Contents

Series Editor’s Foreword xi
Preface xiii
Acknowledgments xv
About the Editors xvii
Contributors xix
Introduction: Couple Therapy in Contemporary Society and a Theory-Based Case Study Approach xxvii
David K. Carson and Montserrat Casado-Kehoe

1. PREPARE/ENRICH Program for Premarital and Married Couples 1
   Amy Olson-Sigg and David H. Olson

2. Preparing Couples for Marriage: The SYMBIS Model 13
   Les Parrott and Leslie Parrott

3. Lessons Learned From Recruiting Diverse Couples for Clinical Research on Relationship Education 29
   Marcie Pregulman, Shauna Rienks, Howard J. Markman, Martha Wadsworth, Lindsey Einhorn, and Erica Moran

4. Adlerian Therapy With Couples 41
   Patricia A. Robey and Jon Carlson

5. Working With Couples From a Psychodynamic Perspective Using Cognitive Maps 53
   Albert Brok

6. Object-Relations Therapy With Couples 65
   Carl Bagnini

7. Integrated Intergenerational Couple Therapy 79
   David M. Lawson

8. Cognitive Behavior Therapy With Couples 93
   Jan Dickson, Frank M. Dattilio and Lisa Cherrington

9. Cognitive-Behavioral Couple Therapy: Multiple Couple Illustrations and Comparisons 109
   Terence Patterson

http://www.routledgementalhealth.com/case-studies-in-couples-therapy-9780415879439
Contents

10. Ecosystemic Structural Therapy With Couples ........................................ 121
   Marion Lindblad-Goldberg, Edward A. Igle, and Steven Simms

11. Problem-Solving Brief Therapy: The Palo Alto Approach to Working
    With a Latino Couple ........................................................................ 133
    Karin Schlanger

12. Mental Research Institute's Brief Therapy Approach to Couple
    Therapy .......................................................................................... 145
    Barbara Anger-Diaz and Katharina Anger

13. Strategic Couple Therapy ..................................................................... 161
    Wendel A. Ray and Jana P. Sutton

14. A Path to Wholeness: Couple Therapy Within the Satir Model ............ 177
    Jean A. McLendon and James Robert Bitter

15. Emotionally Focused Couple Therapy: A Military Case Study ............. 191
    Kathryn D. Rheem, Scott R. Woolley, and Susan M. Johnson

16. Imago Relationship Therapy .............................................................. 205
    Harville Hendrix and Mo Therese Hannah

17. Imago Couple Therapy and the Relational Paradigm .......................... 217
    Wade Luquet

18. Creative/Experiential Therapy With Couples ..................................... 229
    David K. Carson and Montserrat Casado-Kehoe

19. An Application of Pragmatic/Experiential Therapy for Couples .......... 249
    Paul Weiss, Brent Atkinson, Ahna Holzinger-Young, and Anna Larsen

20. Group-Oriented Experiential Couple Therapy: An Adventure-Based
    Approach ......................................................................................... 263
    J. Paul Burney

21. Solution-Focused Brief Couple Therapy ........................................... 275
    Thorana S. Nelson

22. Narrative Therapy With Couples ....................................................... 289
    Paul Gallant and Ilene Strauss

23. Collaborative Couple Therapy: Turning Fights Into Intimate
    Conversations .................................................................................. 303
    Daniel B. Wile

http://www.routledgementalhealth.com/case-studies-in-couples-therapy-9780415879439
24. Collaborative Therapy With Couples .......................................................... 317
   Susan B. Levin and Diana Carleton

25. Gottman Method Couple Therapy: From Theory to Practice .............. 331
   Robert J. Navarra and John Mordechai Gottman

26. Affective Reconstruction: An Integrative Couple Treatment Applied to Parental Bereavement ................................................................. 345
   Molly F. Gasbarrini and Douglas K. Snyder

