Instructor’s Manual for

BEHAVIORAL COUPLES THERAPY WITH
RICHARD STUART, DSW

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Tips for Making the Best Use of the DVD

This Instructor’s Manual is designed to be used in conjunction with the DVD and provides you with tools and ideas that will help you enhance the educational experience in the classroom or training session.

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference. Highlight or notate key moments in the video to better facilitate discussion during and after viewing of the DVD.

2. FACILITATE DISCUSSION
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions are designed to provide ideas about key points that can stimulate rich discussion and learning. The Role-Plays section guides you through exercises you can assign to your students in the classroom or training session.

3. ENCOURAGE SHARING OF OPINIONS
Encourage viewers to voice their opinions; no therapy is perfect. What are viewers’ impressions about what works and does not work in the sessions? We learn as much from our mistakes as our successes; it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. ASSIGN A REACTION PAPER
See suggestions in Reaction Paper section.

5. SUGGEST READING TO ENRICH VIDEO MATERIAL
Assign reading from Related Websites, Videos and Further Reading prior to or after viewing.

6. WATCH THE EXPERTS SERIES
This video is one in a series portraying leading theories of psychotherapy and their application in work with couples. Each video in the series presents a master couples therapist working with a real couple who have real problems. By showing several of the videos in this Couples Therapy with the Experts series, you can expose viewers to a variety of styles and approaches, allowing them an opportunity to see what fits best for them.

Other videos in the series use different therapeutic models to explain how couples interact and how change occurs within a couple. We can reflect upon the differences among these models by exploring how each one approaches the main objectives of couples therapy:

- Removing, decreasing or modifying symptoms or problems in the relationship
- Mediating negative patterns of behavior
- Promoting positive growth and development within the family system

PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists may feel put on the spot to offer a good demonstration, and clients can be self-conscious in front of a camera. Therapists often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance—all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personalities. Thus, while
we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

PRIVACY AND CONFIDENTIALITY
Because this video contains an actual therapy session, please take care to protect the privacy and confidentiality of the clients who have courageously shared their personal lives with us.

Discussion Questions
Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

INTRODUCTION
1. “The ball’s in your court”: Stuart spoke about helping clients focus on self-change rather than changing other people. How did you react when Stuart said most people don’t want to change themselves, see themselves as victims, and want everybody else to change? Did you think either Adele or Wesley saw themselves as victims? How do you tend to approach clients who seem stuck in a victim stance and uninterested in changing their own behavior?

2. Axis II disorders: What was your reaction when Stuart said that behavior therapy is less effective for people with a range of Axis II disorders who are deficient in empathy? Why do you think he said this? Do you think that there is something specific to behavioral therapy that would make it less effective with this challenging population?

3. Preparation: Stuart stated that he prepares for every session and likes to have couples fill out some inventories before he meets them. Do you tend to prepare for sessions? If so, what do you do to prepare? Do you ever have clients fill out inventories? If so, what sorts of inventories do you find useful?

SESSION
4. Developmental history: What did you think of how Stuart began the session by asking both partners about their developmental histories? Do you think this information contributed to his ability to help this couple? Why do you think he began with Wesley? When you meet with a couple for the first session, how do you tend to begin sessions? How do you decide which partner to address first?

5. Small questions: Stuart stated in the commentary that he
asks small questions to convey interest and understanding of clients’ situations. How did you react when he asked these questions, such as, “How many acres?” to Wesley when Wesley told him that his father was a farmer, and, “What [cars] do you have?” to Adele when Wesley was speaking about their love of old cars? Do you think these small questions successfully conveyed interest and understanding? How do you convey interest and understanding to your clients? As a client, do you enjoy being asked questions like this? Why or why not?

6. You or the job?: What was your reaction when Stuart asked Adele, “Is the problem with your job you, or the job? Are you inadequate or is the job unreasonable?” In the commentary Stuart stated that he asked this question to help build Adele’s sense of personal agency and thereby to help her feel less victimized by her work circumstances. Do you think the question increased her sense of empowerment? What in the session leads you to say that? What strategies do you employ to help build your clients’ sense of personal agency?

7. Divert attention: Stuart stated in the commentary that one of his goals was to “divert their attention from past disappointments to opportunities for present and future satisfactions.” He does this by asking questions such as, “If your marriage were wonderful, what would be different?” What do you think of his style of shifting Adele and Wesley’s attention away from past disappointments and onto what they want for the present and future? Do you try to focus your clients’ attention this way? What do you think are the advantages and disadvantages of diverting attention away from past disappointments with couples?

8. Optimism: Stuart shared his optimism with Wesley and Adele by saying things such as, “You have all of the ingredients that should really make it work, not just well, but wonderfully.” How did you react to his positive outlook? Do you think there is a risk that clients could react negatively to such cheerleading? Did you share his perspective that this couple had the ingredients for a wonderful marriage? If so, what are the ingredients?

9. Self-disclosure: What did you think of how Stuart referred to Barbara, his wife, several times throughout the session? How do you think his stories about his own relationship contributed to Adele and Wesley’s treatment? Were there times when Stuart’s self-disclosures seemed inappropriate or unhelpful to you? If so, when? Do you tend to talk about your own relationship with your couples clients? What factors do you consider when deciding how much of your own life to disclose to your clients?

10. Taking notes: You’ll notice in the session that Stuart is taking notes while he listens to Adele and Wesley. How was this for you? Do you take notes during session? Why or why not? Have you ever had a therapist who took notes during session? Was it supportive or distracting (or both) for you?

11. Recommitment Ceremony: How did you feel when Stuart invited Adele to take Wesley’s hand and tell him, “I’m never going to let you down again that way” and asked Wesley to tell Adele that he’s there for the long haul? How about when he asked them to say that they love each other? Do you think these statements were helpful in getting the couple to recommit to each other? Based on this session, do you feel optimistic about this couple staying together? Why or why not?

DISCUSSION

12. Strengths vs. pathology: Stuart stated in the discussion that one of the keys to behavior therapy is identifying and maximizing the strengths. Where in the session with Adele and Wesley did you see Stuart doing this? Were there any moments when Stuart focused more on pathology than you would have? Were there any times when you would have focused more on pathology than he did? Do you find your attention going more towards strengths or pathology when listening to your clients?

13. Triangulation: What did you think of Stuart’s statement that he only wants couples to interact with each other in the session if it is done constructively? Did you think it was helpful that Stuart triangulated himself into Adele and Wesley’s conversation or
do you think it would have been more effective to encourage the couple to interact with each other more? When you first meet with a new couple, do you tend to make space for them to interact with each other or is your style more like Stuart’s?

14. **Overall thoughts:** What are your overall thoughts about Stuart’s Integrative Behavioral Approach to Couples Therapy? What aspects of his approach can you see yourself incorporating into your work with couples? Are there some components of this approach that seem incompatible with how you work with clients?

15. **Personal Reaction:** How would you feel about having Stuart as your couples therapist? Do you think he could build a solid therapeutic alliance with you and help you achieve your goals? Why or why not?

**Role-Plays**

After watching the video and reviewing the sections in this manual entitled *Building Insight, Understanding and Action in Couples Therapy: An Integrative Behavioral Approach* and *Stuart’s Reflections on the Session*, assign groups to role-play a couples therapy session following Stuart’s Integrative Behavioral model. Organize participants into triads, consisting of one psychotherapist and one client couple. Then rotate, if time permits, so each person has a chance to play the role of the therapist.

Before the session starts, have each couple dyad meet alone for a few minutes to come up with the presenting problem they will be working on and their roles in it. Invite each couple to co-create the details of their relationship, such as how long they have been together, strengths of the relationship, and typical challenges they face as a couple. The idea here is for the partners to be on the same page regarding the basic details of their relationship in order to make it as realistic as possible.

Begin the session by establishing an alliance with each partner, focusing on creating an environment in which the partners feel safe revealing what their goals and concerns are. Follow Stuart’s model of gathering a developmental history from each partner at the beginning of the session, asking “small questions” to convey interest and understanding. Inquire into what attracted the partners to each other to find out whether they came together as a way to solve personal problems or were drawn together by enduring qualities in each other. Then ask them what their concerns are, what it is they would like to be different in their relationship, and what doesn’t work well for them. Find out what each person accomplishes with the behaviors that are identified as problematic, and then negotiate a set of strategies for achieving the same goals through more constructive methods. Remember that the methods have to involve specific behavioral changes and the changes have to be measurable. After identifying the changes they want to make, try to get them to commit to making the changes.
As a general guideline, focus attention more on the partners’ resources that can become the foundation for positive relationship change than on past disappointments. Help both partners understand the logic of the other’s actions and how each partner’s actions impact the other. Help clients re-label their experience in order to support them in transforming victim thinking into a sense of personal agency. Share your optimism and personal stories if you think they will motivate the couple to make the changes identified. See what it’s like to be yourself and to also try out aspects of Stuart’s approach to the best of your ability.

At the end of each session, invite the triads to discuss the three questions that Stuart reflects on: (1) Have the partners been motivated to make the recommended changes? (2) Are these changes helping them feel better and more optimistic about their relationship? (3) What are the next logical steps for them to take? Additionally, following Stuart’s model, have the therapists reflect on the session and discuss whether they believe they would have gotten their money’s worth if they had been in their clients’ shoes. Why or why not? What would they have done differently if they could do it over? Finally, have the large group reconvene to share their reactions, and open up a general discussion on what participants learned about Stuart’s approach to Couples Therapy.

An alternative is to do this role-play in front of the whole group with one therapist and one couple; the entire group can observe, acting as the advising team to the therapist. Before the session, have the participants who are playing the couple meet to come up with the presenting problem they will be working on and their roles in it. Prior to the end of the session, have the therapist take a break, get feedback from the observation team, and bring it back into the session with the couple. Other observers might jump in if the therapist gets stuck. Follow up with a discussion of what does and does not seem effective about Stuart’s approach.

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**Reaction Paper for Students**

Video: *Behavioral Couples Therapy with Richard Stuart*

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.
- **Length and Style:** 2-4 pages double-spaced. Be concise. Do NOT provide a full synopsis of the video. This is meant to be a brief paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about Behavioral Couples Therapy? What stands out to you about how Stuart works?
2. **What I found most helpful:** As a therapist, what was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?
3. **What does not make sense:** What principles/techniques/ interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?
4. **How I would do it differently:** What might you have done differently than Stuart in the couples session in the DVD? Be specific about what different approaches, interventions and techniques you might have applied.
5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy session with Stuart? Other comments, thoughts or feelings?
Building Insight, Understanding and Action in Couples Therapy: An Integrative Behavioral Approach

Not all marriages are built to last. Some are the result of bad decisions by either or both of the partners at the beginning. In working with these wavering couples seeking help in deciding whether to stay together or separate, there are two bad and two good outcomes. Bad outcomes occur when the partners decide to split up without trying to make things better, or if they choose to stay in relationships with very serious shortcomings. Good outcomes occur whether the partners succeed in making things better and therefore opt to remain together or, if, after trying, they realize that they did what they could to improve their relationship and agree to an amicable separation. Other couples made reasonable choices at the start but were challenged by personal or situational circumstances as the relationship evolved. Whether working with wavering or committed couples, good outcomes depend upon the therapist’s ability to engage the partners in the process of change by building the skills they will need to have productive shared or independent lives. The goal is stronger relationships, or at least stronger individuals.

Values play a prominent role in all therapeutic efforts, but nowhere more prominently than in work with couples. I believe that, although there is enormous variation in the way love is defined, sharing a loving relationship is close to a universal ideal. The lesser component of love, as I construe it, is a noun that signifies the way people feel about what they get by interacting with another person. The major component of love is a verb that signifies consistent acts that please the other and enhance partners’ wellbeing. Successful therapy helps each learn how to earn the feeling of love through compassionate generosity. In its purest form, this entails giving for the sake of giving and enjoying what the other person offers in return.

Since the quality of relationships depends upon what people do rather than what they intend to do, couples therapy should be an active change process. But the action should be informed by developing insight into each partner’s own motivations and desires and understanding the logic of the other’s motivations and desires. Each partner can be helped to differentiate between aspects of past influences that they are willing to accept and those that they would like to inhibit or change. The resulting insight and understanding provide the foundation for the partners’ efforts to develop skill in two-winner negotiation as the only mutually respectful way to resolve their present and inevitable future differences.

The action and insight components of this approach are based on a fully articulated, updatable, empirically testable integrated theory of human behavior—one that recognizes the importance of emotional regulation, cognitive flexibility, and empathy as keys to successful social behavior. The theory provides a structure for assessment and a rationale for therapeutically mediated change. Recognizing that every person has weaknesses, assessment in this approach focuses on strengths that can be mobilized to help the partners reach their goals. And recognizing that it is easier to develop desired behaviors than to suppress negative actions, intervention targets incremental change to create positive behavior that replaces negative responses.

