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Summary: "The Needs ABC Therapeutic Model for Couples and Families: A Guide for Practitioners shows readers how to successfully tailor a therapeutic approach to meet the needs of couples and families. It has been preceded by Needs ABC (Acquisition and Behavior Change), a model for group work and other psychotherapies published in the UK by Whiting and Birch. Beginning clinicians will come away from this book with concrete, practical skills and expanded theoretical base for their practice, and they'll be able to apply their new knowledge directly and in ways that will help them create long-lasting change in clients who present with difficult behaviors. The book explains the concepts and theories behind the Needs ABC approach and provides tangible methods with which to perform as a Needs ABC therapist or integrate aspects of the Needs ABC approach into the reader's own therapeutic techniques. Practitioners will find that the Needs ABC model complements cognitive-behavioral, integrative, and other therapeutic models, as well as general guides to couples and family therapy."--Provided by publisher.

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The Fundamentals of the Needs ABC Approach: Maintaining Focus on Needs

The Needs Acquisition and Behavior Change (ABC) model rests on the premise that most emotional experience is built on a foundation of a finite number of basic relational needs, primary or secondary, that are usually formed in the individual during childhood (Aylmer, 1986, pp. 107–148; Nichols & Schwartz, 2006, p. 36; Teyber, 2006, pp. 5–15). (Of course, these needs may be altered or modified later in life by a traumatic event or exceptional circumstance.) The task of the Needs ABC therapist, keeping in mind how and where the client is situated socially and environmentally (Greenberg & Johnson, 1988, pp. 32–35; Nichols & Schwartz, 2006, pp. 7, 10, 378–379; Teyber, p. 14), is to listen to clients’ narratives to identify the themes that describe the needs they are seeking that are couched in what they are saying—what they are describing in the therapy session. These narrative themes are client specific and therefore express client-specific relational needs. These needs-based themes seem to express the way clients see the world in general (their worldview; Orlinsky & Howard, 1986) and automatically take into consideration clients’ culture, ethnicity, and religious beliefs, all of which normally contribute to their perspective (McGoldrick, 1996) and, by association, the formation of their relational needs. Differentiating between the content of a client’s narrative and the theme-based need embedded therein (Nichols &
Schwartz, 2006, pp. 125, 134; Teyber, 1989, pp. 22–23; Teyber, 2006, pp. 70–78) is critical to this model. These narrative embedded needs will help define what is lacking with regard to clients’ relational needs (needs deficit)—what they have been trying to get unsuccessfully. Clinicians and clients alike can relate to these needs, whether they are part of clients’ presenting issue. Because of the universal quality of these needs—the ease with which they can be understood and identified with—clients can collaboratively problem solve or help each other to examine more productive problem-solving strategies and more productive emotions that will result in improved problem solving.

While the list of relational theme-based needs provided in this chapter should not be assumed to be exclusive, it is a good starting point. It is important to understand that the labels used to describe the relational needs are not monolithic or mutually exclusive of other identifiers; they should be used only as a template from which to work. The best choices are those most consistent with clients’ experience. It is important to understand that the issue that brings people to therapy is not that of their emotional needs but the way and extent to which they react to them. If I feel competent in the world in general (“competency” not being at the top of my personal needs list) and my competency is challenged, then my reaction to this challenge should be more functional. For example, if Mark is told that he is a poor farmer (though all the evidence to the contrary makes him feel competent in this regard) he will definitely react to that statement, but his reaction might be more of one of surprise or sadness that the other person feels that way. He would probably react by saying something like, “I’m sorry you feel that way” or might think, “This is not about my ability to farm well but about something going on with the other person” and try to resolve the issue productively. If, on the other hand, Mark is personally concerned about his ability to farm well, then he will probably react

A mark of the relational need’s importance is the degree to which the client reacts (or remains objective) when challenged in the session, especially when confronted by the partner.
by becoming defensive or by attacking. Certainly, his response will be one that is less productive. Thus, it will reinforce his fear of not reaching an acceptable level of competence.

Fear/Themes/Needs Paradigms

The Needs ABC relational needs paradigms were gradually developed over a period of time alongside the evolution of the Needs ABC model. The list provided in this section was created as a way of helping therapy interns learn the model’s concepts, especially with regard to the identification of relational needs extant in clients’ narratives. The first incarnation was a list of global or universal themes and consisted of the following (Caplan & Thomas, 2004, pp. 53–73):

- Marginalization
- Lack of respect
- Avoidance of responsibility
- Incompetence
- Abandonment
- Intimacy
- Betrayal
- Grief
- Powerlessness

These themes appeared to be most often extant in the narrative of clients’ “story” as it emerged in the context of therapy and with which listeners could easily identify even if they were not currently experiencing the same needs and feelings. With the realization that these themes actually represented client needs—what they were looking for in their relationships—they were reconfigured to represent needs rather than themes. For example, “incompetence” represented a need for competency, “betrayal” a need for loyalty, “intimacy” a need for closeness or distance, and “avoidance of responsibility” responsibility taking. It also became evident that the need for closeness or distance (“intimacy”) could depend on how much or how little trust had been established in the relationship or how reliable the emotional connection was. In addition, “marginalization” indicated a “lack of respect” or a need for respect.
To clarify these relational needs paradigms, consider a client who describes a dinner conversation in which he is in the process of relating an anecdote pertinent to the discussion at hand. No sooner had he begun than one of the people at his table jumped in with a totally different topic. If you were the one being cut off it might be fair to say that you would view the interloper as disrespectful; you might feel fearful that you were not important enough to be heard; you might feel sad that your participation was not being acknowledged or that what you had to say had no real value to the others. Similarly, you might feel concerned that you were not adequate to hold everyone’s attention.