27. Integrated Couple Therapy: A Family Developmental Approach to the Treatment of Couples Incorporating Psychoanalytic and Systemic Models ................................................................. 357
   Michael D. Zentman

28. The Hope-Focused Approach to Couple Enrichment and Counseling .... 369
   Jennifer S. Ripley, Everett L. Worthington, Jr., and Vickey L. Maclin

Index ................................................................................................................... 383
In 1975, John Gottman and Robert Levenson began research on the longitudinal course of relationships. Utilizing a multimethod approach to their research, Gottman and Levenson observed couples in the laboratory (the “Love Lab”) talking about how their day went, talking about their real conflicts, and enjoying their time together hanging out for 24 hours in an apartment laboratory. Physiological measures like heart rate, skin conductance, and blood velocity—all synchronized to the video time code—provided valuable information about the role of physiology in couple behavior. Couples were shown their videotapes and were asked to tell what they were thinking and feeling. Gottman and Levenson simply tried to describe what was different about happy, stable couples, who they called “the masters of relationships,” and unhappy/stable or unstable couples, “the disasters of relationships.”

They studied couples from every major ethnic and racial group in the United States, married and unmarried heterosexual couples, and for a dozen years they also studied committed gay and lesbian couples. The researchers followed some couples, from the newlywed stage through their late 80s, for as long as 20 years. They studied couples going through major life transitions, from having babies through facing retirement. They scientifically described couples’ facial expressions, scored how they made decisions, how they used humor and affection, coded their videotapes, and classified what the couples said in interviews. Gottman and his colleagues (Gottman, 1994) were surprised by the stability of couples’ interactions over time and that they could predict what would happen to a relationship with over 90% accuracy with just the knowledge they collected in a few hours with a couple.

What the researchers discovered was that relationships have “set points” of balance between positivity and negativity (calm and arousal). This balance ultimately determines the future of the marriage. Dysfunctional relationships have set points more consistently toward the negative side, impacting the couple’s ability to repair hurts and conflicts. A consistent dynamic of blame and/or withdrawal in divorcing couples are the “Four Horsemen of the Apocalypse”: criticism, defensiveness, contempt, and stonewalling. These patterns are some of the strongest indicators of dysfunction in relationship conflict, part of a pattern of escalation of negativity.
It wasn’t until John Gottman began collaborating with his psychologist wife, Dr. Julie Schwartz Gottman, some 15 years ago that methods to prevent relationship meltdown were developed to help couples and train therapists to turn the disasters into masters. Science and practice were wedded in linking the research-based model of relationships with actual clinical practice (Gottman, J. S., 2004). From the research data, the Gottmans developed the Sound Relationship House (SRH) theory, debunking some long-standing beliefs and assumptions about what is dysfunctional in relationships and what is normal in healthy relationships. This groundbreaking research grabbed the attention of researchers and couple therapists, but the question remained: What do therapists do with this information, and how can therapists apply the theory to treatment?

The Sound Relationship House Theory

Characteristics of long-term, stable relationships are described in the three components in the SRH theory: the Friendship System, the Conflict System, and the Meaning System. The first three levels of the SRH describe the friendship system.

1. **Love maps**: The most basic level of friendship, a love map refers to feeling known by your partner. It is the road map you create in your mind of your partner’s inner world of thoughts, feelings, hopes, aspirations, dreams, values, and goals. The fundamental processes are asking open-ended questions and remembering the answers.

2. **Fondness and admiration**: This level describes partners’ ability to notice and express what they appreciate about each other. Building a culture of respect, partners catch their partner doing something right and convey appreciation, respect, and affection verbally and nonverbally. The fundamental processes are a positive habit of mind that ignores the partner’s mistakes and instead notices what the partner is doing positively for the relationship, and expresses appreciation, fondness, affection, and respect.

