Instructor’s Manual
for
EXPERIENTIAL THERAPY WITH GUS NAPIER, PHD
from the series
COUPLES THERAPY WITH THE EXPERTS
with hosts
Jon Carlson, PsyD, EdD & Diane Kjos, PhD
manual by
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The Instructor’s Manual accompanies the DVD Experiential Therapy with Gus Napier, PhD (Institutional/Instructor’s Version). Video available at www.psychotherapy.net.

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Instructor’s Manual for Experiential Therapy with Gus Napier, PhD
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Instructor’s Manual for

EXPERIENTIAL THERAPY WITH
GUS NAPIER, PHD

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Session Transcript

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during the video and post-viewing.

2. FACILITATE DISCUSSION
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions provide ideas about key points that can stimulate rich discussions and learning.

3. LET IT FLOW
Allow the session to play out some, rather than stopping the video often, so viewers can appreciate the work over time. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage viewers to voice their opinions; no therapy is perfect! What do viewers think works and does not work in the session? We learn as much from our mistakes as our successes and it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Suggestions for Further Readings and Websites prior to viewing. You can also schedule the video to coincide with other course or training materials on related topics.

5. REFLECT ON REFLECTIONS
Hand out copies of Napier’s Reflections on the Session, giving participants an inside view of Napier’s experience of his work with this client. Napier’s reflections humanize the process and provide viewers a context into which they can place the person of the therapist. In this way, Napier becomes not just an expert therapist but also a real person.
6. ASSIGN A REACTION PAPER

See suggestions in Reaction Paper section.

7. CONDUCT ROLE-PLAYS

After watching the video, assign groups to role-play a psychotherapy session following the Experiential Family Therapy model. Organize participants into groups of three, consisting of one psychotherapist and one couple. If time permits, group members can switch roles.

Before launching into the role-play, the couple should decide what issue they will present with. Some couples may seek resolution for specific problems, and others may present with more general relational difficulties. For example, couples may seek to resolve their conflict over whether to have children, or they may complain of rigid emotional patterns in which one spouse repeatedly demands emotional engagement as the other spouse withdraws. After each role-play, have the groups debrief. First have the clients share their experiences; have them discuss what they learned about the client’s experience from this exercise. Then have the therapists and observers talk about what the session was like for them. What did participants find challenging or exciting about this way of working? Finally, have the large group reconvene to share their reactions, and open up a general discussion on what participants learned about Wubbolding’ approach to reality therapy.

Participants who role-play therapists can focus on some key Experiential approaches to the therapy process. Therapists can practice both confrontation, including questions about each client’s family history, as well as a less active coaching stance that allows the couple to struggle with their dysfunctional relational patterns. Therapists should pay careful attention to their emotional experiences during the session. They can experiment with using those experiences to guide interventions, including interventions that may seem unorthodox.

After the conclusion of the role-play, therapists, clients, and observers can de-brief by discussing their reactions to the session. Which aspects of Experiential Family therapy feel helpful for clients and like a good
fit for therapists’ personal styles? Are there ideas or areas of focus in the therapy with which participants have particular difficulty?

8. WATCH THE EXPERTS SERIES

This video is one in a series portraying leading theories of psychotherapy and their application to work with couples. Each video in the series presents a master couples therapist working with a real couple who has real problems. By showing several of the videos in this Couples Therapy with the Experts series (See the More Videos section for a complete list), 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 the 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 present 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, and other aspects of process (as opposed to content) that are critical components of the therapeutic encounter. Because these process variables are so multidimensional,
repeated viewings of the same session can help therapists of all levels of experience detect many different nuances of process and deepen their insight and learning.

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 personality. 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 fit 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.
Napier’s Approach to Experiential Therapy

Carl Whitaker, MD (1912 – 1995), developed Experiential Family Therapy, a multi-generational approach that addresses both individual and family relational patterns. The therapy strives to create more honest, caring relationships among family members. Rather than attending to symptoms in an identified patient, Experiential Family therapists engage the entire family and address the unresolved emotional difficulties that underlie dysfunctional patterns in all family members. Most importantly, Experiential Family Therapy aims to provide emotionally powerful experiences that change the family’s perception of itself, allowing family members both increased individuation and more intimate and spontaneous relationships with each other.

Experiential Family Therapy emphasizes family members’ words and actions in therapy as emotionally charged symbols for broader issues in their lives. The therapist focuses on the ways in which communication among family members maintains dysfunctional organization in the family and often provides symbolic reparenting when family members are unable to support each other. Because of its emphasis on the symbolic value of session material, Experiential Family Therapy is also called Symbolic Experiential Family Therapy. Therapeutic change is predicated on the idea that emotional experiences in therapy will change family members’ experience of and beliefs about themselves. Because of the emphasis on emotional experience, therapists must remain attuned to their personal reactions to the therapy. They have license to use those experiences in ways that free the family to be more emotionally genuine.

Augustus Napier, PhD, uses a structural approach to Symbolic Experiential Family Therapy to change structures of power imbalances in the family. In his approach, the therapist is initially very active and interventionist, confronting family members with the ways in which their organization and communication maintain the problems they are seeking to change. In subsequent sessions, the therapist serves as more of a coach, providing encouragement and
teaching while allowing the family to struggle with its problems and to provide its own energy towards their resolution. Therapists move between confrontation and encouragement throughout the therapy. Because maintaining a sense of emotional safety for the family during the therapy is paramount, therapists may explicitly ask clients’ permission to confront difficult material. Basic emotional safety is considered a prerequisite for the emotionally powerful experiences that effect therapeutic change.
Napier’s Reflections on the Session

Worse Than a Marriage
by Augustus Y. Napier, PhD

Because I have not seen patients in several years (I have become a photographer/poet, which is pretty much a full-time job), I was a little anxious about looking at and commenting on this interview, which was conducted in the 1990s. I remember some problems in the interview, and indeed there are some. On the other hand, I remember being fully engaged with this couple, perhaps even over-engaged.

Note how immediately I respond to the news that Bill has recently had a heart attack: “Wow!” I say. And I get quiet. At about the same time he had his heart attack, I had a serious health crisis that was successfully treated. It left me with no residual problems, but I was shaken by it. In this interview, I am catapulted both into my own recent history and into a sense of caution about the life-and-death consequences for this couple. And I take sides: in the initial moments of the interview, I am wary of Pat’s toughness, her smugness, and her judgment. I know that I will have to confront her and that I will have to try to connect with her vulnerable side in order to expose it.”

Bill’s vulnerability is obvious: he is so withdrawn that there seems to be no space for him in the interview. As Pat talks, his face ripples with feelings he doesn’t express. I will have to create a space for him and then draw him out. As the interview proceeds, you will see that I am largely successful in this goal.

In the beginning I do what most therapists do: try to get the basic facts about their lives, to get oriented. I seem to recover quickly from my immediate over-concern for Bill. From early on, I want to understand the “real” agenda for the couple (is she in the process of leaving?), and I want to expose it.

I am interested in how they got here—he saw the ad in the paper, and she suggested they follow it up. He looks scared that she is going to leave, and his worry is confirmed. She admits, “It’s come down to money; I’ve got a lot invested in this house.” She has started seeing an
individual therapist, which I liken to her seeing a lawyer. But there seems to be some residual good will between them, particularly in Bill. He says that they are still capable of enjoyable times together. He doesn’t seem to want to lose her.

When I begin to confront Pat about her interrupting Bill and speaking for him, it is a pretty gentle confrontation. It is also the liveliest part of the interview. The natural progression for such a confrontation is to then ask Bill to participate—not in just learning to confront Pat, but in going beyond the issue of power and learning to see her vulnerability. I would like to try to empower Bill as a support figure to Pat.

When I challenge Pat, she of course points me toward Bill; and I do try to confirm his role in the dance, but I return to confronting Pat. She takes it pretty well, but there is a lot of tension in the room.

Do I lose my nerve by beginning to ask about family history—thereby moving the focus outside the room? Perhaps. But there may be more in my intuitive strategy than I knew at the time. I seem to draw the conclusion that Bill doesn’t have much to give to Pat right now—that if I ask him to learn to support her, he will be bewildered, and make a jab at her that provokes her anger, thereby putting them back on “safe” ground. I don’t have a lot of hope that Pat will expose much of her vulnerability in this session. She is walled off and angry, and I can’t seem to reach her pain. I also note to myself that they are not married; there is little glue to hold them together other than their joint ownership of a house.

The confrontation continues as I prod Pat about her judgment and her parental side. I try to frame her positively, but I keep the pressure on her. I also don’t let Bill get away with being the victim. I have developed the theory that his most secure emotional contact as a child was through his foster-father’s anger, and that he is very good at getting Pat to be angry at him. I also note out loud that he is doubtless frightened by Pat’s vulnerability. Mobilizing her anger at least makes her seem more powerful to him.

I seem curious about their histories because I need to understand them in order to construct for them a model of how their relationship
works. If I can see how the system works, I might have a framework for extending empathy to both of them. I can help them see that their childhoods are the real problem. As I work with Pat and Bill, I look for shared dilemmas, and I wind up saying that they are both essentially orphans. I still think that appraisal is accurate: his abandonments are palpable and obvious, while hers are hidden. Pat was abandoned through her parents’ divorce, her father’s departure, and her mother’s struggle to survive, and was left with an abusive older sister. Pat was not seen or nurtured. Like Bill, she learned that connection came through anger.