The therapeutic relationship is a non-authoritarian collaborative process through which the partners are understood as unique individuals and the therapist offers self-revelations that facilitate a trusting interaction. Therapists negotiate both explicit and implicit therapeutic contracts with their clients that specify goals, criteria for knowing when the goals will be met, and the methods that will be used to achieve them. Although cordial and friendly, the therapist is responsible for structuring what is in effect a psycho-educational intervention in which the logic of all major maneuvers is explained. Although every session is different, all are structured. Therapists review their clients’ current status and needs prior to each therapeutic encounter, and decide on the process changes they will propose to help their clients move closer to achieving their goals. The clients provide the content, therapists the process, with all sessions concluding with one or more instigations for change.

This is staged intervention. From the first session onward, partners are helped to begin to show each other greater consideration both to
improve the emotional climate of the relationship and to demonstrate that immediate change is possible. It is then possible to help the partners develop skill in communication (both articulating their desires and understanding their partner’s wishes), two-winner negotiation, conflict management, problem solving, and planning for a shared future. Applying these evolving skill sets to the partners’ concerns with pragmatic issues like child, home, and financial management, lifestyle, relationships with extended family, and trust issues, among others, engages them emotionally and guarantees that therapy remains relevant to them. Timing is critical in the way in which this skill training is delivered. Clients often express multiple complaints about emotionally linked issues, each issue increasing the self-handicapping emotion of the one that preceded it. To be helpful, therapists must take the issues one at a time, choosing to begin with the issue that will allow the partners to build the skill that is most fundamental to resolving the succeeding issues—e.g. making requests clearly (i.e. what exactly they would like the other to do), positively (i.e. without condemning past failures to deliver), and in a timely matter (i.e. requesting change that can occur at specific future dates)—before promoting two-winner negotiation.

Continuous outcome evaluation should occur in all ethically responsible interventions. Therefore three questions are answered at the end of each session: (1) Have the partners been motivated to make the recommended changes? (2) Are these changes helping them feel better and more optimistic about their relationship? (3) What are the next logical steps for them to take? Answers to these questions are used to fine-tune intervention planning. In addition, two questions are asked to evaluate the effectiveness of the intervention at the time of termination: (1) Did the partners use their experience during therapy as criteria for renewing or ending their commitment to each other? (2) Are both partners better equipped to lead happier, more productive lives either together or apart? Answers to these questions are used to decide how to improve service to the next couple.

In conclusion, carefully planned, systematically evaluated integrative therapy with action- and insight-oriented components offers unique opportunities to vastly improve the quality of partners’ lives.

### Stuart’s Reflections on the Session

Although this couple brought many resources to their therapy, they also offered a number of opportunities to go astray. For example, Wesley had a very challenging childhood yet seemed to deny that it was traumatic: it was tempting to test the emotional impact of his past because it clearly impinged upon his present reactions. And Adele’s childhood was pathogenic in numerous ways and clearly left her with a legacy of unresolved issues. It would have been easy to route them into individual therapy for extensive exploration of these experiences, but doing so ran the risk of reifying problems in their internal working models and delaying attention to their marriage long enough for it to disintegrate entirely. It was also tempting to focus on how each felt about the other’s insensitivity. But this could have magnified the problems, created defensiveness and passed up the opportunity to promote mutual understanding. It was also possible to elicit more discussion of the many ways in which each disappointed the other rather than attempting to maximize the strengths of their relationship. This would probably have confirmed their shared sense of victimization and fatalism. To avoid these traps it is really important to remind oneself to look for strengths and not be seduced by the temptation to overly attend to pathology. Of course one can only address pathology if it becomes an issue, but once pathology becomes the focus it is more difficult to shift attention to positive change.

Another way to go astray is to act on the natural inclination to identify with one partner more than the other. In every couple coming for treatment, one partner feels worse and is probably more poorly treated than the other immediately prior to their decision to seek outside help. It is reasonable to reach out to the “one-down” partner, but doing so risks alienating the other. Pretreatment assessment helps therapists know in advance who has the least to lose from ending a relationship, i.e. typically the one who is most signed off, and who therefore has the power to decide whether therapy is worth the effort and expense. Since first impressions determine the impact of first encounters, it is essential to motivate the more powerful partner to participate if the
couple is to return for a second session. This is done by attending to the decision-maker first, then following up by balancing attention to the other. That is why I first asked Wesley to describe his childhood and later solicited his change requests first. Seemingly small tactical decisions like this play a huge role in influencing the success of the intervention, so attention to detail is critical.

Another risk, related to the first, is the tendency to accept the partners’ accounts of each other’s behavior at face value. For distressed couples, this often entails attributions of hostile intention and rarely pays adequate attention to the context. It is particularly easy to do this when the account is offered with convincing emotion. But, for two reasons, it is always necessary to give the partners equal opportunity to describe problem situations. It gives the therapist an opportunity to have a more accurate picture of what happened, and it allows each partner to learn more about the logic of the other’s behavior. Wesley felt ill-used by Adele’s failure to spend holidays with him, to promptly visit him in the hospital, or to come home from work when expected. He appeared to regard Adele as an indifferent, even callous woman. In fact, she spent the holidays with her ailing mother, was somewhat phobic about hospitals, and was driven to work late to keep her job. Holding Adele accountable before getting the whole picture would duplicate Wesley’s emotionally driven, cognitively rigid, non-empathic response pattern. Rather than reinforcing it, this approach to treatment seeks to modify it.

Since I view therapy as a collaborative process in which the partners and I design a series of experiments to find ways to improve their interaction, it is my responsibility to create a therapeutic relationship that enhances collaboration. Since the partners cannot be expected to collaborate with a phantom, I use a measured amount of self-disclosure to establish my “personhood.” In doing so, it is important to be sure that my story does not either overtake theirs as the focus of our discussion and or create greater distance by my portraying myself as a paragon. So I use self-reference to draw the clients closer, to normalize their concerns, and to model solutions to their problems. Since some patients would rather not know much about the therapist, I always monitor their reactions closely so I know whether to continue or quickly abort the story. I felt that the disclosures helped close the distance between me and Wesley and Adele, and were useful in motivating them to risk self-disclosure and change.

Although Wesley had withdrawn completely from physical intimacy with Adele for some time and was strongly contemplating divorce, this couple was easier to help than many others. For example there was no infidelity, violence, addiction or other potential deal-breakers. Nor was there any gross psychopathology. If any of these problems had been present, more of the first session would have been devoted to assessing the risks they posed and building in any necessary protections. By having information about couples before the first session, it is possible to know in advance whether 60, 90, or 120 minutes will be needed, and whether it will be necessary to schedule individual time with each partner to assess his or her resources and goals. For Wesley and Adele, it was expected that one hour would be more than enough to begin the process of helping them improve the way they treated each other.

It is always appropriate to consider whether either or both partners should be referred for individual therapy either in place of, or concordant with, couples therapy. Making such a referral has potential benefits and risks. It could help the referred client resolve personal problems that may interfere with the relationship. But problems arise when therapists talk to one partner about a relationship and get a very one-sided view of what transpires. Accepting that view can reify the distortion and challenging it can risk ending the encounter. Therefore it is best for individual therapy to be confined to matters of personal concern (e.g. psychopharmacology, health or employment problems, or an attempt to explore personal history), rather than using individual contacts as arenas in which attempts are made to resolve relationship issues. When I see partners in the couples individually, both must agree to the contacts and that I will be free to share anything that I am told with the other at my discretion. For example, if one partner reveals a secret affair in an individual session and I withhold that fact during conjoint sessions, I am guilty
of ethically unacceptable collusion. In the same vein, when I refer partners to others for individual therapy, I do so with releases signed so the individual therapist and I can communicate as needed and so I am free to share what I learn as needed.

I am often asked if there are differences in work with heterosexual and same-sex couples. My experience is that whether I am working with a man and a woman, two men, or two women, the issues are always the same. In all configurations, partners take style differences as rejection, fail to identify the role of each other’s past in present interactions, are more likely to attempt to coerce change by badgering or withdrawal than to request it clearly and rely on negotiation to achieve it, and almost always fail to adequately acknowledge the positive things that happen in the relationship. In addition, one is usually accused of being too outcome oriented, the other too interested in emotions and process. Regardless of the gender of the partners, all of these couples need exactly the same skill sets to resolve these problems.

One of my therapeutic mantras is to never prevail upon one partner to make changes that would not be in his or her interest, merely to appease the other. I view couples therapy as the coordinated treatment of two individuals, with the ethical obligation to promote the wellbeing of each. Therefore, if Wesley insisted that Adele become a stay-at-home wife and this was clearly not in her best interest, I would work on promoting his acceptance of her employment rather than attempting to convince her to give up outside sources of validation and security.

Wesley and Adele made palpable change during this first hour of therapy. Change like this happens much more rapidly and unambiguously in work with couples as compared with individual therapy, and the change is far more credible because therapists actually see it happen. Couples therapy requires all the skill of individual therapy because the clients are individuals and their “couplehood” an abstraction. But it requires additional skills and is more demanding than individual therapy because therapists must constantly attend to the goals and reactions of both clients, with any comment to one also having an impact on the other. The extra effort is well rewarded because change comes so much more quickly than in individual therapy. And couples therapy is never dull: therapists must constantly be on their toes and there is no opportunity to coast with idle “tell me more about it” ploys.

On a personal note, before every session I review the instigations made in the prior contact and the plans for incremental change so I have a process focus before the clients take their places. And on the way home at night, I review each session and ask myself whether I would have felt that I got my money’s worth if I had been in my clients’ shoes. Fortunately the answer is usually yes (as it was for the first meeting with Wesley and Adele), but if it is “no” I decide how I can deliver more effective therapy in our next encounter. No one can help every client achieve every goal they may set for themselves, but we should be able to help every client achieve enough measurable change to be able to enjoy a better life than would have been possible if we had not met. There are few professional joys that match the satisfaction of being able to watch our clients make specific changes that allow them to be happier as individuals, better partners and parents, and even have more energy for good works in their communities.
Related Websites, Videos and Further Reading

WEB RESOURCES
Website for Integrative Behavioral Couple Therapy developed by Andrew Christensen and Neil S. Jacobson
http://ibct.psych.ucla.edu/
Association for Behavioral and Cognitive Therapies
www.abct.org
Association for Behavioral and Cognitive Therapies, Couples Special Interest Group
www.abctcouples.org
Association for Behavior Analysis International
www.abainternational.org

BOOKS

Complete Transcript of Strategic Couples Therapy with Richard Stuart, DSW

INTRODUCTION
Jon Carlson: Diane, let’s talk about behavioral approaches to couples and family work.
Diane Kjos: I think the word that comes to mind when you say behavioral approach is social learning, I guess, in that we learn how to behave from others around us, and that maybe what happens in a family that’s having difficulty is that they need to learn some new ways of interacting or behaving in their relationship.
Carlson: And how to get along with other people.
Kjos: Yeah.
Carlson: It’s my understanding that this approach was sometimes known as the second force in psychology, one in which the theory came before the practice. It’s an approach where the therapist really teaches the family members how to change their behavior, and it’s based upon some principles, first of all that the individual members of the family really desire change, they want to have change, and they’re going to initiate the change process themselves. They also have to agree on how to assess the behavior as well. How does this relate to some of the other theories that we’ve studied?
Kjos: I see it sort of as a root theory. You said the theory really developed before the practice, and so many other theories have come out of that. I think a lot of people use behavioral interventions whether they see themselves as behavioral therapists or not. And certainly for a family to work better, behaviors do have to change. So I would say that it sort of becomes the source for a number of other approaches.
Carlson: So a lot of people take from this.
Kjos: Take from it, yeah.

Carlson: Why don’t we take from our guest, if we can? Let’s have Dick Stuart come out and find out some more about behavioral approaches. Hey, Dick.


Carlson: Can we have you sit over here today? Thanks. Well, just what is the behavioral approach to couple and family work?

Stuart: Well, I think that you really hit it right on the head. It’s basically a social skills training process. But I disagree with one thing that you said. I don’t think that anybody really wants to change. Most people want everybody else to change, and they want to be able to keep doing what they’ve always done. They just want other people to respond to it in the way that they would like them to. And the real challenge in behavior therapy is to help people understand what they do that influences the behavior of others. And you have to help them focus on self-change rather than changing other people.

Carlson: So you empower them.

Stuart: Yes.

Carlson: So it’s very much an empowering approach.

Stuart: Yeah. A lot of people feel very victimized by their experiences. They feel that they have to do what they do because of the behavior of others.

Kjos: Someone else, yeah.

Stuart: And so they wait for somebody else to change. And what behavior therapists do is say, “Look, the ball’s in your court. If you want something different, you have to change your own behavior first.”

Carlson: And then the therapist’s job is to teach them how to do it?

Stuart: Therapist has a complex job. First of all, there’s new behavior therapy and old behavior therapy. Old behavior therapy, we really considered ourselves the architects of the universe. We thought it was our business to identify what the cultural imperatives were, communicate those to people, and manipulate change. And that was a pretty flawed notion. What new behavior therapy involves is much more sensitivity to the culture in which behavior takes place. And the first job of the therapist is to help the client understand what his or her own goals are. And the next step is to help them figure out what kinds of changes, exactly, they would like to accomplish. The third step is to function as a consultant in designing a series of micro-experiments. Well, let’s see what would happen. If you change this behavior, what impact might it have on the person that you care about? Let’s run the experiment for a week, and we’ll discard the ones that don’t work and we’ll build on the ones that do.