The relational needs list evolved over time by examining the previously provided universal themes to see how many could be listed as “unique” or exclusive of the others in the list. It was co-created, over the years, with my colleagues and with clinical interns whom I supervised in various clinical settings. While others such as Maslow (1998), Gottman (2002), and Greenberg and Johnson (1988) have described similar interpersonal requirements in their writings, none seem to have identified client-specific relational needs as succinctly as the Needs ABC model.

The following list is, therefore, the result of the distillation of evident client needs-based themes into two groups: (1) primary needs, representing basic relational requirements (i.e., what people need from the “important” people in their lives; and (2) secondary needs, which are a corollary to primary needs, adding another dimension. Following the needs are suggestions for the concerns clients feel in their relationships (i.e., “FEAR”), the dominant need being expressed (i.e., “THEME”), and what they are attempting to acquire in the relationship (i.e., “NEED”).

Primary

- Reliability (Availability)
  - FEAR: abandonment
  - THEME: conditional relationship
  - NEED: emotional connection, constancy (consistency), and predictability

Loyalty (Trust)
- FEAR: being taken advantage of
- THEME: betrayal
- NEED: trust, allegiance

Respect (Self-Worth)
- FEAR: being irrelevant or marginalized
- THEME: invisible, unimportant, objectified
- NEED: acknowledgement, value

Competence (Self-Efficacy)
- FEAR: not being good enough, of failing
- THEME: inadequacy, incapable
- NEED: adequacy, proficiency

Secondary

Intimacy (Closeness/Distance/Trust)
- FEAR: too much or too little emotional/physical space
- THEME: suffocated, disconnected
- NEED: closeness or distance
Figure 3.2  The relational need for trust.

Figure 3.3  The relational need to be respected.
**Figure 3.4** The need to feel competent.

**Figure 3.5** A secondary need for more or less intimacy.
Figure 3.6 The secondary relational need for power.

Figure 3.7 The secondary need to take more or less responsibility.
Figure 3.8 The secondary need for a time-out.

Figure 3.9 Less productive emotions. Presenting less useful emotions tends to drive problematic behaviors.
- Power (to Get Needs Met)
  - FEAR: loss of control, powerlessness
  - THEME: helpless, hopeless
- NEED: control of one’s environment
- Responsibility (for the Problem)
  - FEAR: blame, culpability
  - THEME: environmental control
- NEED: safety, security
- Grief/Loss (a “Time-Out”)
  - FEAR: change, acknowledgment
  - THEME: paralyzed, stuck
- NEED: acceptance, recognition

Most people consider the concepts of grief or loss as referring to feelings about those who have left them “forever” through death or circumstance. Inasmuch as this is often true, in the psychotherapy room this can also refer to a loss of confidence or identity. For example, if someone has to leave his profession because of age, infirmity, or a situation beyond his control, he may be unable to move forward and recreate an alternative “self” until he has adequately processed and emotionally dealt with his present situation. It is important to support the client’s right to grieve and “stay put” until he is able to move on with his life. Here, the Needs ABC therapist will help to co-create transitional strategies that are productive but respectful to the client’s state of mind.

Primary Versus Secondary Needs

Throughout this book I highlight clients’ relational need by placing its name in square brackets. While most of the case examples focus on the primary need, I have also included some references to the secondary need implied in clients’ narrative. Again, it is important to understand that the primary need is what clients are trying to attain through their behavior in their relationship. The secondary need can be regarded as a corollary to the primary one. For example, a man who has “competency” as a primary relational need may distance himself from his partner if he feels that by getting close he will be criticized or
punished for what he does. This could establish a need for more “intimacy” on the part of the partner and less “intimacy” on the part of the man in question. The partner’s feelings of “powerlessness” to get him to come closer may be another secondary need for both partners since, try as they may, nothing they do seems to be effective in getting their needs met. To determine how powerful, or important, this secondary need may be for each client, a brief developmental history can be taken. In taking such a history, the clinician must determine whether the present context is similar to or removed from what the clients remember from their childhood. If the present situation appears to be a metaphor for what I like to describe as “the ghosts of Christmas past” (borrowing from Charles Dickens), then the secondary need will be important for that client. A brief clinical example follows.

George and Lara came to see me with regard to what Lara described as George’s depression: “George is just not himself anymore.” Both had been married before and, until about 1 year before, felt that “things just couldn’t get any better.” After two sessions where I learned that George had failed in his last business venture and that Lara had always worked with George as his bookkeeper and financial expert, I decided to meet them individually to see what else I could glean with regard to their relationship and their past.

George informed me, becoming very tearful, that he thought Lara was having an affair [loyalty]. He feared that, because he was no longer the major breadwinner, she had lost her regard for him [competency]. He stated that “they didn’t even hold hands anymore” [intimacy]. His developmental history corroborated his need for affection since he described his mother as being quite cold [intimacy], though dutiful, and his father as often absent, but very critical [competency] of all his children (he was the eldest of two brothers and one sister). He remembered often being promised a treat or a reward only to have his mother “forget” [loyalty].

Lara, who had been quite tight-lipped in both of the previous couple sessions, did not understand why he was so cold and withdrawn [reliability]. She told me that she felt extremely disconnected and almost invisible at times [respect]. She went on to tell me that there was nothing more that she could do and that he was the problem; in essence, Lara was not taking any responsibility for the relationship.

