

Beginning Couple Therapy: Helping Couples Attain Emotional Fluency

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Abstract: Many couples come to couple therapy without the expressive skills necessary to maximally benefit from marital work. The early stages of couple therapy provide an opportunity for them to learn how to put their feelings into words and to acquire skills that facilitate emotional connection. In the model presented here, the drive to connect to another person is understood as the most basic of psychological and physiological drives. The authors see problematic couple interactions such as criticism, contempt, and defensiveness as a function of a lack of emotional “voice,” which can result in misunderstandings based on misinterpretations and failed attempts to connect. These issues are addressed in the early stages of therapy by providing couples with the skills and voice to engage each other in a productive way. The article also describes and discusses the three most common couple dynamics, explains the three beliefs that underlie this approach, and illustrates the three types of interventions that derive from these beliefs. Clinical examples demonstrate ways to reframe statements to reveal the

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unspoken fears at the heart of many couples' conflicts. Common mistakes made by less experienced couple therapists are also addressed.

Key words: couple therapy; couple dynamics; attachment theory; communication; intimacy

Introduction

The approach we describe in this paper is most applicable to work with couples in the beginning stages of couple therapy. Our goals in the initial stages of therapy are twofold: first, to help couples acquire the tools, skills, and expressive language to address conflicts productively with each other; and second, to lay the foundation for the deeper ongoing couple work that addresses the family-of-origin and historical issues that create the problems that bring them to treatment. Once the couple has, and is able to use, the tools and skills described herein, it becomes possible to approach their issues from whatever theoretical framework the therapist uses. For couples who are already emotionally fluent, some of this early work may not be as necessary; our experience has been that most couples benefit significantly.

Many couples begin couple therapy at a time of crisis in their relationship. They have often struggled for years before taking what is, for most couples, a very serious and difficult step and, for many, one that represents weakness and failure. Most couple conflicts are both recurrent and irresolvable (Wile, 2008, quoting Gottman, who calls it the "perpetual problem"). And most couples in trouble lack some basic tools and skills for addressing their recurrent and irresolvable problems.

This paper will be most useful for those therapists working with couples who come to them lacking these skills. The principles and interventions that we describe will continue to be useful throughout the couple work, but they are likely to be most important in the initial stages.

In what follows we³ will describe the three underlying beliefs of our approach to early-stage couple work and the three types of interventions that derive from these beliefs. We'll also describe what we see as the three most common couple dynamics. We use the phrase *emotional fluency* because, for many couples, talking about how they feel is like speaking a foreign language. Many readers will already be familiar with the work of Susan Johnson, Daniel Wile, and John Gottman. We are indebted to them for much of our thinking and hope that we do them justice in elaborating on aspects of their approaches.

Our purpose in this paper is to describe and explicate our method for providing couples with the tools, skills, and language they need in order to succeed at using couple therapy effectively. Our focus is on establishing a foundation for building emotional connection which is, according to John Gottman, the single most important predictor of satisfaction in marriage (Gottman, 1994, 1999). Once the couple is able to connect, using emotional language to accurately communicate their thoughts and feeling states, they will be well positioned to begin the work of altering the problematic dynamics that brought them to couple therapy.

³ Throughout this paper we refer to ourselves as “we” and “us.” Our use of “we” denotes shared thinking and conceptualizing and, while we do workshops together, we don’t work together as co-therapists. In this paper we use our initials if we’re writing about something that is particular to one or the other of us.

Three Basic Beliefs

There are some basic assumptions and beliefs about human nature and about what we need as human beings that underlie our approach. These assumptions and beliefs fall within the purview of *positive psychology*, with its antecedents in the early work of William James, Abraham Maslow, and G. Stanley Hall (Schaefer, 1978) to the more recent work of Martin Seligman, as discussed by Jeffrey Froh (2004). Theoreticians within this framework emphasize such aspects of human experience as well-being, contentment, satisfaction, and attainment of human potential, to name but a few. And while our basic assumptions are not necessarily explicit beliefs of those who would identify themselves as positive psychologists, we think it useful nonetheless to locate them within that domain.