Carlson: So it’s a scientific method.

Kjos: Yeah, testing it out. How did you get into this? How did you get started as behavioral?

Stuart: Well, like everybody else in my era, I was trained as an analyst. I went to William Alanson White Institute, and I was a Sullivanian. I would have been an Adlerian had there been an Adlerian institute in New York. And I really like the philosophy of a psychodynamic point of view. But I started to set up an analytically oriented practice, and at the same time that I did that, I received in the mail two review copies of books edited by Ullman and Krasner and Krasner and Ullman. I would never have read them, I would never have bought them, but they arrived on the Fourth of July weekend when the libraries were closed and I had nothing else to read. And what the books did was describe a way of planning behavior change and evaluating it that was very different than my dynamic training. So I decided to see every eighth patient using this behavior modification method. Three years later, I still had my original seven analytic patients, but I had seen about 40 behavioral patients, and I was wondering whether the analytic patients had changed, and I had measurable changes in the others, so I decided that was what I had to do when I grew up.

Kjos: Interesting.

Carlson: Are there populations that behavioral ideas and behavioral theory and practice works best with, and some that maybe it just doesn’t work with?
Stuart: It’s easier to answer the second question. The people that behavioral therapy is most likely to fail with are those who are committed to being victims. Unless you’re willing to accept the premise of “You have to change your own behavior first,” it’s very difficult for behavior therapists to be successful. Also, it’s very difficult for behavior therapists to successfully intervene with a range of Axis II disorders who are really deficient in empathy. In order to be able to achieve the social-skills training that’s necessary, you have to really understand the perspectives of the people you’re with. And a lot of patients with Axis II problems are so entirely self-focused that they don’t collect the information they need to plan experiments that can be successful. It can help just about everybody else make change. It may not help make as many changes as people want, but I can guarantee all the patients that I see that their lives will be better. They decide whether their lives are better enough.

Kjos: What about cultural differences?

Stuart: A nice thing about new behavior therapy as opposed to old behavior therapy is that a skilled therapist understands the metaphors and perspectives of the client and establishes the goals and the methods of therapy in those contexts. You cannot have decontextualized behavior therapy, and you can’t contextualize without having cultural sensitivity. So behavior therapy is a natural way to put into practice the basic principles of cultural sensitivity.

Carlson: It sounds like you mention new and old behavioral. Are there different schools within behavior therapy?

Stuart: Behavior therapy at its very essence is a process of problem analysis, and that hasn’t changed. What has changed is the scope of the components of the problems and the solutions that are included. In the early days, we used to think about thoughts and feelings as being in the black box, and we equated that with Pandora’s box and we wanted to keep it shut. Now it’s clearly evident that thoughts and feelings are both the precursors and the consequences of behaviors, and there’s no way to change behavior effectively without addressing them. So new behavior therapy is much better conceptualized, not just as cognitive behavioral intervention, but as cognitive-emotional-behavioral intervention.

Carlson: So it’s a more integrative model? Integrating these other areas?

Stuart: Yes. It has a much broader definition of what the contingencies of behavior are. So we try to change more going in, and we have a more broad-spectrum assessment of our effectiveness.

Kjos: Jon earlier talked about some steps. Can you talk a little bit about the behavioral therapist goes through?

Stuart: Well, first you have to begin by establishing an alliance with the client, and create an environment in which the client feels safe in revealing what his or her goals and concerns are. Then you really have to assess a little bit about developmental history. You have to know how the person developed the language that they used for conceptualizing their experience, and what their expectations are. Then you ask them what their concerns are, what it is they would like to have different, and what doesn’t work well for them. One of the real keys in skillful behavior assessment is recognizing that the problem behaviors are always solutions. Jay Haley spoke about that in the early ’60s and I consider that as one of the core tenets of a behavioral approach. So you do a functional analysis of what does the patient accomplish with behaviors that are identified as problematic, and then you negotiate with the patient a set of strategies for achieving the same goals through more personally and socially constructive methods. The methods have to involve specific behavioral changes, the changes do have to be countable and measurable in order to be evaluated, and you set up these micro-experiments and the patient is both the experimenter and the subject for a week, and comes back to the therapist who is the consultant.

Carlson: So you keep asking things like “What’s the payoff for this behavior?”

Stuart: Yes.

Carlson: I guess Adlerians would talk, “What’s the purpose of this behavior?” And I think other schools of thought would look at it similarly too, but use different words.
Stuart: Yes. I think the whole concept of -isms in our field is very divisive and unhelpful, and I wish we were less school-defined than we are. Because I think it retards learning and retards the effectiveness of intervention.

Carlson: I think that was what John Dewey said, the noted educator, that the worst thing he ever did was to coin the term “progressivism” because he spent the rest of his life having to defend it and never really got on with helping people.

Kjos: You’ve talked about the stages. Are there some key strategies or intervention approaches that you use?

Stuart: From a philosophical and a pragmatic point of view, the core of what I do is two-winner negotiation. Most people are pretty clear on what they want. They’re not so clear on what they have to do in order to get it. And what they have to do is compensate somebody equitably for offering it. So an absolutely essential set of social skills for me include the ability to figure out what it is that you want in very clear terms, and code it in a way that makes it communicatable. You have to be able to listen to what your partner, the way your partner responds and what your partner wants, you have to be able to clarify any misunderstandings. You then have to be able to encode a bidding and counterbidding process. You then have to know how to reach agreement. You then have to know how to test the agreement and how to revise it. So two-winner negotiation involves a whole complex of social skills. Another thing you have to learn how to do is control your emotions. When people get very upset, the emotions really distort their perceptions of reality. When they get particularly anxious, most people go into a fight-or-flight mode. And they reduce the data to a couple of archaic sets of assumptions that often belie the facts. So another key to behavior therapy is to help people understand and monitor their own emotional level to know when they’re likely to be distorting and when it’s appropriate to start the negotiation process. So behavior therapists also have to be able to train people in how to slow their emotions down so that they’re controllable enough to allow them to successfully engage in this two-way negotiation.

Carlson: How do you take into account, though, the system that the people live in--the couple system, the family system, the context? How does a behavioral therapist make changes in the broader...?

Stuart: I think that most of the intervention that I do involves couples and families, even if the presenting complaint is an individual. Jay Haley originally described the way in which any attempt to change the behavior of an individual sets up counterforces in other members of the family. Well, this, I think, is an extremely valid observation. So what family behavior therapists do is involve all of the people in co-creating the process of behavior change. And that way I don’t have to guess what my client has to offer in order to be able to get the kinds of changes from other family members that he or she would like. By having everybody there speaking for themselves, you’re dealing not with assumptions but with much more valid sets of information, and it makes the process of behavior change much more efficient and much more effective. So if I’m dealing with somebody, if a client calls me with a problem of depression, I might see that person individually for six months to a year in order to promote change. If I see them as a partner with a couple, then I have a co-therapist 167 hours a week that I’m not with the person, and I can usually achieve the same goals in four to six weeks.

Kjos: Oh, that’s interesting.

Carlson: You’re known for positives. You had a notion that you said in couples there’s 250 opportunities in any given day to let people know that you care about them, and you developed a procedure called caring days. Can you talk a little bit about the thinking behind that and just how that works on a system?

Stuart: Most clients feel very stymied, not only because they feel victimized but because they see their problems as hugely complex. The fact is their problems are very complex, but solutions are very simple. And so what caring days does, most clients come in in their first sessions feeling pretty dispirited about each other and pretty pessimistic, and they think “change is impossible around here.” What caring days does is say to each person, “Well, if the other guy cared for you, what would that person be doing?” The changes are usually very, very small. I ask for microbehaviors. My clients usually begin by
telling me what they don’t want, like, “I don’t want my partner to be so critical.” And I have to translate that into positive, because you can’t count the nonoccurrence of negative behaviors. There’s no way to feel good about it. I also don’t want people monitoring negatives. I want people to count their blessings. So caring days is a method of helping people do micro-social change, anywhere from six to 20 times a day, which will materially impact the way they feel about each other. And caring days provides the motivation for going on to the next stages of therapy, which require larger skill sets and more of an investment of energy on the part of the client, because they have to make more extensive changes.

Carlsn: Which is a deceptively simple intervention, and yet what it does is it instills hope, which is probably the one thing that psychotherapists and family therapists have to do.

Stuart: I use myself as a model a lot, and I will almost always tells my clients that if I feel distant from Barbara, what I do...

Carlsn: Barbara is your wife?

Stuart: My wife. Is act as if I cared about her in this caring days method. She then likes that and she respond to me very positively. I find myself caring about her. And the change can occur within hours.

Carlsn: So if you act as if you care, then the other person will respond as if they care?

Stuart: Yes.

Carlsn: And you’ll bring back behaviors that were gone, and then the feelings and the thoughts--

Stuart: Exactly.

Carlsn: --also reappear.

Stuart: Yes.

Carlsn: I see.

Stuart: And I get optimistic, because then I think, “Well, okay, if we can feel better about each other on this issue, then we can solve...”

Kjos: Something else.

Stuart: Right.

Kjos: Yeah. Do you want to talk a little bit about research in this are?

Stuart: I don’t like a lot of the outcome studies. I really haven’t found outcome studies that I consider to be credible, because therapy as it’s done in the real world is rarely evaluated in the lab. On the other hand, I love the basic research. I love the social psych research, because it tells me so much about the interplay between cognition and emotion and behavior. It tells me so much about the social dynamics of behavior. So the therapy that I do is much more informed by basic research than by psychotherapy research.

Carlsn: The psychotherapy research, though, in this area of behavioral couples therapy, really showed that it didn’t work over time.

Stuart: Yes, that’s right.

Carlsn: And then adjustments were made, though, to being more integrative with the working at thoughts and working at feelings, and provided short-term as well as long-term changes, if I’m not mistaken.

Stuart: Yes, that’s correct.

Carlsn: In a couple minutes, we’re going to watch you work with a couple. Can you talk a little bit about what your goals were in this interview?

Stuart: I treated the session as I would normally treat any first session. The first thing I have to do is get to know who the folks are. They’re strangers, and so I have to learn something about what their metaphors are, I have to learn something about what their expectations are. And so I’ll begin by trying to get a sense of each person as a person.

Carlsn: So that’s the developmental history, too?

Stuart: Yes. And it doesn’t have to be long. In five minutes’ time, people can usually identify the core themes in their developmental histories. And then I will use those throughout the session as kind of screens through which I evaluate most of the things that they like about each other and their concerns. Then I’m going to ask a little
bit about their developmental history of their marriage—how’d they get together, how’d they meet each other, what did they like about each other? That’s very important to me. I believe that there are some marriages... Sometimes people marry for the wrong reasons. They marry to solve problems. They don’t marry because they choose each other. Those are marriages that are often very difficult to resurrect. On the other hand, other couples, most couples, marry because they like each other, and then mess up because they become complacent, or because they don’t respond to challenges or because they don’t really develop the culture of their marriage in a way that works. So I have to figure out in learning about the history of the marriage which category I’m dealing with. Then I have to feed back to the couples that I see some of the information that they’ve provided me with before the session. I always like to have couples fill out some inventories before I meet them, because I have to really have an overview of what their concerns are in order to know how to pace the session and where to put my emphasis.

Carlson: So you prepare ahead of time.

Stuart: Yes. I prepare for every session. I don’t always act on the plan that I have because sometimes the clients have a better idea, but I never walk into a session without an idea at least of what skill set I want to have the client develop. And then their life experience for the week becomes the data through which I can do that skill training. So for most couples in first sessions, the skill set that I want to produce is pro-action. I want to help each person learn that they have responsibility for influencing the kind of emotions that they have by controlling their behavior. So with the couple that we’re going to see, I had to overcome their despair. They felt very pessimistic about what was possible because they were thinking in molar terms, and I had to help them start thinking in molecular terms so that they could feel some efficacy, some positive energy. And then I like to end those sessions by sending them home with the caring days process which structures their interaction over the next week. And you’ll also see at the end of the session a kind of remarriage ceremony. I try to end first sessions by having people reconsecrate their commitment to each other based on the optimism that I hope I helped to foster during the interview.

Carlson: Well, what should we look at with you in this interview? What should the viewers look at in terms of the therapist? You’ve told us how the process goes, but are there specific things that you’re doing to...

Kjos: Yeah, what are you doing that we should pay attention to?

Stuart: I’m trying to enter their system. I’m trying to make sure that when they hear me speaking, I’m using the language that they use to speak to themselves.

Carlson: Okay, so you’re matching that way.

Stuart: Yes. So I’m really trying to enter their worldviews. I’m also trying to supply energy, positive energy, that will overtake some of their pessimism. I will provide a lot of modeling. I use myself as an example, I’ve made just about every possible relationship mistake, so I can describe the mistakes that I’ve made relevant to their concerns.

Carlson: So self-disclosure.

Stuart: And the solutions that I followed, because it’s very important for me to communicate that I take the medicine that I prescribe. And so I use myself as an external source of motivating them to make some internal change.

Kjos: I noticed something else that you’re doing in this session, and that is that you’re writing.

Stuart: Yes.

Kjos: And what are you writing there?

