Restoration Therapy
Understanding and Guiding Healing in Marriage and Family Therapy

Terry D. Hargrave and Franz Pfitzer
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INTRODUCTION

Couples present some of the most challenging work in relational therapy because, in many ways, they are so confusing. Here are two people who usually come together, and many married because they were intoxicated with love for one another. Yet, within a matter of months or years, they are coming to therapy because they simply cannot stand one another any more. Many are absolutely convinced that the partner is his or her enemy, and he or she cannot ever conceive how the thought of having a permanent relationship with this person ever could have worked. How did this couple who was once so in love lose one another along the way and become estranged, distant, and emotionally disillusioned?

Many of these couples from the start of their relationship lose one another because of differences in their relationship focus. We mean that many couples come into a relationship expecting the partner to give emotional fulfillment and happiness. They want a partner who will share joys and intimacy and provide comfort and protection in time of need. What they often find is a person who triggers the emotional executive operating system discussed in Chapter 6, a person who does not fulfill them but creates many questions in terms of identity and safety. Instead of safe, they feel insecure. Instead of love, they feel unloved, unwanted, and alone.
Many who go into relationships looking for this type of fulfillment and happiness are actually missing the point of what relationships in general do. Relationships—especially deep mating and family relationships—force us toward growth and maturity (Hargrave, 2000). In essence, relationships force us to deal with the deepest part of ourselves that needs to grow in terms of learning who we are and how we can become capable and powerful in a world that is not always safe. As much as we would like it to be so, a partner is not built to give us our identity as a person or protect us in an unsafe world. There is but one time in our lives when that is programmed into us, and it is in the vertical relationship between caregiver and child. What we have in a horizontal relationship of coupling is an opportunity to walk together and share, struggle together and grow. As individuals, we must be responsible for our own sense of self and our own power, or we cannot partner. Instead, we become dependent on the partner and force him or her into a position of trying to provide us with the parenting that we may never have received. Since partners cannot supply this type of parenting competently to one another and certainly cannot make up for what was not given in childhood, the relationship is bound to be filled with conflict, strife, and difficulty, and one or both of the partners is constantly trying to get the other to behave, feel, or act differently. Relationships are intended to make us grow instead of making us happy (Hargrave, 2000).

INTIMACY, “US-NESS,” AND COUPLE THERAPY

Some will ask, however, if partners cannot supply this kind of identity and safety for one another, what is the source of intimacy? If the relationship is all about growing as an individual, why bother with coupling? Intimacy is a wonderful thing, but the primary thing that makes it good is that it is generative by nature. By this, we mean that intimacy brings forth a new relationship and new creativity. Partnering through marriage is not just two people who commit to experience life together and stand by one another. They actually create something new because of their relationship.

This became clear to me (T.D.H.) a few years ago when the family therapist Carl Whitaker was still alive. One time, when we were having breakfast, he looked at me and spoke about his wife, Muriel, to whom he had been married for over 50 years. He said, “You know, as much as I would miss Muriel if she were to die, I would miss much more what we
are together.” Carl used to call this experience of what we are together “we-ness” and what we have now begun to call “us-ness” (Hargrave, 2000). The wonderful quality of this us-ness is that it is neither you nor me. The relationship contains both individuals and is more than just the sum of their individual parts. Even though this relationship is invisible, it does have identifiable parts that are dynamic and visible. For instance, us-ness has its own personality, likes, and dislikes. For instance, my wife likes ballet, and I do not. However, our us-ness likes ballet. When I say this, I do not mean that since my wife likes ballet, I simply acquiesce to her wishes and go to the ballet. I mean that when we go to the ballet together, the experience of dressing, interacting concerning the performance, and spending time together is a part of who we are. Our us-ness likes ballet, although I would never chose to go on my own. Us-ness is also predictable. As family therapists, we can look at a marital system or a family system and tell when tension is increasing and its power alignments and belief patterns. Most times, for instance, we not only can predict when a couple or an us-ness is going to have a conflict but also can predict what the us-ness will say next in the conflict (Hargrave, 2000).

