. One effective strategy when addressing client CRBIs is to distance somewhat from the emotional reaction the client’s behavior elicits and immediately present an alternative (CRB2, or toward move) that can be reinforced. We’ll illustrate this technique (and many others in this chapter, with a dialogue. In these dialogues, the therapist is a woman, and the client is a man.

Client: I don’t think therapy can help. I don’t believe anything can help, and I don’t believe you’d care if I weren’t paying you.

Therapist: When you say that nothing will work, I’m noticing some tension in my throat, and also some sadness, shame, and irritability. I have the thought that I don’t know how I can help you. Do you think something similar might show up for other people in your life?

Client: Sure. Everybody’s dropped me. And now you want to drop me too?

Therapist: No, it’s important to me to be there for you. I can see that it’s because things are so painful for you right now that you’re being like Spiky. I wonder if you’d be willing to let your mind say, Nothing will ever work, and let me know that you too are committed to our work.

Client: It’s nice to hear you say that you’re committed to being there for me.

Therapist: When you say this, it makes me feel hopeful that I can help you.

In this dialogue, the client was first moving away from despair by voicing disbelief and pushing the therapist away. The therapist let him see the interpersonal functions of that statement and offered a possible
parallel to problems in day-to-day life, thus orienting him to a possible CRB1, which he validated. Stating her values, the therapist then suggested a possible toward move (CRB2). When the client produced a toward move approximating the suggested CRB2, the therapist sought to reinforce it by letting the client see how she felt (i.e., the interpersonal functions of the toward move).

In this way, the therapeutic relationship and what happens moment to moment between client and therapist can become an effective training ground for more workable relational behavior based on authentic reactions by both client and clinician.

Using the Clinical Relationship for In-the-Moment Sorting

Broadly speaking, clinicians can help clients pay attention to CRBs showing up in the room and the clinical relationship by asking if an in-session behavior is a toward move or an away move. We’ll illustrate this with a continuation of the previous dialogue.

Therapist: Would you say that what you said just now, that it felt nice to hear that I was committed to helping you, was an away move or a toward move?

Client: I guess a toward move.

Therapist: What was important to you there?

Client: Well, it’s actually really hard for me to accept other people’s help. I guess I wish I could do it more so I didn’t push people away.

Therapist: I felt like you were letting me come closer when you said that. I know that, for you, asking for help—and then accepting it—is a toward move, and a courageous one. I want to support you in doing more toward moves if that’s your choice. So what further toward move could you do right now?

Client: I guess I could ask you to give me some clues as to what I can do when I feel so down that I just want to curl up and die.
The ACT Matrix

_Therapist:_ I do want to help, and here’s something that’s known to be effective for depression. *(Presents an activity record sheet that invites clients to note if an action was a toward or an away move; the worksheet is downloadable on the website www.newharbinger.com/29231.)*

The client has identified asking for help and accepting it as a toward move (CRB2), and the therapist seeks to reinforce it by responding in a natural way to the client’s request. Note that for a different client, or for the same client in a different context, asking for help might be an away move, which the therapist may not want to reinforce.

**Defusion**

The matrix also helps promote defusion and can easily be blended with traditional ACT exercises. We commonly use the Hook metaphor. Clients are invited to notice if some aspect of their inner experience, whether it’s a thought, an emotion, or a bodily sensation, is a hook for them. If it is, they’re asked to notice what do they typically do next: a toward move or an away move.

_Therapist:_ So that’s what hooks are. What do you think your hooks were earlier?

_Client:_ A big hook for me is that nothing’s ever going to change.

_Therapist:_ You noticed that hook. Good! And when this hook shows up, what do you do next?

_Client:_ I become sad and angry, and I just want to shut the whole world out.