As I listen to the couple, I hear lots of words that are in emotional italics, or reveal symbolic content and unconscious issues that really run the relationship. For example, when Pat says, “I could kill him,” we know this kind of anger comes out of childhood abuse and is way overdrawn. When Bill calls the woman who was his closest approximation to a mother “the Mrs.,” his pathetic lack of maternal support comes roaring to light. If the viewer listens for these intrusions of the past into the present, they often show up as words which strike us as slightly strange; this is what Theodore Reik called “listening with the third ear.”

During the interview I am puzzled by Pat’s making such a big deal of wanting to go with Bill to see the cardiologist: “I wanted to go with him.” It was only after the interview was over that I thought that maybe she was talking about wanting to go with her father when he left. Maybe if I had been able to expose that yearning, I could have connected better with her vulnerability.

Although there are no fireworks, I think the interview is successful. At the end, the tension is dissipated. Bill is talking openly and freely, and Pat seems softer. I have much more empathy for both of them and for their situation, and I think they have caught some of it. He agrees to go with her to therapy; she agrees to stop her individual therapy. After the camera is off, they both laugh and say to me, “You didn’t let either one of us get away with anything!”
Reaction Paper for Classes and Training

Video: Experiential Therapy with Gus Napier, PhD

- **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, or use the questions as a way to approach the discussion. 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 reaction 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 Experiential Therapy? What stands out in how Napier works?

2. **What I found most helpful:** What was most beneficial to you as a therapist 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$strategies 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? Explore these questions.

4. **How I would do it differently:** What might you have done differently than Napier in the therapy session in the video? Be specific in what different approaches, strategies and techniques you might have applied.

5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?
Related Websites, Videos, and Further Readings

WEB RESOURCES
American Association for Marriage and Family Therapy

www.aamft.org

American Society of Experiential Therapists

www.asetonline.com

RELATED VIDEOS AVAILABLE AT
WWW.PSYCHOTHERAPY.NET

The Angry Couple

Culture-Sensitive Therapy

Couples and Infertility

Couples Therapy for Addictions

Couples Therapy: An Introduction

Emotionally Focused Therapy

Gender Differences in Depression

Harville Hendrix on the Healing Relationship

Imago Therapy

Internal Family Systems Therapy

Irreconcilable Differences

BOOKS


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. On-screen minute markers are noted in parentheses to indicate where a topic arises in the video and transcript.

NAPIER’S APPROACH

1. Philosophy of Therapy: What are your views of Symbolic Experiential Family Therapy’s focus on emotion, rather than cognition or behavior, as the key to the creation of more intimate, caring connections among family members? How do you think the therapist’s “reparenting” role and emotional involvement in the therapy might help bring about change in the family? How is this focus similar to, and different from, the concept of transference?

2. Therapeutic Trade-Off: What is your opinion of Napier’s interventionist, assertive therapeutic style that effectively disorganizes pathological family structures, but that also risks putting off some families so strongly that they quit therapy? What do you think of this trade-off? Would you change your approach if you sensed that a family intended to leave therapy? Why or why not?

COUPLES THERAPY SESSION

3. Building Rapport: How does Napier build an alliance with Pat and Bill? How would you characterize his therapeutic style? How does each of them respond to Napier’s attempts to bring Bill into the conversation, and what do you observe that gives you an indication of how comfortable each of them is at the beginning of the session? How does Napier’s style facilitate or inhibit his alliance with each member of the couple?

4. Attention to Affect: How do Pat and Bill react to Napier’s attention to, and amplification of, their affect and the
affective tone of the session? Discuss an instance in which his tracking of affect seems to deepen the session, and/or an instance in which it seems to inhibit progress.

5. **Direct Feedback:** What do you think of the direct manner in which Napier tells Pat that she is not open to hearing Bill’s perspective about her “motherly” style, and then stops her from interjecting when he is talking to Bill (2-19)? Why do you think Napier is so frank so early in the session? What effects does his directness have on Pat and Bill, and on the rest of the session? If you were the therapist, how would you have worked with Pat’s lack of understanding for Bill’s perspective?

6. **Gathering History:** Instead of using a systematic approach to learn about Pat and Bill’s families of origin, Napier asks about childhood relationships when he senses that unresolved emotional conflicts have surfaced. How effective is this approach in linking clients’ histories to their current problems? What are the advantages and disadvantages of this approach? How do Pat and Bill react to it?

7. **Underlying Feelings:** Napier frequently asserts unconscious intents and feelings, for example, that there is vulnerability underlying Pat’s anger (2-32) and aggression underlying Bill’s passivity (2-29). In what ways do Napier’s assertions move the session forward? How do you think interpreting people’s unconscious motives affects the therapeutic process? If you were the therapist, would you have challenged each of their roles in their relationship in this way? Why or why not?

8. **Making Predictions:** Why do you think Napier repeatedly cautions Pat and Bill that their relationship may not hold together, and that therapy may cause them to split (2-49)? How do you react to this? How do you think these comments may help preserve or undermine their relationship? Are these comments are ultimately encouraging or discouraging to Pat and Bill as individuals?

9. **Individual Therapy:** What do you think of Napier’s belief that Pat’s individual therapy represents a withdrawal from the couple relationship, and his elicitation of a promise that she will forego her individual therapy and attend couples
therapy instead (2-52)? What do you see as the potential risks and benefits of Pat stopping her individual therapy?

10. **Symbolic Foster Parenting:** When in the session does Napier serve the role of symbolic foster parent for Pat and Bill? How well do his attempts to provide parental emotional nurturance succeed? Which parts of the session support your assessment?

11. **Emotional Engagement:** Choose one or two parts of the session where Napier seems to be especially emotionally connected with Pat and/or Bill and discuss them. Do you think his emotional involvement is helpful? Why or why not?

**GROUP DISCUSSION**

12. **Murderous Rage:** Do you share Napier’s regret that he did not confront Pat’s “murderous rage” towards Bill during the session? Why or why not? How would you have responded to Pat’s comments that she sometimes wants to kill Bill?

13. **Intimate Peership:** Napier is critical of some models of couples therapy that advocate the notion that romantic partners can successfully “reparent” each other, and instead maintains that successful partnerships thrive on caring peership and equality. On which side of this argument do you position yourself? Why?

14. **Your Therapeutic Style:** What will you take away from watching how Napier works with Pat and Bill? How would you integrate key aspects of his approach—for example, his confrontational style and his questioning about family of origin—into the way in which you interact with your clients? Which aspects seem most challenging for you to adapt, and why?

15. **Your Therapist:** How would you feel having Napier as your therapist? Based on this session, if you were Napier’s client, how would you react to his emotional engagement with you? Would you feel safe expressing vulnerable feelings and memories with him? Why or why not?
Jon Carlson: Well, Diane, let’s talk about symbolic experiential family therapy. What do you know about it?

Diane Kjos: Well, the name itself, “experiential,” really implies an approach that pays attention to the emotional content of what’s going on in the family. I think the therapist is really concerned about what the family’s experiencing and how those experiences shape the family’s behaviors.

Carlson: It’s my understanding that it’s like the other experiential approaches in that the person of the therapist is really the key component. The therapist has to join with the family and yet has to be free enough to be able to sit back and be able to confront the family. The focus seems to be really more on the here-and-now, you know, the, just what’s going on—

Kjos: What’s going on there.

Carlson: —yeah, in the therapy session. How do you think this relates to some of the other theories?

Kjos: Well, the term itself, “experiential,” implies the humanistic or phenomenological theories, and I suppose in terms of family theories, those would be such as those originated by Virginia Satir or Alfred Adler.

Carlson: Yeah, I was thinking of Adler, too. Why don’t we bring out
our guest, Gus Napier, and learn more about this approach? Welcome, Gus.

**Augustus Napier:** Thank you, Jon.

**Kjos:** Welcome.

**Napier:** Good morning. Hi.

**Carlson:** Gus, just what is symbolic experiential family therapy?

**Napier:** Well, the word symbolic is key in that we see everything that happens when a family comes into the room, or into therapy, as symbolic. That is, everything the family does has intense meaning and is a way the family has of confessing what their lives are like—

**Carlson:** Confessing. I like that.

**Napier:** —and, of course, reaching out for something. The word “symbolic” also applies to the therapist, in that we try to supply something that’s missing in the family that is in itself symbolic. That is, it’s a little piece of something the family has missed in life—a little bit a parenting sometimes, a kind of friendly support sometimes, confrontation. But the therapist supplies, sometimes, a deep slice, but a piece of experience that’s missing. So the therapist is a symbolic figure. There’s also a sense in this approach that what’s important is what happens in the room between the therapist and the family.

**Carlson:** That’s the experiential part, then?

**Napier:** Right. And it’s an attempt to focus on bringing some kind of power to this experience that changes the family’s experience of themselves. In that way, it’s like structural family therapy, where the focus is on what happens in that room that’s different, that gives the family a different experience of being. And it is a kind of license, as you were implying, for the therapist to use himself, herself, in a way that frees the family to be realer, more honest, more caring, whatever. So it is focused on the personal experience of the therapy.

**Carlson:** From your own personal experience, how did you happen to select this approach? How did you become a experiential, or symbolic experiential therapist?

