

"Self-Reflection with Chronically Angry Couples" Teleseminar with Dr. Ellyn Bader and Dr. Peter Pearson

Zoe: Welcome, everyone, to the teleseminar, "*Self-Reflection with Chronically Angry Couples*." My name is Zoe Laidlaw and I work with Drs. Ellyn Bader and Peter Pearson. I just want to say a few words about them to introduce them to those of you who haven't trained with them before.

Pete and Ellyn are founders and directors of The Couples Institute, and in the last 25 years, they have seen thousands of couples and trained thousands of therapists around the world. They have produced multiple training resources for therapists and written a book, "*Tell Me No Lies*" for the public.

On a recent teleseminar, I mentioned that their first book was in their 14th printing. That's "*In Quest of the Mythical Mate*," where they introduced the developmental model of couple's therapy. Since then, the publisher completed its 15th printing. That is really remarkable longevity for any title, and it tells us that Pete and Ellyn's ground-breaking ideas from the 1980's are still respected and widely read today.

But Pete and Ellyn are not ones to rest on their laurels. They continue to come up with innovative techniques and approaches for working with couples. Tonight is a perfect example as they present a process they have never taught before. So thanks for joining us, and let's begin.

Ellyn: Well, this is great. Tonight we are going to be talking about those tough, chronically angry couples. Take a minute and think about this: Have you ever attached your own self-esteem to the outcome of one of your most difficult couples? Or have you ever compared yourself to some therapist mentor or some therapist hero and believed they could be more insightful or more effective than you? Or have you ever worried about what some angry, unhappy couple might say to colleagues or to another client that you know?

If you have ever had some of these worries, you have definitely worked with the kind of couple that we are talking about tonight. These are the ones who fight a lot and who come into session after session wanting to react to the problem of the day, and wanting to point fingers.

Overall, they want their partner to change and they want the changes that their partner makes to be maturational and characterological. But they treat these changes as if they are very simple, as if they are decisional or behavioral.

So what we are going to do tonight is I will describe the persistent problems that these couples present. We are going to talk a little bit about how

they manage anxiety and ambiguity, what makes them so challenging to work with. Then, Pete will describe the process for creating collaborative change and how to sort out the confusion and the resistance that they present.

As he goes through the process, I'm going to describe how one of my couple clients responded to the questions in this process so that you'll actually be able to have a clinical example.

After we get through it, we will open up the lines for some questions and discussions about the use of the process. We believe this is a process that can help you stay more centered and focused when you are working with these couples.

Let's look at some of the persistent problems. These are the chronic ones that keep happening over and over again. First of all, they will rapidly escalate hostility. It takes a very minimal provocation. In fact, their most comfortable defenses that work for them often become offensive in terms of how they are with their partners.

They tend to be very demanding of intimacy. And they don't have the developmental capacity to support that demand. So they will come in wanting more closeness, more contact, more connection, sometimes more sex, and they don't know how to create the conditions that would actually allow intimacy to take place.

Pete: It gets even worse because not only is there the demand for more intimacy, but very often there is a part of each person that if the intimacy demand is met and responded to by their partner, that intimacy creates a lot of anxiety in the person who is making the request.

So it is not as simple as if their partner becomes more responsive, then the asking partner will feel more comfortable. Most of the time, that also generates an anxiety by itself—the anxiety of getting closer and closer and being more known, seen and responded to.

Ellyn: These couples also have a minimal level of self-responsibility and, in fact, that is often paired with an avoidance of ever expressing or showing any vulnerability. So they won't expose themselves, and at the same time, they refuse to take responsibility for either what they are requesting, or any changes that they themselves might take.

Pete: One of the problems with taking responsibility is that they will feel they are wrong, or will feel shamed, or blamed. So one of the key leverages that therapists try to create is to help each person look at their own contribution. Looking at their own contributions is often so laced with shame or guilt, that they avoid taking responsibility and then that creates a dilemma for the therapist because now what do we do if each person wants to avoid taking responsibility for their contribution?