And, even though this us-ness is invisible, there is a metaphorical element that is indeed visible. In coupling between a man and a woman, there are sexual relations that usually involve the deepest kind of physical intimacy that two can share as they give to each other and eventually lose control of their voluntary reactions during orgasm. It may be the only time in our conscious experiences when we actually lose control of ourselves under the influence of another. But, this loss of control is usually not one that produces fear; rather, most people find it fulfilling and peaceful. This kind of giving of self—when we know who we are and give ourselves freely—can actually be calming and peaceful when we have a partner who is able to do the same. Even past this sexual intimacy, there is the possible result of the intimacy in terms of conception. Conception involves exactly half of one person’s genetic material and half of the partner’s genetic material. When these two halves combine in their magical and mysterious way, the resulting fetus is not a replica of either parent. The new life is a whole new human being. In the same ways that children have similarities to their parents but are human beings all their own, us-ness between a couple is similar to the partners but is representative of an identity itself (Hargrave, 2000).

How do parents keep a child alive? With few exceptions, parents feel an overwhelming drive to provide the love and trustworthiness that the
child needs. They see the child as unique, valuable, and worthy of sacrifice. They desire to be around the child and make the child’s environment safe, predictable, and secure. In other words, they feel a drive to provide the child with love and trustworthiness. Although parents make many mistakes, we find it characteristic that they take into account the interest of the child first rather than their own well-being. They do not enter into a competition with the child to get their interests met before those of the child or negotiate with the child about whose interests are most important. Parents take care of themselves individually but usually put the best interest of the child first.

This concept is extremely applicable to coupling between partners. Taking care of a couple relationship is much like caring for a child. It does not mean that the individuals are totally inattentive to their own needs and wants, but it does mean that they recognize that they also are responsible for the care and nurturing of the relationship. Us-ness, just like a child, must be kept alive by love and trustworthiness given by the partners. They nurture the relationship. And, just as parents grow as individuals as they learn how to raise a child, individuals inevitably grow when they give love and trustworthiness to their us-ness. Coupling is not a competition between two individuals to see if one can get more happiness from the other. Intimacy is not one partner meeting the need of another. Coupling and intimacy are about sharing love and trustworthiness for the sake of the relational us-ness, thereby prompting growth, fulfillment, and intimacy in the individuals (Hargrave, 2000).

This idea has much to teach psychotherapists about couple therapy. Many times, psychotherapists approach couple therapy as a competitive framework in which one individual is making a case against the other. Many psychotherapists would believe that individual happiness is the driving force behind whether a couple should stay together. As a result, it is not surprising to find that many couples find marital therapy actually damaging to their relationship, and many are forced by a psychotherapist to look for relational answers through individual therapy (Doherty, 2000). In the restoration therapy model, we believe that multidirected partiality extends not only to the individuals in a coupling relationship but also to the relationship itself. We are committed to the individuals in the relationship, but we also feel strongly that the relationship needs therapeutic advocacy. We see couple therapy as primarily an effort to help the couple work cooperatively in moving their relational us-ness to a place at which it is characterized by love and trustworthiness. Only then, we believe, will
the couple’s relationship be helped and the individuals in the relationship grow. Although we can imagine cases when a couple would be split up in individual therapy, the overwhelming majority of the time we believe that the couple should be kept together because together the individual issues of growth that need to come out will be most evident and there the opportunity for the couple to connect to one another through their us-ness will be available.

RESTORATION THERAPY WITH COUPLES

There is a variety of therapeutic approaches that focus on couples; these range from cognitive-behavioral couple therapy (Baucom, Epstein, LaTaillade, & Kirby, 2008), to integrative behavioral couple therapy (Dimidjian, Martell, & Christensen, 2008), to emotionally focused couple therapy (Johnson, 2004). Most of these models recognize the cyclical patterns of couple relationships but have different solutions for seeking healing in the couple, ranging from making behavioral interventions, to acceptance and avoiding polarization, to seeking to heal old attachment wounds. These outcome-based models are certainly effective in helping couples.