3. **Turning toward**: When couples are just kind of hanging out, they actually are often letting their needs be known to one another either nonverbally or verbally. They’re making bids for emotional connection. When partners turn toward bids, it is like putting money in the emotional bank account that gets built over time. Conversely, if bids are ignored (turning away) or attacked in response to the bid (turning against), it is like taking money out of the emotional bank account. There is a hierarchy of bidding, from getting one’s partner’s attention to getting empathy and emotional support. Of the newlyweds who were divorced six years after the wedding, 33% turned toward bids, while the ones still together after six years turned toward bids 86% of the time.

4. **Sentiment override**: If the first three levels of the friendship system are working well, then couples will be in positive-sentiment override. Conversely, when the friendship is ailing, couples will be in negative-sentiment override.
Negative-sentiment override: The negative sentiments we have about the relationship and our partner override anything positive our partner might do to repair. We are hypervigilant for put-downs; we tend not to notice positive events. We tend to distort and see even neutral (and sometimes even positive) things as negative. We are overly sensitive.

Positive-sentiment override: The positive sentiments we have about the relationship and our partner override negative things our partner might do. We don’t take negativity personally, but merely as evidence that our partner is stressed. We tend to notice negative events but not take them very seriously. We tend to accurately see the positive things our partner is doing and minimize the negative, perhaps even distorting toward the positive, and seeing even negative interactions and gestures as neutral.

5. Manage conflict: Relationship conflict is natural, and it has functional, positive aspects. The masters of relationships are gentle toward one another; they start conflict discussions without blame (including preemptive repair); they accept influence; they self-soothe; they repair and deescalate, using positive affect during conflict to deescalate physiological arousal (especially humor and affection); and they are able to offer compromise. The longitudinal research indicates that only 31% of couples’ problems are solved over time. Surprisingly, it turns out that 69% of couples’ problems were perpetual (they don’t get solved over time), relating to lasting differences in personality, preferences in lifestyle, and differences in needs. The masters of relationships create a dialogue with these perpetual issues, while the disasters are in gridlock about these perpetual issues. This latter finding reveals the existential nature of most conflicts and has led to the “dreams within conflict” intervention.

6. Make life dreams come true: A crucial aspect of any relationship is to create an atmosphere that encourages each person to talk honestly about his or her dreams, values, convictions, and aspirations, and to feel that the relationship supports those life dreams.

7. Create shared meaning: A relationship is about building a life together, a life that has a sense of shared purpose and meaning. Couples do that in many ways, including creating formal and informal rituals of connection, creating shared goals and life missions, supporting one another’s basic roles in life, and agreeing on the meaning of values and symbols. So here we return once again to build love maps, but at a deeper level.

Case Study

Treatment Process: Early Phase

The following case demonstrates application and adaptation of the Gottman method couple therapy with comorbid issues of alcoholism recovery and trauma, and within the framework of other research. Therapists, from a wide range of theoretical orientations and methods to couple treatment, are able to integrate Gottman therapy within their
own approaches, in the context of the SRH theory and general treatment goals based on research on what works and doesn’t work in relationships. The Gottman Method Therapy (GMT) continues to evolve and develop through continuing research aimed at deepening understanding of factors associated with emotional connection, and on effective intervention strategies to repair relationships.

The Couples Reciprocal Development Approach (CRDA)* (Navarra, 2007, 2009) is a relational approach to alcoholism treatment and recovery. This model originally emerged from a qualitative study, the Couples Focus Group, as one component of the Family Recovery Project (Brown & Lewis, 1999), sponsored by the Mental Research Institute in Palo Alto, California.

Current alcoholism treatment models primarily focus on the individual alcoholic, with little attention given to the couple relationship. We believe this is shortsighted in that family and couple relationships play a significant role in both addiction and recovery processes (Lewis & Allen-Byrd, 2001). A comprehensive theory of addiction and recovery accounts for the critical relationship between the individual alcoholic and the couple relationship, addressing each partner’s recovery as well as the couple recovery.