Stuart: It’s very important for me to make sure that I jot down the metaphor, because I want to be sure that I use them. And I want to make sure that I stay on their agenda and not mine. And if I write down their concerns and I refer to my list, then I’m sure that I’m treating their marriage and not my marriage. You know, before I started doing that, I used to be amazed that all the clients that I would see in a day had exactly the same argument with their wives at breakfast that I had with mine.
Carlson: That’s that dynamic training that you were in.

Stuart: Right. So once I started writing down their concerns, that prints it in for me, and it helps me make sure that I’m staying with them and not talking to myself.

Carlson: Great. Well, I can’t wait to see this. Let’s watch.

SESSION

STUART COMMENTARY: Many couples therapy encounters end after the first session because either or both of the partners do not find them helpful due to factors such as therapists’ failure to offer concrete suggestions, failure to prevent disruptive conflict, or the failure to address one or more of their concerns. In order to avoid these hazards and to plan successful first encounters, I like to gain information about the partners by asking each to complete the Couple’s Precounseling Inventory (CPI) and the Family of Origin Inventory (FOO). Based on the information that this couple supplied, I was able to begin the session knowing, among other things, that: (1) Wesley’s internal working model (IWM) centered on family love and loyalty that facilitate coping with life’s adversities; (2) Adele’s IWM centered on early experience of highly qualified love and constant criticism; (3) accordingly Wesley’s secure attachment led him to want more closeness while Adele’s anxiety made it difficult for her to trust closeness, and led her to seek independence and validation through work. In addition, I learned that: (4) both had prior marriages, only one of which (Wesley’s first) was happy; (5) Adele has been experiencing some depression, stress, and low self-esteem; (6) they agreed on the strengths and weaknesses of their marriage and performed the formal tasks of marriage well; (7) Wesley had serious thoughts about reluctantly divorcing Adele while Adele preferred to stay married; and (8) Wesley wanted Adele to be more involved with him and their home and Adele wanted greater acceptance of the meaning of employment to her and greater intimacy, affirmation, and commitment from Wesley. My conclusion was that this was a relationship that could and should be improved, that each needed greater insight into the dynamics and impact of their internal working models, better understanding of the role of the past in each other’s behavior, and a rapid increase in affection through the “Caring Days” protocol.

I begin the session by thanking Wesley and Adele for completing the forms and by setting a positive tone by referring to their CPI responses. I next request short autobiographies in order to get an opportunity to assess their personal styles, so they can both feel that I know them as people, and so they could understand each other’s IMWs. This is important because partners in distressed relationships generally make two classic errors: they interpret everything that happens in terms of its impact upon themselves, losing sight of its meaning for the other; they also become focused on negative aspects of the relationship, losing sight of what are often its many virtues.

Stuart: Thanks very much for filling out the forms. You both did it carefully and well, and it’s a lot of information to give a stronger. And I really appreciate your putting as much thought into it as you did. What the form showed was a pretty high level of agreement, and also a high level of understanding, even in areas where each of you felt that understanding was a problem in your marriage. I want to try to be useful to you and help you work out some solutions, but I have to begin by just getting a sense of who you are. So, Wesley, who are you? Where were you born, what was your family like?

Wesley: I was born in (inaudible) down the way, which is population of 400. My dad was a farmer.

Stuart: How many acres?

STUART COMMENTARY: Small questions like this convey the therapist’s interest in and understanding of clients’ situations. They will occur throughout the session.

Wesley: He worked with, at that time it was in the ‘50s, it was about 350 acres. And my dad got sick when I was in third grade and he lost his farm, and we farmed small from then on, just, he never was able to work again. So it was hard.

Stuart: How many children were there?

Wesley: Three boys.

Stuart: And what number were you?
Wesley: Number one, of course.
Stuart: And what was your mother like?
Wesley: Very happy.
Stuart: Even after your dad got sick and lost the farm?
Wesley: Yep. When he was in the hospital, sometimes for a year at a time, and we stayed with neighbors or whatever, my mom went up to Chicago and stayed with him. I never saw her down. Never. She was always up.
Stuart: And how was your childhood?
Wesley: Great. With Dad not being able to work and no income coming in sometimes, it got tough as far as moneywise, but as far as getting along and being happy, we always were.
Stuart: And when did you leave home?
Wesley: When I was 21.
Stuart: Okay. Barbara, please catch up.
Adele: Adele.
Stuart: Adele?
Adele: Mm-hmm.
Stuart: My wife is Barbara, so I guess I’ll start calling her Adele. I’m sorry.
Adele: That’s okay.
Stuart: Adele. Catch up.
Adele: I was born in (inaudible). It’s a small town, too. It’s like, probably 3000. It was just my brother and I. My brother was seven years older than me. My father was in welding and construction. Probably not a really happy childhood, because I was one of the “fat babies,” so I got teased a lot as I was growing up. Did fine in school, no problems there, and, you know, enjoyed it, but always felt kind of on the outside. Our family wasn’t affluent, wealthy. I mean, we were okay, but nothing wealthy. So of course that puts a little restrictions on your life, too. Started working when I was 13 and have worked ever since. I was in a lot of activities at school, as many as I could be in, but still didn’t quite fit in the way I probably wanted to.
Stuart: Were you overweight?
Adele: Mm-hmm.
Stuart: How much?
Adele: By the time I was in seventh grade, I was 230 pounds. That’s the last time I weighed myself. Then I quit weighing.
Stuart: When did you lose weight?
Adele: Between seventh and eighth grade, the end of the seventh grade and that summer. And I lost down to like 160 pounds, and then I lost more weight after that.
Stuart: So you were heavy all through childhood?
Adele: Mm-hmm.
Stuart: How did your parents treat you?
Adele: My father was extremely... I won’t say he was strict, but he was a very perfectionist type person.
Stuart: Were you a perfect child?
Adele: No. No, I tried, especially with my dad, I tried really hard. He was one of these, “If you aren’t going to do it right, don’t do it”—type people. And it seemed like I strived a lot to be good in his eyes, to make everything perfect. My mom, on the other hand, she wasn’t so much a perfectionist, but she worried a lot. I mean, if there was anything to worry about, my mother would, and she still to this day is the same way, so. And she had a great tendency, and still has a great tendency, to lay guilt trips on me about things, which I guess a lot of mothers do, but she seems to be in acing that hole. And where his mother was very up, my mother is very down. I mean, it’s like, if anything’s going to go wrong, it will probably happen in my life, that type of thing.
Stuart: So how unhappy were you as a child?
Adele: Probably extremely. I got along okay, but there were a lot of things that hurt me. Of course, until you get to a certain age, your size
or whatever, the peer pressure, isn’t that great. And as you get older, the peer pressure gets greater. You don’t have the dates, you aren’t popular, you aren’t this, you aren’t that. So you try to strive in other areas to make yourself popular, and it just doesn’t always attain it. And I’m learning since then that I don’t care how popular you are, or thin you are, how anything you are—unless you’re satisfying yourself, you’re still not ever going to be okay in your own eyes.

Stuart: How are you in your own eyes now?

Adele: The weight problem is still... I went through an anorexic period. I got down to like 110 pounds and I still saw myself as fat. And even though I realize that now that no matter how much I lose I’m still going to be fat in my eyes, I still have a tendency... I mean, I see myself as overweight now. And I guess that’s something you just always, I mean, you never do get over that, really. And I don’t know as I’ll ever be satisfied with myself.

Stuart: Okay. When did you leave home?

Adele: I was 18.

Stuart: And where did you go?

Adele: I got married and went out on my own, well, we went on our own. And I’d started working. I went to Elkhart University for med tech school, and then got married after I’d graduated and come back.

Stuart: Okay, so you were already out and somewhat independent when you got married.

Adele: Mm-hmm.

Stuart: And how long did the marriage last?

Adele: About a year and a half.

Stuart: Who ended it?

Adele: I did.

Stuart: Because?

Adele: He had gone overseas and in the meantime I had found out that he’d had girlfriends while we were first married, and he was very, he could be very mentally abusive. It wouldn’t be above him to tease me, if I was feeling down about something, to go ahead and tease me about it. And he’d tease me about the weight and this type of thing. And basically, when he left, I guess I kind of grew one way and he grew another, and it just didn’t work out.

Stuart: And then what did you do?

Adele: I was on my own for a while, and then I met my second husband. And we went together for about a year, and then we were married for seventeen years.

Stuart: And had a child?

Adele: Two.

Stuart: Two children. Okay.

Adele: One’s 23 and one’s nine.

Stuart: Okay. And what ended that marriage?

Adele: It just basically, my ex-husband was, I wanted to call, a codependent type person, or I was... There was a codependency problem, I guess that’s the term for it. Anything that ever went wrong was basically my fault. I got extremely depressed, I mean, really depressed, and I had to even go to the point of lying about where I went, what I did if I went with my mom shopping, he would be extremely upset, and just rant and rave. And so I’d have to tell him that this happened or that happened, you couldn’t buy things, you couldn’t get things even if it was your own money because then he’d be upset about it. One time the muffler fell of the car. He got really mad at me because the muffler fell off the car, which I didn’t realize was my fault. The roof would leak, he’d get mad. It was a myriad. And we found, it was just that we didn’t enjoy doing things together, and it just wasn’t going anywhere good.

Stuart: So it was your divorce?

Adele: Mm-hmm.

Stuart: Were you married before?

Wesley: Yes. My first, Shirley, we were married for 15 years. She had
cancer, died at the age of 34. Had five kids at home, youngest one was not even in school yet when she passed away. So kind of worked and raised kids for a long time. Got married twice since then, and both of them were just the pits.

**Stuart:** Short marriages?

**Wesley:** Yeah.

**STUART COMMENTARY:** I always ask about what attracted partners to each other for three reasons. It helps me decide whether they married as a way to solve personal problems (which I regard as Type I relationships that often lack staying power once the motivating issue has been resolved) or were drawn together by enduring qualities in each other (which I regard as Type II marriages that have the resources needed to build closeness over time). It gives me an opportunity to see whether they agree about history and whether they handle disagreements constructively. And, for Type II couples, it recalls happier times in their relationship as a reminder and model of what they might recapture.

**Stuart:** How did you two meet?

**Adele:** Basically, he worked UPS, when I worked over in Piper. And the guy that had been there before was a friend, and I guess that’s...

**Stuart:** Who found who?

**Adele:** I don’t know. I guess... you came in there and...

**Wesley:** Mutual.

**Adele:** Mutual, I guess, more or less.

**Wesley:** Just started talking about different things in our lives and...

**Stuart:** What did you like about Adele? What made her interesting to you?

**Wesley:** Let me think.

**Adele:** Yeah, it’s been so long I can’t remember.

**Wesley:** She seemed like she liked to do a lot of the things, in talking, that I liked to do. She said in her marriage she was in at that time, had never been on a vacation, never went anywhere or do anything together, didn’t go out to eat—all things I liked to do. We knew each other for quite a while and just seemed to enjoy the same things, so we thought, “Well, why not? Let’s try it and see what happens.”

**Stuart:** What did you do together? What sorts of things?

**Wesley:** What did we...? Garage sales. Vacations. We’d go out to the ocean every year and rent a cottage out there, we really enjoyed that. We both liked to go to the malls and shop. We both have cars that we enjoy, old cars. She always wanted one, so we found one that she liked and fixed it up for her, which is strictly a woman’s car.

**Stuart:** What do you have?

**Adele:** A ’63 Nova Supersport.

**Stuart:** Cool wheels.

**Wesley:** She’s got her cars and I got my cars and we go to car...

**Stuart:** What’s yours?

**Wesley:** ’63 Galaxy convertible. So.

**Stuart:** And what did you like about Wesley?

**Adele:** He was fun, and he could make me laugh, and we enjoyed doing the same things, and... I don’t know. He listened, which was something that I wasn’t used to. I never can forget the time when I walked, my ex-husband was watching TV and I walked in the room and said, “I’ve got something to tell you. I’m going to be dying of cancer. I have, like, four months to live.” And he said, “Oh, that’s nice.” I said, “Okay.” So I mean, it’s like, I talked and nobody listened. And he always listened to what I said and...

**Stuart:** Does he still listen?

**Adele:** Most of the time. Sometimes he doesn’t respond, but most of the time he listens.

**STUART COMMENTARY:** Some therapists focus on pathology and the distress in couples’ lives. While being mindful of pathology, I think that it is more important to focus on the partners’ resources that can become the foundation for positive relationship change. Accordingly, by watching their interaction it was clear to me that despite their current challenges, they are still deeply connected emotionally. I would like to bring that to
the surface as motivation for them to identify the changes each would like and then to collaborate in the process of improving their relationship.

Stuart: Does he love you?

Adele: He wouldn’t be with me, I don’t believe, if he didn’t care in some degree.

Stuart: He’s looking at you with very loving eyes.

Wesley: If I didn’t I wouldn’t be doing this, because I don’t like this.

Adele: That’s right. Because I have a lot of faults, I have to admit, and I’m going through some therapy with my own therapist, and I’m realizing what a lot of my problems stem from, and what I thought was normal isn’t really normal. I mean, I’m not the normal person. I was a workaholic, and to me it was normal because I guess that’s the way I was brought up.