Connection

The first of our basic assumptions is that the drive to connect to another person is the most basic psychological and physiological drive. Guntrip (1961) refers to the libido as essentially “object seeking” and we agree with that formulation. We all recognize and understand that the desire for connection and intimacy is a deeply human longing, and achieving it requires us to allow ourselves to be emotionally vulnerable.⁴ *Vulnerable*

⁴Eric Berne, the maverick psychiatrist and founder of Transactional Analysis, recognized early on, in his ground-breaking work on Ego-States (Berne, 1961), that in order for two people to be able to experience intimate connection, both would have to have energy in their Child Ego-State at the same time.

means, literally, “able to be wounded,” and couples often unintentionally (and sometimes intentionally) wound each other. They need some way of healing those hurts, and preventing, as much as possible, future wounds.

While some approaches understand couple problems in terms of constructs such as “avoidance of intimacy,” and while we recognize that avoidance of intimacy may be one of the variables affecting the relationship, we find it more useful to think about their problems as *failed attempts to connect*, especially in our early work with couples. Through that lens, we are primarily interested in identifying and understanding, and enabling them to identify and understand, the feelings and patterns that interfere with their ability to enlist each other as allies.

We believe that behaviors that are counterproductive to intimate connection (and that certainly result in loneliness and alienation), e.g., persistent criticism, expression of contempt, defensiveness, or withdrawal, have a hidden rationality that it is our job to identify, understand, and articulate. For example, we can see persistent criticisms as avoidance of intimacy, or we can understand them as attempts to be heard or to make contact. In a sense, it can be understood as a matter of where we choose to focus our attention. We have all had the experience of listening to a criticizing spouse and knowing that the criticism that has just resulted in his partner’s defensiveness, anger, and hurt was actually a well-disguised expression of fear or hope. Because the fear or hope is often so thoroughly hidden, it is likely invisible (or easy to misinterpret) to *both* partners. We see our role as enabling these partners, along with their fears and hopes, to become clearly visible and known to each other.

Communication

Because we see failed attempts to connect as the core obstacle to addressing couples' underlying problems, we focus our early work on how they communicate about their problems, and not on solving the problem itself (process, not content); we focus on how they talk, not on what they say. Susan Johnson (2004, 2005a,b, 2008) discusses the ways that couples get stuck in loops. She believes that "the problem is the pattern, not the person," (2009, in person) and sees unexpressed attachment anxieties as lying at the heart of virtually every couple conflict.

We agree, and believe (as does Wile, 2002) that whatever the content of the problem that the couple presents, we're there to solve the moment, *not* the problem. This is especially true in the beginning stages of couple work, when we are focusing on helping the couple to find their voice and to begin learning how to engage each other productively. This means, as Wile explains, that we "don't try to solve the problem the partners are arguing over, but the more immediate problem of their inability to turn one another into allies in talking about it and, instead, their turning one another into enemies or strangers" (p. 6). While seeing couple conflicts as *missed opportunities for intimacy*, we always keep in mind that our client is the relationship, and we do everything we can to facilitate their connection as allies from moment to moment. We believe that once the couple has a common language, and can understand the meaning of their partner's complaints, they will be well positioned to solve the content of their problems.

Expression

We believe that couple conflicts are driven by the two primary fears or anxieties about relationship: the fear that the other person will be too close (fear of losing one's freedom or autonomy, of being overwhelmed or engulfed) or its opposite, the fear that the other person will be too far away (fear of being abandoned, unheard, unloved). These fears are rarely expressed directly.

Further, we believe that it is because couple conflicts are usually driven by indirectly expressed anxiety that they so frequently manifest as *defensiveness*, *criticism*, *withdrawal*, or *contempt*. John Gottman (1979, 1994, 1999, 2002, 2007) calls these behaviors the “Four Horsemen of the Apocalypse.” In his research, Gottman has determined that couples who use these defenses are, if untreated, most likely to divorce.