Dr. Navarra’s research on long-term couple recovery from addiction found three distinct but interactive components related to successful transition from early recovery to long-term recovery:

- **Shifting identity**: an emphasis moving from an individual focus to that of a couple focus or identity
- **Intergenerational reworking**: an increased awareness and ability to work with family-of-origin dynamics affecting the couple relationship
- **Attending**: the ability to develop an interdependent relationship by responding to the partners needs, while at the same time not sacrificing individual needs or individual recovery

These elements have corresponding levels within the Gottman method (Navarra, 2009).

**Treatment Process: Assessment**

In the telephone intake, Debby reported that she and James had been married for two years but that they were “not doing well at all,” complaining of continual tension and arguing. She stated they were in recovery from drugs and alcohol, both with over 10 years of continuous sobriety.

Before beginning therapy, there is a three-session assessment process to determine (within the context of the SRH) the strengths in the relationship and the areas that need work. This assessment provides the blueprint for where to focus the therapy; interventions are selected to address specific areas of relationship difficulty. The initial session is 80 minutes, starting with the couple’s narrative about what brings them to the therapist’s office. The therapist then takes the couple’s “oral history,” asking about how they met and how the relationship developed over time. Then the therapist asks the couple to choose a conflict to discuss for 10 minutes while the therapist observes the interaction, videotaping the conflict discussion for analysis.

* CRDA has recently been named Couple Recovery Development Approach.

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Assessment Session 1

Debby (28 years old) and James (33 years old) appeared nervous as they described what brought them to the office. James complained that they lacked intimacy, “We struggle with just sharing with each other. Debby criticizes me for everything.” Debby stated, “I want guidance. We both push buttons and things get out of hand really quickly.” She complained that James was unresponsive and defensive, “I feel like he takes everything I say and makes me out to be the bad guy.”

After obtaining the narrative, the assessment moved to the next phase, the oral history, asking a series of questions about how the couple met and how the relationship progressed. The inquiry focuses on courting, the marriage day, and significant events in their relationship.

The oral history is an important part of the assessment process because how couples tell the story of their relationship is an important diagnostic indicator of whether the individuals are in negative-sentiment override or positive-sentiment override. When couples are asked, “What were your first impressions of each other?” the therapist gains insight into how each partner’s current perspective influences whether the memories are fond recollections, or bitter reminders of the partner’s failings and inability to meet important emotional needs.

Debby and James both easily expressed what attracted them to each other when they told their story about how they met and how their relationship developed. Despite the level of distress in the relationship evident in the narrative, smiles and laughter accompanied their story of how they became a couple. They had known each other for five years, first becoming acquainted at an Alcoholics Anonymous (AA) meeting. After several years of connecting through AA, James stated that he finally asked Debby if she would like to go out with him. These times together went very well for the both of them. As their relationship developed, they both began feeling that they were meant for one another. After about a year of courting, they decided to marry. Soon after marrying, things started to become difficult, with increasing feelings of anger and disappointment in the relationship.

Debby and James were then asked to talk about an area of disagreement or conflict for 10 minutes. They agreed to talk about household chores and the ongoing conflict over picking up around the house. The discussion quickly escalated into a pattern of attack-defend, with both becoming visibly upset and overwhelmed. After about 5 minutes, James appeared very depressed and quiet, stating that the whole thing was hopeless. Debby attempted to draw him out initially, and then in frustration and bitterness, she stated that James was impossible to talk with, “James just always shuts down. We can’t talk.” Both became flooded, experiencing diffuse physiological arousal (DPA), the activation of the sympathetic nervous system of the fight or flight mode. The conversation did not end well.

At the end of the conflict discussion, they were given a questionnaire packet to complete and bring to their individual sessions. The packet contains a variety of questionnaires to assess the SRH levels, screen for individual psychopathology, divorce potential, relationship satisfaction, and other dimensions of their relationship.