**Napier:** Well, it’s sort of like asking, “How did you choose the person
you married,” you know?

Carlson: That’s a good question, too.

Napier: You’re not quite sure. Probably, you know, for me, it had to do so much with the person of Carl Whitaker. All of us who chose this approach were sort of chosen by it originally because of our attraction to the power of this particular person.

Carlson: Person, okay.

Napier: So, a lot of the experiential approach is centered around the style and the person of Carl Whitaker. Now, lots of us have taken it in very different directions. I, for one, have taken this approach in a quite different direction.

Carlson: In a nutshell, how did you differ from the work of Whitaker?

Napier: Well, probably, I’m more conceptually organized around a plan that I have. And it probably fits a lot of what structural… the way structural family therapists think. That is, I’ll see a power imbalance in the relationship and I will say to myself, “This particular pattern needs to change.”

1—5

Kjos: Just sort of treatment planning, in a sense.

Napier: Well, structural. I see a structure.

Kjos: Structural.

Napier: And I’ll say, “This structure is not functional.”

Kjos: Okay. So you’re running intervene...

Napier: Right: the husband is still attached to his family of origin.

Kjos: Okay.

Napier: The wife is still acting like she’s the older sister and she’s taking care of him. So what’s wrong with this structure? Now, but we also work a lot with the initiative that the family brings. That is, we assume that there’s a process going on in the family where they’re reaching for something new, and that we have to work with that initiative. See, a structural family therapist would go in and says, “I’ve
got to make this family change in this way.” And they’re very directive. We try to take a different slant there, where we’re trying to respond to initiatives that are present in the family, and we depend a lot on the family’s asking for something, trying something, pushing. So we try to capitalize on the push for growth in the family.

**Carlson:** So you do that by identifying the struggle that’s going on, the dominant struggle, and try to...

**Napier:** Well, sometimes we do it just by waiting.

**Carlson:** Just by waiting.

**Napier:** See, the first interview, we’re very active and interventionist. And then we begin to sit back and say, “Okay, show us how you live. Work on it here. Let us watch, let us be the coach.” So we back way out later on and say, “This is not my family. You guys are going to have to supply the push.” So we’re much more, we’re much more oriented toward a back and forth between their taking initiative, taking initiative and our responding in ways that sort of deconstruct the way they do business with each other, the way they transact. So there’s a lot of focus on communication, a lot of focus on the way communication regulates this system, a lot of focus on the ways in which communication between family members maintains a pathological organization here—nonfunctional organization.

**Carlson:** So your difference, though, is that you have more of a structured approach, you have more of a...

**Napier:** I probably... Whitaker used to say, “Well, I set a structure and then I say what I think.” So he was deliberately atheoretical, atechanical. And I think, as we’ve worked at this, many of us have tried to be more conceptually thoughtful about, “Well, what are we doing, and why are we doing it?”

**Kjos:** I’m hearing—

**Napier:** We have to teach this somehow.

**Kjos:** —the implication of some stages, then. You start out in one, kind of one mode, and then you shift a bit.

**Napier:** Well, the first... You know, the first encounter, the family’s
trying to figure out, “Is this somebody that I have anything to learn from or can trust?” So we’re very assertive about setting up some structures, some rules. Like, I would fight really hard, as I was taught to, about who comes to the session, and often put the family through a kind of test that says, “Are you really willing to get into this thing? Are you willing to bring the key people? Are you willing to play by some rules that I set?” So I’m really trying to establish a kind of power position in the beginning, and I’m very active in the first interview or two. I think out loud: “Well, it sounds like, you know, you’re trying to take care of your husband. How did you get to have to do that?” And so they have a kind of view of the way I’m thinking about them. And then we make a shift to say, “Well, okay, I’m going to be like the coach. You play ball, and let me see how you play ball.” And then we try to interfere with that. And as we interfere with what we see happening there, it’s disorganizing. And the goal here is really to interrupt the ways in which the family members are symbolizing each other and missing the humanity of each other.

Carlson: So you set up a structure, then you allow them to act out...

Napier: Right.

Carlson: And then you...

Napier: Do the way they live.

Carlson: Then you make an intervention.

Napier: And essentially, that intervention says that “What you’re doing is not working. What you’re doing is in fact harmful.” And, so as we intervene, we try to create a system that is more honest, more caring, where one person doesn’t dominate the other one. So we try to create an experience that’s more democratic, that’s more open, and where the usual routines are not allowed. And hopefully this space becomes, it feels safer. Safety is a prime concern early on. Is this a safe environment?

Carlson: So people can individuate and then they can also humanize...

Napier: Well, yeah. We’re really trying to search for the humanity that brings people in touch with each other as just people.
Carlson: Are there families that this approach really works best with and some that it just doesn’t work at all?

Napier: Well, families… I think it’s similar to other areas in that families with whom this works are families who are motivated to change. I think that’s the common denominator in all therapies.

Carlson: “I don’t want to…”

Napier: Well, in people who are determined to blame somebody, we have to challenge that actively.

1—12

And I’ve found that if a family comes in determined to make somebody in the family their target, I’m not very patient with that. And often, families who need to do that leave, and they go find another therapist. But I don’t think there are any basic limitations in this approach.

Carlson: It’s just some families that you’re less tolerant of.

Napier: Pretty impatient with certain kinds of behaviors.

Kjos: Or families that are less tolerant of...

Carlson: Of him.

Kjos: Of you.

Carlson: Yeah, okay, great.

Napier: Well, absolutely. So you know, I think we lose a fair number of families because in the beginning we’re fairly demanding. And I’d just as soon lose some of those families, because I’ve had too many experiences of letting them not bring somebody and discovering that, you know, we are, we’re stymied.

Kjos: Do you… It sounds like you make some shifts in your approach, then, based on the family that you’re working with, but you sort of stay with the basic...

Napier: Well, I think we all try to hear what’s unique about this family, these people. In some ways that’s the, that’s the key element in all therapy, is that just as we try to help the family not symbolize each other. It’s important that we explore the uniqueness of this...
Kjos: This family.

Napier: This family, and that we listen very carefully and not stereotype.

Carlson: So the approach is tailored. You tailor the approach for each family that you work with. And yet there’s quite a few families that just you’re not going to work with, just from the get-go.

Napier: See, but this is true of all, all family approaches—

Carlson: Yeah.

Napier: —that if we really challenge the family, a lot of families are going to leave.

Carlson: And challenging is essential to change?

Napier: Well, you know, families come in doing all kinds of destructive things, and our job is to speak honestly and… You know, a lot of the patterns that we see in families are protective for the family. They protect them from other issues. And if we interfere with those mechanisms, what we get to is deeper levels of pain and grief and loss and woundedness. Something that is different about this approach is that, rather than just talking about the family of origin, we engage them actively. That is, we are likely to work with three generations of a family.

Carlson: At the same time?

Napier: Well, sometimes at the same time. But for example, some people define themselves as couples therapists, and I think of that as a limited definition because there are all these other players involved. So we involve the kids, and often we involve the families of origin. And we do that actively. You know, in an early stage, we might bring the family of origin in, just to get to know them and understand the system a little better. But later on we will bring them in, in order to try to change the way they relate toe ach other.

Carlson: You bring them in as participants in the therapy or more as consultants?

Napier: More as consultants, really. And we, you know, say to them, “This is… It’s good of you to come,” but things happen in these
interviews. I think the most powerful interviews I can remember are ones where we have two or three generations there. Some very exciting things happen when you reconvene the extended family. And an upshot is sometimes these go parents and siblings go back to their communities and they go into therapy.

**Carlson:** So you plant seeds.

**Napier:** Well, we plant seeds, and we open up distress, and we try to be responsive to the distress by helping people find support. We don’t just leave these extended families wounded.

**Carlson:** Wounded, yeah.

**Kjos:** You’re… well, go ahead.

**Carlson:** Go ahead.

**Kjos:** You had talked a bit about Whitaker. Can you tell us a little bit about how this therapy, this approach came to be, or was developed?

**Carlson:** How did it originate?

**Napier:** It originated in a variety of contexts, but Whitaker’s approach came out of some work with schizophrenic families and schizophrenic patients. And it was very affectively based. That is, the assumption was that what these families and these patients needed was something more powerful than a cognitive approach, but some kind of emotional connectedness. So in the early days it was called Nonrational Therapy. And some of the critique was...

**Kjos:** Not “irrational.”

**Napier:** Well, that was one of the critiques. Somebody did an article about this “irrational psychotherapy.” But the notion was that, to get to a more primary level of sharing. And so in the early days they would wrestle with patients or bottle-feed patients.

**Carlson:** Primal screams and all of that?

**Napier:** Well, not really that. It was more of therapy as reparenting. So there was a whole emphasis on a deep emotional connectedness, trying to supply something that was really missing in these lives. And I think… You know, so many therapies do a good job of trying to help a
family reorganize the resources they have.

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But what I think’s different about this approach is it assumes that many families have not had the kind of emotional resource from their parents. And the experiential approach tries to get at this deeper level of emotional hunger in the family, and says the family, the family therapist is really a temporary foster parents—that we do little bits of real parenting—so that the therapist’s charge is to give more than a cognitive input or to help the family do more than reorganize what they have, to give them something that they haven’t had, and that means getting into a kind of symbolic parenting role. And one of the... Most therapies that try that are limited by the fact that the therapist working is working alone. So we assume that if we’re going to get really involved in this process and really be able to give of ourselves, that we have to do this with somebody else. We can’t do it alone.