STUART COMMENTARY: From Adele’s CPI and FOO responses it was clear that she has an insecure attachment orientation and considerable self-doubt and vulnerability. It was also clear that since she was an adolescent, work was her most reliable source of security and validation. It is important for her to articulate this and for Wesley to understand this history, as it was the source of the issues of great concern to him.

Stuart: What does work mean to you?

Adele: A lot less than it used to.

Stuart: What did it mean?

Adele: Well, what shall I say...

Wesley: A compulsion.

Adele: Well, and to me, work was very important because if you didn’t do your best and get everything done, you were not a good worker. You were down in the eyes. And I think it goes back to being this, trying to win favor, and if you can really work and you accomplish something, and as I say, my folks, we never took vacations. We never went anywhere, we didn’t do anything. I think there was twice in my whole entire younger days I can remember doing something big. And work came first, which I guess if you have your own business, it has to. So unfortunately, it got to be that way with me, and in the job that I have right now, they became very, it was hard not to work. There’s enough to do for two people. So it was important. But now it’s still, I still hate it that I don’t get it done, but I don’t want to be there anymore. Before I wanted to be there and do it, and now I don’t, so.

STUART COMMENTARY: This is my opportunity to help both understand the way in which Adele’s desire for security and validation through work conflicts with Wesley’s desire to see family ties come first. As is often true, they both have reasonable needs and desires but don’t know how to reconcile competing underlying motives. This identifies some of the skills that they will have to develop in order to have a satisfying relationship.

Stuart: So does Adele’s job cast less of a shadow on your marriage from your point of view, or is it still a problem?

Wesley: At this point, it’s probably still a little bit of a problem. It’s still the long hours. She’s made a lot of improvements as far as trying to get home. It’s just a no-win situation with the job she’s in. The people she works for are very... I don’t know. You can’t win with them. So it causes some problems.

Stuart: So do you feel... If she stays at work late, or she thinks about work when she’s home, how do you interpret that?

Wesley: Kind of like it’s more important than we are. We’re there, but a lot of times we’re sitting there waiting. And it’s like, “Well, I have to, I have to, I have to.” And I think it kind of bothers you after a while.

Stuart: So you feel hurt and rejected by it.

Wesley: Sometimes, partially.

Stuart: And when you’re working, are you hurting and rejecting him?

Adele: No. In fact, I’m trying my best to get done so I can get home. I’m sitting there hating every minute, but then I also know when I don’t get it done and I walk into it the next morning... It’s like today, I left it last night, and I walked in this morning to try to finish up, and everything started happening, so it was about 2:00 before I finished up with yesterday so I could start on today. And it just makes it very
confusing. I mean, in a medical office it’s very hard not to have one day caught up before you go into the next day.

**STUART COMMENTARY:** The next question is aimed at helping both learn that the way in which events are labeled strongly influences the emotions that they evoke. As the Serenity Prayer suggests, it is important to make changes when possible, and accept (via re-labeling) what cannot be changed. Re-labeling such as that suggested here is intended to build the clients’ sense of personal agency, allowing them to use re-labeling to manage emotions and thereby to feel less victimized by the circumstances in which they find themselves.

**Stuart:** Is the problem with your job you, or the job? Are you inadequate or is the job unreasonable?

**Adele:** I think the job’s unreasonable.

**Stuart:** And are you going to keep this job?

**Adele:** No.

**Stuart:** Okay. And are you supportive of her changing jobs?

**Wesley:** Yes.

**Stuart:** What if it takes her a while to find one?

**Wesley:** I don’t care.

**Stuart:** What if it takes you a while to find one?

**Adele:** Well, I’m gone back to taking classes, and I’m hoping I can get a better job somewhere. I started with a class at night school, and I’ve got this thing where I... sometimes it really is a pressure thing. Well, I have until August to lock in my pension at work. Can I hold out until August? I mean, there’s days when I want to just say, “I quit. I don’t care if I have to work at Wal-Mart. I don’t care. I’m done.” And then I think, “No, that’s not right. I’ve only got until August. I can do it, I can hang in. And as long as I hang in, then I’ll get the pension.” But there are days when it’s... I just want to come home. And I’ve told him, “I just can’t take it. I can’t do it anymore. I just can’t.” It’s hard.

**Stuart:** Do you want to bag the pension or work the next eleven months or ten months, whatever it is, so she can get it?

**Wesley:** As long as she’s gone this far, she might as well lock the pension in, and then quit.

**Adele:** Yeah.

**Stuart:** Can you set limits on the hours that you work and...?

**Adele:** Well, I have set a lot. I was working sometimes 60, 70 hours a week. And I’ve got it down to between 45 and 50. Things are piling up like crazy. People are getting upset because this isn’t turned in or that’s not done. I get confused because I can’t remember, I’ve made all these notes and then you don’t have time to get to the notes so you just keep piling it. So I’ve got several little piles around there. And it bothers me while I’m there, but then once I walk out the door it doesn’t. It used to be it bothered me once I left. Now it bothers me at first when I get home, then I say, “Well, I guess we’ll go do something else.”

**Stuart:** When you’re home now are you hanging out together and enjoying time together?

**Wesley:** It’s very difficult right at this point.

**Stuart:** Because?

**Wesley:** Her mother has been living with us. She’s very ill. She’s in the hospital now. She was in it before, then went to the nursing home, now she went back in. She’s very ill, so the free time we have, a lot of it’s spent with her. But I mean, that’s something... That’s not a problem because that’s something you should do.

**Stuart:** Does she have a terminal illness?

**Adele:** Just age, basically.

**Stuart:** How old is she?

**Adele:** She’s 81. She’s got aneurysms and congestive heart failure and now she’s got pneumonia, and she’s had a compression fracture of the back. She’s just got multiple problems.

**STUART COMMENTARY:** Up to this point, we have established rapport, agreed on important facets of personal and relationship history, and have differentiated between situational and relationship concerns.
It is now time to address the latter. I will begin writing the changes that each seeks as items on the Caring Days form that I will discuss with them at a suitable time later in the session. My goal will be to divert their attention from past disappointments to opportunities for present and future satisfactions.

**Stuart:** If your marriage were wonderful, what would be different?

**Adele:** Well, it would probably be the way that it was when we first met. And I guess that’s what everybody wants, is wants it to be the way it was when you first met. Although when we first met, we weren’t living together, and I think that makes a lot of difference because you can go and have fun together and then you go home and you catch up on all your work, which you’ve missed out on. Well, I still have this thing, and I’m getting better though. I feel guilty because I don’t get the work done at home like I should. But by the time I get home at night, I really don’t feel like doing it. And then the weekend comes and although I’ve planned on doing it, it’s like, “Well, don’t you think we ought to go...” and I’m like, “Yeah, that sounds good. Let’s do that.” And so...

**Stuart:** Do you complain about housework?

**Wesley:** No.

**Adele:** No.

**Stuart:** Okay. I’ve got tell you a story. I’ve been friendly with a couple of guys for 40 years, and they both living in New York, where I lived for a while. And about a year ago, I had dinner with each of them on separate nights. They don’t know each other, they’re in very different worlds. And I had the same conversation with both of them. I asked how their wives were and we talked for a while. And then they said, “How about your wife?” And I said, “I’m as happy as a pig in mud.” And they said, “What are you happy about?” And I said, “Well, Barbara and I are just, we’re really in love.” And each one of them said, “You know, that’s baloney. You told me when you were first married that maybe you’d made a mistake.” And we really did have some difficult years when we got married. I had three kids and they were living with me, and she’d never had children and was never interested in kids. And so we really did have some challenges at that point. And both of them asked the same question. They said, “What’s your secret?” And I said, “Well, I feel like I’m on our second date, and the reason that I feel that way is that we treat each other as though we’re on our second date.” If you want to get back to the way you felt in courtship, it’s relatively easy. You just have to act the way you did when you were in courtship. You don’t get it because you want it. What you do... well, what was it like, exactly? As you remember it, back when you were dating, what did Wesley do that you really liked?

**Adele:** It was just I guess the silly notes between each other, and the gifts, the little gifts, nonsensical gifts. And just being treated like I was on a pedestal, I guess, which--

**Stuart:** How?

**Adele:** I don’t know, he made me feel like I was the most important person in the world. And I know I’ve done a lot to... I guess I took advantage of that, I guess. I mean, I took it for granted. I didn’t take advantage, but took it for granted. And didn’t treat him... I just expected him to think anything I did was just perfect, was okay. And he never was one to complain about anything I did, so I just more or less went ahead and did whatever I wanted, and I didn’t realize that I was hurting him in the process. And then it got to the point where, as he says now, it’s hard to get that feeling back because I’ve hurt him,
with the work and with... Back when we were first together, I still kept making trips back to my Fairbury where my mom lived to take care of the house or mow the lawn, I mean, just do so many different things, and a lot of other things came first. So like I say, I think I took advantage. But... I don't know. There was just... The specialness that you feel like you've always got your own private joke, even though there's not a joke, but there's just that feeling.

Stuart: How hurt have you been about her job and working and feeling unimportant?

Wesley: That's part of it. Some of the other things that have happened hurt worse than that did. It's just, it's me. I'm sure it wasn't intentional, but there's some things that happened that really just made me crawl back inside of myself and say, “Eh.”

Stuart: For example?

Adele: Probably when you were sick.

Wesley: That was one of them, when I got... Twice, I had to be taken by ambulance to the hospital when I was working, and when they called her and told her, she didn't show up until like 8:00 that night because she was too busy to get there, which bothered me. The second time, I was there over Thanksgiving in the hospital, and her mom wanted her to come over and do something with her, so she spent the entire day there, and called me about 8:00 that night. “I didn’t know what to do, Ma wanted me here, so.” That kind of bothered me. And Christmases, for a while, were really the pits. They’re good now.

Stuart: What was bad about them and what’s good about them?

Wesley: She always had to go to her Mom’s. My mom had Christmas Eve and her mom had Christmas Eve, so we just decided we’ll each go to our own mother’s. But then I would come home from my mom’s and then she would stay there that night. And then Christmas we were supposed to be together, and usually by the time she got back home, it was like, 5, 6, 7:00 Christmas night, so actually the whole Christmas was over, and that bothered me.

Stuart: And are holidays better now?

Wesley: Yeah. We have Christmas at our house, so.

Stuart: And Thanksgiving, and--

Wesley: Yeah, pretty well.

Stuart: --Halloween, and...?

Wesley: Yeah.

Stuart: What else would make it better for you?

Wesley: If we could both retire and go somewhere else.

Stuart: Do you talk about the future, where to go?

Wesley: Yes, we do. I only have approximately five years left to retire. I’ll have my years of service in with the company and can go.

Stuart: Where do you want to go?

Wesley: Probably some place in the Carolinas by the ocean, where we go every year. We love it out there.

Stuart: Want to go there?

Adele: Mm-hmm.

STUART COMMENTARY: The partners have done a splendid job of articulating their very reasonable and deliverable requests to change. Both the content and process have been flawless and it is clear to me that very meaningful emotional outcomes can result from a series of small acts of consideration. They have also affirmed their wish to stay together by indulging in speculating about a shared future. It is time for me to share my optimism.

Stuart: I want to just step aside for a second and give you some feedback. If you don’t have a wonderful marriage from this point on, it’s because you chose not to. You have all of the ingredients that should really make it work, not just well, but wonderfully. For example, the things that Wesley is asking for are more contact with you, more involvement with you, more investment from you. I so rarely hear a man ask for that. It’s such a positive indication when he does. And you have developed some really important insights into yourself and you know how the past kind of grabs your ankles from time to time, in your feeling imperfect and having to do more and
being manipulated by guilt. And you can use that insight, and you can use some understanding of it, to really find solutions. You’re both—correct me if I’m wrong—it seems to me that you have very similar values, you have similar goals. It seems as though you even agree on what a marriage should look like. Am I off base?

Adele: I think the thing that bothers me now is, he says we talk about the future and how things are going to be, but then in the next sentence he could be saying, “I just don’t know how I feel right now. I can’t commitment myself because I just don’t know if I’ll ever have my feelings back.” And it’s really confusing to me. I mean, one minute we’re talking about, we’re going to retire, we’re going to do this, or next year we’ll do that, and the next minute it’s like, “Well, I may not be here.”

Wesley: I don’t say that I’m not going to be there. It’s just, what I’m saying is once I’ve pulled myself back into my shell, you’re kind of scared to come back out. Maybe you’re going to get your head chopped off. I want to, but my... What is it? The heart and the brain aren’t working together too well.

STUART COMMENTARY: It is now time to begin to try to motivate the partners to commit to make the fruitful changes that we have identified, by asking a question to which the answer was perfectly obvious given their responses throughout this encounter.

Stuart: That’s perfectly understandable. Would you rather cut your losses and bag this marriage or make it work?

Wesley: If I’d wanted to cut my losses, I’d have been gone.

Stuart: That’s what I figured. I never ask questions unless I know the answer. I don’t like to take risks. You wouldn’t look at her with those wonderfully liquid eyes if you didn’t really, really care for her. It’s important for you to start to act as if—

Wesley: It didn’t happen.

STUART COMMENTARY: Trading on what I believe is a positive therapeutic relationship, I chose to use another self-revelation, this one to make clear that I, too, have experienced the distress born of uncertainty, and the security that can be evoked by an affirmed commitment.