Family of Origin Issues

Before we go further, we want to say a word about our approach to family-of-origin history and the initial interview. Our preference is that the wealth of information about family history—including the history of the couple's relationship—emerge organically as the partners interact with each other in their early sessions, rather than by taking a formal history. In our view, family-of-origin issues create the specific fears that we encounter in our couples. Personal history can be addressed effectively as the fears are expressed and clarified, and can enable the couple to hear some very familiar information about their spouses (and themselves) in a newly meaningful way. For example, while exploring one partner's fear of being controlled by his (not particularly controlling) wife, it became clear that he perceived his father as dominated and emasculated by his mother. Because this emerged in the live interaction between the partners, rather than in an historical

report, the connection between the past experience and the present anxiety was easily facilitated by the therapist, which immediately defused the anger and defensiveness that had been triggered in the wife, who was being characterized as “controlling.”

Some couples need and expect to give us detailed information about themselves and their relationship when they come for the initial consultation. While our preference is that the couple direct their comments and feelings to each other (rather than to us) as soon as possible (and we will help them to do so), some couples arrive with a narrative and a clear need to express it to the therapist. We recognize this and use our judgment as to how much “telling” (to us) is useful for creating safety and diminishing anxiety. But, as a general rule, we tend to ask questions about family and individual history as we experience a “need to know,” usually in the context of wanting to understand an exchange or reference between the partners.

Three Common Dynamic Patterns

Our experience has been that there are three dynamic patterns that we tend to see in our offices: Angry, Withdrawn, and Pursuer-Distancer. Wile (1993) refers to “classic types of troubled couple patterns” and he calls them “angry, withdrawn, and demanding-withdrawn.” Stephen Betchen (2005) addresses the causes, manifestations, and therapeutic treatment of the “pursuer–distancer” couple dynamic. Hendrix (1988) uses the terms *fuser* and *isolater* to describe the same dynamic.

While these three couple dynamics differ greatly in style and appearance, they all have much the same emotional outcome: a terrible sense of loneliness and alienation that is the

very opposite of what we hope for from our marriages. And all contribute significantly to relationship problems.

The *Angry* couple is mutually accusing and blaming. They often appear in our offices armed with a list of complaints in the form of a case that, given the opportunity, they will both present in the hope that we (the therapist) will see the rightness of their position and declare one of them the winner in the contest for the marital moral high ground.

The *Withdrawn* couple is mutually avoidant. They are terrified of rocking the boat and tend to use actions (i.e., sulking, avoidance of eye contact, silence) rather than words to express feelings. On the surface, they may appear content because they so rarely have overt conflict. In reality, they are very lonely, because they do not have genuine connection or intimacy. Parker-Pope (2010) sees the withdrawn, “conflict-free” couple as most at risk for marital unhappiness.

The *Pursuer-Distancer* couple combines the dynamics of both the Angry couple and the Withdrawn one. One partner tends to pursue and the other tends to withdraw. This sets up a loop of *interacting sensitivities*, which systems therapists describe as a *runaway positive feedback loop*. As Johnson and colleagues (2005b) explain, “Causality is circular, so that it cannot be said that action A ‘caused’ action B. In distressed couples, demanding by one partner creates and maintains withdrawal in the other, and vice versa. Both partners’ responses are shaped by a feedback loop, a cycle of interaction” (p. 30).

These dynamic patterns are related to attachment styles (Bowlby, 1969, 1976, 1982; Wallin, 2007). While a full explanation of attachment theory is beyond the scope of this paper, we believe that particular attachment styles are likely to lead to particular behaviors. Someone whose attachment style is avoidant is likely to withdraw when

conflict arises, while someone whose style is anxious will likely be a pursuer. A person whose attachment style is disorganized will swing between pursuing and withdrawing.

According to Wile (1981, 1993, 2008), when partners are attempting to communicate their concerns to each other they have three options—to attack, to avoid, or to confide. The couples we typically treat choose to either attack or avoid, and both of those choices will predictably escalate conflicts and will result in estrangement and alienation. Their third, and remaining, option is to confide. For example, instead of attacking with, “You never do what I ask,” he or she might confide, “I’m afraid that you don’t care about what I need.” Or, instead of withdrawing, he or she might confide, “I’m afraid you’re not interested in me,” or “I’m afraid that you don’t love me anymore.” Confiding invites your partner to be an ally, not an adversary. Many couples are in our offices because they don’t know how to confide their feelings. Research has shown (Parker-Pope, 2010) that conflicts within relationships are inevitable and needn’t be problematic, or cause marital unhappiness or failure, as long as the couple has a reliable, effective way of addressing their conflicts. Our interventions are geared to creating a safe space in which they can learn and practice how to do this.