_Therapist:_ You notice what you do next. Good! For me, the hook is that I’m not a good enough therapist. If I don’t notice the hook, I may just shut down or propose an exercise right away. Noticing the hook helps me notice what I tend to do next, and notice if I can see what the person I want to be would do next, which is generally a toward move. How about you?
You, Me, and the Matrix: A Guide to Relationship-Oriented ACT

Client: Hmm. I think the hook doesn’t come alone. There are many others on the line. Like “People don’t care about me,” and “I’m all alone anyway.”

Therapist: Ouch! Painful hooks. And what do you do next when these show up?

Client: The same. I withdraw…get crabby.

Therapist: Okay, you noticed that. And what would the person you want to be do when these hooks show up?

Client: Not push people away, so…

Therapist: Seems to me you’re biting less right now.

Client: (Laughs.) Yeah, but that’s only because you’re helping me. I don’t know if I could do it out there.

Therapist: How about seeing if you can notice hooks and what you do next between now and next week?

Client: Sure.

The Hook metaphor contains the two important steps of defusion: noticing thoughts or emotions as thoughts or emotions, thereby affording some distance from them, and getting at the function of individual thoughts or emotions in their particular context, using the question “What do you do next?” This highlights the behaviors that follow from biting the hook of that particular content and thus effectively promotes CRB3.

Acceptance

Inviting clients to describe what shows up in the lower left quadrant of their matrix is an effective way of promoting acceptance. The character Flexi is also a versatile image for promoting and discriminating acceptance in the moment.

Therapist: When you talk about noticing your hooks and not biting, would you say that’s more like Spiky or Flexi?

Client: Like Flexi. It’s when I bite that I become like Spiky.
The ACT Matrix

_Therapist:_ It’s great to see you make space for these hooks without biting. See if you can notice how you do that, and perhaps explore doing it between now and next week when thoughts and feelings of despair show up and entice you to bite.

When asked to describe their feelings or bodily sensations in an aversive situation, some clients are initially unable to respond. Some locate all sensations in their head, as if cut off from the rest of their body. It may look like a phobia of inner experience or an inability to name inner experience. Many such clients suffer from an unstable sense of self and may find contact with their bodily experience threatening. In working with this population, one of us (Marie-France Bolduc) thought of adding a layer of experience around the matrix (see figure 4.2). In the upper part of the matrix, this layer comprises five-senses experiencing, and in the lower part it extends beyond mental experiencing to inner experiencing. Inner experiencing points to how having a particular thought or image _feels_ and where in the body it shows up.

![Figure 4.2](image)

**Figure 4.2.** The matrix with an added layer of experiencing. The inner experiencing layer allows clients to discriminate between bodily sensations and thoughts and images and can help them contact how it feels to have a particular mental experience.
Therapist: So when this thought that nothing will work shows up, you become sad and angry. What’s that like?

Client: I don’t know. I just get really mad and I despair.

Therapist: Where does this go in your matrix?

Client: Bottom left, for sure.

Therapist: Yes, that’s stuff you don’t want. But is it mental—the thoughts or images themselves—or is it also what it feels like to have them in that moment?

Client: It’s both I guess. It’s how they make me feel. It grips me here (pointing at his chest), and I feel this weight there (pointing to his upper belly). I can’t stand it!

Therapist: So that’s your inner experience of feeling sad and angry?

Client: Yes. So it goes there? (Points to inner experiencing.)

Therapist: Yes. Often that’s the biggie. That’s what we really try to move away from. Not so much the words or images, but how they make us feel inside. That’s how we become like Spiky, by contracting our inner experience so as to not feel it.

Client: Yep, that’s what I do.

In our clinical practice, we’ve also noticed that when clients have difficulty or refuse to contact inner experience, training their attention toward five-senses experiencing can help them gradually open up to their bodily sensations. In this manner, clients can progressively learn to recognize their feelings and develop a more stable sense of self.