In applying the restoration therapy model to couples, however, we believe that we have found an efficient and manageable way for couples to deal with their issues and learn skills that assist them to keep on track. The overwhelming majority of couples come to therapy because of instability and conflict in their relationship (Hargrave, 2000). Of these, most have concerns regarding unresolved issues from their family of origin that get in the way of the couple’s ability to solve the conflicts that come between the partners in their relationship (Hargrave, 2000). It only makes sense that for therapy to be effective we need to help couples quickly come to the heart of their conflicts and difficulties and then give them skills to manage this conflict. In other words, if the couple can learn to manage the heart of their conflicts, then they will have a much better chance of looking out for the best interests of their us-ness and achieve intimacy and closeness. We believe that the restoration therapy model excels in helping couples manage this conflict successfully and arriving at intimacy. In the restoration model of couple therapy, we proceed through four phases: identifying the pain cycle, identifying the peace cycle, moving to transition, and creating intimacy.
Identifying the Pain Cycle

We start the therapeutic process with a couple by listening carefully to their individual stories not only of the relationship but also of their past experience with their family of origin. We do feel that the psychotherapist must exercise wisdom and patience in pursuing each story while he or she listens for pain associated with identity and safety. A genogram is often helpful in acquiring much of this information (Hargrave, 2000). If the therapist does not take the time to get this essential information at the beginning of the therapeutic process and instead opts to try to manage conflict or stabilize couple interactions, precious time will be lost. It is not that we are against managing such conflict or stabilizing the situation, but we have found through years of practice that the psychotherapist must clearly understand the emotional components that drive the instability in the relationship to be able to intervene effectively. We believe that a couple does not come in with 10, 20, or even 30 issues of conflict, even though they may fight over various things like finances, parenting, friends, and so on. We instead believe that there is a central pattern of primary emotions that relate to self-reactivity that creates a systemic dynamic that locks in conflict and makes solutions impossible, no matter what the current subject involves. In other words, couples do not have 20 fights a month but rather have one fight 20 different times.

In the restoration therapy model, we are first concerned with finding out what is driving this cyclical pattern. In Chapter 3, we discussed how these individual patterns of process occur related to issues of love and trustworthiness and how these cyclical patterns occur in relationships of with a common pattern (pursuer/distancer, overfunctioner/underfunctioner, etc.). In couple therapy, we specifically listen to a couple’s story to start developing a clear idea of the pain associated with each partner’s identity and safety issues and obtain a clear understanding of how each copes through self-reactivity. What we almost always find is that the couple interacts on individual issues of pain concerning identity and safety in such a way that creates more pain related to those same identity and safety issues. We call this cyclical pattern in the restoration model the pain cycle. This pain cycle has all the elements of emotional activation of the executive operating system concerning threat, stress, and fight-or-flight responses. In the following case example, a 42-year-old male and 41-year-old female had been married for 13 years. They had two children together, and this was a first marriage for both. The couple explained that they
were ready to give up on the marriage, and that this was a last-ditch effort to see if they could possibly resolve some of their issues. They reported that they had fought with one another for years, but the conflicts now were more volatile, yet less frequent. The dialogue is from the first session, in which the psychotherapist used the opportunity to obtain a clearer picture of their individual processes. She then used the information to draw some conclusions and draw the couple’s pain cycle.

**Therapist:** [Speaking to the husband.] So, tell me a bit about the family you grew up in?

**Husband:** I always knew that there was something off in my family. There wasn’t any abuse or anything, but the nature of my family was about absence. My father died when I was about 3 years old, so I knew nothing about him, and my mother never spoke of him. My mother remarried, and I have a vague memory of the wedding when I was about 5. From as far back as I could remember, I was on my own. I remember thinking that I should be close to my mother, but she had two more daughters with my stepdad. It wasn’t that they abused me or anything, but it was clear to me that they spent much more time with my sisters than with me. My stepdad had very little to do with me, and my mother spent time with me as a special event. It never really seemed that I was a part of the family. I always felt like I was on the outside looking in.

**Therapist:** How did you know that you did not belong?

**Husband:** Oh, they would do family activities without me. From the time I turned 11, I remember being largely on my own. They functioned as a family and did things together, but I was rarely asked along. I was on my own.