Three Basic Interventions

In this section we will explain the interventions that follow from the basic beliefs described above. The three beliefs lead to three kinds of intervention. These can be effective with any couple dynamic pattern at any stage of treatment, but are likely to be particularly helpful to couples who are new to therapy.

Establish Structure

Many couples are accustomed either to discounting what each other says or to simply waiting it out while thinking about what they're planning to say. They're not actually listening to each other. Most couples come to their first session having accumulated a backlog of powerful feelings and grievances that they've been waiting to express. While we need to see how the fight (or interaction) plays out, we also need to contain the negative energy at first, so that none of us—neither the therapist nor the couple—is overwhelmed. I (LP) will likely say something to *reassure, contain, and start establishing a safe environment.*

For example, “I will make sure that you each have a chance to speak fully. And while I know it can be really hard to sit and listen to each other’s version of events, if you both don’t get to say it—and feel like the other’s heard it—it will develop a life of its own, creating endless frustration and annoyance.” To help with this, I leave two clipboards with pad and pen within reach of both. I tell them that the pen and pad are for their use if they need to remember something while their partner is speaking. Simply holding the clipboard helps some people better manage and contain their strong feelings until it’s their turn to speak. Then I tell them that there are rules about listening and responding,

and what they are. I might, for example, explain active listening, and have them practice a little in the office before they try it on their own.

I (LK) have created a laminated card that I call the “Rules of Engagement,” and I give one to each person to keep. The card is designed to fit in a credit-card slot of a wallet.

There are five rules, and they are:

1. “I” not “you”
2. No attacking, defending, or withdrawing
3. No questions
4. Express the fears
5. Explain the meaning

I explain each rule and suggest that they both refer to the card as a reminder before having an emotional conversation. Many people are surprised by the rule about questions, and I explain that many questions are not really questions, but rather disguised criticisms, opinions, or judgments that put the other person on the defensive. It’s much more productive to explain what was going on in your mind that generated the question.

I (LK) also try to help them understand that small things often stand for big things, and that it is important to know what they are actually fighting about (see Rule 5). For example, if they are fighting about the dishes in the sink, they need to know what those dishes represent in order to have a productive conversation. They might mean “You think I’m the maid,” or “You think only of yourself,” or “I feel like I’m supposed to be your mother.” These reactions are not to the thing itself, but to an assigned meaning or interpretation.

Join the Couple

We work under the assumption that couples who come to couple therapy want to improve their relationship in order to stay together and that, therefore, they very much want to connect. And they're often very afraid that they can't. Sometimes they fear that they're not capable of connection, or that one or both are "flawed," or that maybe they're just not right for each other. Of course, we want them to know that their concerns are legitimate. So, I (LP) might say something like the following: "Both of your concerns make excellent sense and it's really very hard for any of us to always agree about — — —" (e.g., what's best for the kids, how to spend money, where to go on vacation, etc.). "It's clear that you both have good judgment and that you both want a good outcome," or that you "both have your daughter's best interests at heart, even if you have different ideas about how to get there. George, how about you start by telling Linda what you'd like her to know, while Linda listens. And then we'll switch. I'll be intervening when you ask me to, or when I think you need it. Please let me know if I become too annoying."

I (LP) have been asked, by therapists in our workshops, "What if the couple *doesn't* have good judgment?" (which I attributed to the couple in the example above). I wouldn't attribute a quality that I don't believe to be true. I would simply find a characteristic or quality that I see as true (or potentially true), and attribute that to the couple to facilitate joining them.

As we structure the interaction above and listen to the responses, we are thinking about establishing and validating a *shared perspective* and a *shared task*. For example, George has just finished telling Linda that she never thinks about what he needs, and doesn't even bring home his favorite flavor when she buys ice cream. Linda's about to defend

herself, so I stop the music.