In this example, George’s need is to be able to trust his wife [loyalty] and to be validated for his successes in their relationship [competency] since they, nonetheless, were able to continue to live a comfortable
lifestyle despite his last failure. All he wanted “was a hug” [intimacy]. Lara, on the other hand, felt she no longer felt valued by George [respect] and felt it was his fault that she no longer able to prove her worth because “he sunk the business” [reliability]. It seemed, in that session, that she refused to examine any possibility that she could also make a positive difference in their relationship [responsibility].

Overall, treatment planning could include how to encourage George to pay more attention to Lara, who seemed to need it badly to begin to consider taking some responsibility for the potential success of the couple relationship.

It should be remembered that, even though we all have similar relational needs in general, what matters is not whether the need is experienced but how powerfully (viscerally) we react to it. For example, if I come from a background where I understood that trust was earned over time and that betrayal was a possibility that had to be considered, then if I am not paid back the twenty dollars owed to me by a colleague I will feel disappointed or sad but would chalk it up to experience and never lend money to that person again. I would understand that it was my choice to lend the money and that there was a chance I would not get it back. On the other hand, if I was extremely trustworthy and assumed others would be just like me then not being repaid would cause me to react quite strongly emotionally and I might even try to “get even” in some way (a visceral response).

So why have two sets of needs? And what do we mean by defining one set as primary and the other as secondary? The primary set succinctly describes specific client-centered needs that are important for them to acquire in all their relationships. Needless to say, the emotional currency becomes greater as the importance of the relationship becomes greater. In other words, husbands, wives, and intimate partners provoke stronger reactions than colleagues at work or mere social acquaintances. The secondary set can be compared to what an adjective is to a noun, or as a relational need corollary. For example, if “loyalty” is described as a relational need, one of the artifacts of this need could be a fear of trusting others enough to get closer—a fear of “intimacy.” Alternately, if clients perceive their relationship as conditional (“reliability”), then the possibility of taking on too much
“responsibility” to avoid abandonment may emerge, causing them to need to cede some of this responsibility for the relationship to the other. Let's look at an example.

Kristina, a 34-year-old receptionist for a large department store, was the eldest of four children by 3 years. Both of her parents worked long hours and overtime throughout her childhood and adolescence, which necessitated her caring for her younger siblings until at least one parent came home, from when she was aged just 9 or 10. She was responsible for heating up the meals left by her mother the night before and making the lunch sandwiches. She would even be asked to stay home from school at times if one of her siblings took ill and could not go to school. As a result of all the extra responsibilities she bore and the missed school days, she barely made it through high school and went to work at the age of 17, the day after her graduation. Kristina always felt that she could have done much better at school had she been given a chance.

Kristina met Ron a month after she turned 18 and had had three children with him by the time she reached 23. She began working as a receptionist after her second child was born. Ron made a reasonably good living, and she was able to work part-time, or take time off, when necessary.

When they presented for couples work, Kristina complained that Ron was spending more and more time away from home, having joined two soccer leagues and having a once-weekly “boys' night out.” She felt like he wasn’t pulling his weight with the children and that she never had any time to do anything for herself. Ron complained that she was always reminding him what to do—“Did you do this; don’t forget that”—from the moment he stepped into the house after work. “It’s just that I needed a break from all that pestering.”

As the therapy progressed it became clear to all concerned that Ron wanted only for Kristina to trust him [loyalty] and to give him credit for his ability to follow through on his responsibilities [competency]. Kristina admitted that, because she had not been able to accomplish as much as she would have liked in her life, she tended to care for others, including her female friends. She stated she was always unconditionally there for all the people in her life and felt that they respected her for that. She did, however, feel that Ron was not always there when she needed him [reliability] and that he didn’t pay attention to her [respect] the way her friends did. Because of the dysfunctional strategies used to get these needs met, Ron felt he needed to distance himself [intimacy] from Kristina’s tendency to take too much responsibility for their relationship by “controlling him as if he was a child.”
How Does Focusing on Need Enable Understanding?

The relational needs as listed are easy for both therapists and clients to relate to in the context of therapy, even when a discussion of needs presents in the personal narrative of only one member of the pair. While not everyone will experience the same set of needs and the associated emotions, the easily understood and accessible vocabulary used to discuss these commonly felt needs helps in reaching a mature discussion of issues that hitherto have been broached only in highly personalized, often hurtful ways serving to push one’s partner’s buttons and ignite arguments, litigation, and distress to both parties. Focusing on needs, as opposed to the behaviors that have created the need for therapy in the first place, helps to define what is lacking with respect to clients’ relationships and what they have been trying unsuccessfully to get. Focusing on these relational needs versus the behaviors they have used in trying to acquire them encourages clients to take responsibility for what they want in the relationship and in their therapy instead of asking others to “do it for them.” Focusing on need also minimizes the potential for clients to adopt a shame-based defensive posture and makes it possible for them to focus on the development of new strategies to generate more positive modes of behavior in the future. For the Needs ABC model, this means that therapy can help clients not only stop behaving in certain ways now but also create new behavioral patterns that will work for them in the future and that can help them to form a stronger, healthier, more respectful and durable relationship.