Ellyn: They also have very high levels of sensitivity to confrontation. So, if the partner or even worse, if you, the therapist, begin to confront something they are doing that may be dysfunctional, they become highly sensitive and highly reactive to you, and will push away whatever it is that you are trying to communicate.

Pete: Yes, that sensitivity will often trigger a feeling of shame.

Ellyn: They also continually re-trigger trauma in one another. So instead of being able to repair past or current relationship ruptures, they don't know how. They withdraw and avoid the partner, and in the process, they re-trigger either feelings of loss, feelings of abandonment, or feelings of—again—shame or guilt. And they really don't know how to get through this in a way that creates a repair and an ending to one of these interactions.

Pete: Now this is one of the curses and blessings of doing couples therapy. They will trigger trauma in the other person, and when that trauma is triggered, that is when they will start to finger point, cross complain, finger point some more, and do other ineffective things in the office toward their partner.

They will do these ineffective things in an attempt to get relief from pain, helplessness, hurt, hopelessness, despair, or high levels of distress. Underneath the ineffective finger pointing, really they are trying to get relief from the pain they are feeling.

Here is the big difference between individual and couples therapy in working with these people: in the office, they will restimulate trauma in the other person, and their reaction will then trigger traumatic sore spots in their partner.

When working with an individual, you don't see the reaction in real life when that trauma gets triggered. In individual therapy, people are talking about the pain and the distress. So the therapist really doesn't get a clear picture of how that person responds so ineffectively when they get triggered with trauma. But in couples therapy they trigger each other in the room. It requires a different level of activity from the therapist.

Too often, early in my career, I thought in a very misguided way that couples needed to let this out. What I was mistakenly seeing as potentially helpful, was basically two people just re-triggering trauma. I had to learn to be much more active to guide and direct what was going on in the early stages of the therapy to avoid making it worse for them and making the office unsafe for them when they came in.

Ellyn: These couples also compete for getting needs met. They come to conflict or differences with an orientation that one will win and one will lose. So they become very competitive around who is going to be responded to, whose needs will get met. They don't approach the normal problems of being in a relationship in any kind of collaborative fashion.

Lastly, they search for external solutions to their problems. In that search for external solutions, it's always, "I want you to change. If only you were different, you would give me what I want."

And again, they don't have any internal self-reflection to help them get involved in changing the relationship or make an investment in the therapy.

Pete: Which is why they look to you, the therapist, to change their partner. They are almost in total despair that they can do anything effective. Their only alternative is for each of them to look to you, the therapist, to try to get the other person to stop behaving so poorly.

Ellyn: I want to talk a minute, too, about how they tend to manage anxiety and ambiguity. For effective differentiation to take place, the relationship partners have to be able to tolerate being in a state of anxiety or some uncertainty while they are trying to solve a problem

In these partners, a more frequent pattern is that when one person feels anxious or uncomfortable, they move to a position of control and dominance. So the basic byline would be, "I'm anxious, therefore you should change and be like me, and if you will change and be like me, then I can relax again, calm down, get what I want, and everything is going to move forward okay."

They have so much trouble feeling the discomfort of anxiety and knowing that it is anxiety for growth that they are actually experiencing.

Another form of this is somebody who becomes very passive and doesn't want to differentiate. In that process, they will take their anxiety and shut down and withdraw, and not risk moving into the anxious place of initiating with the partner.

Pete: If you think about it from this perspective, it will help make these interactions that they go through a little less toxic and more benign. Our brain is actually designed to give relief from a threat or stress as fast as possible. It is simply a built in mechanism in the human condition. So the attacking, blaming and trying to control the other person is an attempt to get relief from the distress they are experiencing.

Also, going passive is a way of trying to get relief from the distress. The brain just wants relief. That is it. That is what it is designed to do. So in that sense, what they are doing is normal but it just gets carried to an extreme in the office with you.

Ellyn: By the time they come in for therapy, they have usually waited way too long and so they have already stimulated a lot of trauma in one another. By the time they come in, they have begged, they have cajoled, they have blamed and demanded. They have exhausted all their resources to get the other person to move.