I say: “George and Linda, we really feel awful (angry, sad, whatever) when we just don’t get each other. It’s like we’re speaking a foreign language, right? And I’m imagining that exchanges like the one you were about to have, make you each afraid that the other really doesn’t care about you. Have I got that right? George, try this. Tell Linda...” And then, to Linda, “Did you know that?” And, then (whatever the answer) “Linda, tell George what it’s like for you to hear what he just said.” We want them to start talking in an emotionally communicative way from the beginning.

Re-frame the Content

By this point, we’ve contained the aggression, calmed them down, and begun the dialogue. This last intervention is about changing the content of their communication to each other by synthesizing, and giving words to, its real meaning. In the service of this, we’re going to express for each of them the meaning that they aren’t expressing because they are afraid to say it, don’t know how to say it, or simply don’t know what they’re feeling.

This usually involves giving them a line (or phrase) to say. We make plenty of room for them to reject, accept, or alter the words until we have got it just right. And we always keep in mind that we’re there to solve the moment, not the problem. The general guideline, which the therapist will mention to the couple early on, is that we use words, not actions, to express our feelings. We are focused on helping both partners find the words (and the courage) to *confide* their fears so they won’t need to *defend* against them. Since this is an early session, we are typically quite active. Once the couple has greater

facility in saying what they feel, it is possible to intervene much less frequently and in much less concrete ways.

While we are listening to the couple we are specifically searching for the unexpressed fear. We are using the word *fear* in the broadest possible sense, to cover the entire spectrum from slight concern to deep terror. Occasionally, clients will reject our framing their feeling as fear. In those instances, they will almost always accept a milder word. For example, instead of “afraid,” they will allow us to substitute “worried,” “anxious,” or just “concerned.” Sometimes they will admit that it can be difficult to reveal the fear.

I (LK) had been working with a couple for about six months. He had had an affair several months before they began therapy, and was found out soon afterward. In this session, she described overhearing a phone call of his and getting upset by what she was hearing. After he hung up, she asked him a lot of questions (what she usually does when she gets scared), which put him on the defensive and led to a fight. I suggested to her that she had been scared by what she heard, and she acknowledged that was true. I said, "Could you imagine saying to him 'I got scared by that call?'" and she said, "I'd prefer to be angry."

All three of us laughed, and she admitted that she felt very vulnerable exposing the fear.

Our experience in working with couples is that these unarticulated and unspoken fears are behind fights (the angry couple), disconnections (the avoidant couple), and loops (the pursuer/distancer couple). We believe that our tasks are to identify what we think the fears are, to formulate them in coherent ways, and to offer them to both partners so that they can see if the reworded statement captures their intent. If so, they can then express

the true meaning (using their own words or ours) directly to each other. Some clinical examples will illustrate how this can work.

Clinical Examples

Although these examples have been condensed and simplified for the sake of brevity here, they are meant to capture the essence and spirit of the communication. Keep in mind as you read these examples that they are synopsisized representations of intricate and complex interactions, but they nonetheless illustrate what we do and how we work.

Example 1

Fran and Mike are a couple in a pursuer/distancer loop, a dynamic that is, for most of us, particularly challenging to interrupt, shift, or alter. Often this shows up in our offices as one person being very critical, and the other being very defensive. The more the one complains the more the other withdraws, and vice versa. Our experience has been that it's frequently (though not always) fear that drives the conflict. So, most often, we are listening for the unexpressed fear, the fear that drives both the pursuit and the withdrawal.

Mike: Why do you always have to spend so much time on the phone? You're always on the phone with your friends. I come home and you're on the phone. The phone is always ringing and it's always for you.

Fran: Well, we do get a lot of calls.

Mike: No, *you* get a lot of calls and I get to listen to you talk to your friends.

Fran: I don't appreciate your listening in on my conversations.

Mike: I'm not listening in. I'm sitting there waiting for you to get off the phone.

Last night you talked to Sharon for 45 minutes.

Fran: What are you doing, timing me? What difference does it make how long I talked to Sharon?

Because Mike is approaching Fran with anger and criticism, she responds with defensiveness and resentment. Once someone is in a defensive mode, they have stopped listening, because they are too busy defending their position and denying the accusations. Our first intervention would occur immediately after Mike's first remark, before Fran even has a chance to reply. We would say to Mike:

Therapist: Mike, could you say this to Fran: "I'm afraid you'd rather talk to your friends than to me."