But how can the therapist help the couple that has come to him for help isolate unmet needs and discuss them rationally? How can he help both partners work toward a viable solution or set of solutions to the behavioral situation that has been causing problems in their relationship? Although often, if not usually, unmet needs are not specifically vocalized, they are likely to emerge as recurrent elements in clients’ narratives—for example, when the same client says, “I get angry when my wife stands me up to go to lunch with her mother,” and, later, “Fred agreed to discuss the project with me first but went ahead without my input. This isn’t the first time he’s done it, either.” In each case, the client is expressing his
frustration at what he experiences as his own marginalization, as his unmet needs are relevant to his emotional experience, regardless of whether they emerge as issues in the context of his personal or other relationships.

By focusing on needs, rather than on specific grievances or on given reactions to particular situations, it is possible for the therapist and the couple undergoing therapy to neatly side-step issues of blame and control and to concentrate instead on both the root cause of the problem and on ways of eliminating it, both now and in the future.

The role of development in relationships in forming the adult person is often very apparent when individuals model behaviors they saw enacted by same-sex parents. Of course, as children we learn from our parents and other caregivers how to behave in a relationship and how to be an adult. When the acquired behaviors are problematic (e.g., domestic violence, substance abuse, infidelity, rough “macho” behavior) or were appropriate in a parent’s culture of origin but are less so in the context of the new family, they will generally continue to be problematic when they are recreated in the new couple. At the same time, as we have mentioned, opposite-sex parents are usually very formative in terms of the definition of individuals’ relational needs as these emerge from childhood and continue into adulthood. Siblings can also play a role in determining how individuals’ character develops, and exploring clients’ relationships with siblings, particularly in childhood, can be a valuable source of information about the etiology and nature of relational needs.

It will be important to ask clients to describe their experiences during their earlier, preadolescent, developmental phase. Ideally, one will avoid leading questions or assumptions by asking questions like the following:

- How did you view your mom when you were in elementary school? What kind of person was she?
- How did you view your dad when you were in elementary school? What kind of relationship did you have with him?
- Do you feel that your parents have a favorite child? Who was it? Why do you say that?
- Are you more like your mother or your father? In what way?
• How did you get along with your sisters, brothers, and other important family members when you were growing up?

Spending a little time explaining why and how clients’ developmental history is important is helpful in terms of understanding the nature of their relational needs today and will provide useful insight into their current situation. Knowing that the same developmental issues are also applicable to others with regard to their evolutionary background in the creation of relational needs and emotional patterns in adulthood will make clients’ explorations of their past less personal and easier to approach from an objective point of view.

It is important to remember that unmet needs are often referenced obliquely, perhaps because the topic is too painful to confront head on, because clients lack or are not comfortable with an adequate vocabulary for discussing this painful subject. Some examples are as follows:

• “My wife is always saying, ‘That’s fine, but what have you done for me today?’” [competency]
• “I’m really not interested in what you have to say right now.” [respect]
• “One day my wife says she wouldn’t know what to do without me; the next she says, ‘I need my space.’” [reliability/intimacy]
• “Why is he always confiding in his secretary and not in me?” [loyalty]
• “He insists that he loves me very much but has to play hockey or go out with the boys at least three nights a week.” [intimacy/reliability]
• “No matter what I do, it doesn’t work. I just want to give up trying.” [power/competency]
• “I just can’t seem to get off my behind. I never made this kind of mistake before. I just don’t seem to want to do anything right now.” [grief/loss]

In addition, the emotions described in clients’ narrative are often those that are less productive but more socially acceptable.

By focusing on needs rather than behaviors, the Needs ABC approach makes it infinitely easier for the practitioner of therapy to arrive at the whys and wherefores of a couple’s relational needs and
why and how both partners have been failing to achieve them in the context of their relationship. Exploring the origins of these behaviors is also important, as it allows individuals to get to the root of the issue, to understand it, and to use this understanding in the creation of new, more useful behavioral patterns.

**The Importance of a Client’s Developmental History**

Inasmuch as clients’ relational needs can come from almost any stage in their development, in my experience focusing on the elementary school years of childhood is particularly fruitful in helping people understand why they feel the way they do in certain given situations and how their behavioral patterns developed in response to these feelings. While I am certainly not suggesting that the impact of events that occurred in infancy and toddlerhood is negligible, the imperfect recall or even complete absence of conscious, coherent memory of these years means that discussing them is not as likely to yield any interesting results that will assist clients in understanding themselves and their own behaviors better (Aylmer, 1986, 110–112; Greenberg & Johnson, 1988, pp. 77–78; Nichols, 2007, pp. 89–91). Instead, clients generally can remember the events that happened to them during the early years of childhood, from the age of 5 or so, or at least events that were particularly striking and impactful for them, and are able to discuss the strategies they used to deal with their relational needs in that early stage of development.

One technique I sometimes use while taking clients’ developmental history is to ask them to “free associate” (Freud, 1960) about situations they remember during this period of time. With this exercise their relational needs may be further clarified since, in all probability, what they remember will relate directly to their current situation. Later developmental stages, such as adolescence, can also be important. Of course, it is essential to explore any events that clients experienced as exceptional or traumatic, regardless of when they actually occurred. As well, a notable lack of memory of events that occurred during a specific time period might also signal an exceptionally difficult period for the client and might also indicate the witnessing or experiencing of abuse or trauma. However, especially in the earlier
phases of therapy, when the therapist will, of necessity, play a stronger “leadership” role than later, when client confidence grows, focusing on the experiences of this phase of childhood can prove enormously valuable in understanding how the personalities, needs, and behaviors of adult individuals have been formed.