**Carlson:** So the co-therapist is used often.

**Napier:** The co-therapist is such an essential part to this approach.

**Carlson:** As you were talking, it sounded like other theories focus a lot on techniques, so getting people to communicate more effectively with one another and work on maybe being more honest with one another. But this approach seems to work more on somebody being more honest with themselves—this is sort of a working on a deeper level.

**Napier:** Well, see, we try to communicate, we try to create a community in this experience that is essentially a, a cultural, that pushes the level of the culture further. So we try to create a system between therapist and client that is more honest, more caring, more direct than the culture usually tolerates. And I think that just takes a lot of, it takes a lot of support for the therapist, it takes a lot of courage at times in order to go into this arena. But I do think that the essential element is to get to the here-and-now in a way that’s realer than usually occurs. So it’s really, the goal is to be here-and-now.

**Carlson:** Does it work? Is there some research support for this model?

**Napier:** You know, I don’t think, I don’t think there is good research
about this model, and one of the reasons is it hasn’t been clearly
defined. Those of us who work with it are trying to define it more
clearly so that it can be replicated and studied. As you know, the
therapies that have been researched, most are the behavioral and…

**Carlson:** This is kind of an anti-... the opposite of a behavioral
approach.

**Kjos:** Of the behavioral.

**Carlson:** If you move from the rational to the irrational and then
continue...

**Napier:** Well, something that’s dependant on the person of the
therapist and the therapist being real—it’s very hard to define how to
do that, it’s hard to teach it, and it’s hard to study it.

**Kjos:** And it’s hard to replicate it.

**Napier:** Hard to replicate it.

**Kjos:** Yeah, it’s, “this therapist is real this way and that one’s real that
way.”

**Napier:** That’s right.

**Carlson:** Well, in a few minutes we’re going to watch you working
with a couple and doing this symbolic experiential therapy. Can you
tell us what your goals were in this interview?

**Napier:** Well, this interview got me involved really quickly because it
felt like there was a life-and-death issue going on, in that the process
in this, between this couple was very destructive. So I was worried
about the life of one of these people.

**Carlson:** Because there was a health problem.

**Napier:** A health issue. And really connected with the way this guy
was relating to the world.

**Carlson:** It was a physical life-or-death issue.

**Napier:** Absolutely.

**Carlson:** Not a psychological one.

**Napier:** So I felt that there was a kind of sense of emergency. And I
think this is, this is, this is a good example of the way in which you drop technique here and you try to respond to something that has kind of urgent overtones. So I think it’s a fairly good example of getting personal quickly. One of the ways I connected with this is that I had a health problem recently that was scary. It’s been resolved, but it affected my family, my marriage, my... So I had a kind of personal involvement. And I think this is something that always happens to us: that there’s something personal about this experience that we’re seeing, so it involves us, and one of the problems is how to, how to do this in a way that doesn’t get too personal. So I was wondering as I worked here, “Am I personalizing this too much?”

**Kjos:** Ah. Am I getting too caught up into...?

**Napier:** Yeah, and I talked to them about that at the end. I perhaps should have done it in the beginning. But see, I think this is the way we always connect. That is, we find something in this family that comes out of our own experience. And the therapy is really about how to use that experience.

**Carlson:** And you disclose that, too.

**Napier:** I disclose it if I have the courage or feel like it’s important. But I think that’s what everybody’s therapy is about.

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This is not, this is not the practice of an intellectual discipline. This is a personal voyage that we’re on. And the exciting thing about the experiential, symbolic experiential is I think it licenses us to say that this is the way that therapy’s generated, is out of the chemistry of the patient and the chemistry of the therapist, and the mixture of these lives. And what’s exciting about it for me is the license that I, you know, we all got originally from Whitaker, which is to be honest about what you’re experiencing, what you’re seeing.

**Carlson:** So the goal then, kind of in a nutshell for this session would be...working with the couple...

**Napier:** Well, the husband in this case is underfunctioning—he’s really shut down.
Carlson: Okay.

Napier: And his wife is dominating the conversation, the relationship.

Carlson: So the goal is to get some more balance in that system.

Napier: The goal here is to get him to be a person. He’s killing himself in the way he’s responding.

Carlson: And then she has to allow him.

Napier: She has to make some space, okay?

Carlson: Right.

Napier: And he’s so intropunitive, he’s so inward-turned. She needs to look more, look inside more. She’s looking around her. He’s the problem, et cetera. So she needs to become more introspective. So I...

Kjos: Is there anything special we should watch for?

Napier: Well, watch the way I struggle here.

Carlson: So that would really be unique to the approach, though, is that your own personal struggle...

Kjos: Your own personal...

Napier: I’m involved in this process.

Kjos: Yeah, yeah.

Napier: And that this is just not, not a technical process I’m involved in here.

Kjos: Okay. Okay.

Carlson: I can’t wait watch it, Gus.

Napier: It grabs me. Okay.

Carlson: Thank you.

Kjos: This is great, thank you.

Napier: Sure.
COUPLES THERAPY SESSION

Napier: Well, we could, should probably start with your frustration for having been waiting for a while. Sorry about that.

Pat: That’s all right. I’m sorry, your name again is?

Napier: Is Gus.

Pat: Gus.

Napier: Napier. I’m a family therapist. And I guess the… Have you seen a therapist before?

Bill: No.

Napier: So this is a first interview.

Bill: Right.

Napier: Wow.

Pat: I have previously—

Napier: You have previously.

Pat: —on my own.

Napier: On your own. But not anybody together?

Pat: No.

Napier: And you’re married?

Pat: No.

Napier: You’re not married.

Pat: We’re not married.

Napier: How long ago was your therapy?

Pat: Oh, five, six years ago.

Napier: Five, six years ago. And how long have you been together?

Bill: Three years.

Pat: Three years in May.

Napier: And do you live together?
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Bill: Yes.

Napier: Yeah, okay. So how can I help? What would be helpful?

Pat: Wow. This is, this is a little difficult under the lights and…

Napier: Yeah, for me too. I wish...

Pat: I have to get used to this. But I do have a lot to say. I have a lot to say.

Napier: So the therapy was your initiation?

Pat: Well, actually, he saw it in the paper. He saw… Bill saw the ad in the paper. But he knew I wanted to go because I’ve been talking about it. So when we saw the ad, he showed it to me and I said, “Well, great, let’s do it. Let’s see what it’s all about. When I called, I didn’t realize it was under cameras, and… But I’m sure everyone feels that way at first.

Napier: Including me. And if, at the end of this, you decide that you don’t want the tape to be used—I’m sure they explained it to you—you have that option.

Pat: Yes they did. Yeah, they did, they did.

Napier: It’s only used for training other therapists.

Pat: Well, all right. We’ve been together three years, and, I was married twice previously and so this third time, you know, I mean, I truly want to make this work, but we are having many problems. And I think at our ages, it’s almost, it just seems like other people we know, you know, all our friends, they’re all going through the same thing. They’re divorced. They’re trying to start over, and it’s very, very difficult. There are so many things that come into play—his family, my family, you know.

Napier: You said a lot there.

Pat: Trying to put it all together. And we’ve been really pretty good. And then last September, that’s when things started to really fall apart. And Bill had a heart attack—

Napier: Oooh, Wow! Wow.

Pat: —three days after his 47th birthday.
Napier: Wow, wow.

Pat: And from there it’s just been one thing after another. And a lot of testing between the two of us. A lot of... trials. And you know, that’s when you truly see someone’s true colors, is when you’re under stress, you’re worried.

Napier: Testing, you mean, “Is the other person gonna hang in there with me?”

Pat: Right, exactly. Exactly.

Napier: Yeah.

Pat: I had quit my job in the middle of August and... Oh gosh. I quit my job, but I was still working and, and then two weeks later Bill had a heart attack. So my employer said to me, “Why don’t you just stay home with him?” And then, you know, they said, “We know you would rather stay home with him anyway,” and then this way I would be able to collect compensation.

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So I was all for it. I was thrilled. Because I’ve never witnessed someone having a heart attack. I’ve never been through that experience, and watching someone go through that is devastating. It’s absolutely devastating. As it turned out, he wound up back in the hospital. We thought he was having another heart attack a week later. We both did. We both really thought he was having another heart attack.

Napier: Wow.

Pat: In the meantime...

Napier: Did you have chest pain?


Pat: It was more... The paramedics brought him back to the hospital and they had to treat him as though he were having another heart attack. But it was more of anxiety from... That was the first day home from the hospital and patients tend to that. They, there’s no doctors around.

Napier: It’s frightening to come home after that sort of event.
Pat: Yeah.

Napier: It’s frightening, yeah.

Bill: Yeah.

Pat: Yeah. And the months after that, you know, you’re naturally, you cannot do the same things you could, you know, you were able to do previously. You’re still, you’re still recuperating. They did put a stent in there. It was not... You know, they didn’t have to do a bypass or anything, but it’s still very traumatic.

Napier: And you were frightened.

Pat: Oh, terribly. Terribly, terribly. We both were.

Napier: Both, you both were.