Stuart: --you’re here for the long haul. Well, bad things happen. Barbara could have left me. I was a real jerk for a time when we were having a hard time. And she didn’t. If she continued to think about what it was like when it wasn’t good for us, then we would have lost the last ten years. And she just re-upped for 15 more. We just had our fifteenth anniversary. She re-upped. In fact, I won two more years because we made bets on what direction we were walking when we were hiking, I’ve got a 17-year commitment now. The commitment is tremendously important. It’s important for everybody, but it’s very, very important for Adele, because when you hear him say, “Well, I’m not sure I’m going to be with you,” what message does that give you about you?

Adele: I’m not doing something right again. And I’m like, “Well, then I don’t want to let myself go and give myself any commitments and get my hopes up, because this is kind of... I don’t want my heart broken either.”

Stuart: Given her history, whenever you say, “I’m not sure I’m going to be around,” she feels that as massive repudiation. You’re telling her she’s fat. You’re telling her she doesn’t belong. You’re telling her she’s not good enough.

Wesley: I tell her all the time that she’s not fat.

Stuart: I know that, but symbolically, you are.

Wesley: Yeah, I understand that.

Stuart: So. How often do you tell her you love her?

Wesley: Not enough I guess, lately.

Stuart: Well, if it’s less than half a dozen times a day, it’s not enough. What would also make it better for you?

Wesley: Better for me.

Stuart: Yeah.

Wesley: I guess if some of the stress would just go away. I think a different job would make a big difference. It seems like all we do is come home, throw something in the microwave, eat it in front of the TV, and run down to the hospital. It’s like there’s no time for us.
Stuart: Have you withdrawn from intimacy also--

Wesley: Yes.

Stuart: --in order to cut the losses?

Wesley: No. It's just, I mean, that's something that's kind of special, and when my feelings... I don't know if there's something wrong with me, but that part comes with the strong feelings for a person. When you don't have them, it's like...

STUART COMMENTARY: This is a critical time to help Wesley learn to be proactive in requesting changes by Adele that can materially improve his happiness with and commitment to her. This is another instance of an effort to enhance his sense of personal agency: Wesley could not make his ailing father healthy, but he can help his wife understand what she can do to make him happy.

Stuart: And is there anything that... No, not “is there anything.” What can Adele do to help recapture those feelings?

Wesley: I think we've made some progress already, but I really don't know what she can do. I think it's something I have to do.

STUART COMMENTARY: Another self-revelation using narrative to state a principle of behavioral change.

Stuart: It's something you both have to do. You have to treat every problem that occurs between you as an issue that requires a two-winner, two-party solution. And they're often kind of flaky solutions. Any time I take out the vacuum on a Saturday morning, Barbara says, “Oh, you want to make love tonight, don't you?” For us, foreplay is when I do a chore that would normally be hers. She considers that to be incredibly valuable, because what it communicates is my accepting responsibility for being part of the house, and not expecting her to take care of me. It puts her in the mood. What are some things that Adele could do that would put you in the mood? That don't involve vacuuming.

Wesley: I don’t know. I just, I have to have the feeling that she... I have to get over the idea that I'm going to get hurt again. I mean, it's my problem. It's in my head.

Stuart: Okay. You know how to do that?

Wesley: No, I don't.

STUART COMMENTARY: The principle of “as if” is pivotal in all change efforts. This time I chose a narrative that would have meaning for Wesley since he lived near, and was certain to know about, a factory that built Lancaster bombers during WW II.

Stuart: One of my teachers was a psychologist named George Kelly, who was an aeronautical engineer, and then he became a psychologist. And he was in England in World War II. And his job was to get fliers to get into the Lancaster bombers and fly them on missions all over France, and the fatality rate was 42 percent. So two out of every five planes got shot down. And the guys didn't want to do it. They said to him, “We're just terrified.” And Kelly said to them, “Look, if you don't do, they're going to line you up in front of a firing squad and they're going to shoot you, and they'll shoot me too.” And they said, “We want to, but we don't know how.” And Kelly said, “Well, do it like John Wayne.” And they said, “How does John Wayne do it?” And he put his thumbs in his belt and he swaggered, and he put that belt over his hat so it had a duck's butt. And he pulled himself up in the plane with one hand and said that John Wayne would fly aggressively. “Act like you're John Wayne.” So they all got in their planes, they swaggered over, and they started flying tighter formations. And in three months, they cut the fatality rate in half. And he coined the principle of “as if.” And that’s a principle that it would be very useful for you to follow. If you want to feel attached, you have to act attached. There’s nothing that... You can’t wait for it to happen. You can’t wait for a lightning bolt to strike. But if you... Do you hold her hand? Do you put your arm around her? Are you affectionate with her?

Wesley: No, not really.

Stuart: Would you like him to be?

Adele: Mm-hmm.

STUART COMMENTARY: Next comes another instance of my modeling the fact that I follow the recommendations that I have offered to them. This is warranted only because Wesley is clearly meaningfully engaged in
the process and thoughtfully responsive to my suggestions.

**Stuart:** If you start doing that, you will start getting the kind of response from Adele that will stimulate in you those feelings. It goes back to Barbara and me and second dates. I feel like I’m on a second date because she treats me as though I’m on a second date. And if I want to have that feeling, I have to act as if I’m on that second date. So are you willing to take a risk in order to have an almost... I don’t give many guarantees, but I can give you a guarantee. If you will start investing the emotional energy that your marriage needs, it’s almost certain that you’re going to get back the kind of feeling that you want to have. I can also guarantee you that it’s not going to happen unless you act as if you’ve got it.

**Wesley:** Written guarantee?

**Stuart:** Yep.

**Wesley:** Money back?

**Stuart:** I’ll take care of the kid if you screw it up. Are you willing to do it? Be honest.

**Wesley:** Yeah. I’ll try it.

**Stuart:** Let’s look at it this way. Suppose you run the experiment and you lose. What have you lost?

**Wesley:** I’ll have to find some way to... I’ll have to take her out to eat.

**Stuart:** And if you run the experiment and you win, what have you won?

**Wesley:** Happiness.

**Stuart:** For a lot of years. So you’re running a risk of maybe you’ll be disappointed after a couple of months, as opposed to maybe you’ll be happier than you’ve ever been for the next thirty-five years. With them odds, I’d place that bet. What else do you want do you want besides being taken out to eat? You want to be touched.

**Adele:** Mm-hmm.

**Stuart:** What else besides...?

**Adele:** Just...
ago. It got better than it had been, and it was better then that it ever was before. The commitment is massively important. I think it’s safe for you to make that commitment because I can’t imagine you not making this work. “Touch me affectionately. Take me out to eat. Plan an outing with me.” You go to car shows?

**Adele:** We do a lot of things. It’s like the week that I had off from work, it was really fun. We did a lot of things. I think that’s what would make me happiest, if I didn’t work at all, and I just had all day long just to... And then, when he got home at night, I’d have my things done that I needed to have done, and we could just go do or sit down or whatever. But it’s really hard, I think it’s hard for him to realize he’s never been married to someone who’s ever had a job outside of the home, so it’s hard to work 40, 45 hours a week and then come home and...

**Stuart:** Adele, the job is part of it. The meaning of the job, for you, is a lot of it. You said that one of the issues was whether you were perfect or imperfect. I think another part of the job for you is having an income provided you with some potential independence and autonomy. You must have felt pretty vulnerable when you were shunned by other kids, and I imagine you probably had some abusive experiences. What having a job and having an independent income does for you is it gives you a certain kind of potential independence if you need it. So I think that the job really was of towering importance to you, and so it wasn’t just the job, it was the meaning of the job. What it would very important for you to do is use that insight to make the job a function and not a solution. It can’t solve the problems of identity and perfection and imperfection. What it can do is provide some income so you can have a future that allows you to do the things that you want to do together.

**Wesley:** You can buy things for me.

**Stuart:** It’s important for you to understand what the job means to her. She isn’t choosing to ignore you. She was really functioning in the service of the past. But here’s a good thing about Wesley: he wants to be with you. He values time with you. That is a wonderful alternative source of security for you—an alternative to having job perfection. So I’m asking him to cut a deal with his worry about being rejected. I’m asking you to cut a deal with the past and distribute some of those chips on the present and give him a chance to give you that same sense of acceptance and completeness and allow him to help you feel okay. But you have to do it with your feet. You can’t do it by meaning to do it. You’ve got to do it by clearly investing time. Now, she’ll be more willing to do that if you’re accessible to her. If you’ll put your hand on her shoulder, if you’ll touch her when you walk behind her to get another cup of coffee, if you’ll take her hand when you’re walking.

**Adele:** It’s what I keep telling him.

**Wesley:** That’s what I keep telling you too, and you don’t hear me either.

**STUART COMMENTARY:** Many brilliant therapeutic instigations are lost because clients either did not fully understand them or forgot them at home. Therefore, being very specific and sending clients home with hard copy of the suggestions greatly increases the probability of adherence.

**Adele:** It’s what I keep telling him.

**Stuart:** The reason that these things are down the middle of the page is that most of them are important to both of you. Now, what I would like you to do is add more things to the list. There’s plenty of room for it. And then look at the list each morning. Remind yourself of what it is that is important to do to nurture your marriage, and look at the list again each evening, and under the “Wesley Did It” column, Adele, put in the date. If he tells you that he loves you and that he’s committed to you in the car on the way home, then you would write “5.” And if he tells you three times today, you’d write three “5”s, At the same time, if Adele does something that allows you to feel you come first, then you would put the date. And the reason for that is that you probably don’t acknowledge a lot of the positive things that go on. From what I saw on the forms, both of you do do your jobs, and there’s a whole lot that works well. There are some things that are missing, some emotionally important things that are missing, but there’s also a whole lot of good stuff, and it probably gets taken for granted. So some acknowledgement will be useful. But go back to second dates. Second dates are wonderful. First dates, you’re too self-conscious. So second
dates are better.

**Wesley:** I remember the first one real well.

**Stuart:** Now, what problems do you see? What’s going to get in the way of this?

**Adele:** My mother. My job.

**Wesley:** Your mother, I mean, that’s family. As sick as she is, it has to be of importance. You have to be there for her.

**Adele:** Yeah. But... A lot of it, like I say, is me. I know I’ve got a lot of things--

**Wesley:** It’s both of us.

**Adele:** --to change in my life, too. Like I say, my idea of what’s normal, I mean, to me, what’s normal is to work until 9:00, 10:00 at night. That isn’t normal. I mean, the normal person doesn’t do that. But it’s just been normal in my life for so long that it’s normal. The guilt feelings about things sometimes, I’m made to feel guilty about things just because I make myself feel guilty because I have felt guilty for so many years that I just naturally take on the guilt. I mean, he can say himself, I’ll say I’m sorry, I mean, if he runs into the door or something, I’ll say I’m sorry. It’s just... I just got used to doing it, I guess. And there’s a lot of things I’ve got to come to terms with with myself, being abused as a child and I’ve done a lot of reading and studying on that, and a lot of the characteristics--the compulsiveness, the guilt feelings, all of this--stem from that. And I know there’s a lot of things that I have to get through my head that weren’t my fault at the time, and it’s just going to take a lot of work.

**Stuart:** And a lot of understanding. But if you keep giving Wesley the message that you know that these are problems and you really want to solve them in a way that’s relationship-friendly, if you ask for his help, this is a generous, caring guy. He’ll offer it. Talk about it. You haven’t identified a problem that I perceive as unsolvable. You haven’t identified a problem that I see as very difficult. Where you got makes perfect sense. I understand how you got there. And the reason I can give guarantee is that it’s equally clear to see how you get away from there. If you will both commit to treating every issue as a problem that requires a negotiated, two-party solution, if you keep in mind that he feels rejected by you just as you felt rejected as a child, you’re going to have to go a little out of your way to help him feel accepted. And if you keep in mind that she’s still struggling with trying to be whole from the past, and she’s not making a statement about you, she’s still trying to solve the past, you can say to her, “Hey, I’m here, and this is now. So let’s do stuff for us.”

**Wesley:** You just have to be there when I need you.

**Adele:** Yeah.

**Wesley:** When I really, really needed you, you weren’t, and that’s what happened.

**Stuart:** Yeah, but she wasn’t out playing pool with her buddies.

**Wesley:** No, no, no.

**Adele:** And I tried to explain to him that’s been a bad... I mean, I won’t say it’s a habit, but it’s something I stay away from any time I think there’s going to be tragedy, when my father got real bad in the hospital, they called and told me, and I avoided going over. My mom got really bad, I avoided facing that situation. And when I thought something was going to happen to him, it’s like I wanted to stay away until I knew things were going to be okay, and then...

**STUART COMMENTARY:** First sessions with couples should always help them decide whether to explore a shared future or negotiate the terms of separation. They should not be expected to commit to stay together, but only to see if it might be desirable. Wesley and Adele clearly used the hour to gain insight into their own motives, understand the way in which the past influenced each other’s current reactions, and identify and agree to make invaluable changes in their relationship. It was clear to the three of us that the partners were together for the right reasons, had many of the skills needed for a loving relationship, and were open to developing any that they lacked. The brief “recommitment ceremony” was a strong symbolic way for them to reaffirm their vows and agree to work on a significantly refurbished relationship.