*But Why Focus on Childhood?*

Childhood is when we become ourselves—when our personalities, characters, and family histories merge to form who we are. Childhood is when both body and mind of individuals are formed. Anything that happens in childhood continues to reverberate throughout each person’s experience of adulthood—particularly through their relationship with others, most notably their partner, which is usually, if not always, the most important relationship they have and the one that has the greatest impact on their sense of well-being. As children, we are firsthand observers of our parents’, or parent figures’, relationship with each other and with others, and from our parents we learn how to be in relation to our partner and others. The lessons we learn as children are very difficult to unlearn, because they represent “just the way things are” to us. When these lessons include the development of certain behavioral patterns—for example, tantrum throwing or social withdrawal—that continue into adulthood, often in a modified form, they can have a crippling effect on our emotional landscape and our relationship with the people around us, including those we hold most dear (Horvath & Greenberg, 1994, pp. 22–23; Jacobson & Margolin, 1979, pp. 59–64).

While in childhood those who parent us are the crux and focus of our relational attachments and most personal selves, in adulthood this role is overtaken by our life partners. This means that everything they do and everything they say to us can have great resonance. It also means that we will try to have our relational needs met not only in our relationships in general but, most importantly, also in the context of our intimate relationships. If this does not occur, often because our own attempts to acquire these needs are not functional, we are likely to react strongly and negatively.
Bonding with other human beings in significant relationships of various types is fundamental to the human condition. The instinct that babies and children have to bond with their own parents and family members is as strong as their drive to eat, except in the case of children with disabilities such as serious autism or with difficulties relating to very severe emotional deprivation in childhood. We are aware that, in some cases, children who have suffered a lack of human contact in their very early months and years—such as children in overstaffed orphanages or infants who have had to spend a great deal of time in hospital—are very likely to develop emotional problems as they grow up and in fact often “fail to thrive” physically, even when they are receiving adequate nutrition and exercise, which shows just how crucial warm human contact is to the healthy emotional and physical development of the human individual.

As we have already discussed, throughout childhood our most important relationships are with our parents and family members, and it is from them that we learn to be members of society, members of our family, and, indeed, full-fledged members of the human species. It cannot be too strongly stated that the relational dynamics in one’s family of origin are crucial in forming the adult self. Easily identifiable coping strategies that emerge during childhood (because of the absence of autonomy in babies and infants, they cannot emerge until then) can become the basis of the dysfunctional behaviors that clients bring to treatment. Parents teach their children, implicitly as well as overtly, how they should behave in relation to others, “appropriate” gender behavior, how adults relate to each other in the context of a marriage or other significant relationship, and how to negotiate challenges such as work, the use or abuse of alcohol and other substances, and more. Everything they do is observed and can be replicated in their children’s own adult lives. Let’s explore an example.

Stanislaus grew up in a small town near Krakow, the only child of a mother who was a minor bureaucrat in the local town hall and of a father who was a school teacher. During the 1970s and ‘80s, Poland was still part of the Soviet empire; although most people had enough to eat and were adequately housed and clothed, “extras” were hard to come by, and for most people life was a question of getting by as best they could.
with luxuries and treats few and far between. Stanislaus’s father was “Polish through and through,” but his mother was of Russian origin. She spoke Polish, but Russian remained her first language and the one in which she was most comfortable expressing herself. Stanislaus grew up bilingual and, to some extent, bicultural. Although it was not always expressed directly, Stanislaus gradually became aware of some serious grievances in his extended family, especially toward his mother, who was a member of a rather privileged group in Poland at the time. Although she was not actually in a position of great power in their community, there did seem to be the suspicion that, because of her ethnicity and her role in local government, she could “report on” members of the extended family [loyalty]. As a result, Stanislaus remembers that, as a child, he often felt excluded from the wider family circle, which disapproved of his mother and made this disapproval felt in myriad subtle and not so subtle ways. She in turn was both defiantly proud of her ethnic background and resentful of her exclusion, feeling—quite reasonably—that her ethnicity was not something that she should feel ashamed of or need to apologize for.

In the early 1990s, the whole family emigrated to London, where Stanislaus’s father worked as a taxi driver and his mother as a cleaner. Although his parents actually earned far more than they did in Poland, they had underestimated the cost of living in London and still found themselves going without “extras” far more often than they had envisioned when they arrived more than 10 years prior. Also, cast into a foreign culture, they both tended to become rather morose and somewhat resentful that, in middle age, they were both working in relatively unskilled jobs.

At the time of therapy, Stanislaus was a recent graduate of the London School of Economics, one of the most prestigious universities in the United Kingdom. He was a very bright high school student and managed to get by with a scholarship and by working part-time in a fish-and-chip shop. A year prior to therapy, he married his classmate Anna, and now the couple is, rather unexpectedly, awaiting the arrival of their first child. Although both partners, newly emerged from university, are still very young, news of the pregnancy was greeted joyfully by both sets of grandparents. Anna has been welcomed into Stanislaus’s family and he into hers. However, despite all the goodwill, Anna’s pregnancy has heralded what she considers to be very unreasonable behavior on Stan’s (as he now prefers to be called) part. Both Anna and Stan report that their previously blissful marriage has become characterized by bickering, hurt overreaction, and a general sense that all is not well.

“I don’t see what the big crisis is,” Anna says, during one of their early therapy sessions. “OK, so we’re quite young, but I have a trust fund, and my parents bought us a flat when we got married. We won’t be stinking rich, but we’ll have a lot more than most parents our age. No rent, think of that! And we’re graduates; we’re intelligent people. Everything is going to work out. But ever since Stan found out about the baby, he’s become a
control freak. He asked me to start keeping a note of every single thing I buy—even take-away coffee—so that he knows how much we’re spending. It’s crazy!”