In fact, the changes they want are often healthy changes. They often want their partner to do something that would actually help the relationship be more functional, but they haven't known how to sustain any positive momentum, and they haven't learned how to actually engage in something that would change the negative cycles into a more positive process.

And also there is high danger that by the time they come in, because they have waited so long, they don't really listen or take in any brilliant interventions that you might make. You might be right on track at describing what they are doing or making a perfect interpretation, but they feel so battered and they are so resistant at the point they come in that they don't really hear it. They don't let it in.

As Pete was saying earlier, the suggestion that in fact a change might be needed is often taken to mean that they are inadequate. And they have to protect their self-esteem by not changing or by warding off those fears of change.

The process Pete is going to describe now is a process which is designed to really create a collaborative change process and help the partners become much more self-reflective in a way that lets them be invested in seeing the change.

Pete:

This process evolved out of the difficulties that we are talking about. In this kind of situation, neither person really wants to look at their contribution. We, the therapists, try to get each partner—in a very general way—to look at their contributions. They might get it for a few moments.

But then they quickly move away from it and put the focus of attention back on their partner. They might say, "Well of course I only do this because my partner does xyz." Then you, the therapist, are back in the cross fire again.

So, how do you begin to help each person look at what they do, and then help them sustain looking at what they do? And they need to keep looking at what they do with a high degree of motivation so that you can work with each person to make a shift in the system.

Here is how it goes: Let's say a couple named Charlie and Mary are in my office. Here is the set up for the process we will talk about. I will say, "I'm going to ask the two of you a couple of very difficult questions. At least I have found that for a lot of couples, they find this difficult. Basically, these questions are designed to assess how well you have been listening to each other and how well you have been listening to your partner's distress, especially in areas of high distress."

I try to normalize it by saying, "A lot of couples struggle with this, and I'm going to assess how well you have been listening to each other." So if

they get it right, halleluiah. If they don't guess it, then that is ok because they know that a lot of other couples struggle with it, too. So either way, I want to make it a gentle win-win question for these couples.

So then I would continue by saying, "Charlie, in every couple, over time, each person will do certain things that create distress or stress or pain or discomfort in their partner. It is just unavoidable with all the interdependencies of living with each other. So Charlie, here is my question. What do you think you do that creates some distress for Mary? In fact, what do you think she would identify as the two or three "hall of fame" distressing behaviors that you do?"

And I will ask Mary the same thing. "Mary, what do you think you do that creates high distress or discomfort in Charlie? What do you do, Mary, that you think Charlie would say, 'whoa, these really are my top two'?"

"So each of you think now what it is that you do that you think would be the worst two or three distressing examples of what you think you do for your partner." So, that starts the process.

Ellyn: So when I asked Charlie and Mary these questions, Mary said she thought what bothered him was her being bossy. And also she would get very overcommitted and not only order him around, but also order the kids around, ordering their nanny around, ordering everyone around with a big checklist, and that that was really annoying to him.

Pete: And then I would say, "Mary, how confident are you that the behavior you just described would be in Charlie's top two? Use a 1-10 scale, with 10 being highly confident. How confident are you that when Charlie hears what you just described, he would say 'yes, those are the top 2'? How confident would you be?"

Ellyn: Mary said, "I'm just not that confident at all, because he never talks, so that is my guess, but I really don't know."

On the other hand, Charlie said what he thought really bothered her was that he was demanding, self-centered, and always had really strong feelings. When I asked about the confidence level on Charlie, he said that he was very, very confident that he was correct.

Pete: Then we would check it out, and I would say, "Mary, how targeted is Charlie in assessing? How carefully has he been listening to you?"

Ellyn: (*as Mary*) "Better than I thought, especially the big feelings. I didn't know he was aware that he always had these really strong feelings."

Pete: Ok, now let's do a side bar and talk about this for a moment with the couple. I might say to Mary, "So what is it like for you to know that Charlie really has been listening to you and he really has processed what is distressing to you? What is that like for you Mary?"