Pat: We both were. So in the meantime, I mean, I was glad to be home with him. We would do things together, you know, during the day. But in the meantime I was still looking for jobs. I mean, I was still job-hunting because I was getting really concerned. And as it turned out, I was out of work for eight months. A lot of money problems came into effect. And looking for employment—and maybe being my age, too, had a lot to do with it—but it was, it’s really tough out there. It’s really tough out there.

Napier: Your age is?

Pat: Fifty.

Napier: Fifty. And Bill, were you not able to work?

Bill: No, I was out of work for three months.

Napier: Three months?

Bill: Yeah.

Pat: So, you know, he was only getting two-thirds, plus his children had to be taken care of.

Napier: Do you both have children?

Bill: Yes.

Pat: My children are grown.
Bill: Mine are in school.

Napier: In college?

Bill: A senior in college and the other guy is gonna be a senior in high school.

Napier: So we’re not just talking about marital tension—we’re talking about life-and-death issues here. This must be scary.

Pat: Oh yeah. It took me—I’m speaking for me, myself—it took me months to think, “Okay, I think we’re out of the clear now, you know. We’re in the safe zone.” But it took a long time to get to that point, and...

Napier: So did it raise issues for you, “Can I depend on him to be in the world?”

Pat: It… I think, I think what I was looking for was moral support from him, as selfish as that may sound—

Napier: Mm-hmm. Doesn’t sound selfish.

Pat: —but you know, when you’re out job hunting and you keep, this rejection keeps coming and you’re not, I mean, the compensation...

Bill: It’s very tough.

Napier: Yes.

Pat: The compensation, money that you receive nowhere near pays our bills.

Napier: And you’re probably so, still caught up in the scare about losing your life here, possibly.

Bill: Well, we...

Pat: It’s hard to think about...

Bill: As much as you try to ignore it, it’s there. And it happened. And there’s no getting away from it, and you’re never the same. Occasionally I still have, you know, pains and whatnot, and I have all kinds of medication I take daily. Like I say, you try to put it in the back of your mind, you know. Life does go on, naturally, but it’s there. It’s there. I, possibly I don’t let it out as much as I should, but if I do,
I think it’s just, I don’t know if it’s going to destroy yourself. I mean it’s a self-destruction-type deal, but you know, it’s, you try to be very positive. And this is, you know… I did receive just some slight input from the physicians that were in the team, part of the team there, and I did get some very positive input about, you know, “Life goes on and, you know, and, you know, just try to be very positive.” You know, and it’s tough.

Napier: Do they know what caused your heart attack?

Bill: Well, I have, it’s, I have a bad family history and high blood pressure, and also my father passed away with a heart attack. And I was a smoker. So I had three things against...

Napier: A smoker when you had the heart attack?

Bill: Smoker, high blood pressure and it’s...

Napier: Wow.

Bill: So I had three things against me.

Napier: How old was your father when he...

Bill: He was 61.

Napier: He was 61. And how old are you?

Bill: I’m 47.

Napier: 47. So you stopped smoking, I hope.

Bill: Cold turkey.

Napier: Yeah.

Bill: Yeah.

Napier: Do you think you hold it in? I mean, you said, “I probably hold it in.”

Bill: Yeah. Yeah, I do. I’ve always been—

Napier: Like feelings.

Bill: —I’ve always been that way. I really don’t, I don’t want it to really get to me.

Napier: Yeah.
Bill: When I have, when I, on occasion when I have the chest pain, whatever, then I get, it gets a little crazy. I, it’s a matter of, do you let it go? And I do have the medication, which you take daily, and then we have all the other things that you can take. It’s...

Napier: Are you a candidate for bypass surgery or for angioplasty or one of those?

Bill: Well, I had angioplasty, and that’s when they put this stainless steel stent in. They apply it with an angioplasty?

Napier: Right, okay.

Bill: They take the balloon out.

Napier: Okay. But, so you get really anxious about your health. Does that sometimes create the pain, you think, or?

Bill: Well, I think stress, too, on the job has a lot to do with it.

Napier: What is your...

Bill: I work in an environment where we work on deadlines. I work for a financial printer, production, and it’s, you know, very stressful. We work on deadlines just like a newspaper. And it’s constantly go, go, go. You know, and it’s day in and day out. That’s the nature of the job. I, on occasion since then, I’ve been seeing if I could find something away from the maddening crowd.

Napier: Yeah.

Bill: And it’s almost impossible.

Napier: Really.

Bill: Oh sure, to pull down a decent salary—

Napier: Yes, without being in pressure.

Bill: —in today’s market, it’s tough.

Napier: Yeah, it is.

Bill: It’s tough to go out searching. It’s not that I’m not qualified or anything. It’s possibly we’re overqualified at this stage in my life. But, you know.
Napier: Well, what about keeping in, just, keeping in feelings? Do you think you let it out when you feel scared? Do you talk about it when you feel, or when you feel frustrated or tense?

Bill: Well, usually, most of the time I let it out. Sometimes I don’t because...

Pat: I don’t think you do.

Napier: You don’t think he does?

Bill: A lot of times I don’t. Not to her, because...

Pat: No.

Napier: What would happen?

Bill: What would happen? I don’t want to get her worried.

Napier: So she gets too anxious if you tell her that you’re anxious?

Bill: Yeah, I guess you could put it that way.

Napier: What does she do when she gets anxious?

Bill: Well, she’s deeply concerned, there’s no doubt. Sometimes it’s almost kind of motherly, I guess.

Napier: Okay.

Bill: It’s kind of like having a nurse’s aide next to me.

Napier: Well, that’s complicated.

Bill: At times it’s a great feeling.

Napier: But it’s complicated.

Bill: Yeah.

Napier: When this is your partner.

Bill: Right.

Pat: And that’s what brought us to this very, very crucial point in our relationship, because after months of getting scared, and we keep going back and forth to the doctors, calling them up, I wanted to go with him. I said, “This is ridiculous. I want to go to the doctor with you. I have questions.” This was after months later. And he wouldn’t
let me go. And I felt, I felt, that was the last straw for me. That was, that was, that was really, the point that I had reached was, I can’t continue like this. He’s a very private person. I’m, again, maybe it has to do with my age, I just, whatever is on my mind, I say it. It’s there. And I can’t, I don’t understand.

**Napier:** Can you give me an example of that?

**Pat:** I don’t know. I don’t know. Ten years or so ago I would have, you know, let someone hurt my feelings.

**Napier:** So you do let it out.

**Pat:** Oh, without a doubt—

**Napier:** Did that happen in your therapy?

**Pat:** —and that’s another thing.

**Napier:** Did you get more able to do that through your therapy? Expose your feelings?

**Pat:** Yeah, but in my case I have a terrible, terrible temper and I can get so angry at him that I know that my temper is no good for him. I’m starting to feeling like we are just not good for each other. He can get my temper—well, see I’m blaming it on him and I can’t help it, I do. But that night he wouldn’t let me go to the doctor with him was the last straw. I was worried for months. Why not let me go and sit there and listen to the doctor? Let me get my questions out. And I felt like he was just shutting me out, and… During his recuperation period he was only getting two-thirds of his pay. I paid for everything. He took care of his kids. I wanted him to take care of his kids. That was utmost importance to me that his kids not get anything less than what they were used to getting.

**Napier:** Uh-huh.

**Pat:** And, I just felt like I was doing and doing and giving and giving, and when I was looking for moral support that I needed at that time also, it wasn’t there.

**Napier:** So you’re, but you’re frustrated because he won’t share things. He won’t let you help him sometimes?
Pat: Yes.

Napier: Did you hear his remark about you—it feels like you’re kind of motherly?

Pat: Well, I think that comes with, you know, being a female. You know, you just have that nurturing.

Napier: Right.

Pat: It’s there. I don’t see what harm it would have done...

Napier: Can I interrupt you, though, because I’m trying to… See, you said I wanted him to have contact with his kids. Probably, and I mean that’s good heartedness in you, you know, I see his need for that. But there is also a kind of parental part of that. I think it would be good for him to have…” And he’s struggling, I think—it’s one of the reasons he has trouble letting you in—with that part of you that wants to help and that feels a bit like you’re a parent to him.

Pat: Why? I don’t understand that.

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Napier: But see, you’re not really open to hearing about it, I don’t think.

Pat: But see, you just...

Napier: See, I’m trying to tell you about it.

Pat: Yeah, but you just misunderstood. You said contact with his children. I didn’t say contact with his children. I said I wanted to make sure his kids were being taken care of financially.

Napier: Okay, but see, what I’m hearing is a kind of parental tone: “I wanted him to have.” Can you hear that? It sounds like, “I kind of know what’s right.”

Pat: Well, one of us has to take, one of us has to take the leading role. One of us does. And I...

Napier: Okay, and he is resisting your leading role by shutting down and shutting up.

Bill: Ah, good point.
Napier: Okay?

Bill: See, now I can interject something there too, you know. I’ve always felt, um, well being married, I was married and divorced once also. And, um, I always felt that possibly rather than say the wrong thing I don’t say anything at all.

Napier: Right.

Bill: Now, I don’t know if that’s wrong or right and I don’t know if that’s good judgment at all.

Pat: I think it’s very wrong, very wrong because I feel like I’m in this—

Napier: But wait, see you just—

Pat: —relationship myself.

Napier: —you walked right into it. Do you see what you did? He said, “I don’t know whether it’s wrong or right,” and you told him that it’s wrong.