To stress the seminal importance of the family of origin is not to say that one cannot move away from teachings received in childhood but simply that one should never underestimate the significance of upbringing on the adult person or attempt to dismiss problems originating in childhood with a statement such as, “It’s time to move on from that now,” or “But that was a long time ago and has nothing to do with where you are right now.” Here, as well as reverting to the then necessary penny-pinching of his childhood, when Poland was still an element of the Soviet Union and times were tough, Stanislaus has begun to question whether he can trust Anna: will she be loyal, or could she betray him as, it seems to him, his family betrayed his mother? After all, just like his own parents, he and Anna are from different cultural backgrounds—a difference further compounded by the gulf between his and her families’ economic status.

As mentioned earlier, people often come to therapy to deal with maladaptive behaviors that typically have their origin in childhood and that have evolved while they were actively seeking, as young children, to learn how to negotiate the maze of relationships that is our world. They are, in a sense, survival skills. For example, consider the man whose father abandoned the family when he was 6 years old and whose mother had to work two jobs to support the family, becoming less available to her child, because she was rarely physically present and, when she was, was too tired to engage actively with her family. If, in adulthood, his partner appears to be less connected to him than he would like, he will connect his present situation to his past and react accordingly, often with behavior that is seriously dysfunctional and damaging to himself and others.

It should be stressed that, while people who grew up in abusive or seriously dysfunctional families often need therapy in later life, even those of us who grew up in generally happy, reasonably affluent circumstances can reach adulthood with unmet needs that continue to impact our behavior in a less than helpful way. It is hardly surprising that the person in our life likely to be affected most by our words and
actions is the one who is most intimately involved with us (Rowe, Gomez, & Little, 2007, p. 312; Sager, 1986, p. 328).

In tandem, feelings and emotion-driven behavior learned in the past and situations in the present can combine to create a painfully difficult emotional landscape, disabling the adult individual from being able to take an objective stance with regard to problem solving and frequently resulting in immature, maladaptive responses that aggravate the situation further and that can also render the unmet needs of the individual’s life partner more difficult to deal with.

Clients’ relationships in childhood and adolescence are key determinants in creating their relational needs when, as adults, they enter into a partnership. Clients who strongly express their hatred of “feeling ignored” will generally state that, as children, they were either “the center of attention” or “felt invisible.” Similarly, clients whose parents had “a place for everything and everything in its place” may present as either perfectionist or disorganized, depending on how they saw each parent.

It is almost a cliché to state that the opposite-sex parent often defines important relational needs. This is certainly frequently but not always the case, and although this scenario should always be explored, the therapist should also remain open to other relational possibilities. Similarly, it is typical but not invariable for individuals to emulate same-sex parents in terms of obtaining control over their circumstances. However, it is safe to say that our experiences as children will affect how we behave in relation to others; this is one generalization that can always be made. Those who are excessively controlled as children may seek, as adults, to control the others in their lives, and those who experienced themselves as competent as children will wish to continue proving their competency in adulthood, even to the detriment of their partners. A common realization of individuals undergoing therapy as part of a couple is stated as follows, “Oh my God! I sound just like my mother/father.”

Finally, at times it can be difficult to determine clients’ relational needs, especially when working with an individual, because he or she presents information that can be construed in different ways or has difficulty remembering helpful details, or the therapist perceives several needs but none that appear significant. Carrying out an examination
of clients’ perception of their relationships with their parents (or parental figures) in their earlier development can clarify what is most important for them to get in their adult relationships.

More and Less Useful Emotions

The Needs ABC model considers that, while the explicitly expressed emotion is generally valid, there is an underlying emotion, more deeply embedded in clients’ narrative, that is more useful to explore, often being more deeply felt and thus more difficult to verbalize. While Greenberg and Johnson (1988, pp. 4–9) classify primary, or the “here and now” (Greenberg, Rice, & Elliott, 1993, pp. 75–76) emotions, and “secondary emotions, or those that “often obscure the primary generating process” (Greenberg et al., p. 75), we use the terms more useful and more productive and less useful and less productive in the discussion of emotion in reference to the fact that, as in Emotionally Focused Therapy (EFT), the feelings underlying behavior can be multifaceted and that clients often find it relatively easy to vocalize their feelings relating to one of the emotions they are feeling rather than to the others.

However, in my experience, generally the emotions that seem to prove too difficult to speak about are frequently more useful to access in therapeutic terms. In other words, by enabling clients to access these deeply felt, difficult emotions, they often become able to understand the origins of their behaviors, to find the words they need to discuss their emotions and feelings, and to work constructively toward a new way of interacting with their partner. More simply put, emotions can be divided into two categories: (1) emotions that “call” people to action (active emotions); and (2) emotions that “dismiss” people from taking action (less active or more passive emotions). When active behaviors are problematic, such as violence or impulsivity, it would be better to encourage clients to access a less active emotion, one that might offer them some time to choose an alternative strategy. If passivity, inactivity, or compliance proves ineffective for needs acquisition, a more active or “energized” emotion could help with relationship problem resolution. Take the example of a woman who is the victim of spousal abuse. She may
enter a shelter not knowing what to do next while presenting herself as frightened and helpless because of her partner’s power. If this woman can also access the anger she has about being treated in this manner, she may then be able to consider alternatives to living this way, such as setting limits, accessing additional resources, or even leaving her partner altogether. To further illustrate, using the previous examples:

- “My wife is always saying, ‘That’s fine, but what have you done for me today?’” Here, the husband might react angrily (a less useful emotion) rather than acknowledge his fear (a more useful emotion) that he will never live up to his partner’s expectations.
- “I’m really not interested in what you have to say right now.” Here, the expression of sadness at being shut out might prove more productive than being irate at being “brushed off.”
- “One day my wife says she wouldn’t know what to do without me; the other she says, ‘I need my space.’” Again, here we see sadness at feeling lonely when he feels disconnected or distanced from his wife could work better than hurling epithets about her lack of reliability.
- “Why is he always confiding in his secretary and not in me?” Even though this woman seems fearful of what else this situation might mean, if she were able to assert her position about her need to trust her partner, perhaps by getting in touch with her anger, she would be able to set limits more effectively.
- “He insists that he loves me very much but has to play hockey or go out with the boys at least three nights a week.” Again, being more forceful with regard to her need for her partner to choose her over her friends would be more helpful than a barrage of tears.
- “No matter what I do, it doesn’t work. I just want to give up trying.” A more energized emotion like annoyance or anger might be more motivating for success than the apparent depressive state in this quote.
- “I just can’t seem to get off my behind. I never made this kind of mistake before. I just can’t seem to want to do anything
right now.” When this client is ready—since he might have to take a brief time-out—harnessing an emotion, like fury, that pushes him out of his despair would be more useful.

Crucially, we need to understand that the useful paradigm refers to the emotion that will be more or less productive in problem solving at the time of the situation in question. Depending on the circumstances that arise, different emotions may need to be accessed.

Applying Needs ABC Paradigms to Therapy With Couples

*Common Client Expectations Versus Client-Driven Treatment Goals*

Clients may present for therapy with diverse expectations of what the intervention can do for them, and expectations may vary within couples, too. While some will think, “The therapist will tell us what we have been doing wrong and fix this situation for us,” others may think, “This relationship is basically over already. I just need confirmation that we’ve really screwed everything up badly so that I can walk away and try to start over with a clean slate.” Yet again, another person might think, “I’m not the problem here. The therapist will explain to my partner that his/her behavior has been causing us all these problems, and as soon as my partner understands this, we’ll be able to get on with our lives.”

It is the counselor’s job to listen to what both partners in the couple are really saying, often in ways that are not immediately obvious, and to assess what their genuine needs and emotions are so that they can be helped to set their own, real goals and to work productively toward them. In the course of therapy, and preferably in the early stages, it needs to be communicated to the couple that no one individual can “fix” the relationship. While therapists can facilitate this journey, they cannot simply tell couples what to do and provide them with a tidy solution to all their problems. Helping couples find their own way toward viable solutions to the practical and emotional problems that have been besetting them is the core role of the therapist.
Behaviors Often Seen in Presenting Couples

Because the decision to attend therapy is often made in a highly stressful situation, it is far from untypical for couples attending therapy to present with aggressive, passive, or otherwise difficult behaviors. While these behaviors can present a challenge to therapists, they can also provide very useful insight into the internal dynamics of the relationship. For example, if one member of the couple talks, interrupts the other, or dominates dialogue in an aggressive or threatening manner, he or she is also sending a significant message that power and control are important issues for that individual. Similarly, if one member of the couple tends to get angry quickly, it may well be that another, more useful, emotion is locked behind the angry façade.

Many marriage and family therapists have told me that their worst nightmare is when couples begin to argue with one another, raising their voices and “losing control.” Many therapists are taught that, in these situations, they must take charge of the session immediately by directing clients to “take turns” (some even employ a “talking stick” to hold when it is their turn) or to not look at each other and to address their remarks only to the counselor. But there is a wealth of information in what clients are saying, especially when their emotions are at their peak. When clients begin to bicker, argue, or fight (verbally; potential physical danger must be addressed immediately), I sit back and listen until I am able to glean the unmet relational needs they seem to be expressing. Then, I will intervene with an emotion-focused, needs-based statement describing the dynamic being acted out.

For example, when Nat and Fredrika came into my office, Nat explained that Fredrika had planned on canceling the session but that he had stopped her just in time. He went on to explain that she never tells the truth and that she often hangs up on him when he calls her. Fredrika reacted immediately in a moderately loud voice that what he was saying wasn’t true. Nat responded, equally loudly, that she has a short memory and remembers only what she wants to. At that point they began yelling at each other, and I was grateful that I had spent money on good soundproofing and a good sound screen.

As the argument progressed, Nat made some scathing statements about Fredrika’s “history of sexual promiscuity.” Fredrika responded
with the comment that he would not let her get a word in edgewise and that she was tired of constantly being interrupted and demeaned—especially if she did not comply with his wishes. After about what seemed to be forever to me but was probably 1 or 2 minutes I interrupted them by saying:

Can I just jump in here for a minute? It seems to me that Nat has a lot of trouble trusting anyone [loyalty] and is very sensitive to being criticized [competency], while Fredrika feels that she is being pushed around [power, respect] and that she needs to always acquiesce to Nat’s wishes [reliability].

Both remained silent for a moment, and then Nat started again to describe his concern about his partner’s loyalty, though this time with a bit of a smile and with much less volume. I continued to support each of their relational needs as they continued to “joust,” and each time they seemed to decrease the drama in their dialogue. By the end of the session they were prepared to examine both needs acquisition and needs provision and seemed more optimistic about the future of their relationship.

I call a smile “the recognition reflex.” This means that both you and the client have a degree of understanding about what is actually going on; the client knows that you know.