Ellyn: *(as Mary)* "Well I never thought he was actually listening so it's better than I expected."

Pete: Now, that is a pretty common response where a person will say, "Wow, I guess they were listening. They did get it."

The second common response is, "Ok, well, they got it. Now if they got it, why haven't they been doing something about it?"

And I will say, "Great question, but that is for a little bit later."

But mostly what I have found is that couples are actually quite accurate at identifying what they do that really bothers, annoys, or creates frustration in their partner

Now in the situation with Mary when she said she is not very confident, I will say, "Ok Mary, probably one of two things is going on. One is when someone is not confident, Mary, maybe their partner has not been very expressive for whatever reason. They have not been expressive or clear about what their distress is."

Ellyn: *(as Mary)* "That is this case. Every time I try to talk to him he's off in another room. He leaves the room and doesn't want to talk to me."

Pete: "And so what happens is, somebody is not clear or expressive, and sometimes it is a combination of somebody hasn't been very clear, and the other person hasn't really received it very clearly either.

So sometimes it is a combination of both, "Mary. What I hear you saying is sometimes, for some really interesting reasons, Charlie hasn't, at least in your awareness, been very clear to you about his distress."

Ellyn: *(as Mary)* "That's right."

Pete: "Ok. Charlie, how accurate is that, what Mary just said to you?"

Ellyn: Charlie answered, "Well, I do leave. I don't like to get into these long discussions where she is just telling me what to do. So I do leave."

Pete: "Ok. Charlie, would you be interested in having Mary be more clear about what she does that is so problematic to you?"

Ellyn: *(as Mary)* "Of course."

Pete: What couples will really say is, "Yeah, I want my partner to be clearer."

And at that point, I would say, "Charlie, would you be willing to risk right now just expressing what would be your top one or two things that Mary does that really creates so much distress in you so that she can be a lot more targeted?"

Ellyn: *(as Charlie)* "Well, she was right about the bossiness. I don't like it when she gets bossy. And I guess the other one is that she spends money without telling me. I don't like it when she spends money and doesn't tell me."

Pete: "Ok, and that, for a whole series of reasons creates distress in you. Is that right Charlie?"

Ellyn: *(as Charlie)* "That's right."

Pete: "Ok, now Mary, Charlie just said, 'This now has been elevated to the top two.' Are you surprised about that?"

Ellyn: *(as Mary)* "I had no idea about the second one."

Pete: "Wow. So in a sense, Charlie has given you a gift - the gift of clarity, the gift of potentially repairing your relationship to making things a whole lot better on both of you."

Ellyn: *(as Mary)* "Can you help me a minute? I feel mad that I've never heard that before. That is in his top two and I'm just hearing this for the first time."

Pete: "Ok, so one part of you is mad hearing this for the first time, and is there another part of you that feels some relief that you know it?"

Ellyn: *(as Mary)* "Well, when I get done being mad, then yes."

Pete: "Ok, because knowing it can give you an opportunity to do something about it. It might even change some of that withdrawal pattern in Charlie that bothers you so much."

Ellyn: *(as Mary)* "Well that would be good."

Pete: "And if he stops withdrawing, then the two of you have greater potential to find newer ways of connecting. Things are going to be safer and more comfortable for each of you."

Ellyn: *(as Mary)* "That sounds good."

Pete: Ok, so here is what I have done. What I want each couple to do, is to say for themselves, "This is what I do that I believe creates distress in my partner."

I do not want to phrase it like, "Will you try to guess what your partner will say the top 2 things are?" I do not want them to guess that because it doesn't make them own it as clearly as when I say, "What do you think you do that triggers distress in your partner?"

I want each person, like we just went through, to start identifying and clarifying what it is for themselves. Now, they are owning it. It is not being pointed out by me. It is not being pointed out by the therapist

This sets the stage for a better contract for change and a better goal for change, so I don't have to work so hard to get it. After getting the clarity about what each person does, I am now looking for motivation for change. I want to find as many reasons as I can to help each person focus on what they are going to do to create a motivation for change.