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**Assessment Session 2**

The focus in the individual sessions includes: obtaining a brief family history; assessing the level of commitment to relationship; hopefulness for repair; domestic violence; infidelities; individual psychopathology; assessment for addiction or abuse with substances, including behavioral addictions such as sex addiction, gambling, and spending; and if in recovery from addiction, determining the impact and integration of recovery in the relationship. Couples are told of the “no secrets policy” at the end of the first couple session.

The individual session with Debra revealed she felt committed to the relationship. There wasn’t any domestic violence or infidelities. Debby reported that she grew up in an “emotionally repressed family,” describing her father as passive and her mother as self-focused and critical and demanding of Debby, adding that her mother has always been extremely jealous. Her paternal grandfather lived across the street and was “a drunk and rageaholic.” Debby described how her mother cheated with a married man for 15 years before finally divorcing Debby’s father, stating, “My mother taught me all about adultery when I was a kid.”

Debby was in her late teens when she began acting out sexually and using drugs. She soon escalated into out-of-control behavior with cocaine, alcohol, and sexual promiscuity. She stated she was amazed her parents “never saw” her addictive behavior and destructive out-of-control lifestyle.

Debby had been in recovery from alcohol and cocaine for 10 years, attending AA twice a week and working with a sponsor. She expressed tremendous gratitude for what AA had given her in support, hope, and an experience of connection. She tearfully related that she wished for the same closeness and intimacy with James, but that she had no role models for marriage for how to make that happen.

The individual meeting with James revealed a similar commitment to the relationship, but he expressed concern and doubt that things could change. James admitted to having dealt with a low-grade depression for many years in individual therapy. James was an only child, describing his childhood as “lonely.” His mother was critical of him, with James noting he rarely received any positive feedback or encouragement from her, while his father remained uninvolved, passive and withdrawn from the family.

When James was 5 years old, his mother left his father for another man. James, an only child, lived with his mother, while his father moved several hundred miles away to start a new job. When James was 8 years old, his mother brought him to stay with his father, telling James that he was only going to be there for several weeks attending a summer camp. After the camp, his father told James he was now going to live with him instead of his mother. James painfully recalled feelings of confusion and rejection. Adding to the difficulty of this unexpected move was the fact that James’s father was living with a woman “who was 15 years younger than my father and 15 years older than me.” She had a 5-year-old boy whom James felt was obviously favored over James by the boy’s mother.

In his late teens, James began using methamphetamines, cocaine, and alcohol, and was using addictively by his early 20s. James moved in and out of living situations with his father through the turbulent years of his addiction. James maintained his relationship with his father but has had little contact with his mother and basically has remained incommunicado with her for the last six years.
James had been sober for 11 years, attending AA several times a week, and had a sponsor, but they met irregularly. At the end of the session, James felt that he and Debby had a lot of potential and that they wanted the same things: They just didn’t know how to get there.

Assessment Session 3

In the last assessment session, the couple is given feedback on their relationship in the context of the SRH levels, focusing on the strengths and difficulties in each level. The feedback is based on integrating all information from the previous two sessions, including the video of the conflict discussion and the questionnaires. The couple is handed a copy of the SRH diagram (see Figure 25.1), and time is taken to explain each level and provide an assessment of the couple’s strengths and challenges in each of the seven levels of the SRH, accounting for comorbid problems and family-of-origin dynamics.

FIGURE 25.1  The sound relationship house.
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The feedback session focused on their relationship in the context of their addiction and recovery histories. Debby and James struggled in their friendship. While they both had established strong individual recovery programs, they were unclear on how to transition to a relationship focus. *Shifting*, a component of long-term couple recovery processes, refers to the difficulty, after years of working individual recovery programs, that couples have with intimacy, closeness, and managing a sense of “we-ness.” Within the Gottman framework, this requires a focused effort to strengthen their Friendship System and for them to learn how to listen and respond to each other’s internal world of thoughts and needs.