Some Ways of Addressing Unmet Needs
Emerging Need and Emotional Components

Since one of the basic premises of the Needs ABC model for couples therapy is that some emotions are more useful than others, exploring these emotions, their origin, and their relationship with the subject’s behavior will be useful in devising a way forward. Frequently, as we have discussed, more useful emotions are masked behind less useful, often more socially acceptable feelings. Socially acceptable feelings are generally emotions that are felt by the wider culture to be appropriate to individuals on the basis of their gender, social class, and ethnicity. Try as we might, few if any of us are able to achieve complete freedom from the way society feels we should behave, and this factor
influences us all. For example, in many societies anger is considered a more acceptable emotion in a man than fear or sorrow, which are supposed to be weaker, more feminine sentiments. As a result, many men will feel able to verbally express and discuss angry sentiments and will find it difficult to expose what they see as their more vulnerable side. Conversely, many women will find it difficult to express anger, considered in many cultures to be unwomanly in its aggressiveness, so it may be masked behind apparent sorrow, fear, or anxiety. Helping clients to recognize and embrace the more useful emotions that lie behind their needs and the related behaviors is crucial. Let’s look at an example.

Joe explains that he and Sarah have come to therapy because of Sarah’s drug and drinking habit, which caused her to display increasingly erratic behavior and to lose her job. In addition, Social Services has visited their house on several occasions during Joe’s work trips away because she had been drinking and the children had been left playing in the garden on a cold winter’s night on many consecutive evenings. The neighbors were all aware of Sarah’s problems and were disturbed and upset by her neglect of her two young children. Although they hadn’t wanted to interfere on the many occasions when they had seen her apparently drunk or on drugs, the general consensus on the street was that “enough was enough” when it looked as though the children might be harmed as a result of her negligence.

“It just makes me so mad,” said Joe, “to think of the bright, fresh young woman I married and what Sarah seems to be letting herself become. You know she has a master’s degree in art history? She used to care about things. That’s why I was attracted to her in the first place; she was so smart and articulate. I thought, ‘Now here’s a girl I can really respect.’ Now she’s drunk or sniffing coke half the times I come home, while the kids are just playing on the carpet in their dirty diapers. And that’s on a good day. You heard what happened with the neighbors. I have to tell you, I just don’t even recognize her anymore. I don’t know who she is. I don’t think that I can’t trust her on her own with the children. Well, I guess I know I can’t trust her, at this point. What if something terrible happened to the kids when she was supposed to be in charge? With her out for the count, it’s not exactly unimaginable, and with her not working anymore, I have to take all the overtime I can get just to keep the whole ship afloat, knowing that she’ll just take half the housekeeping money and spend it on drugs. Sometimes I just want to … I don’t know … punch her or something.”

In fact, Joe has punched Sarah, on several occasions, although most frequently he just yells until both she and the children are in tears.
Reba, the couple’s social worker, has already spent several sessions with Sarah and Joe. She knows that the couple had several very happy years and that, while Sarah had always “been inclined to have a few too many” and had always seen herself as “something of a party girl,” she had started drinking seriously and also taking cocaine after a bout of postnatal depression following the birth of Jack, her second child. Reba learned from Sarah that she had difficulty in school, apparently from an undiagnosed learning disability. She also understood from some individual sessions with Sarah that her parents “loved her only if she got good grades” and felt they must have hated her for “rarely getting any more than a pass.” Overall, it seems that Sarah felt that she never had any reliable relationship, one that she could count on unconditionally. Reba also suspects that Joe, in fact, may be terrified that she will never recognize his concerns about what is happening and is experiencing profound feelings of sorrow resulting from the effective loss of the woman he once married and her replacement with this apparent stranger whose behavior and habits seem to be destroying their family, along with all the hopes they both once held for their future together.

Needs and Emotion Versus Behavior

One of the primary elements of the Needs ABC approach is the emphasis on need and emotion rather than on behavior and the assumption that dealing with needs not currently being fully met in the context of individuals’ personal relationships will facilitate the replacement of dysfunctional behaviors with functional ones. As therapy progresses, couples should be assisted in transferring the progress they are making in therapy to their everyday lives. As their understanding of themselves, their problems, and therapists’ approach to them becomes increasingly mature and sophisticated, therapists can also become more explicit in their explanations of the concepts behind the Needs ABC model, especially the remark that when individuals behave in a dysfunctional way, they usually get exactly what they don’t want.

When addressing clients, I often use an emotion that I consider more productive without explanation. In other words, if the client says, “I am angry at my wife for going to lunch with her mom instead
of me,” I might reply that “it must be scary to feel second best to her mother.” The client can then decide whether that might also be an appropriate emotion to consider as more productive in problem resolution.

Focusing on needs puts responsibility on clients for getting needs appropriately rather than on others to meet them. Focusing on need minimizes shame—the shame of doing “shameful” things (to get needs met). For example, if the woman says to her partner, “You threw a tantrum when I had lunch with my mom instead of you” (or “when I forgot to call you back as I had promised”), it will be nonproductive to focus on the tantrum and more productive to focus on the need that is inherent in the comment [respect]. Once the need is illuminated, it is important for the partner to get his needs met productively by understanding that his “fear” of being unimportant is more productive than his “anger” at her forgetfulness and by communicating this need to her in a way she can listen. For example, the man in the previous scenario might respond by saying, “It’s a bit scary when you stand me up for lunch or don’t call me as you promised, since I feel that maybe I’m not important to you.”