Pat: And I’ve been telling him.

Napier: Okay, but see, he was talking to me about this and you jumped in to tell him that it was wrong.

Pat: Because I’m starting to get angry. I am truly starting to get angry.

Bill: Okay. He does know how to get you angry.

Pat: This is passivity and I don’t—

Napier: And shutting up is...

Pat: —and I don’t like it.

Napier: Okay.

Pat: I don’t like it. I can’t tolerate it.

Napier: Okay. Do you think you would be open to his confronting you rather than shutting up?

Pat: Oh, without a doubt.

Napier: Okay.

Pat: Fight, scream, yell. Do something. Don’t just sit there like...
Napier: Well, but see, when I try to tell you something about your style, you’re not really very open to hearing it. You kind of “yes, but” me. You tell me I misunderstood. So there’s a part of you that doesn’t take confronting very easily.

Pat: But you did. I didn’t say anything about contact with his children.

Napier: I know, but see, what you do is that you pick up the words and you reject the intent, which is to say there’s a parental part of you that gets activated very quickly and it’s something that’s unconscious for you. You don’t intend to do that. It’s so unconscious that it’s automatic for you. And he’s having a fight with you about that, but he’s having a very dangerous fight with you about that.

Pat: Exactly and that’s why I don’t feel that, whatever the case is, whatever, if it’s my problem...

Napier: It’s not just your problem.

Pat: I don’t feel like I am good for him. At this point I don’t.

Napier: Well, I mean, that’s a choice. This relationship may be trouble for both of you, or it may be that both of you’d have to do some serious changing in order to make it work.

Pat: And I want to make it work.

Napier: But it does sound like it’s a matter of life and death. Why do you let her dominate the conversation?

Bill: Hmm, why do I let her…

Napier: Why don’t you interrupt her? Why don’t you say, “I want to say something?”

Bill: Well, I want her to get out, specifically, what’s on her mind. And then—

Napier: She doesn’t have any problem with that.

Bill: —then I’ll just interject as it, you know, as it comes along here.

Napier: Yeah, but see, I think you go inside, and you’re really angry, but the anger is working against you. The anger is all going in here. And you need to learn... I mean, I interrupted her—I said, “Look, you’re not hearing me.” And, I think you need to learn to do that.
What would happen if, when she tries to parent you, you said, “Please stop parenting me. I’m an adult, for God’s sakes. Stop it”?

**Bill:** What would happen? Good question.

**Pat:** See I, I can, one thing I will admit...

**Napier:** Wait, see, you’re answering for him. You’re answering for him. I ask him what would happen if he did that. I know it feels like I’m taking his side here, but this is life and death we’re talking about. Okay?

**Pat:** I know that, and that’s why I’m here. That’s why I’m here.

**Napier:** Okay, but you still have trouble letting him say anything. So why don’t you think... why don’t you fight for yourself better?

**Bill:** I don’t think it’s a matter of fighting for myself. I think it’s trying to avoid an argument or try to... rather than say the wrong thing.

**Napier:** Well, how far are you willing to go to avoid an argument? Heart attack? Stroke?

**Bill:** No, I don’t think we need that again.

**Napier:** No? Oh, come on. That’s the way you’re headed.

**Bill:** Hmm.

**Napier:** Another heart attack. It seems to me that that’s as far... that’s where you’re willing to go to avoid an argument. Why is an argument so toxic for you? Did your family fight a lot?

**Bill:** I can’t really say that they did. Not a lot. No.

**Napier:** Why do you think you’re afraid of fights or conflict?

**Bill:** I don’t really know. I don’t really know.

**Napier:** Did somebody scare you with their anger?

**Bill:** It could have been. I don’t know.

**Pat:** Can I interject here?

**Napier:** See, it’s a problem if you do. You probably know the answer to the question.

**Pat:** All right. Okay. Okay, I’m sorry.
Napier: Well, the reason I’m not letting you do it—

Pat: No, go ahead.

Napier: —is that he would say, “I don’t know,” and you would supply the answer, and then he would say, “There she goes again.”

Pat: But see, that’s what frustrates me, is—

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Napier: Okay, but if you just waited.

Pat: —get it out.

Napier: Just waited. But see, you are frustrated because you can’t help him. Okay, you want to help him. Who frustrated you in your family growing up that you couldn’t help?

Pat: My sister.

Napier: Your sister. Tell me about your sister.

Pat: My sister was a very cruel person. Very cruel. That was the... The reason I got married at 17 years old was because...

Napier: To get away.

Pat: To get away from her.

Napier: Yeah.

Pat: As it turned out, two years later we found out she was, I mean, a very, very ill person, which I didn’t realize. So I know the childhood, you know, and what it can do to you. It molds you. I mean, let’s face it. It’s part of your life. I don’t dwell on it now. I love my sister very much to this day.

Napier: But she wouldn’t let you help her?

Pat: No, she was cruel to me and that’s where my frustration came in.

Napier: That you couldn’t get her to stop. Okay, yeah.

Pat: She was older than me. But I don’t dwell on that.

Napier: But who in your family retreated and shut down and didn’t say anything to you? Or nobody distanced from you when you were a kid?
Pat: No.
Napier: No. Okay.
Pat: No.
Bill: I’d have to say when you’re talking along those lines like, well, see, I grew up with a foster family for a long time.
Napier: Oh, wow.
Bill: And the father was, I wouldn’t exactly say abusive, but—
Napier: How about abusive?
Bill: —but, verbally yes.
Napier: How about verbally abusive?
Bill: Yes.
Napier: Yeah.
Bill: Very much so. I...
Napier: Yeah.
Bill: And then the other side of the coin was the Mrs., she hardly said anything.
Napier: Wow.
Bill: And it was like...
Napier: So she let it happen.
Bill: Right.
Napier: Yeah. Wow.
Bill: I barely even knew Brother and Sister—that’s what I called them. I barely knew them. They were older, ten, twelve years older. So, in actuality, I kind of grew up by myself. They were there for a certain amount of years. But maybe that’s, you know, how it, how far it goes back.
Napier: Yeah.
Bill: Because rather than to confront him and, you know, make an issue out of everything, I used to probably shut down.
Napier: Yeah. So it was adaptive as a kid.

Bill: Exactly.

Napier: How to protect yourself. How did you come to be in a foster family?

Bill: Well, my real father was working, he had to work, and my mother had passed away, so...

Napier: How old were you when she died?

Bill: Two.

Napier: Oh, wow.

Bill: At any rate, I was in a couple different foster homes as I can remember. Real early. Before the... I was with them for 20 years.

Napier: Wow.

Bill: And they never adopted me, so.

Napier: Wow.

Bill: That’s a long time.

Napier: That’s very painful.

Bill: I think maybe 18 to 20 years, you know.

Napier: That’s very painful.

Bill: Yeah, well, and then I think I did the same thing, you know, at age 22. We were a little bit older. I think I got married to, one of the reasons was to get away, to get out of that house. To get away from them.

Napier: The same as... Yeah.

Bill: It takes a while, I guess, for everything to calm down in your mind. It takes a long time. But other than the idea that we don’t, the communication is somewhat lacking and I kind of shut down, other than that, as far as getting along and being friends and just enjoying each other, that part is pretty good.

Napier: So you can have a kind of companionship.

Bill: Oh, we certainly do. We enjoy doing the same things, quite a few
things together. More so than just going, you know, shopping.

**Napier:** Yeah. So there are some things to fight for here.

**Bill:** As far as keeping a mate?

**Napier:** Yeah.

**Bill:** As far as staying together? Oh yes, yeah, there is. Definitely.

**Napier:** But see, as a kid you adopted a strategy that said, “Keep silent and maybe you’ll be able to stay, you know? You won’t be kicked out, rejected.”

**Bill:** Kicked out of what?

**Napier:** This foster family.

**Bill:** Oh, no, no. I don’t think that was the case there. No, no, no.

**Napier:** But...

**Bill:** It wasn’t a matter of being kicked out.

**Napier:** But, see, I wouldn’t be—

**Bill:** I never really got into trouble or anything. So, I mean, to actually bring all of this on and whatever.

**Napier:** Yeah, but see, I think that’s why you never got into trouble, is you didn’t feel enough safety to be able to just be a kid and have a temper tantrum. You know?

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**So you probably decided very young, “I’ve gotta behave myself,” and you became nice. So there’s no place for your anger or your frustration to go. So I’m really concerned about the recipe that made for you in life, which is to keep your mouth shut. Don’t make waves and let it all build up inside. And that’s a recipe for a heart attack.**

**Bill:** Not all the time.

**Napier:** Well...

**Bill:** Most of the time, probably, but not all the time.

**Napier:** What happens the other times?

**Bill:** I’ll speak up. I’ll speak up and let somebody know what’s going
Napier: Can you let Pat know what’s going on? Can you let her know when you’re angry at her for interrupting you or speaking for you or parenting you, or…?

Bill: I suppose I could.

Napier: But see, there’s a part of her, there’s a big helpful part of her that wants to be helpful. And you didn’t have enough parenting, so there’s a part of you that would want it, see, and would then resent it. Do you see what I mean?

Bill: Mm-hmm

Napier: “I didn’t get enough real nurturing parenting.” There’s there’s a nurturing part of her that really gets frustrated because you won’t let her help you. But you really don’t want your partner to be a substitute mother. That doesn’t feel good.