So I would say to Charlie, "Charlie, can you tell Mary what would be the effect on you if she got in control of her bossiness and if she didn't spend money in a way that was problematic? What would be the effect on you, Charlie?" What I'm doing now is trying to set up a motivation for Mary to change by hearing directly from her partner's mouth.

Ellyn: *(as Charlie)* "I would relax for the first time in years. I can't even imagine what it would be like if she wouldn't be so bossy. I would breathe a sigh of relief."

Pete: "And if you breathe a sigh of relief, Charlie, then other parts of you are going to start showing up in this marriage, is that right?"

Ellyn: *(as Charlie)* "Yeah."

Pete: "Other parts that could be more joyful, more happy, more connecting, more spontaneous... something like that?"

Ellyn: *(as Charlie)* "Well, yes. I know I still love her somewhere. I want to show that but it doesn't ever come out."

Pete: "Mary, what would be the effect on you if Charlie didn't have such strong, big emotions, etc?"

Ellyn: *(as Mary)* "Well, there would be space for me. I would exist. Right now, I don't feel there is space for my emotions at all."

Pete: "So, what parts of you would show up and how might you be different Mary, if there was space for you to show up?"

Ellyn: *(as Mary)* "Well, instead of walking around like a drill sergeant, I could have fun in the house, I could joke around... I have some tough things at work that I'd actually like to share with him and get some help on. But I just know that if I bring something up he would have bigger feelings and what I want to talk about would get lost."

Pete: "So, you would feel a whole lot safer to take more initiative to show up a lot different, and be more caring, supportive, or enthusiastic with Charlie."

Ellyn: *(as Mary)* "That's right."

Pete: So, what I've just done with that interaction was to create motivation for each person to say, "Yeah, if I start changing, this is the motivation." I'm not having to work really hard at this to bring forth the individual objectives and reasons for changing.

So now I go to the next part with Charlie and Mary. "The two of you may not be aware of the 80/20 rule, but it is pretty pervasive in so many areas of life. For example, in sales organizations, usually 20% of the sales people are responsible for 80% of revenue, or 80% of the sales. For most people, if you look at their clothes in their closet, most people wear 20% of their clothes 80% of the time. The 80/20 rule shows us where we get high leverage for change.

For example, if the two of you just focused on these two items that you identified, what you have done is to say, 'Wow, these are really high leverage areas of change, where I really begin to scratch my partner where they itch. I've identified that if I work on these two items that I described, I can begin to get a huge shift in our relationship.'"

And then I'd say, "Here's what it means when somebody puts out a huge amount of effort without appreciation. I was working with a couple one time and a guy said, 'I can't believe how much I do for my wife, and what do I get back from her in appreciation? Nothing.'

I said, 'Give me an example.'

He said, 'I asked her if she would like me to build a sunroom on our house. And I built the sunroom. How much credit did I get for that? She said, 'that's nice, I'm glad you did it.'"

She explained to me, 'Well actually that's true, I liked it. But I tell you what would have meant a lot more. If he would just pick up his breakfast dishes, pick up the clutter around the house, and put away his stuff when he brings it out. To me, that has so much more meaning and significance than the extra space that comes from a sunroom.'

And I said to Charlie and Mary that basically, he was scratching her where it really didn't itch. What meant the most to her was to have less clutter, and he was putting his efforts into building a sunroom.

'I want you, Charlie and Mary, to avoid making that kind of misjudgment, where you put effort into creating a change, nothing happens, and then you get annoyed at the other person because you think they don't care.'"

What you each have done now is identified a really high leverage area of change. You can see the benefits for making those changes.

"Now, in a world governed by logic and reason, what we would do at this point, Charlie, and Mary, is each of you would say 'Wow, let's go do those

things. I'll stop being bossy, I'll stop having big emotions, and our relationship will be one episode of never ending good feelings.'

But that's not the way it works. If all we needed was good advice, then everyone in the US would be rich, thin, and happy. There is something more at work, and this is where my role comes in.