Values

Values work in ACT, particularly values clarification, can become a verbal minefield. Traditionally, values work gets pushed back toward the end of therapy, when progress with defusion and acceptance make it less likely that client and therapist will get stuck. The matrix can help simplify values work by recasting it in terms of discriminating between
toward moves and away moves, allowing values to take center stage from
the get-go. Using the word “important” rather than “values” can protect
both client and clinician from falling into wordy confusion. A question
as deceptively simple as “What would the person you want to be do in
this situation?” can lead to the immediate derivation of valued action.
Here too, the therapeutic relationship provides a privileged context for
in-the-moment derivation and engagement in moves toward what’s
important (CRB2). As the most important values often involve relation-
ships, this can be evoked by the therapeutic relationship itself.

**Therapist:** I noticed that when I told you I cared about you and
was wondering how you had been doing over the week, you changed the subject.

**Client:** It makes me feel uncomfortable when you say that you
care about me.

**Therapist:** I appreciate you sharing what you genuinely feel. We’ve
seen how receiving other people’s care is difficult for
you. But would you like to be able to open up to other
people’s care and affection?

**Client:** Well, my ex-wife complained I always made jokes when
she tried to say she loved me.

**Therapist:** And what would you like to be able to do?

**Client:** I wish I could be warmer, not so distant.

**Therapist:** Okay, how about now? Can you open up to the fact that
I care about you and wonder how you’re doing during
the week?

**Client:** That’s nice… *(Pauses and chuckles.)* It’s a little hard to
open up to it.

**Therapist:** And when you do, what do you notice?

**Client:** Fear, and also a warm feeling in my chest.

In that exchange, the client is moving toward his relational value of
opening up to other people’s affection—not through elaborate values clar-
ification, but through in-the-moment embodiment of his relational values.
Perspective Taking

The matrix trains flexible perspective-taking skills. We do this work by inviting clients to adopt the matrix perspective (discussed in chapter 2). In the therapeutic relationship, we invite clients to take our perspective and describe what they would experience if they were the therapist and we were the client. Once the skill has been trained in the therapeutic relationship, it can generalize to the client taking the perspective of significant others by taking the perspective of their matrices.

Another effective way to train flexible perspective taking is inviting clients as they are here and now, in contact with their matrix, to imagine being teleported to a difficult situation and noticing their matrix in that situation. Being aware of what shows up in the situation, is there something they, as they are here and now, could tell themselves, as they will be there and then, that could help? This dialogue can lead to an exploration of self-validation strategies, gently returning attention to what’s important and choosing action. The therapist can conclude the exchange by asking clients how probable they think it is that they, as they are here and now, will be able to go and assist themselves there and then.

Special Clinical Skills

This section briefly outlines a few clinical skills that we’ve found useful in our clinical and training work.

Noticing the Toward in Away Moves

At first, some clients will see everything they do as away moves, and their minds will beat them up for it. Clinicians can help clients notice toward moves within away moves. Because few behaviors are purely away or toward moves, we can point, for example, to the self-care dimension within many away moves. For example, a client may see not accepting an invitation to Friday night drinks as an away move. However, it may also be a move toward resting at the end of an intense week. Framed as a move toward self-care, the behavior is thus pulled to the right and starts acquiring appetitive functions that make it more probable that clients will start
choosing additional behaviors on the right. In our example, this may lead to a broader repertoire of self-care moves, which could now extend to exercising more regularly or more readily accepting invitations.

**Clinician Self-Disclosure**

Through the matrix, clinicians may choose to self-disclose if this is done in the interest of helping clients better identify the interpersonal functions of their own behavior or as a way to model processes and let clients contact their shared humanity with the therapist. A clinician could thus choose to disclose that she’s feeling anxious because she’s awaiting news of the outcome of an operation a sick relative is undergoing. She could also choose to disclose that when the client rejects her praise, she notices feeling pushed away.

**Sharing Therapist Toward and Away Moves**

When feeling stuck, in addition to disclosing their inner experience, therapists can share what their hooks are and what an away or toward move could be in the situation. Not infrequently, therapy gets stuck after therapists engage in away moves. Candidly admitting what the away move was and inviting the client to share how this move impacted him can get therapy moving again and engage the client in a conversation aimed at defining more effective therapist behavior. This conversation can be part of a joint case conceptualization (see chapter 11) and also gives the therapist a chance to model engaging in a functional exchange around getting, receiving, and acting upon interpersonal feedback.