Bill: No, not exactly.

Napier: It messes up your sex life and all kinds of things like that. So a part of you resists it. At the same time, I think you want it.

Bill: Okay.

Napier: So you probably kind of seduce her into being parental, and then you stonewall her, like you’re not going to let her in. Then she gets frustrated. Is that part of it?

Pat: Yes. Yes. Yes.

Napier: So, here’s what I would think. You need to fire her as an assistant parent. She’s not capable of filling that role.

Pat: That really was never my goal.

Napier: Of course not. It’s not anybody’s conscious goal, but it’s a big motivation that you have, I think.

Pat: But the fact that he would not let me go with him...

Napier: Yes.

Pat: That was, to me that was shutting me out one more time. I was being shut out. And that, money doesn’t mean anything to me—well,
now it does. I change that. Now it does because now our arguments have become about money.

Napier: Money is important when it’s absent, certainly.
Pat: Definitely. Definitely. But it’s become where I’m the aggressor. I feel like if anything gets done, it’s going to be because I did it.

Napier: So you could begin to sound like this foster parent father to him if you become the aggressor. What about if you...
Pat: I don’t want to.
Napier: Okay.
Pat: I don’t want to do that—
Napier: What if you... okay.
Pat: —because you lose respect for a person like that.
Napier: Who is the aggressor, you mean?
Pat: No, who, you feel you have to do all the deciding and make all the decisions. I don’t want that role.

Napier: Can you, instead of getting angry, could you talk to him about feeling alone or feeling frightened or feeling unsupported, or... Can you talk about that?
Pat: We have talked about that so many times that, and I just keep, my feelings are being invalidated constantly.
Napier: What happens when you try to talk about your needs?
Pat: I become a raving maniac. I could kill him. That’s how mad I get. I could literally kill him.
Napier: No. Wait a minute. I was talking about...
Pat: Because he laughs at me. He mocks me.
Napier: Okay, so if she tries to... Do you think that’s true? That you mock her if she tries to be vulnerable?
Pat: Bill, we’ve had this conversation many times.
Bill: Not in a deliberate way, no.
Napier: But... See, it may scare you. It may make you anxious if she’s not being in charge, and you may do something to get her mad so she’s no vulnerable any more. See, “If I depend on her and she gets vulnerable, it makes me anxious. So I’ll do something to make her get mad. That’s better than having her vulnerable. She might be just another kid like me.” Which is what she is, you know.

Bill: I might add about this—

Napier: I mean that we’re all kids when we get scared, is what I mean.

Bill: —the doctor’s visit, okay. It seems like it only takes one moment like that to offset everything for a while. And I can see bringing it to one’s attention and I can see being mad, being put aside.

Napier: Hurt. How about hurt?

Bill: Hurt and whatever. But to constantly keep bringing it up, and, you know... I guess, you know...

Napier: Do you know why she keeps bringing it up? Because it’s symbolic for her. It stands for something in her life that’s bigger. It’s not all about you.

Bill: And the reason I figured that it would be best for me just to go see this doctor again is because what would happen, I would surmise, is that we would both go into the doctor’s office, not the waiting office, and sit down and discuss things with this man. And he tells you what has to be done and what you’re doing wrong. “We’re going to change your medication” or whatever it might be. And she said, “Well, make sure that you tell me what’s going on.” So I tell her what’s going on, and it seems like a lot of times she’s just not satisfied with that. I can’t see two people sitting in there. It wasn’t a matter of having another heart attack or anything.

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It’s just that I needed an adjustment in medication at that one particular visit. So to have two people sitting in there, you know, cross-examining this one physician for the sake of me just going in there and changing a medication. See, now that’s my side of the story, so, but...
Napier: This is part of your independence, is to do this part of it that has to do with your body, yourself. But it’s anxious for her, so she has a dilemma as well. What I’m trying to hear, though, is the way it becomes symbolic. It becomes charged. You felt left out and hurt, you think, when he wouldn’t let you go?

Pat: Yeah, and I still to this day think it’s very unfair. When you live with someone with an illness, any kind of illness, you should be a part of that. Whatever the doctor is saying.

Napier: But can you hear the “should” again?

Pat: Pardon me?

Napier: Can you hear the “should” again? That’s the part I was trying to talk to you about that knows what’s right. How about, “I would really like to be a part of this. I get real anxious”?

Pat: Oh I’ve said that. I’ve said that so many times. His first follow-up visit to the cardiologist, and I drove with him. He was called and I got up and he says, “Oh, no, I don’t want you to go.” I was shocked but I sat down. But then months later after going through the scares and checking to see if he’s breathing—

Napier: Yeah. It’s very hard.

Pat: —to see if he’s lying there dead and blue.

Napier: It’s very hard. It’s frightening for you.

Pat: It’s frightening.

Napier: Absolutely frightening.

Pat: It’s frightening.

Napier: Absolutely frightening.

Pat: But see, I’m almost past that now. Now I’m at the point where I am angry. I am just plain angry.

Napier: Well, see, he’s angry too. You need some help with the anger because it’s got lots of overtones that are complicated for both of you.

Pat: The last time that we argued, I mean, I was so mad. I got him so mad. His face was every shade of purple and I thought, “This is
terrible because I am going to be the cause of his next heart attack.” Something has to give here. I just wish he would validate me and say, “I understand what you’re saying.” He laughs at me. He does mock me and I don’t like that. There’s a lot of sarcasm that he’s curbed. He has curbed the sarcasm but that sarcasm has gotten us into many, many fights.

Napier: It’s dirty fighting. Yeah.

Pat: Because I’m too old for that. I don’t want to deal with that.

Napier: What is the little smile that you get when she talks about, I think it’s when...

Bill: She talks about the mocking and the other...

Napier: Right.

Bill: Well, to me, to me, okay the sarcasm is one thing. That’s a slip, and we’ve kind of put that, you know, by the wayside. You know, it’s...

Napier: You’ve tried not to do that?

Bill: Right. But as far as mocking people it’s, actually sometimes when she starts to fume or she’ll fume over, it’s very, very minute. To me it’s very trivial.

Napier: Is there a part of you, you think, that enjoys being able to get her mad?

Bill: Get her mad.

Napier: That’s when I hear this… see the smile.

Bill: No, no, I don’t think so. No. No.

Napier: It’s probably not conscious, but there’s....

Bill: No. But it’s not too hard to get her mad.

Napier: Well, but see, there’s a little part of you, I think, that feels powerful. “Boy, I can get her mad real quick.” She is vulnerable. Things trigger her. And it is powerful to be able to get a reaction from somebody. See, I’m wondering again about your childhood. How did I feel contact with people? How did I get, was it by getting people mad sometimes? Did you ever get anybody mad?
Bill: No, no.

Napier: No. So maybe it’s good to know that you can get somebody mad. At least you’re in contact.

Bill: Well, see, now that’s a different issue. That’s the first that was brought to my attention. I don’t look at it that way.

Napier: I kept seeing the little smile…

Bill: But I don’t look at it that way.

Napier: …when she’d talk about getting mad.

Pat: See, and that could trigger me into a rage when I see that smirk.

Napier: The smile.

Pat: It’s not a smirk. It’s not a smile. It’s a smirk.

Napier: Now, here’s your work. When you see that, what do you think gets triggered in you?

Pat: Pure resentment.

Napier: I’m talking about in your family growing up.

Pat: My sister, and I’ve told him that.

Napier: Was it a smirk from her?

Pat: Oh, no, it was beatings. I mean physical abuse. Mental abuse. I grew up that way and I refuse to live that way now.

Napier: What would trigger the beatings and the abuse from her? What do you think?

Pat: She was very jealous of me. She had some physical, well, a couple of physical handicaps. But like I said...

Napier: Jealous of a relationship you had with somebody?

Pat: No, no, no. Just me. When we were teenagers she was jealous.

Napier: Were you kind of the favorite child in the family?

Bill: She was the baby.

Pat: I was the baby. I was the baby.

Napier: You were the baby. And your sister was how much older?
Pat: Three, three years older.

Napier: Three years older. Any other siblings in the family?

Pat: Yeah, I have three older sisters, so...

Napier: Three older sisters and then you and then the younger sister.

Pat: No my two, there’s the two older sisters and then there’s Carol and then me. Carol is the one. But she wound up, you know, under psychiatric care. She had many, many serious problems that my mother never understood, not until we were like in our early twenties. Actually, I was 19 when I found out that she had shock treatment. I mean, it was terrible.

Napier: Oh, wow. So she was very disturbed.

Pat: Very disturbed.

Napier: Did anybody protect you in the family? Did anybody know what was going on?

Pat: My oldest sister.

Napier: Your oldest sister.

Pat: But she got married. I was nine when she got married, so it was very sad when she left my house.

Napier: Where were your parents? Why weren’t they paying attention?

Pat: They were divorced. My mother worked.

Napier: So she was gone to work and your dad was...

Pat: Yeah, and so then it was my sister, Carol, and I. And she was the older of the two of us so I would get the beatings. I would get...

Napier: Wow.

Pat: You know, she was in charge of me. She had to watch me until my mother came home. I… Believe it or not, she’s made a complete turn around and she’s… I just love her to... She’s wonderful. She loves my kids. I don’t live in that past, but yet...