**Stuart:** Are you ready to commit now to be there for him?
Adele: Mm-hmm. Because I know that the time that we were separated--
Stuart: Would take his hand?
Adele: Yeah. The time that we were separated--
Stuart: Could you tell him that “I’m never going to let you down again that way”?
Adele: I’m not going to let you down.
Wesley: Okay.
Stuart: Would you tell her that you’re here for the long haul?
Wesley: Yeah. I’m here. I’m going to stay.
Stuart: And that you love her?
Wesley: She knows I love her, and I do love her.
Stuart: And that you love him?
Adele: I love him. I love you.
Wesley: Love him.
Stuart: Please do this. In all seriousness... There’s an explanation on the front page about how to do it. In all seriousness, you could have a wonderful marriage. It really is your choice. You have all the ingredients. Use insights that each of you have about what your vulnerabilities are. Understand the other’s vulnerabilities, and then work out a two-way solution. She’ll work more than you think she should. You should work less than you think you should. And that’s the solution. Any questions?
Adele: No.
Stuart: You more optimistic now?
Wesley: Yeah, somewhat.

STUART COMMENTARY: Wesley began the hour leaning out of his marriage. The session helped him see what was possible and how to get it. He was understandably cautious. Future sessions would be needed to help him focus on the positive pole of his ambivalence and capitalize on the potential. Adele, who had somewhat lower expectations, was already committed to stay together, so it is Wesley’s decision that will ultimately decide the couple’s future.

Stuart: Good. You should be.

DISCUSSION
Carlson: Dick, was this a good example of behavioral couples therapy?
Stuart: I can’t speak for all of behavioral couples therapy. It was a good example of what I do. Some of the things that I liked about the session--
Carlson: Yeah.
Stuart: --were the redundancies. You probably noticed that I referred to insight, understanding, and action at least five times. That’s because I don’t think anybody hears the message the first time, and so it has to be repeated through a variety of different, attached to a variety of different mnemonic devices, and those were the stories and the metaphors.
Carlson: This is like basic learning theory, then, in terms of teaching using good pedagogical practice. How did you decide where to go?
Stuart: Remember the paper by George Miller called “The Magic Number 7 +/- 2”? He told us that people can make discriminations in more than nine categories, but usually five, and on no more than three dimensions at a time. Even though people have very complex life histories and very complex present concerns, we tend to operate on the level of one, two, or at most three different themes. And so what I tried to do was find the summary themes that would work well for them. And what I tried to do was, as I thought through their life experiences,
I tried to decide what messages had they told themselves? With him, one of the important messages was that bad things happen and that he remains loyal to the family. I love the way he described... I mean, I fell in love with this guy when he talked about his father got sick and he had to work and his mother was an optimistic, and he didn’t complain about it. He didn’t say, “Our life was wonderful and then somebody pulled the rug out from under us.” This guy was not a victim.

Kjos: And the family piece, when she talked about the thing with her mother, “Well, no, no, you have to do that.” That was okay. Work wasn’t so okay, but the family was.

Stuart: Right. So the theme that I kind of concluded was important for him was a real sense of loyalty, and that loyalty was for him a very positive theme. And it was an issue when it was breached, as he felt it was breached when she didn’t turn up in the hospital. With her, I knew more about her than we’d discussed in the tape. On the inventory, she also mentioned some experiences of abuse, and I don’t know whether it was physical or sexual abuse, but she had punctuated her life experience by telling me that she had been abused as a child. And what I wanted her to be able to do, the summary theme for her was all in the question that I asked her about what does her job mean to her. And what she got out of her childhood with was the idea that she can’t trust anybody, that people will take advantage of her. And so I decided to use that conjunction as the summary theme for her. And what I tried to do was focused more on her in terms of developing insight than him. If I had another session, I would have reversed it and dealt more with loyalty and the meaning of that.

Carlson: This is almost like Pollyanna therapy, though, in terms of really focusing on what was right and what was good about the problems that each of them brought forth.

Stuart: Well, I think that one of the keys to behavior therapy is that you have to identify and maximize the strengths. Everybody has pathological moments. They don’t define who we are. What defines who we are are what our goals are, what we’re consistently willing to work for, and how we take advantage of the resources that we have.

Carlson: As a behavioral therapist, don’t you need to know how they learned to be dysfunctional? Don’t you need to look at some of these patterns that came in their families of origin--things like this overfunctioning, underfunctioning, this notion of closeness versus distance?

Stuart: No, I don’t have to know how they learned. I have to know what they learned. How they learned it is an extremely complex question, and one of the things that I really admire in the analysts is their ability to spend 15 years parceling that out. I think it is inherently fascinating. But it’s not necessary. What I have to know is what they’ve learned, and what are their new sources for new learning. What will motivate them to pick up the new skills?

Carlson: Some would say that you’re teaching them skills that are never going to be, that even though they talk that they want closeness, that they’re more comfortable with distance, and this is kind of perpetuating a myth of closeness, a myth of this newlywedness.

Stuart: I believe that everybody has a comfort level. There’s a degree of closeness. A language system that we haven’t used yet is attachment. I think that to a certain extent, Adele had something of an avoidant attachment orientation. She got a little nervous when things got too close. And yet, consciously that’s really what she wants. I think that Wesley had somewhere between a secure and mildly anxious attachment, but basically he was a secure guy. Does the fact that Adele had developmental experiences which kept her outside the window looking in mean that she doesn’t want to be in? No, I don’t think so. I think in her heart she wants to be close and accepted. She just doesn’t know how to get it.

Kjos: But she sees the private jokes, the little gifts, those are symbols of that.

Stuart: Absolutely.

Carlson: I noticed that there was very little direct verbal contact between them and very little direct nonverbal contact, and you had
just allowed that to be at this point in time in the interview. Would you work on that in future sessions?

**Stuart:** I orchestrate it. In session one, one of the comments that I made to Wesley that’s a really correct one, I don’t ask questions unless I’m sure of the answers because my job is to orchestrate an interaction which will create an optimum learning environment for them. And I don’t know them well enough until the first session is over to know how much leeway to give them to interact with each other, and I’m not sure they have the skills to do it constructively. So I triangulate myself into their conversation in a somewhat unnatural way, and by the time we get to the third or fourth session, I really take myself out of the triangle and function much more as a coach. Now, I’m functioning as a model. My assumption is that there’s two kinds of people in the world. Some are evil, and I try to avoid them, and I try to keep them out of my practice. Other people are just uninformed. And since I look at therapy as essentially a psychoeducational teaching process, what I have to do to be a good teacher is first provide a model, then provide some instructions that will help them identify the skills, some mnemonics so they can remember them, and then give guided practice. And that’s what’s going to happen, usually not much before the third session.

**Carlson:** And the way the new behaviorist does the psychoeducation is he or she teaches thinking, feeling, and doing.

**Stuart:** Yes.

**Carlson:** Teaches all three.

**Stuart:** The real keys for me are insight, understanding, and action. Each one has to know what their own themes are, have to be able to communicate it, the other has to understand it, and then they negotiate this two-winner best fit.

**Carlson:** Why don’t we open questions up to the audience? Let’s maybe have some specific questions about the interview and general questions about the theory.

**Audience Member #1:** I noticed that, first of all, thank you for sharing yourself here. And I don’t believe you that you don’t take risks, so. At the end of this session when they were struggling to end the session with you, it was obvious that they liked you. And yet it was also obvious, at least to me, that they didn’t trust you. Would you ever name that and put that on the table and reframe that as you do on other things, to help them to see that that’s a normal process, or did you choose to not deal with that?

**Stuart:** That’s an excellent observation, and exactly accurate. There’s no reason for them to trust me. I’m this expert who gallops into town, tells them that all of the assumptions they’ve made about their lives are incorrect, and they have to do things differently, and then I’m going to leave. Why should they trust me? The problem is that if I address that issue, I would have had to allow time to do it, and my session was limited to an hour. I needed thirty minutes to get to know who they were and what sort of help they needed, thirty minutes to get it going and establish commitment. If I had an opportunity to see them several more times, I would absolutely address that, because it would be critical to helping them cement the skills, so that it didn’t trivialize the treatment.

**Audience Member #2:** From the way that you talk about the session, it’s clear to me that you’re really in control. You know what you’re doing, you’ve got it all mapped out. And I think, we both know there’s more than one way to skin a cat. I think I must have missed something, because I came away with the feeling that the husband was less committing, he was afraid to commit, so at the end of the session, when you handed her the list, I thought at first that that was an accident, because she was sitting next to you, but maybe not. Maybe you had a real reason for handing her the list and not handing him the list.

**Stuart:** Excellent observation. I actually started to hand it to him, and he said, midway, “You take it. I don’t want to lose it.” You couldn’t hear that.

**Audience Member #2:** No. That would have made a lot of difference.

**Stuart:** Yeah. That was all in the shuffling about. But I intentionally wanted to hand it to him because I wanted to seal the contract with him.
Audience Member #2: Yeah. That would have been a way to rope him in.

Stuart: Yeah.

Audience Member #2: Okay. But he wouldn’t take it.

Stuart: Right.

Audience Member #2: Thank you.

Stuart: We had one more discussion after the camera turned off. He said that this was really hard for him, and I said, “Yeah, I’ll bet when you get lost you don’t go to the gas station to ask for directions either.” And he said no, and we joked about the fact that we would both rather drive for two hours and figure it out on our own than ask somebody else. And I said, “I understand that it’s hard for you to be here. It might have been impossible for me to be in your role, and I appreciate your willingness to do it.” But unfortunately the camera was turned off when that conversation took place.

Audience Member #2: Thank you.

Carlson: How did you choose your stories to use with him? You chose certain metaphors, something about--

Kjos: A pig.

Carlson: --a pig in the mud.

Kjos: The pig in the mud.

Carlson: And then you told the story about that airplane pilot. How did you choose those, or were they just...

Stuart: Not by accident. Those came… The metaphors have to be adapted to what’s meaningful to the clients. This guy was very proud of the fact that he was from a farm. I was going to say something about John Deere, or in some way I was going to relate to a whole context of experiences.

Carlson: So that’s like joining.

Stuart: Yes. Another... The reason I chose the Lancaster bomber, in fact, the way George Kelly told me the story, it was B-24s. But everybody knows about B-24s. Only people who know about old cars know that a Lancaster was a four-engine British bomber that was used in early World War II. That was sort of an in-joke that I was using with him because I was sure that--

Kjos: That he knew.

Stuart: --it would be meaningful for him.

Carlson: I see.

Stuart: And so the metaphors... When I train the people that I work with, what I tell them is that they have to enter the system of the client, and the only way to do that is to speak the client’s language. And part of what happens in that first 30 minutes is I have to get a sense of what the language is, what’s going to work.

Carlson: Okay.

Audience Member #3: I noticed that at one point, in speaking with the husband, that you kind of told him the feelings that he was having. I jotted down, “Then you feel hurt and rejected when she comes home so late.” Is that real typical with this new behavior therapy in terms of kind of identifying what’s going on as opposed to having the client identify what’s going on?

Stuart: No. I’m kind of pushy that way. Let me tell you a story about me. Barbara and I were on vacation in the Canadian Rockies when she re-upped. And we were in a restaurant one morning and some guy was asking a waitress where a good hike was. And after she left, I turned to him and I said, “You don’t want to go there, you want to go here, and here’s why.” And walked out of the restaurant--and I was right. That’s where he wanted to go. We walked out of the restaurant and Barbara said, “Did you hear how you talked to him? You told him what he was going to do.” I really have this, still... I’m afflicted by this executive set, and I have a tendency to tell people what they think or feel. I don’t think that’s good therapy. If I were supervising me in this session, I would have said, “Come on, Dick. Ask more questions. Don’t tell them what they feel. Give them a chance to encode it.” So I think you picked up on one of the flaws in this session, and you’re absolutely correct.

Carlson: Continuing in your own self-supervision, were there others?
Stuart: I think I probably should have asked the question of, “What will interfere with this sooner?” And given them more opportunity to express some of their reluctance so that I would give them more of a chance to work through it. That wouldn’t be as necessary if this was ongoing therapy, because I could always address that in the next several sessions. But if I were given one hour to work with somebody, I think it’s very, very important to address resistance, because what resistance tells you is what’s going to make it hard for them. And part of my job is to help them work through those obstacles.

Audience Member #4: I have a question. Towards the end of the session when they were talking about recommitting to each other, and you focused on him being more affectionate to her, and she said, “Well, that’s what I’ve been asking,” and he kind of got defensive and said, “Well, with you always are working,” and I noticed you really didn’t attend to that, and I wonder if that was on purpose, was that just to keep focus on the positive?

Stuart: Yeah. I think, again, I’m going to be a little repetitious—I think what’s important in relationships are the things that people plan and follow through on that are constructive. Everybody has sort of unguarded, uncaring actions. It’s important not to maximize those, but rather to pay attention to the things that work. There are times when I’m grumpy with Barbara. I don’t want Barbara to define me by my grumpiness. Fortunately, it doesn’t happen most of the time. What I was doing there was helping them, I was modeling some selective attention. And I think it’s very important to look at what you like rather than obsessing about the things that you don’t like. So I will often intentionally pass over the blemishes because I want to model attending to what’s constructive and what works.