**Therapist:** [Pause.] And so when you remember those times growing up, what were the emotions you felt?

**Husband:** I felt alone. I felt unwanted. I always felt like I didn’t measure up.

We see how the psychotherapist utilized the story the husband told about his growing up to zero in on his primary emotions concerning his experiences. Sometimes when people are forthcoming with their stories, as is the case in this example, they have little trouble in identifying the primary emotions that they felt in connection with their family experiences. In other circumstances, the psychotherapist must be patient in exploring the intricacies of the client’s story and help the client identify
primary emotions. Sometimes, it is helpful to ask the client such questions as, “What is it that you really wanted from your parent?” or “What would have made your situation better?” These types of questions allow the client to identify feelings associated with primary emotions without asking about emotion directly. This particular husband relayed many stories to the therapist about his growing up that continued to confirm that he was a person who basically was left to raise himself emotionally. Although he was provided shelter, food, and education, the definite message that he was raised with was that he did not belong to the “real” family, and that he should be thankful. His mother consistently stressed this message of “being thankful” for the stepfather and the provision that he provided for the mother and the son. He reported never feeling comfortable asking for anything emotionally. In the next section of dialogue, the therapist turned his attention to the wife.

Wife: My family was actually pretty stable in terms of love, but things got turned around so much by circumstances.

Therapist: Tell me what you mean.

Wife: I mean that my mom and dad and my brother got along great, but my father lost his job during a recession and was out of work for about 24 months.

Therapist: That is a long time.

Wife: That is not the worst of it. I grew up in Southern California, and our house was severely damaged by a quake. The house was condemned, and we had no money to get it fixed. I’m not sure of all the details because it is still very painful for my mother and father, but we ended up losing our house.

Therapist: [Pause.] I can see how painful that memory must be.

Wife: [Cries a bit.] It was painful. We ended up just being shifted around from one relative’s house to another or one friend’s house to another. We lived almost a full year and a half like that.

Therapist: And what was that like for a young girl being shifted around?

Wife: Scary. I mean my parents were doing the best they could do, but the not knowing and not having a place made you feel like you were totally at the mercy of someone or something else. My parents loved me, and it was not their fault, but it was a really scary time that shaped me a lot.

The woman identified a common experience. Her untrustworthy or unsafe situation did not come from her caregivers but instead from an
unstable situation of unemployment and a disaster. As a result, she still had primary emotions that were damaged by the instability. She reported feeling fearful, unsafe, and out of control. These emotions are sure signs that things were not predictable and were unfair. Also, it is important to see that these issues were not talked about openly. Even though the woman's parents likely did this to try to protect the children or perhaps themselves emotionally, it resulted in a lack of openness that affected the woman deeply and added to the lack of safety.

With the primary emotions identified, the psychotherapist worked to identify the primary self-reactivity used by both. The wife in the case reported that her coping and reactivity developed into controlling behavior, and that she always sought to be perfect to make sure that her parents had nothing to worry about with her. Typical to controllers, she was a high performer and hypervigilant to any potential threat. When she was small, she reported that she often would seek to manage control over the something to comfort herself. For instance, when her family moved so much, she kept an orderly backpack with all that she would need if they had to leave at a moment's notice. The psychotherapist continued the exploration with the husband:

**Therapist:** Growing up where you were on the outside looking in and feeling unwanted and alone, how did you learn to survive?

**Husband:** I just learned to survive. I stayed on my own. That is really it. I kept to myself so very few people could get close to me. I just put my head down and depended on no one. I didn't want to be hurt, and so I just didn’t have relationships.

**Therapist:** You survived by working hard and staying by yourself. Minding your own business.

**Husband:** Exactly. Not risking anything emotionally.

The man talked about his own behaviors and secondary emotions. He obviously felt hurt by the lack of love he received, and the psychotherapist suspected that he shamed himself in response to the situation because he had no apparent anger or blame toward his mother. To compensate, he likely worked hard to manage his identity by making himself invulnerable to other relationships and performing well.

