

Brief Goal Directed Couples (and Individual) Therapy

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In a nutshell, there are two major orientations to couples (and individual) therapy: one deals with resolving the negative patterns acquired during premarital developmental stages, and the other ignores these limitations, instead working to strengthen positive experiences and communications between the couples. The former approach is built on conventional psychodynamic therapy (using the past) and the latter is an off-shoot of a systems approach that is usually referred to as “solution-focused” (using the future). However, solution-focused therapy is correctly criticized because clients often have experience the therapist as superficial due to an insistence upon diminishing the time in the office that allows a client to articulate a problem and compulsively forcing the dialog to, say, tender, sweet, and loving experiences that are believed to be the solution. Instead, part of the goal of therapy is to help people find meaning and learn to problem solve from the world they have come to know. That is, therapy must be built upon acknowledging and understanding where the client is coming from. As Erickson said, “speaking the client’s language” and “putting one foot in the client’s world and keeping one in your own world.” Minimizing the value of the client’s point of view will not enhance or speed therapy. It will only frustrate people and perhaps turn them from treatment altogether.

Yet, the emphasis of brief marital therapy, or individual therapy for that matter, is on rapidly removing the blocks to, and establishing the foundations of, improved communication that leads to empathic skills, active listening, and intimacy while heightening awareness for, and experiences of, positive bonds each partner has (or had)

for the other. That is why I have called the approach “goal-oriented brief therapy” – to distinguish it from the approach known as solution-focused.

The most essential part of the treatment is the assessment phase, because it is based on the epistemology of the therapist. The therapist’s view of the problem, theoretical framework, and range of skill for reaching goals will radically alter the course of treatment. The most crucial variable is the determination of whether or not the maladaptive communication between the couple is a result of poor habits in previous modeling or the result of pre-existing proclivities for defensive behavior on the part of one or both spouses. If it is the latter, therapists may help solve the attitudinal and experiential inhibitions that give rise to the defensiveness – even if its origin lies outside of, and existed prior to the partnership.

It is most important for the seasoned clinician to recognize that a deficiency in positive communication and listening/empathy skills may indicate that there are emotional conflicts and historical biases in perceptions, thinking, and feeling. These deficiencies work to prohibit the retrieval of desired behaviors, experiences, and skills needed to improve the marriage. Brief therapy with couples need not polarize to one or the other of the approaches mentioned above, but can be accomplished by integrating the two with the strongest emphasis always resting upon a desire to establish the positive experiences and skills in listening, reinforcing, and communicating goals in the shortest possible time.

Stages of Goal-Oriented Brief Couples Therapy Treatment

Brief couples therapy generally lasts between 4-12 sessions and tends to be future-oriented, goal-oriented or solution-focused. In the past therapists relied upon traditional

depth therapy as a means by which to resolve marital conflicts. Today, many therapists embrace the ideals of solution focused-therapy and avoid psychodynamic issues of the past. What we dwell on in sessions, determines what will be elicited from the client. Dwelling on the past is not, therefore, an overall productive endeavor. Nevertheless, brief couples therapy may diverge from strictly solution-focused conversation release one or both individuals from limitations which have inhibited freedom of emotional expression, perception and cognition regarding opportunities for intimacy, and comfort with risk-taking and closeness. Such brief tangents will create a meaningful foundation for the positive experiences and skills that are established.

The following stages provide an overview of a comprehensive model of brief couples therapy that can be accomplished within this paradigm. In the rare event that neither of the individuals exhibit limitations beyond those of poor communication habits and poor problem solving skills, steps 3 and 4 below may be omitted.

Steps 3 and 4 are not to be taken as an opportunity for time-consuming intensive psychotherapy and archeology of the past. Rather, they identify important and serious dynamics which an individual may choose to resolve in a more comprehensive fashion at a later time. The rationale for this tangent in brief couples therapy is that minor successes in altering these dynamic patterns will open the door for later exploration and growth. The minor forté will be sufficient for the process of delimiting the factors which have created stress in the marriage and allow strengthening and continuance of the support, love, and safety that the individuals sought when entering therapy.