Carlson: And I noticed that you did that with your reframing, in which you kept reframing the positive, and even, you took her notion of being a workaholic and you gave a reason for it—her need for independence.

Stuart: The way I think about that is I try to help each person understand the psychologic of their own behavior. It’s logical. Every problem behavior is a solution to a problem. It is understandable as a solution. Then once that’s understood, and once they feel that that’s understood, then they’re much more willing to cooperate with me in finding a better solution.

Audience Member #5: I want to follow up on the issue of identifying and maximizing strengths, and at the same time not denying ambivalence or obstacles or, you used a phrase, resistance. And I understand there’s new research that some therapists who emphasize the positive too much, that is backfires and so on. Can you comment any more beyond what you’ve already said about wanting to move them towards greater investment or commitment, but how you do that without denying the blocks that then might emerge on their drive home?

Stuart: Good question. It’s possible to think about “accentuate the positive” in a very Pollyanna way, which makes the assumption that there are only positives. What I tried to be careful to do in this session, and I hope I did, was say to them, “Of course you have problems, but the problems are solvable.” In taking a positive approach, I don’t tell them that life is a bed of roses. What I tell them is that life provides an ongoing set of challenges, and they have a set of resources they can use to relatively master everything that comes along. So I will constantly ask them, focus the therapy in many respects in a problem-solving way. I will begin the session by saying, “So what worked this week, and what do you wish had been different?” And everything that they wish would be different then becomes the content for the skill building that’s going to take place in that session. So I want them to attend to issues and to concerns and to some of their negative feelings and negative reactions, but I want them to treat every one of those as a problem to be solved. Sometimes the best solution is to accept it. Other times, you find ways to improve on the situation, and I will help them make that differentiation. I would hate people to accept problems before they attempt to define them in operational, small-step ways and run some experiments.

Kjos: So the problem sort of becomes a motivation for change.

Stuart: Yes. The solution to each week’s problem is the carrot. That provides--
Kjos: So it keeps you coming back.
Stuart: --you energy. Right.
Kjos: Yeah. Yeah, the energy.

Audience Member #2: I want to go back a minute to the period where you were gathering developmental history and then as it pertained to their marriage too, and I was thinking that one of the major themes for him was always being abandoned in one way or another, and certainly her focus on work was abandoning for him. He came second. And one of the major themes for her was abuse.

Stuart: Yes.

Audience Member #2: But I was never really clear how his actions replicated her experience with whatever form of abuse she had. Did you get any sense that he was abusive in some way?
Stuart: Yes, he was abusive in his withdrawal.

Carlson: Yes.

Audience Member #2: So it was very subtle.
Stuart: What he did was replay for her the whole theme of her adolescence of “I don’t want to play with you, you’re too fat, you’re too ugly for me. I don’t want anything to do with you.” She felt very much like damaged goods because... Think about this paradoxical situation. Here you have a woman that says, “I want to have more intimacy,” and a husband that says, “You know, I’m not up for it.” There’s nothing that he could have done with her that would have more reified some of the negative messages from her past. Now, he didn’t do it maliciously. He didn’t do it intentionally. But clearly that was the impact of his behavior on her.

Carlson: And he did it in such a way that others might think, “What a guy. He trusts his feelings and he wants to be congruent.” But it was very clear.

Audience Member #6: I’m a counselor in training here, and I’m just not sure that I can step in and do the kind of therapy that you did. You very much acted as an expert with them, and I certainly would not be in that realm. And I also felt like the fact that you’re a man helped engage Wes better in this session. How does that work? How can a person such as myself do this type of therapy?
Stuart: My executive-set orientation is not necessarily the most therapeutically useful. If I ride in as an expert, I don’t know that that is essentially the best way to work with clients. It’s the way that works best for me because it’s in my comfort zone. Certainly a more collaborative style is equally effective and probably for many clients even more effective. So please don’t see this as an illustration of the only style that works. It’s a style that worked reasonable well in this setting because it’s the one that I’m most comfortable with. You find your meter and stay in it. Now, in general, research has pretty much demonstrated that women are much more likely to seek couples counseling and men come in very reluctantly. For many men, one of the obstacles is accepting advice from a woman, and it’s easier for them to accept advice from a man, particularly since I’m a gray-haired old guy and I’m somewhat avuncular, and I take an avuncular, I have an avuncular style with my clients. On the other hand, there are many women who feel that there’s too much testosterone in the room if there’s a male therapist, and so I have an edge with the guys at the early stage of therapy, but I think you have an edge with the women at subsequent stages of therapy. So gender plays a role, but it plays different roles at different stages of the treatment process. And what you saw here, fortunately for me, was session one, where being male works to my advantage. But it isn’t always that way.

Audience Member #6: So then naturally, my thought is, well, cotherapy, then. Does cotherapy work in the behavioral therapy?
Stuart: The problem that I have with cotherapy is that one of, as I mentioned earlier, one of the essential dimensions of this therapy was redundancy. I was able to keep beating the same drum. If I had a cotherapist, my cotherapist might have a different idea or might present it differently or emphasize it differently, and the message gets somewhat diluted. These clients walked out of the room with a very clear understanding of a) logic, whether they had bought it or not remains to be seen, but they were clear on what the logic was, and they were clear on what the instigation was. It’s more difficult to achieve that with cotherapy. Cotherapy has the advantage of being able to do
more modeling, and so that’s useful. But I would rather use videotape vignettes of sample interactions for modeling than do the modeling with a live person, mainly because of this interest in coherence and timing. I was very much in control of the time in this session. I have six clocks in my office. Every place I look, there’s a clock. I know where I am in each hour session. And I have my strategies very time-sensitive. I have a cotherapist, my cotherapist doesn’t necessarily have the same time sense that I do. My cotherapist may think, “Well, we ought to spend 45 minutes on this puppy.” And I would have in mind, “Well, this is a 15-minute issue.” So that’s why I think that in many respects, cotherapy has a wonderful potential that’s very, very difficult to realize.

Carlson: And you discussed your way of coming across as more authoritatively, but it worked. And that’s your style. And you were able to create an alliance with them, even to the point that I liked when you missed her name and projected “Barbara” onto her, and having the courage to be imperfect, and they just rolled right with that. And so it works for you.

Kjos: Well, and he did a certain amount of checking back at different times. You’d say something, and then you’d stop and say, I remember one where you reflected some feeling that she had, and then you said, “Am I off base? I saw something in her face,” or something. So you did some checking back.

Carlson: So it wasn’t all one way.

Stuart: I have to do that to make sure that I’m not talking to myself. I can’t create them, solve the problems, and have them go home and live through a solution. It’s got to be adapted to them.

Carlson: There’s one other thing, though, that allows you to do this. That’s the collecting of all of the data ahead of time. So it’s as if they’ve participated and they’ve filled out forms, and you’ve looked at this data, and I think that’s what gives you a jumpstart on an alliance.

Stuart: It allows me to decide ahead of time where I want to focus. I know many intimate details about the couples before I see them. I know who approached whom to make love, I know who said yes how often, I know what they liked about it. I know how each one evaluates their own communication patterns and their partner’s. I know how they divide responsibilities for meeting the tasks of the day. I know what their parenting goals are and where they’re congruent and where they’re incongruent. I know, one of the more interesting features of the questionnaire is it asks people what percentage of the work they do. I have data on 4400 couples that each person does 72 to 74 percent of the work. So the couples in America are very high functioning because they do about 146 percent of what’s necessary to do. Everybody feels they do more than the other. But I know which one feels that. And that allows me, before they walk in, to plan the session and kind of sector the issues in the relationship to pick the right starting point.

Audience Member #1: I’d be interested in how you go about teaching a joining style like you have. I think your joining is as exquisite as I’ve ever seen, and I wonder how you go about teaching that.

Stuart: Thank you, that’s a wonderful question. I ran a behavioral medicine service some years ago, and I was on the ward one day when a patient, a 72-year-old man, belted a resident, and knocked her to the floor and loosened three teeth. And she shrieked and I just happened to be there. And I walked in and I said, “Mr. Jones, what’s going on here?” And he said, “She’s taking numbers from me.” And I said, “What does that mean?” And he said, “Well, I’m on a secret mission. President Reagan has given me a secret mission and I can’t let anybody take numbers because I can’t let them learn about it.” And I said, “What does that mean?” And he said, “Well, I’m on a secret mission. President Reagan has given me a secret mission and I can’t let anybody take numbers because I can’t let them learn about it.” And I said, “Well, why are you here? Why don’t you do the mission?” And he said, “Well, I fell down at the veterans’ hospital and they told me I had to come here.” And I said, “So get up and do it.” And he said, “Well, I can’t.” I said, “Mr. Jones, you’re really giving me a problem here. What am I going to do three weeks from now when President Reagan calls me and says, ‘Dr. Stuart, why have you prevented Mr. Jones from doing this mission?’ He’s my Commander-in-Chief, he doesn’t send people on missions for foolish reasons. How am I going to explain it? The only way that I can get you up on your feet again and walking is to know what your blood pressure is, so I have to know what kind of medicines we can give you to get you going.” And he looked at me very suspiciously, and his arm came up for the blood pressure cuff to
go on. I define that as entering the system. And the way I try to teach it is to tell my trainees that you can’t enter the system until you’ve identified the system, and then you test joining it. You use the patient’s metaphor, you use their concerns, you reflect their concerns, and you see whether they validate you. There was in that first 30 minutes, I was doing a lot of testing. I was making sure, as Diane says, that they felt that I was accurately reflecting back what they had to say. So it’s a skill set, and if one keeps in mind that what you’re doing is entering the system, that allows you to treat every client as a unique culture. Words have special meanings for each client. The only way to find that out is to enter the cultural system of the client, and then use it to the client’s advantage.

Audience Member #5: I want to go back to the cotherapy, because you were so clear that different styles can work for different people, and I think that what you’ve identified really clearly is the necessity of redundancy and not overwhelming the client with too much feedback, too many different pieces of information. But I want to suggest that the advantage of the modeling, if you have a cotherapy team that have worked this through and done some work on their timing, can outweigh that if you then use a...you agree that you’re going to use the last 10 minutes to do some condensation and to prepare for the next session. So I thank you for being so clear with what’s wrong, but I want your response. Are there other reasons besides the redundancy issue?

Stuart: Yes. It’s impossible to get compensated for cotherapy. It’s hard enough to get compensated with managed care not reimbursing for couples intervention anyway, but if you have to buy two therapists’ time, then it often creates a financial burden that becomes insurmountable.

Audience Member #5: It’s the cheapest consultation in live interviews there is.

Stuart: If the consultant, if the therapy couple is a supervisor and a trainee, then you have the problem of a power differential, and that can be somewhat disabling for the client. So the cotherapists have to be at similar levels, and they have to genuinely like each other, and they have to share a common value frame. And I’m not saying that it can’t work. It’s just there are more landmines in cotherapy than there are when an individual does it. There are landmines when an individual does it, too. I have to be sure I’m treating them and not me. But, indeed, there can be advantages.

Carlson: We have time for one more question.

Audience Member #6: Do you have a clear-cut book that you’d recommend that would tell us how to...

Stuart: I have a library that I’d recommend. I don’t think that anybody has written a definitive book on all of the dimensions of what it takes to do this model of therapy effectively. I can give you a reading list of 20 books that I think would begin to equip you, but not one. I don’t think there’ll ever be one. Unless Jon writes it.

Carlson: In closing, are there any final comments that you didn’t get a chance to share or things that you’d like to wrap up with?

Stuart: Yes. For people doing couples therapy, it’s essential that they have faith in the couple as a unit. If people have very negative views of marriage and connections and intimacy, it’s very unlikely that they’re going to be able to do anything but have an iatrogenic impact. It’s also very useful for the couples therapist to have had the experience of a successful experience in a partnership, and to have done some problem solving. The reason that that’s important is I don’t think it’s a good idea to use stories about other clients with clients, but I think it’s a wonderful idea to do some self-revelation, to talk about one’s own mistakes and one’s solutions. So that can be helpful. I also think that the greatest gift that a therapist can offer a client is the opportunity to have a lifetime of intimacy, and that’s what I see as the ultimate positive outcome of this kind of intervention. It’s a 35-year gift.

Carlson: Thank you very much for sharing yourself and allowing us to enter into your world and the world of how you do therapy. Thank you, Dick.

Kjos: Thank you.

Stuart: Thank you very much for the opportunity.
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About the Contributors

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Richard Stuart, DSW, Featured Therapist, has had more than 50 years of clinical, teaching, and research experience. From early training in Sullivanian psychoanalytic therapy, he moved on to behavior therapy and now embraces a broad spectrum approach that promotes change in insight and action. Dr Stuart received his doctorate from Columbia University in 1965. He is a Past President of the Association of Behavioral and Cognitive Therapy, a diplomate in the American Board of Professional Psychology, and a Fellow in the Behavioral and Family Divisions of the American Psychological Association. He is the author of more than 150 professional publications. At present he is Clinical Professor Emeritus, Department of Psychiatry, University of Washington.

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