The psychotherapist now felt that she had a preliminary idea about the couple’s pain cycle but wanted to confirm this information by talking about a painful sequence in their relationship. Remember that it is most common for these patterns and sequences surrounding primary emotion
and self-reactivity to be first learned in early experiences. When the psychotherapist asked about the couple’s last argument, they reported that the sequence was similar. The wife had high expectations of the husband and was in a constant state of checking on him or correcting him on issues—in this case finances. The husband felt that she was never satisfied with anything that he tried to do; therefore, he would give up, withdraw, and shut down. When he did withdraw, the wife would become angry and accuse and blame the husband until he would leave. The therapist asked if this were a “typical” type of argument, and the couple acknowledged that it was typical.

The psychotherapist felt secure enough from the information gathered that she could draw the couple’s pain cycle. It is important to remember that this drawing is to be shown to and learned by the couple. While it is important that it relate closely with the stories told to the psychotherapist, there will often be elements that have to be corrected and changed as therapy progresses. The pain cycle does not have to be perfect but simply an accurate representation of what actually occurs in the relationship. Figure 7.1 shows the couple’s pain cycle.

**FIGURE 7.1** The couple’s pain cycle.
When the psychotherapist went through the couple’s pain cycle, the couple indeed confirmed that it was on target. It is important to remember that with these cycles, what the individual spouse is doing to try to cope or react to his or her own feelings of violation of primary emotions is usually the thing that further stimulates the violating emotion in the spouse. For instance, with this case, when the wife was managing her fear, lack of safety, and vulnerability with her reactivity of controlling behaviors that included being perfectionistic and judgmental, it would further complicate the husband’s feeling like he was unloved, unwanted, alone, and a failure. When he would cope with these feelings out of self-reactivity by shaming himself, becoming invulnerable, and withdrawing, it would complicate the wife’s feelings that she was indeed unsafe, out of control, and vulnerable. In short, she did not feel that she had a partner who would help her make life work and give her protection, and he felt that he had a partner who had little regard for him as a person and was only interested in what he could do for her. When the psychotherapist played out this cycle in the financial argument that the couple reported, he drew attention to the fact that she believed that this might be the “argument behind every argument,” and that the couple likely felt this way regarding every conflict. When asked about being on target, the husband and wife agreed. The husband stated:

This is exactly what we do. This is exactly nailed in terms of the way I feel and the actions I take when I feel that way. I don’t think we’ve ever come this close to getting such a clear picture about what drives us in our conflict. This is very helpful.

**Identifying the Peace Cycle**

The fact that the couple was so confirming of the pain cycle is not unusual. Most often, when the psychotherapist gets the pain cycle correct for the couple, they become highly interested, insightful, and motivated in therapy. In the next several sessions, the psychotherapist moved the couple to identify the alternate primary emotions and agency behaviors that would make the cognitive map for where the couple needs to aim. We call this map the *peace cycle*.

Like the pain cycle, the peace cycle is somewhat reciprocating for the couple. When they practice human agency behaviors like nurturing, self-valuing, balanced give-and-take, and reliable connecting, it tends to stimulate primary emotions in each spouse that helps them feel that they
are loved and that the relationship is trustworthy. In this way, the peace cycle tends to spiral the couple upward in a more loving and trustworthy relationship as each interaction begets a greater likelihood of a positive interaction taking place.

The psychotherapist will typically need to spend several sessions helping the couple identify the old wounds from their pasts in detail and chase the pain of how these wounds occur. The psychotherapist is then going to use these emotional opportunities to do the powerful work and interventions that provide insight to the individuals, such as understanding, identifying truths about self, balancing obligations and entitlements, right script but wrong players, and the work of forgiveness. In each of these techniques, the aim is to help the individuals redress their primary emotions and injuries not only with insight but also with the thought of new behaviors. In a few instances, the psychotherapist will find that this work can go quickly and efficiently. But most often, the process of the clients feeling this type of pain and working through the redress is hard and time consuming.