If Mike accepts this reframing he would repeat the line to Fran. Before Fran has a chance to reply, we would turn to her and say:

Therapist: Did you know that? What's it like to hear that?

And so we have immediately changed the content and the emotional tone of the dialogue.

Example 2

Here is an example in which a spouse comes home later than expected.

Susan: Do you know what time it is? Where have you been?

Paul: So I'm a little late. What's the big deal?

Susan: You said you'd be here at six.

Paul: So what's the problem? It's only a quarter after.

Susan: Fix your watch—it's twenty after. I'm tired of your coming home late all the time.

Paul: I'm hardly ever late. It's only once in a while.

Susan: What about last Tuesday? You even called to say you were working two hours late.

Paul: That's right—I'm working. I'm working hard to pay for all the things you buy.

Susan: What are you talking about?

Paul: What are all those boxes on the couch?

Susan: I picked up some things we need for the house.

Paul: Then don't complain about the time I spend earning the money to pay for all the things we need for the house.

Susan starts by asking somewhat hostile questions, which puts Paul immediately on the defensive. Eventually, he counterpunches by bringing up a criticism of his own, which shifts the fight away from him and puts Susan on the defensive.

Again, we would interrupt right after Susan's first remarks, and would say this to Susan.

Therapist: Can you say this to Paul? "I get worried when you're late."

Susan: I get really worried when you're late.

Therapist: [to Paul] Did you know that?

Paul: No. Worried? How am I supposed to know she's worried! All I get is complaining.

Therapist: What's it like to hear, right now, that Susan's worried?

Paul: I didn't know that she's worried. I thought she was mad at me. I don't want to make her worry.

Susan: Couldn't you just call me?

Therapist: Can you make a statement instead of asking a question?

Susan: I wish you could call me when you know you're going to be late. Just let me know where you are and what you're doing.

Paul: I can do that sometimes. But if I'm stuck in a meeting I can't always make a call. And I don't want to have to call you every hour and tell you every little movement I'm making.

Here Paul's fear emerges: that he's going to lose his independence and be accountable to Susan. We might rephrase it for Paul this way.

Therapist: Paul, can you tell Susan, "That makes me worried that you don't trust me."

Susan may, in fact, not trust Paul; if so, we explore those fears as well.

Example 3

All couple therapists are no doubt familiar with the *angry* couple, who tend to be mutually accusing and blaming. Larry and Alex entered my (LP) office with a well-rehearsed list of complaints. They presented their case to me in an attempt to prevail in their ongoing contest for most wronged and long-suffering. Larry and Alex's interaction is both parallel (neither acknowledges the other's content) and defensive (an attempt to prove their goodness in the face of their partner's accusations). As in the previous examples, this couple's interaction is likely driven by fear, in this instance the fear of losing the love of his partner.

Alex: [opens with a big sigh and a scowl] You're always on the computer when I arrive home from work! I work like a dog and you do nothing all day except have lunch with your friends! You never even have dinner ready for me! You never think about what I need!

Larry: You always put me down! I work all day too! For you and our kids! Taking them to school, day camp, going to PTA, I'm available 24/7! And you call that *nothing*. You have no respect for me or what I do!

Alex: And you never want sex!

Larry: I can't do anything right!

At this point they run out of steam and Alex turns to me.

Alex: You see what I have to put up with!

Larry: I have needs too!

I have let this exchange run on a bit. If they hadn't turned to me, I would have probably intervened anyway.

Therapist: Alex, I'm imagining that you're afraid that Larry doesn't care about you. Did I get that right?

Alex: Well, kind of...

Therapist: Fix it to make it right.

Alex: I'm afraid that Larry doesn't find me attractive.

There are a number of different ways I could go at this point. For example, I could turn to Larry and ask if he knew that Alex was afraid of this, and what it's like for him to hear it now. In this situation, however, I want to explore the fear a little since it's a surprise to me.

Therapist: And if that's true? What then?