James and Debby were gridlocked in a number of issues because they did not know how to express needs and dialogue about what those conflicts meant to them at a deeper level. The attack-defend position in their fights, characterized with the Four Horsemen interactions, manifested itself with Debby feeling that her emotional needs were not responded to; requests for help from James around the house were met with resistance and anger. Debby felt unheard and unacknowledged. James felt attacked when he did not respond to Debby’s demands “perfectly,” feeling criticized and demoralized.

Neither knew how to focus on the positive in each other or in the relationship (fondness and admiration level). Bids for connection were missed or interpreted negatively (turning against and negative-sentiment override). Conversations simply stopped; Debby and James were out of touch with each other’s lives (love maps). Neither partner could really articulate their dreams, nor did they feel safe in exploring those dreams, much less feel the likelihood of support from their partner (making life dreams come true).

On the positive side, there was a connection around recovery goals and aspirations (create shared meaning), and they both felt they loved the other but they didn’t know how to give or receive that love in a way that worked for the both of them. They felt that there were similarities in what they wanted to work toward, but they didn’t have rituals or traditions in place, other than through their 12-step programs, that gave them a sense of connection or predictability in growing closer.

Both Debby and James agreed that the assessment had hit the mark and expressed that they were willing to give therapy a chance.

**Treatment Process: Middle Phase**

Neither Debby nor James felt known or accepted by the other, and attempts to connect were often ineffective. Growing resentment began to escalate, with increasing frequency and intensity, to the attack-defend cycle. Debby and James’s damaged Friendship System had led to negativity about the relationship and about the partner. Repair attempts failed, and triggers from childhood and addiction history contributed to overall feelings of insecurity about the relationship. Both responded to conflict with heightened vigilance and upset; clearly, these triggers were touching core issues of fear, abandonment, and rage.

The “dream within conflict” intervention is a process to help couples move their perpetual gridlocked issue to dialogue. Couples get stuck in trying to solve the conflict before really understanding the underlying meaning of what the conflict represents to each person. The therapist facilitates a dyadic conversation between the
couple, offering suggestions and intervening only when needed to keep the dialogue on track.

Therapy began with using the dream-within-conflict intervention to tackle the conflict over Debby’s upset with James consistently leaving things around the house and James’s anger with feeling criticized and unappreciated for what he did do around the house. They were told that this was a speaker/listener exercise with the goal of exploring the meaning this problem had for each individual; attempts to problem solve were to be postponed. James was given a sheet with questions he was to ask Debby, designed to deepen understanding and get to the core underlying issue. When needed, James was coached on staying on task with this approach.

Debby expressed that tidiness was important to her. What quickly emerged in the dialogue was Debby’s reactions to not feeling heard. Her feelings alternated from rage at being ignored to fear, stating, “If James can’t meet my needs in something so small, how can he meet my needs on the big things?”

At one point, James began to get defensive and emotionally flooded, leading to a stop in the action to do a deep-breathing exercise to decrease physiologic arousal. When couples become flooded, they cannot think clearly or process information. State-dependent learning is reinforced when couples learn in session how to self-soothe when feeling flooded, rather than relying on the therapist to calm them down.

After the flooding intervention, James was able to continue his questions, learning from Debby that, in her family, her mother’s needs were always given priority. Debby recalled how often her mother would criticize her, calling Debby selfish when Debby tried to express her needs. Debby learned early in life that expressing her needs led to rejection, criticism, and withdrawal from her mother. Debby commented sadly and tearfully that she used drugs and alcohol destructively both to punish herself and to numb out her feelings of loneliness and worthlessness. James began to get a picture of Debby’s vulnerabilities and fears, and how these emotions played out in this particular issue. His attitude and behavior moved from defensiveness and anger to literally reaching out to touch to support Debby in her moments of pain and tearfulness.

Debby’s dream, having respect and receiving respect from others, was now clearly expressed and understood by James. She desperately wanted to feel that respect from James, the kind of respect she had experienced in AA. Debby was learning to love herself for the first time and to accept that others could find something valuable in her. AA provided a community in which she not only belonged, but offered a place where she was held in high regard by others. She was fearful of having to give up this developing identity to be in a relationship with James. What her mother would call selfish, her friends in AA called self-care; and that was a good thing, not a bad thing.