My job is to help each of you reach and maintain that change that you each identified for yourself. So Mary, my role would be to help you become less bossy. But to help you become less bossy without using clenched teeth willpower.

Charlie, my role for you would be to help you not have such big emotions, but help you express them in a way where you still have your integrity. Your emotions can be expressed in a way that does not create high anxiety, hurt, or pain in Mary.

That is my job: to help each of you to reach your individual objectives without clenching your teeth.

So what I have just done is explained to you my role. Now, let me ask you a question. By helping you reach your individual goal - for Mary it's to be less bossy and for Charlie it's to have fewer big emotions - on a scale of 1-10, how committed or dedicated would you each be in achieving those goals?

What would be your level of motivation on a scale of 1-10 with 10 being that you'd rush into a burning building to pull out your child or your pet? You would just go in there and find a way to do it. So that would be a 10. So on a scale of 1-10, what would be your level of motivation for making the changes that each of you have just identified?"

Ellyn: *(as Charlie)* "8 and a half."
(as Mary) "5 or 6."

Pete: "Mary, what would make it a 7, 8 or 9 for you?"

Ellyn: *(as Mary)* "I know you won't like what I'm about to say, but I think I really have to see him do something before I'm going to feel like there is really that commitment. I am not so completely trusting. I'm willing to have some motivation here, but I am not all the way at the top of the scale."

Pete: "Ok, so what you are saying Mary, is that there is a part of you that is skeptical and what you would like to see is some kind of action or follow-through on Charlie's part to make you even more dedicated than you are right now."

Ellyn: *(as Mary)* "That's right."

Pete: "Ok, that seems reasonable."

So now what I have done is get some level of commitment and motivation. And then much of therapy at this stage is in helping each person look at their own intrapsychic process. That could be family of origin in terms of why Mary is so bossy, and I would help her look at how the bossiness is a self-protection or a coping mechanism.

Ellyn: Also, one of the things that is so valuable about this process is that without your saying it or without your tracing family of origin issues, you can see from what each person is picking, where their typical negative transference to each other is.

In this case, Mary's view of him is that he is so big and he takes up so much space and that she is so little. And you have a person who has been disconnected from her emotional self, and gets into that bossy, parental behavior with him, but really she has been very disconnected from her emotional self for a long time.

Pete: And for Charlie?

Ellyn: And for Charlie, he looks like he's big and at the top of the hierarchy in some ways, but his big emotions are really an expression of how little he actually does feel.

Pete: So, you can help each person look again at their intrapsychic processes. But now it's much more collaborative than in the past, when looking at intrapsychic processes would have been seen as, "why are you making me the problem?"

Now you're looking at their intrapsychic process, teaching them skills to regulate their emotions, teaching them skills to communicate more effectively and more clearly. It is a more collaborative process rather than them feeling like you are making them the identified patient in creating change.

Ellyn: You also have a good way of stroking the positive change when they make a change. You can help them in the next session talk about what was the impact on the other person and how did that work and how did that help.

Also, when they come in reporting a fight of the week, you can trace it to how are these dynamics that they have outlined already embedded in that fight of the week.

Pete: Exactly. And just about any secondary fight will be, in fact, connected with the issue that they have identified. If they bring up a fight that has no connection, you could say "Well, can we just put that fight on hold and go back to staying more centered on the goals you identified previously."

Ellyn: On the 80/20?

Pete: Yes on the 80/20. Keep working on the targeted skills to help them stay more focused and balanced. By asking for two problems, people will cover an awful lot of territory in terms of systemic interaction and will give you a window into their intrapsychic struggle.

Ellyn: I think this would be a good time to open up the phone lines for questions and see if it is making sense, and see if people can follow it. Does anybody have a question?

Female: I'm confused about 80/20.

Pete: Ok. And the confusion is?

Female: I don't understand how it equals a high level of change.