Napier: But you absorbed a lot of abuse that...
Pat: Oh yeah. So I won’t, I can’t tolerate it now, because...

Napier: Does it feel like his withdrawal is a kind of an abuse? I mean, do you feel...

Pat: I feel that the only reason he got into this arrangement was because he was newly divorced. That should have been my red flag right there. It was for a while and I let it go. I think he was just looking for a place, you know, another family, another normal family, or looking for that environment where he could, you know.

Napier: So you don’t think he really cared about you?

Pat: I did in the beginning, but not now. That’s why I say when you’re under tests, when life hands you some problems, you show your true colors. When I was depressed after the holidays, this was, you know, like four months being out of work. Looking for jobs. Worrying about him. Worrying about money. Our mortgage went up $225, which I paid. I was very depressed. And when you’re depressed, you don’t have a lot of emphasis in your voice. There’s no enthusiasm. And he would mock me. And it used to just tear me up.

Bill: It only happened once.

Pat: Once was enough. See, and I can’t get past it.

Bill: And that was, too, because she was just sitting, just laying there and just laying around like… And I just, I do that quite often. I imitate her voice. And it’s not really mockery.

Napier: Well, of course, it is.

Bill: It kind of changes the atmosphere a little bit. But in my case it changes for the worse.

Napier: Well, but see, you were trying to what? Make things less heavy?

Bill: Exactly.

Napier: But she felt disrespected.

Bill: Exactly.

Napier: And… Guys, it sounds like there’s a lot of toxic stuff here between you. Do you question whether there’s enough to hold you
together?

**Bill:** I think so.

**Napier:** How about you?

**Pat:** No, the only reason… I mean, I care. You know, I definitely care, but I have a lot invested here in this house, and…

**Napier:** So it’s down to money?

**Pat:** It’s down to money.

**Napier:** Wow.

**Pat:** It’s down to money.

**Napier:** Wow.

**Pat:** And that’s why I’m here. And I’m also seeing… Last week or two weeks ago I started to see another counselor by myself.

**Napier:** It’s a little bit like seeing a lawyer, in a way.

**Pat:** To me this is worse than a marriage. It is. It’s worse than a marriage. We are so intertwined—

**Napier:** Maybe it is a marriage.

**Pat:** —financially.

**Napier:** And maybe it’s another marriage that will fail in this way. It does sound like you’ve pulled way, way back.

**Pat:** Oh, without a doubt.

**Napier:** Yeah.

**Pat:** Without a doubt. I am so turned off. We are speaking now, but last week, last week I had a week from hell at work. I did get a job. I mean it was just, it was a horrible week, but the fact was I was almost responsible for someone else losing their job, and I felt really bad about it. But the worst part to me was I could not come home and tell him because he’d just, “Oh, yeah, uh-huh, oh, yeah.” I mean, it just goes in one ear and out the other. There is no support.

**Bill:** I might interject there that, you know, you get… I had told her that if it’s this woman-to-woman talk, you know, where somebody did
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this or somebody did that, I said I just as soon not hear it, because it’s just definitely small talk. I don’t work with too many women. I guess that’s the difference, you know.

**Pat:** No, Bill, you said, “What happened? Did you say something smart to someone?” That’s what he said and it triggered me off.

**Bill:** When I did ask her, I asked her, “Well, was there something that was said that shouldn’t be said? Or something that was done that somebody else…?” I had no idea what was going on. I was trying to feel her out for the story. That happened on a Monday, and Monday evening I tried everything I could to try to get her attention. “What is, don’t you feel well? Is something wrong?” And nothing. So you see, I wasn’t getting any input. So it’s a matter of, she feels as though she shouldn’t talk to me.

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Well, if you don’t talk to me, you know, and that sounded like it was pretty serious. I thought it involved her being fired, you know. It was somebody else on the job that’s because of a serious mistake that was made down there. As far as—one other thing—as far as when, after I had the heart attack and Pat was looking, job searching, there was just so many, you know, like every two weeks it was an up thing for her to try to get a job, and then she’d come right back down again. This went on for many, many, many months.

**Pat:** Eight months.

**Bill:** But you see, after all of that time and you try to console her and you try to be interested, the same thing was happening. So then you can’t possibly be up for somebody after it’s happened a dozen times. This is the format. This is how it was going for a long time with us. And then after a while it was, you know, if we thought she had something really that looked good, she’d really be up for it. I’d really be up, saying, “God…” I go to work and hope to God she gets a job. Because this, you know, because it was really putting a strain on us. It wasn’t a matter of not being involved or not caring. I mean, after all of these... It was happening every two weeks. She’d go for an interview and not get the job. It was repetitious and it happened a lot. So. And
after a while, you just, you know, you want to stay involved. You want to be involved. You want to know what’s going on. And then you just kind of you stay in an even keel about it until it actually happens and then you can be, you know, exalt and can be overly happy about it. That’s the way it stood there, I mean, you know, as far as... And she was just going up and down and up and down all the time. So it was, you know, how do you approach it, you know, in that span of time?

**Pat:** We’re living partners.

**Napier:** Mm-hmm. That’s what I hear.

**Pat:** We live under the same roof and share the bills.

**Napier:** But there’s a lot of anger and a lot of disappointment and a lot of distance.

**Pat:** That’s what’s occurred, and I was not like this previous... I was not...

**Napier:** See, you might look at, though... See, even if this relationship doesn’t work out, it’s important for both of you to look at, “What do I have to learn about me?” This is not just about, “I picked the wrong person.” See, his style of balling up his feelings and letting them out on little things is a problem for him. And you are... I’m worried that you think this is about him, that this is...

**Pat:** I do. I blame everything on him.

**Napier:** Yeah, and see, it’s hard for you to look at your part here.

**Pat:** I had a beautiful little town home. A nice little car. I was fine. I got myself involved, the bills are ten times higher, and I blame him.

**Napier:** Okay, but see, both of you, I think, grew up in families where you felt kind of like orphans. You weren’t getting enough parenting. You’ve tried to help each other. And you’ve gone into what I would say is survival mode. This is not about love or affection or friendship. This is about survival. They’re telling us we’re out of time. My worry is that being in therapy together really might break you up. It might be the straw that just, you know, sets things on fire. But what I’m so concerned about here is the fact that this feels like life and death. This is not just about companionship, particularly for you. I mean, this
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style of dealing with your feelings is killing you.

**Bill:** I don’t realize that.

**Napier:** Well I think that’s what it is. It’s not just your heredity. You grew up in a family where you had so little support that it felt like the only way to deal with life is to keep your mouth shut and be good. And it doesn’t leave any room for your feelings. So of course it’s going to be hard to hear hers, because there’s no room for yours. What I’m wondering... See, you can’t reparent each other, but you could use psychotherapy together as a way to try to figure out how you could help and support each other and where the limits are of what you can and can’t do for each other. Like, you can’t cure him of not having had a mother back there. But some therapy could help you feel safer and better about some of those issues. He can’t cure for you the fact that you were abused. I mean, you’re a victim of abuse and you’re walking around with a lot of rage, just as he is. And my worry is that you’ll just go through serial relationships and you’ll just, until you address these issues in your histories, the relationships will just fail you. And I don’t think this is just about him.

**Pat:** No.

**Napier:** But it is hard for you to look at you. “What’s this to do with my history? What triggers me? How can I not be triggered by it? How can I get insight into it?”

**Pat:** Mm-hmm.

**Napier:** “How can I constrain my anger a little bit and not get so volatile?” “How can I let mine out more—feel safe enough to do that?” There’s a lot of work here. Therapy might just undo you. It might be that there’s not enough glue to hold you together, through... But it might give you some hope.

**Pat:** Well...

**Napier:** I would suggest one thing—they’re gonna make us quit—that before you go further in the individual therapy, think about working as a couple, okay?
Try to put all of your concerns on your relationship, at least for a while. Would you be willing to do that?

**Pat:** You mean both of us go together instead of my going myself?

**Napier:** Both of you go together instead of your going separately. You see, that’s, “I gotta take care of myself. I can’t count on him.”

**Pat:** Well, I asked him to go previously and he wouldn’t. The reason he came here—

**Napier:** He’s willing now. He brought you the ad.

**Pat:** —is because it was free.

**Napier:** Well, but he brought you the ad.

**Bill:** That’s not the only reason.

**Napier:** Are you willing to participate with her?

**Bill:** Yes.

**Napier:** Okay.

**Bill:** I admitted to her just the other day that I think that it would probably be beneficial. We’ll probably learn a lot of things and we’ll learn… Maybe we’ll figure out a few things about ourselves. She asked me what my reasons were for coming here were, and I told her.

**Napier:** Okay. So you’re willing to do it.

**Bill:** I’m ready to go. Yeah.

**Napier:** Okay. He says he’s willing to do it. Would you be willing to stop the individual therapy and go into couples therapy?

**Pat:** Oh yes. Oh, yeah.

**Napier:** Okay. Okay. Try it for three months and see if it helps. Try to just normalize your lives, you know? Try to reduce some of the stress. Try not to escalate the fights. Try to get… See, you’ve been through traumas, and some of what you’re experiencing is post-traumatic stress. You know, it’s like the stress comes later. So you’ve both been through traumas. Unemployment. Major illness. Divorce. You need some time to just recover, really.
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