Example 4

Barbara and Carol are an avoidant couple. This kind of couple usually wants to preserve peace at any cost. They're afraid to rock the boat, and will go to great lengths to persuade themselves that whatever upsets them is somehow acceptable. As they both engage in this denial of what they really feel, the distance between them grows, and they become sadder and lonelier. Again, as with our *pursuer–distancer* couples and our *angry* couples, we will listen for the fear underlying and driving the avoidance.

Barbara: [to the therapist] We've been together for ten years now and we really have a wonderful relationship. We never fight!

Carol: We love each other very much.

Barbara and Carol look at each other, then look away, and we all sit quietly for a moment or two. Now I (LP) decide to intervene. They're already anxious and I don't want the silence to go on too long.

Therapist: Let's start with what brought you here today.

Barbara: I think maybe Carol's not really happy.

Carol: Oh, but I am!

Therapist [to Barbara]: You look like you don't believe Carol. Do you?

Barbara: Not really.

Therapist: Tell Carol, "I'm afraid that you're not telling me the truth."

Barbara: I'm afraid you're not being real with me.

Carol: Well, there have been a couple of things on my mind that I've been afraid to tell you. [long pause]

Therapist: Carol, I'm imagining that you might be afraid that Barbara would be hurt if you told her. Is that right?

Carol: [nods]

Therapist: Tell Barbara, "I'm afraid I'll hurt you if I say what's bothering me."

Carol does, and they've begun to engage with each other.

Some Common Mistakes

Doherty (2002) in his article, *Bad Couples Therapy*, identifies the three worst mistakes made by the inexperienced couple therapist. These are lack of structure, no plan for change, and giving up on the relationship. We have already described some of the ways we create structure and we have a general idea of the process for the treatment over time. Of course the specifics will vary, as will the process, depending on the nature of any given couple's dynamic. But since most couples come to their initial session with a fair amount of hope, expectation, and anxiety, we find it useful to offer a version of the following to those couples who ask (or want to know) "how this works." For those couples who want to know (and not all do), describing a sort of blueprint, even one that will get repeatedly redrawn, can speak to some of the tension and concern that frequently

accompany an initial or early session. So, when the circumstances feel right, I (LP) will offer some version of the following:

“I will provide a structure that will make it easier to talk with each other in an emotionally meaningful way. This will eventually enable you to recognize and identify your own recurrent dynamic. First you’ll see it *afterwards*, next you’ll see it when you’re *in the midst* of it, and finally you’ll see it *before* you begin to play it out. At which point you’ll be positioned to begin consciously altering your dynamic. Change generally occurs in a way that resembles this three-step process.” I make sure to tell my couples that this process is not linear.

What I (LP) have just described reflects my own personal style. The theoretical model that we’re using can accommodate a variety of styles, depending on what feels comfortable and effective. What works for one therapist may not feel authentic for another.

Another mistake that even experienced therapists can make has to do with the setup of the room. We know that many therapists have couches in their offices and it seems natural to put the couple on the couch. But it’s difficult for a couple to talk to each other if they sit side by side and also hard to read their partners’ body language and facial expressions. When the couple, seated side by side, faces the therapist, they tend to direct their talk mostly to us, but we want them to begin talking to each other, as soon as possible, so that we can better begin to see what happens when they do. When a couple first comes into our offices, they will see their two chairs facing each other. This sends the nonverbal message that they will be talking to each other. The chairs swivel so they

can face the therapist if they need to. As the two partners take their seats, facing each other, the therapeutic work begins.

Conclusion

We have described our approach to working with couples in the beginning stages of couple therapy. This approach may be particularly useful for couples who are new to therapy and who lack the skills (and words) necessary to connect to their partners emotionally, in a meaningful way. For some couples, the work that we see as preparatory to long-term marital therapy may be sufficient to enable them to address the issues that bring them to therapy, in and of itself. But for others, this approach, and the interventions that follow from it, are just the beginning and are important preparation for on-going relationship work.

In this paper we have addressed the three beliefs about people that underlie our approach to couple therapy, the three kinds of interventions that contain the aggression and manage the dialogue, and the three common dynamics that couples manifest in our offices. We hope that a focus on listening for the unexpressed fears, and experimenting with articulating what the therapist thinks the couple means but is not quite saying, can be useful for working with couples in the beginning stages of couple therapy, regardless of the theoretical approach that a given therapist may be using.

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