Pete: Ok, when couples come in, they will start talking about 5, 10, 15 different areas of conflict where they are struggling. If we can take the top two that bother each person and focus on those, focusing on those top two doesn't mean that we will ignore or deny or minimize the other ones, but the top two will give them the most leverage for change.

It is like the 20% of the sales people that create 80% of the results in a sales organization.

Ellyn: An example would be... let's say that during the week, Charlie learns from the therapy that instead of regressing at times into his big emotions, in fact he could stop and actually say to her, "What is it that you are wishing from me right now? What are you hoping I would do? How can I help you? Is there a way I can extend myself to you?"

So, that one shift from regression into extension of him to her will be enormous in terms of how she feels and in terms of beginning to change their dynamics.

If you can focus on repeating examples of that for a while, then you begin to change the dynamics in which she thinks he is always going to have what he wants, and that she will never have what she wants. And rather than scattering into different fights of the week that they bring up, really focusing on a repetitive pattern like that.

Let's see if we can get another question.

Female: What happens when you work with a couple where you have set limits and boundaries with them and they continually break them pushing the relationship right to the brink?

Pete: See, I think if you do this approach with this couple, you get a better buy-in right away in terms of "this is what I will focus on, and here is why."

When I work with other couples, I would often run into the same thing. They would make an agreement and it would last until they got out into the parking lot, and then they were back in their old patterns again. But if you take this approach, you get a much better buy-in, which I suspect you probably didn't have with this couple in terms of, "I'm really going to look at myself and focus on my part and here is the motivation for doing so, because of the effect it will have on my partner."

I would also then suggest it is ok to see each person individually. Sometimes people are just so raw that they will trigger each other in the session and it doesn't feel safe at that point for them to be vulnerable enough. So give yourself the choice and option to work with them individually, bring them together, and then work with them individually again.

Ellyn: Another thing is that some of these couples are very emotionally young. It helps if you can get the limit to be something that truly comes from themselves rather than one imposed by the other person.

You will still have to be repetitive and remind them of the limits just like you do with a young child, but you'll be able to remind them why they agreed to keep the limit to begin with. What was their motivation and reminding them that in fact what they do is so irritating to the other person, that it is so upsetting and it triggers trauma?

And do they want to keep creating a relationship that is trauma based, or do they want to start to build a relationship that has a more positive, and more secure attachment as part of it?

Pete: I just will repeat one more time that all of the ineffective things that they do are an attempt for them to get relief from pain, helplessness, hopelessness or despair. And they are just really ineffective ways of doing that.

Then you can work with them individually to shore up that affect regulation.

Ellyn: Does anybody else have a question?

Female: I have a question about affect regulation. I appreciate what you said about meeting with the couple individually. As I'm listening to you, I'm tracking one of my couples and their dynamics. And in fact, it is a case where the female is extremely challenged in terms of being able to regulate herself. I anticipate trying to implement something like this, and I'm anticipating how reactive she will be in terms of creating space for each of them. I'm wondering if you have any suggestions aside from meeting individually because, like you said earlier, her trauma gets activated with the partner. I don't know that I would elicit the same response in the one on one.

Ellyn: An interface between one on one sessions and couples sessions is usually the best process so that you can use the individual sessions to solidify the

reason for the change. Anything you can do that is grounding for her will be helpful.

I like to do things like having people carry a card in their wallet that reminds them of what they are doing, or putting something on their mirror or refrigerator at home. They need to be reminded of the benefit of why they are doing it.

It's not just that they want to make these changes, but the benefit that when she becomes able to self soothe and calm herself more easily, she will be more approachable, people will want to spend more time with her.

So it is an interface between coming back to the benefit and really helping her do grounding, meditation, deep breathing, and all of the typical things that help calm.

Pete: Here are a couple of quick things. Sometimes I will say to couples, when you are under high stress, it's time for a little R&R. The first R is for "relax," especially when you are under high stress.

Relax means this: breathe deeply, and you do that first by exhaling completely. When you exhale completely, you will automatically take a deep breath. When you breathe in, breathe in slowly. Hold it in for a count of two, and then slowly exhale.