After switching the speaker and listener roles, Debby learned from James that when Debby expressed upset or anger at James, it signaled to him that she was going to leave the relationship. Initially Debby reacted defensively, stating that she never threatened him with leaving. James reminded Debby that she had told James that she could not stay in a relationship where she wasn’t treated well, implying to James that she was not committed to the relationship. “I feel like I have to be perfect, and if I’m not, you are out the door.” Debby was able to acknowledge his feelings and continued asking, listening, and understanding James’s “subjective reality.”
James became quite depressed and upset in the session. He became tearful when Debby asked if there was a story in his history related to his dream of feeling secure and valued in his marriage. James told Debby what it was like to be bounced from mother to father without warning. Debby gained the insight that James learned to handle these painful feelings by withdrawing and “becoming selfish” by focusing on his needs. James admitted to feeling hopeless, a sense of resignation that he would always fall short. Despite Debby’s attempts to reach out and support him, James continued to withdraw and shut down. James was flooded again, but this time he did not express anger or counterattack Debby; rather, he was stonewalling, overwhelmed with feelings and unable to process those feelings despite the additional relaxation exercise. Debby held James’s hand while he sat there silently. He did not pull his hand back or reject Debby’s turning toward him in her effort to comfort him.

In subsequent sessions, therapy continued to focus on managing their perpetual gridlocked issues, and included strategies to help Debby and James work more toward a sense of being coupled. They began to define what it meant to be a recovering couple, consciously working toward bridging their recoveries within a relationship focus.

Central to helping couples manage conflict is the focus paid to deepening their intimacy, trust, and friendship. Limiting interventions to conflict management and not addressing the friendship system will not likely be effective. GMT is an affective-based therapy; couples connecting emotionally are much more likely to effectively manage conflict.

Much of the work with James and Debby focused on love maps and building rituals of connection. By helping Debby and James come up with ways to update their love maps, feelings of intimacy began to develop for both of them. Old dysfunctional patterns were discussed and challenged with new roles and expectations. A significant emphasis in the work with them centered on expressing needs. They were learning to trust each other.

An intervention evolved from a core GMT intervention called “aftermath of a regrettable incident,” where couples are given a step-by-step process to review and repair a relationship breakdown. The concept of subjective reality teaches couples that each person has his or her own perspective, and both are right. The intervention helps couples review the incident in a way that removes blame and increases their understanding of what didn’t work, why it didn’t work, and ways to prevent similar occurrences in the future.

The same process of breaking down interactions was applied as “aftermath of a positive incident,” but here it is directed at what worked in the relationship, why it worked, and ways to make a conscious effort to continue this positive connection. This intervention ends up addressing all three levels of the friendship system: Partners update their love maps of each other’s preferences, likes, and desires; partners are “turning toward” the partner with this information; and appreciation for the effort is more consistently expressed. Debby and James responded very positively to this intervention, helping them to understand from the other’s perspective what was it that made things work in the relationship, providing a recipe for success.

Over the next eight months, the weekly therapy sessions focused on repair, managing perpetual gridlocked issues, and addressing ways to strengthen the friendship system. Attention to recovery-related dynamics centered on: fostering a deepening sense and awareness of couple recovery; identifying family-of-origin dynamics and the
impact on the relationship, helping to recalibrate distortions in their internal working model of avoiding the expression of need and painful emotions toward an increasing comfort of tolerating and holding both negative and positive emotions in self and in the partner; and working toward a greater capacity for interdependency, challenging beliefs that individual and interpersonal needs are mutually exclusive.