Using the technique of identifying truths about self, the psychotherapist worked with the husband to identify several key areas in which he was left on his own. Through this process, it became apparent that the man had always longed for someone to make him feel loved and wanted. When he found that his wife was attracted to him a few years after college, he was ecstatic, believing that he finally had met someone who could make him feel loved and feel like he belonged. Later, when she identified that she was attracted to him because of his stability and seemingly emotional steadiness, he was crushed. Through the use of imagery, the psychotherapist guided the husband through several instances of growing up when he was left to manage on his own and had the man talk to himself as a child from his position as a parent, as illustrated in previous chapters. The work was successful in helping the husband take control of giving himself positive messages of love and belonging and making situations in which his wife and children did express love to him count.

In terms of the wife, the psychotherapist primarily used the technique of right script but wrong players. Using the process of helping the woman recognize her relational claim, the psychotherapist spent significant time helping her understand how the unpredictable circumstances of her life had led to such feelings of being unsafe, fearful, and out of control. This partiality allowed the woman to relate, “I know that it is understandable, but I also know that I have been way too controlling for my husband and
my kids. My anxiety gets the best of me way too often and causes many of our conflicts.” This kind of insight is invaluable and was a clear indication of the woman’s willingness to redress her inappropriate attempts to get her entitlement met. The next therapeutic move was to help the woman identify appropriate ways in which she could get her safety needs met without being overcontrolling. The psychotherapist would ask her, “When that fear kicks in and reminds you of all those things that were out of control as a girl, is there anything that can soothe the fear?” The woman thought for several minutes and replied as follows:

You know, what was so scary was the not knowing. If someone would have just told me what we were facing, I think it would have been so much better. My parents were great in terms of being there, but they weren’t very good at making me informed. I know he [the husband] is steady like a rock. If I could just remind myself that he will walk through this with me and that he will be open to talk about the issues with me, I think that I could be much more balanced.

The psychotherapist used the strengths identified by each partner to draw the elements of truth that could be used during a four-step process. In addition, she asked the couple if they were able to contact this type of truth, how would they behave differently in the relationship? Both partners identified positive elements of human agency. The husband identified that if he were able to hold to the emotional truth of being loved, wanted, and more than enough, he would not only nurture himself but also be much more engaging and involved in the relationship. Then she identified that if she were able to hold on to the truth that she was powerful and capable and that she had a partner who would stand by her, she would likely be much more balanced in the give-and-take in the relationship as well as more nurturing and accepting. With these elements, the psychotherapist constructed the peace cycle map for the couple and confirmed the elements with each of the partners. Again, the partners confirmed that if they could successfully act this way with each other, it would make a tremendous difference in their relationship. The peace cycle for the couple is found in Figure 7.2.

Moving to Transition

As is often said, “The Devil is in the details.” This couple had experienced tremendous hopefulness and insight during the first five therapy sessions in which they had clearly identified their pain cycle, learned how
to integrate truths about themselves, and then learned about how that process could work in the peace cycle. However, the process of making the transition from the pain cycle to the peace cycle is a significant challenge not only for the couple but also for the psychotherapist. Many times in couple therapy, the psychotherapist so badly wants the couple to get better that the psychotherapist tends to avoid issues that are potential problems. But, as discussed in Chapter 6, practicing the new thoughts and behaviors that run counter to the old executive operating system is absolutely essential if individuals are to learn new habits. The brain simply needs this repetition to form these new neural connections that generate new responses to emotionally charged situations. Again, the therapist must be reminded that the couple must confront the very issues that are problematic to be able to get to “game conditions” and make sure that the transition and work are successful.

The psychotherapist then works with the couple utilizing the four steps outlined in the Chapter 6 of interrupting the pain cycle and switching the interaction to the peace cycle. Again, these four steps are (a) say what you feel; (b) say what you normally do; (c) say the truth; and (d) make

![Diagram](http://www.routledgementalhealth.com/restoration-therapy-9780415876261)
a different behavioral choice. We emphasize again that it is necessary for
the individuals to verbalize these four steps to help the brain integrate,
actualize, and gain cognitive leverage against the old automatic pain cycle
that operates because of the executive operating system.