When you do that, you will be giving your thinking brain, your prefrontal cortex more oxygen.

When people get under high stress, we breathe shallow, and when we breathe shallow, our brain doesn't get enough oxygen and we go into a state of confusion. Our emotional brain then takes over and then the limbic system is in charge.

So R&R means, first of all, relax. The best way to get immediate relaxation is to breathe deeply the way I just described it.

The second R is for "refocus." So R&R means "relax and refocus." Refocus means how you aspire to be in a difficult conversation and a difficult situation with your mate.

You want to be more curious, empathic, understanding, patient. You want to ask questions and be less defensive. Think about how you aspire to be when things really are difficult.

I will have them, in my office, start picturing themselves being that way as relaxing. Sometimes I will ask them to pair that experience up with a word, create a conditioned word that will just bring that whole experience together.

Sometimes people will use the words "mountain," "beach," "sunshine,"

etc., and then when their mate starts going on tilt, they can breathe deeply, repeat their word, and it brings back the relaxed feeling.

If you do any of the energy psychology such as EMDR or Emotional Freedom Techniques or Be Set Free Fast kinds of things, where you can start giving people an image of what they do, then you can solidify that image in the office and have them be proactive in the office.

You can start to take away some of the early trauma with EMDR and you can also build in resources so that in the midst of a tense situation with their spouse, they can start doing a little R&R—relax and focus—on how they aspire to be.

Ellyn: I'd like to add one other thing to that: in the office, I keep talking to them about how I want to be able to help them repair when they get activated, and the quicker they can repair and calm down, the more effective they are going to be. We look at what will it take to shorten that fuse, what will it take to shorten the time when they initially get activated to be able to be present.

It is ok to take time outs while you get back into the thinking brain instead of trying to keep engaging with your partner when you are in those acting out places.

Pete: If you do Gestalt therapy, you can have the partner do a two-chair dialogue with their self: One part is the part that really wants to be calm, patient, understanding, and in the other chair can be the part that, in fact, becomes hostile, finger pointing, etc.

And you can have them have a dialogue with each part and begin to get those two parts to be more collaborative with each other.

Ellyn: Let's take one last question.

Female: I was just curious—would you tend to do those last techniques within the context of the session, or would you tend to leave that for individual therapy, particularly if you had someone that kept acting out?

Pete: That is a really good question, and I do both. I do a lot of two-chair Gestalt kind of techniques with the other partner in the room. The partner can actually feel the struggle that their partner is having trying to integrate an evolved way of being with the old protective coping process.

So, I do both. I do these techniques with both partners in the office and I do them individually as well.

Ellyn: And I know you do a lot of the energy psychology techniques in the office too.

- Pete:** With both of them, absolutely.
- Zoe:** Do you want to take just one or two comments from people as to whether this was helpful?
- Female:** I want to say this has been really helpful. I have done things with you before so I certainly know about asking the client a question about what they need to do to become a more effective partner and all that. You have really taken these questions and flushed them out further
- Ellyn:** Oh, thank you Anybody else?
- Female:** You guys were really focused, you guys were very clear, it was very helpful. Thank you.
- Pete:** This process works well with any couple where you are struggling to get traction. It is not just with angry, escalating couples. It is with any couple where you are struggling to get traction because you are not getting a good focus. And the couple is not really claiming their own individual accountability and responsibility for making the shift.
- I would like to say thank you for showing up tonight.
- Ellyn:** Thank you very much for joining us tonight.
- Pete:** I really wish you well with your challenging couples in the next chapter of working with them.
- Zoe:** And be sure to visit our website for more resources on couples therapy. That's www.couplesinstitute.com.
- Ellyn:** Good night everybody.

Dr. Ellyn Bader and Dr. Peter Pearson are directors of The Couples Institute, which they founded in 1984. They are creators of The Developmental Model of Couples Therapy, an approach that teaches therapists how to diagnose, intervene and significantly change troubled relationships. Their powerful presentations always combine theory with practical insights and how-to strategies. For more information on their work, visit www.couplesinstitute.com.