Treatment Process: Late Phase

Debby and James had rocky periods over the eight-month treatment span, but they had improved significantly in their ability to bounce back, repair after a conflict, and draw closer through more successful bids and turning toward each other. Despite the overall improvement, difficulty in managing external stress began taking its toll on the relationship. Debby’s business struggled, and James began to resent carrying the financial burden. Therapy focused on ways to support each other and reemphasized the importance of updating love maps. When they stopped talking to each other, they defaulted to old patterns of coping. James would withdraw, feeling unimportant to Debby, or worse yet, feel like he was an inconvenience. Debby felt alone and angry when she experienced James pulling back. Therapy focused on the need for a renewed commitment to meeting regularly, spending more time together talking about the day and hopes for the future. This strategy worked, and after several weeks both reported feeling that the relationship was on track once again. A termination date was set.

At the second-to-last meeting, Debby and James showed up at the appointment in great distress. They stated they had a huge fight and didn’t think the relationship was going to survive. Given the consistent strength of their friendship at the time, this reaction at first was puzzling, but both appeared to be in negative-sentiment override.

When asked what happened, Debby reported that she had come home to update James about the latest business disappointment, and he responded indifferently and somewhat impatiently. Debby flooded and attacked James, calling him selfish and inconsiderate. James, in turn, counterattacked and felt Debby once again pounced on him for no good reason, labeling her as “nuts and impossible to live with.”

Therapy focus went to help them process the fight using the “aftermath of a regrettable incident” intervention. The process revealed the following dynamic. When James responded with indifference to Debby’s sadness and discouragement, she became triggered with an emotional memory of being ignored by her family, who denied her grandfather’s incest with her when she was a child. Debby broke down in the session, and James responded to her tenderly and with compassion. The interaction remained between them for the remainder of the session, with the therapist silently witnessing this poignant interaction and dialogue.

What at first appeared to be negative-sentiment override was actually trauma-reaction, mimicking all the signs of negative-sentiment override. Debby decided not to pursue additional individual therapy at the time, relating that she had already spent many years doing so. It was a moment that brought them closer together, reinforcing the idea that each of them had their own enduring vulnerabilities that would require ongoing vigilance and dialogue. Therapy ended a month after this session. Subsequent short-term therapy occurred a year after treatment for a tune-up, focusing again on love maps and efforts to put more fun in their relationship.
Conclusion

Implications for Training and Supervision

Gottman and Levenson’s research (Gottman, 1994) provides invaluable information on what is predictive of long-term stable relationships and what is predictive of divorce or relationship dissatisfaction and divorce. The implications for mental health professionals, pastors, researchers, and professors of couple therapy are far-reaching. Understanding the research and the resultant Sound Relationship House (SRH) theory provides the framework for a science-based approach to treating distressed relationships. Additionally, the psycho-educational value of teaching what we have learned about relationships to young adults and those couples that are in committed relationships, considering marriage, is tremendous in the area of prevention.

Trainees have a variety of resources to draw from to learn the Gottman method. John Gottman has authored a variety of books and articles (Gottman, 1994, 1999a, 1999b), including some with his wife Julie (Gottman & Gottman, 2006) and other colleagues (Gottman, Murray, Swanson, Tyson, & Swanson, 2005), that are intended for couples and professionals who work with couples. Trainees can learn the Gottman method experientially by participating in the two-day couple weekend workshop. Alternatively, hands-on training in Gottman approaches are available through a two-day workshop (Level 1) and two four-day workshops (Level 2 and Level 3), all given by the Gottmans and Certified Gottman Therapists who have been trained to offer these workshops. Home-study options are also available. Trainees may choose to complete one or more of these levels, or may choose the certification track, which requires completing the three levels of training, additional consultation from a Certified Gottman Therapist consultant, and successful completion of videos demonstrating proficiency in core Gottman therapy techniques.

There are many options to learn the Gottman method, with increasing levels of training available. This is an evolving therapy, and integration of the Gottman methods within clinicians’ own framework and clinical experience holds great promise for creativity and innovation.

REFERENCES


http://www.routledgementalhealth.com/case-studies-in-couples-therapy-9780415879439