In the case in this chapter, the psychotherapist worked two sessions
with the couple to help them learn the words associated with their pain
and peace cycles, as well as to become proficient at the process of the four
steps. Like any learned process, the couple had to be walked through the
four steps slowly during sessions when they first were exposed to the pro-
cess. At the beginning of one of the sessions, the couple came in obviously
upset with one another:

Therapist: Well, I can clearly see that something is going on that has caused
a lot of upset. What has happened?
Wife: [Very angry.] Well, I think we are right back where we started from.
I’ve lost it again, and he is withdrawing and pouting.
Therapist: What has happened?
Wife: I was feeling nervous about my son’s doctor appointment. I was not
able to take him, so I wanted him [points toward the husband] to
take him and be sure to ask the questions that we need to know.
I started trying to tell him what I wanted him to do, and he just
started withdrawing. [Very agitated.] I know I was pressing, but
this issue with my son is very important, and it is important
that we get it right. He just stopped listening and went into the
other room.
Therapist: [To the husband.] And what happened next?
Husband: [Very quietly; acting hurt.] She just blew up at me saying that this
is the same old story, and that I would never be her partner in
helping her work through issues. It was all up to her to make the
family work, and that she couldn’t count on me.
Therapist: What could I do?
Husband: What could I do? There is nothing that you can do when she is
like that. I just left. We came here in separate cars.
Therapist: I see. [Pause.] I think this is very good that this happened and is
still going on. It is a good opportunity to put what we have been
working on to the test. [To the husband.] It makes perfect sense to
me how you got locked down in your pain when your wife was
telling you what you needed to do with your son like you were
not capable and that you were not an adult. Tell me how you feel.
Husband: [Hesitant at first but then looks at the pain cycle.] The same thing that I always feel. I feel like I don’t measure up, and that I’m unwanted. I feel totally incompetent and alone.

Therapist: And when you feel that way, what do you normally do?
Husband: [Again hesitant, but then looks at the pain cycle.] Like always, I felt bad about myself and withdrew. I just didn’t want to feel bad any more.

Therapist: I do understand that. But what is the truth about you?
Husband: [Pauses and tears up.] I don’t know.

Therapist: Your brain at this point wants to tell you that you cannot find your way out of this, but you can. What is the truth about you?
Husband: [Looks at the peace cycle.] I am loved, wanted—I belong and am good enough.

Therapist: Close your eyes and say it again.
Husband: I am loved, I belong, and I am more than enough. [Sighs heavily.]

Therapist: And if that is true, what would you like to do differently?
Husband: [Long pause.] I’m not going to shame myself. I am okay and capable. I am also concerned about our son, and I can hear what you have to say without withdrawing from you.

Therapist: Good. Very good work. [Pause.] Are you okay with where you are?
Husband: Yes, I know this is true, and I can stay connected.

Therapist: [To the wife.] So, when you think about this situation with your son and what happened today, what do you feel?
Wife: I felt fearful, unsafe, and out of control. Totally vulnerable.

Therapist: And what do you do when you feel that way?
Wife: [Looks at the pain cycle.] I totally fell right into the cycle.

Therapist: I know, but your brain needs to hear it from you. What do you normally do when you feel unsafe, out of control, and vulnerable?
Wife: I switch into control mode, and I get judgmental about the ways that I think it should be done.

Therapist: And what is the truth about you?
Wife: The truth is that I deserve to be alone. I am so locked in and unreasonable at times.

Therapist: This is not the truth about you. You will want to beat yourself up with guilt now that you are coming out of your pain cycle, but it will do no good. You can only turn this situation around if you are willing to confront the old pain. What is the truth about you?
Wife: The truth about me is that I am powerful and capable and good at what I do. But I also have a partner that is dependable.
Therapist: So, if you hang with that truth, what is it that you want to do differently?

Wife: [Pauses and looks at the peace cycle.] I want to engage him about my concerns and ask him about his concerns. I want us to share the load—I want to be willing to share the load. I want to tell him that I can trust him and depend on him.