1. Awareness – Education

A variety of methods from homespun wisdom—from speaking the client’s own language to sophisticated schemes such as Transactional Analysis--often assist therapists and couples at this stage. Some therapists will attempt to baseline undesirable behaviors and others will be content to socialize the couple to key concepts, phrases, and goals of brief couples therapy. Ground rules for conduct within the sessions as well as help in understanding well-formed treatment contracts are essential at this early stage. Solution-focused brief therapists will focus on the rationale for attending to communication which is reinforcing and which elicits bonding resources.

2. Desire to Move to Closeness Rather than Defensiveness

One or both members generally feel that they have been hurt, scared, saddened, abandoned, or ignored by the other. Usually, they have proof of repeated offenses they are happy to relate. The range of feelings which have been stimulated (hurt, scared, sadness, loneliness, or abandonment) are rarely expressed, however. Instead, these more tender feelings are usually protected by aggressive and defensive feelings such as criticism, anger, blaming, or withdrawal.

Clients generally present with complaints about their partners and each has developed a defensive response. Couples commonly set goals for therapy that simply request the elimination of the attacks and criticisms. That is, most individuals request a removal of those behaviors in their partner which make them feel defensive.

A sophisticated and loving couple, or a skillful therapist will soon change this orientation and suggest that therapy be used to increase the closeness between them. Generally speaking, the skillful therapist will be able to help each member separate their attacking or defensive behavior from more tender feelings which have been protected by

these aggressive acts. Stage 2 is usually accomplished by the logical extension of whatever educational scheme has been offered in Stage 1. Once both members of the couple have been able to express their goals in terms of seeking closeness, a major landmark of success has occurred. The accomplishment of this stage also overcomes the common problem that each individual wishes to have change occur in the other person rather than seeking to change themselves.

3. Owing Both Sides of Internal Conflicts

We may divide the psychological difficulties into two categories: the first are those that are sub-clinical and often considered normal in the social network. The second are psychological difficulties which become.

Two examples of “owning internal conflicts” should make this concept clear. In the first example, the husband, as a child, experienced a chronic tension during which he learned that it was essential (or at least advantageous) for him to cover his real need. He became over-attentiveness to the needs of others to hide an expression of his need for attention.

In such cases couples therapy must take a tangent and involve a rapid shift to create awareness of the maladaptive decision and habit that the husband made as a child. Owing this conflict, he found himself reluctant to express his needs on the one hand, and a strong desire to get his needs met on the other hand. In this acceptance of the conflict, the wife was taken “out of the loop” and could no longer be solely blamed for his needs being ignored.

In the second example, the wife, as a child, was repeatedly belittled for her attempts to achieve scholastically and socially. In adolescence she decided to leave home as soon

as possible and build a family one day that would really support and encourage her. Her complaint in the brief couples therapy was that her husband was not supportive and did not listen. However, as she comes to own both sides of the conflict she discovers that she attempts to get her needs for acceptance and support by criticizing and moving away from her spouse and that she has a fear of showing her true desires. As she realizes she has difficulty showing the desires, she comes to understand that her husband could not be expected to properly be supportive and tender towards these unexpressed and seldom displayed feelings. Thus, he is “out of the loop” and no longer the object of blame or criticism.

4. Partial Resolution of Internal Conflicts

As the person makes partial expression of those desired experiences, naturally he or she will seek cognitive consonance for their participation in doing so. This means that they begin to alter their sense of what they value and can achieve in their relationship. That slight alteration is all that is needed in most cases for the individual then to acquire the sensitivity, respect, friendship, intimacy, or joy towards their partner that had previously been unavailable due to the preexisting limitations.