**Matrix Spotting**

An effective way to promote generalization of behavior practiced in session is inviting clients to see if they can spot the matrix in their life outside of sessions, and especially in interpersonal relationships. We sometimes tell clients that now that they’ve started looking through the matrix, they won’t be able to unsee it no matter how hard they try, and that it will start popping up in many life situations.
Homework

When using the matrix, homework isn’t called homework; instead, it’s home practice. It’s simply about noticing, not about having to do anything in particular. In addition to ensuring client compliance with “homework” (as long as they commit to noticing), it’s also an excellent way of working through pliance and counterpliance issues.

Couples Work

Space precludes a thorough discussion of how to use the matrix for couples work. However, many of the strategies outlined above can be used with couples; therefore, we will briefly sketch how they can be adapted to couples work.

Setting Up

As we introduce the matrix, we get each partner to fill out an individual matrix, while we often fill in their matrix as a couple. Each partner writes his or her own values, suffering, and away and toward moves as they’re identified, and those they have in common are recorded on the couple’s matrix. (See also the “Second Loop Around the Matrix,” in chapter 14, for a discussion of shared matrix work.)

Combining Personal and Couple Values

The goal of therapy can then be set as combining what’s important to each partner into what’s important to both as a couple, and supporting both partners in their ability to choose to engage in both individual and couple-related toward moves even in the presence of unwanted inner experience. An effective way to tease out relational values is the Cereal Box metaphor.

Therapist: Imagine you’re in the shop of all possible relationships. They’re lined up on shelves like so many cereal boxes.
You can read the ingredients on the boxes and pick your ideal relationship. There are two columns for the ingredients: one for what each person brings to the relationship—what each would do. Which ingredients would you choose?

Noticing Workable and Unworkable Behaviors

The therapist gently invites each partner to identify his or her toward and away moves, taking care to encourage each partner to link to both what’s important and what he or she doesn’t want to think or feel, and then asking the other partner how that behavior works for him or her. Guided by the therapist, both partners can then discuss more effective behaviors that would better take into account workability, and the impact of their behaviors on each other.

Perspective Taking and Couple Communication

The matrix is well suited to helping partners become more aware of each other’s perspective. The Fence metaphor can help.

Therapist: When we discuss the content of our matrices, it’s easy to lose perspective and waste time looking for the “truth.” When we’re in conflict, it’s a bit as if there was a fence dividing two gardens. We can lose precious time arguing about the color of the fence: “It’s green!” “No, it’s blue!” Only when we look from inside the other person’s matrix can we see that it looks different depending on which side of the fence we’re standing on.

When each partner describes his or her own inner experience in terms of the matrix, this also has a distancing quality for both partners that makes it easier to create space for the other partner’s perspective.
Both partners can then be invited to describe how things might appear from the perspective of the other person’s matrix.

Couples Home Practice

The matrix provides an effective framework for setting couples’ home practice. Partners are invited to see their relationship as a garden in which they can choose what they tend to. In session they can start practicing ways of watering what they want to see grow, and then between sessions they can explore watering these seeds. Here again, the main task is noticing when the matrix shows up in each partner’s experience, and whether they choose to move away from discomfort or toward what’s important to them in the relationship.

Conclusion

In this chapter, we illustrated how the matrix could be used to integrate relationship-centered strategies from FAP into ACT-based interventions, and as a tool in couples work. We believe that the matrix is ideally suited to integrating exercises and procedures from other approaches with ACT-based interventions, as long as this is done in the service of moving toward what’s important (i.e., under appetitive control, rather than aversive control of moving away from discomfort). We hope this chapter has given you a taste for using the matrix as a flexible cue for therapists engaged in relationship-focused work, helping clients move toward the life and relationships they want.

References