Notice that during this process of working through the four steps, the emotional tenor of both partners shifted dramatically. This is sound evidence that the couple has made the transition from the pain cycle to the peace cycle using the four steps. Also, notice that the couple used the charts that the psychotherapist has put out to remind them of the feelings and actions associated with each step. This is a necessary part of helping the couple learn the material and become increasingly proficient at the skill. Finally, notice that the psychotherapist had to keep each individual on task at moving through the four steps. This is not unusual as the old habits of wanting to hold on to familiar pain and actions are deeply engrained.

Creating Intimacy

The psychotherapist must be committed to working this four-step process with the couple repeatedly. He or she must help the couple analyze conflicts that they have had during the week to help them overlay the four steps to see how they could have changed the conflict. The psychotherapist must be willing to bring up conflict that exists with the couple in sessions to help the individuals become activated into a game condition in which they can walk through the four steps actively. And, the therapist must be trained to look for the emotional activation that happens with the individuals over the slightest issue, big or small. All of these help the couple learn the process of transition from the old pain cycle to the new peace cycle so that they become proficient at being able to do it themselves during a conflict or to avoid a conflict.

When they do start becoming proficient, it is wise for the psychotherapist to use the fourth step—make a different behavioral choice—to create an opportunity for intimacy. This is most often done by the psychotherapist simply making a suggestion to the individual not just to talk about what he or she wants to do that is different but actually to do it with his or her spouse. This almost always provokes deep intimacy, which produces bonding. In the tenth session with the couple in this case, one of these
opportunities presented itself. The man had reported that he was feeling stressed over the couple’s financial situation and was not sure how things were going to work out. Although the man was speaking to the therapist, the man’s wife immediately became emotionally triggered.

Therapist: I notice that something is going on with you.

Wife: [Pauses and looks at the ceiling. Takes a deep breath.] Okay, I’m going to give this a try. [Turns toward the husband.] When I heard you talking about our financial situation, I felt overwhelmed, scared, vulnerable, and out of control. What I normally do when I feel that way is I usually get very controlling and start barking orders of what you should do. I get hard on you and expect everything to be done my way. But the truth is that I know that you are a reliable man that I can count on. I am capable, and together I know that we can solve this. So, what I want to do differently is not control the situation and express confidence in you.

Therapist: That was very good. Notice how you have taken your emotions that would normally send you into the pain cycle and done something different. How are you feeling now?

Wife: I’m feeling surprisingly calm. I feel empowered—like I can do this.

Therapist: You can do this. And since you have gone this far, maybe you can go a little further. Instead of just telling him what you would like to do differently, do it here right now.

Wife: [Long pause. Turns and faces her husband and takes his hand.] You are a good man that is rock solid. I know I can count on you, and I appreciate you being honest about our finances. I want to know what you think we ought to do about our situation. I want to know how you think we can work better together.

Husband: [Deeply touched. Pauses.] I just want you to know that you are great, and I appreciate your work. We can sit down together and work out a plan. I know that we can when we stay in this frame. We just need to work together on this situation, and we are going to be fine. [Pause. Couple embraces.]

This presents one of the hallmarks of the restoration therapy model. We do not use intimacy for the emotional regulation itself, but instead use the therapeutic insight and four steps to create the emotional regulation. With this executive operating system under control as it relates to fight or flight, the individual is now free to explore new options with other operating...
systems in the brain to create intimacy. In other words, we use emotional regulation in the restoration model to create moments of intimacy that are not only reciprocated but that also pattern new pathways in the brain. This couple, who had not had intimacy for years in the marriage because of their pain cycle, clearly experienced an intimate moment that really did make a difference in the course and history of their relational conflict.

It is important to remember that working with this couple was not an easy process, and they were at the end of their energy in working on the marriage. What is amazing is that they were so different in the span of 10 weeks. This is what is possible when couples are able to utilize the restoration process and learn how to regulate their emotions so that they can be successful in applying the insight they gain from therapy. Certainly, this couple has had many more times when they found their way into the pain cycle. But, what is different from the skills that they learn through the peace cycle and the four steps is that they have the tools to be able to work themselves out of this difficult place. They must continue to work and practice, but they definitely had found a way to restore hope, regulation, and emotional intimacy to their relationship. The couple terminated therapy after 12 weeks and were able to continue the process of using the four steps and the peace cycle on their own.