For instance, the woman who had left home during adolescence with had learned to block her emotional expression of desire for support to such a degree that her husband had no clue how to respond to her in the needed manner. Neither did she “hook” his proper nurturing responses to her emotional desire that fueled her motivation for her marriage in the first place. Partial resolution of this conflict was accomplished with a simple intervention. Specifically, she was asked to visualize the teenager she had been as she left home. In that visualization she was to recognize the feelings of desire and sadness

she had at that time. Then she identified with the images of the times in which she had tender emotions and as a result she owned the ability to speak clearly to her husband about the fact that she desired a relationship with him in which he would understand the sensitivities and sadness that she had and for which she wished to be supported. Having made such a statement, the husband was able to respond in a proper nurturing fashion. This linked her emotionally driven desire to have her feeling responded to with his supportive behavior.

It should be clear that this single intervention was by no means a resolution for the conflict that led her to leave home and compulsively seek independence. It was, however, sufficient for her to develop a new manner of relating to her husband wherein an expression of her tenderness, rather than her complaining, would actually become gratifying for her and trigger his support. Further, her complaint that her husband would never take a leadership role in their marriage was corrected because she now saw him in a supportive role vis-à-vis her sense of temporary dependency.

Other techniques that can be used to satisfy the partial resolutions of internal conflicts include role enactment, family sculpting, role reversal, alter ego psychodrama games, dialoging with internal parts, and Gestalt awareness exercises, as well as gentle supportive confrontations and urging clients to explore and become in touch with the conflicting suppressed parts.

The other member of the couple play a critical role in those few minutes that immediately follow the successful partial resolution of internal conflicts. It may be necessary to coach the other partner to create the maximum amount of reinforcement for the other member's risk taken.

5. Emphasizing the Positive

Research shows that the accumulation and recall of these positive experience and memory reduce divorce and strengthen a satisfying relationship. All previous work of contracting and removing limitations has been conducted to facilitate success at this phase.

At this stage, the therapist helps each client recognize, express, and continue to honor several aspects of the other that attracted them. For instance, clients may be asked to vividly recall how they felt when they first saw their partner. The goal in such memory revivication is not simply cognitive or intellectual. The process involves urging clients to recall what they sensed -- what they saw, heard, smelled, etc. -- and come to sense that they are in that moment again. This can be accomplished by several means:

Questioning and encouraging clients to relive the moments

Looking at each other and listing what had attracted them

Telling each other what they love and like about the other

Listing positive traits and giving self-reports of feelings about those traits

Elaborating fantasies about how they might be as a couple

Co-guided imagery about their past romance

Imagination play about their past or future romance

Hypnosis recall and revivication

Post-hypnotic suggestion to associate positive experience to the future

Dating again as homework outside the office

Rehearsing touching and tenderness both in and outside the office

In summary, the goal at this stage is also to convey the necessary shift for members from blaming to emphasizing empathic understanding, acceptance of differences, and friendship. This is accomplished as members feel that the other respects them. As a result, specific needs and support can be requested, addressed, and met, each for the other.

6. Generalized Learning to New Issues

At this phase, couples will have dissolved a number of issues that brought them into therapy. Their problem solving skills will reflect new transactional elements, perceptions, and behaviors. In addition, they will have restored the emotional foundation of caring, respect, and excitement that first bonded them to each other. What the couple will likely lack, however, is an automatic recognition that a number of other foreshadowed issues will arise in the course of their relationship. They are going to encounter difficulties in the future. This phase encourages couples recognize that the skills rehearsed and learned in can be applied to other issues in their relationship.

In this last phase a number of techniques should be considered. For example, image rehearsals will be valuable. Both partners participate in an detailed anticipation of what issues may arise in the future, creating an associational link between those issues and the problem solving skills that are giving them a sense of success during the treatment.

Summary

Brief couples therapy can integrate aspects of both dynamic psychotherapy and solution-focused approaches, thus accomplishing a more elegant and efficacious approach than either perspective alone. Once even small parts of the of individual habitual limiting interaction patterns (or internal conflicts) are corrected, the couple can

work to enhance their communications of friendship and respect. Finally, the newfound intimacy and love must be nurtured. This can be accomplished through visualizations, rehearsals of the future, and real-life contact that implement and ingrain the gains from therapy.

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