Chapter 12

COUPLE DISTRESS

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The last edition of this book presented an up-to-date and engaging account of behavioral marital therapy. But few areas in psychotherapy have seen as dramatic a change as the treatment of distressed interpersonal relationships. This change has occurred not only at the level of technique, but also in conceptions underlying the approach to couple distress. These changes in technique and conceptualization are profound enough to warrant a new name for this approach, integrative behavioral couple therapy. The value of this chapter to the clinician is far more than a description of the latest and most up-to-date technology for treating couple distress. More important are detailed descriptions of the process and the art of implementing these procedures in the context of numerous transcripts with a variety of different and interesting cases. Since couple therapy requires considerable clinical talent, beginning therapists in particular should learn much from the interchanges and strategies presented in this engaging chapter.–D. H. B.

INTRODUCTION

As practicing clinicians, we have all seen the profound suffering that can be caused by distressed relationships. Poor communication and destructive quarreling often lead two people who may be deeply in love to bring each other more sorrow than joy. In addition to considerable emotional pain, there is mounting evidence that people in distressed relationships become more susceptible to a host of both physical and psychological disorders. Initial efforts to help troubled couples led to the development of behavioral couple therapy (BCT), a treatment consistently demonstrated to be one of the most effective available (Baucom & Hoffman, 1986; Gurman, Kniskern, & Pinsof, 1986; Jacobson, 1978; Jacobson, 1984). Despite its proven efficacy, BCT continues to evolve. In the spirit of this continuing evolution, we present in this chapter a reformulation of BCT recently developed by Jacobson and Christensen (Christensen, Jacobson, & Babcock, in press; Jacobson, 1992; Jacobson & Christensen, in press). This reformulation is based on the integration of new strategies for promoting emotional acceptance with the more traditional strategies promoting change. We refer to this revised approach as integrative behavioral couple therapy (IBCT). The term *integrative* is used to denote the mixture of the traditional focus on promoting change with the newer focus on promoting acceptance. "Couple therapy" has replaced "marital therapy" to emphasize the utility of this approach for gay and lesbian as well as heterosexual couples regardless of their marital status.

The evolution of IBCT from BCT resulted from our research findings and clinical experience with couples for whom BCT was not effective. Although research showed that BCT effectively improved relationship quality for approximately two thirds of couples presenting for therapy (Jacobson, Schmaling, & Holtzworth-Munroe, 1987), we remained concerned about those couples who were not improving. Such couples could have been written off as "difficult," or simply labeled treatment failures. However, continued exposure to these couples led to the conclusion that the exclusive emphasis of BCT on change was not the best strategy in all cases. The most consistent predictors of treatment response showed us that (1) severely distressed couples are less likely to respond favorably than are less severely distressed couples (Baucom & Hoffman, 1986), (2) younger couples are more likely to respond favorably than are older couples (Baucom & Hoffman, 1986), (3) the more emotionally disengaged couples are, the harder they are to treat (Hahlweg, Schindler, Revenstorf, & Brengelmann, 1984), and (4) the more incompatible a couple, or the more polarized on basic issues, the harder they are to treat (Jacobson, Follette, & Pagel, 1986). It became apparent that each of these factors was in some way related to the couple's amenability to accommodation and compromise. Severely distressed couples, older couples who have engaged in their destructive patterns for years, couples who are emotionally disengaged, and couples who are incompatible are the very couples who find it the most difficult to be collaborative and compromising. The change strategies of BCT, however, are highly dependent on a couple's ability to collaborate. For couples for whom collaboration and compromise are more difficult, the traditional approach is simply not as effective. For these couples, many of the behavioral patterns that we were instructing them to change were simply, for all practical purposes, unchangeable. Therefore, if our goal was to try to strengthen the relationship, we had to help these couples accept their differences and "give up the struggle" to change them.

Oftentimes it appeared that our efforts to change these couples were simply making things worse, as each partner became increasingly more entrenched in his/her po-sition. We found that with some couples we were better off using their problems as vehicles for intimacy, rather than trying to help get rid of them. IBCT evolved from this shift in emphasis, and throughout the rest of the chapter we discuss the resulting integration of acceptance and change strategies. We begin with a discussion of the theoretical rationale supporting this shift in emphasis. Following that, we describe in detail the standard course of treatment from assessment through strategies for promoting both acceptance and change.

BEHAVIORAL ROOTS

In discussing the theory underlying the evolution of IBCT from BCT, we attempt to answer two important questions.

1. What does it mean to say that an approach to couple therapy is behavioral?
2. What is different theoretically between the current approach and formulations that we presented in the past?

First it must be pointed out that there are many different approaches to behaviorism, not all of them entirely compatible. Although we will not go into a long treatise detailing the differences, we do want to emphasize that we are basing our approach on a very specific definition of behaviorism that should not be confused with the common conception of the term. At a theoretical level, IBCT represents a return to the basic philosophy of modern behaviorism. First and foremost, this means that our approach is contextual. We believe that the behavior of each individual, and therefore each individual couple, is shaped and maintained by unique environmental events. Therefore, we believe that the behavior of individuals can only be understood when considered from within their unique personal contexts. In other words, within a particular couple, each member has learned how to behave in an intimate relationship through a lifetime of different experiences, including their continuing experiences within the current relationship. How each member of the couple behaves within that relationship can therefore only be understood by taking all those unique experiences

into account. Adequate understanding is essential to the effectiveness of therapy.

Our behavioral approach to couple therapy adheres to the assumption that change only occurs within the present moment. Therefore, therapy focuses on changing the current contingencies and context within which ongoing relationship problems occur. Although discussion of an individual's or couple's past often occurs within IBCT, those discussions are used exclusively for altering the context supporting current dysfunctional interactions. Adherence to focusing on current contexts is based firmly on pragmatics. The primary focus is on what works to promote change and change only occurs in the present.

As will become apparent, the discrimination of naturally occurring contingencies is of tantamount importance when conducting IBCT: that discrimination is only possible through functional analyses at an idiographic level. Behaviorists have long been advocates of an idiographic approach to studying human behavior; as therapists dealing with the complexities of individual couples, we have found an idiographic approach to treatment most effective. In contrast, the principles of BCT were originally developed from the nomothetic study of distressed versus nondistressed couples. Behaviors that discriminated between groups of distressed and nondistressed couples became the targets of therapeutic intervention. However, what is most effective about a behavioral approach to couple therapy is that an idiographic analysis allows the therapist to take into account the unique learning history of each individual within a couple. The importance of this becomes obvious when one realizes that what may be an effective intervention for one couple may not necessarily be effective for a couple with a different history. IBCT is much more flexible than BCT in determining the proper course of treatment for each couple. In essence, IBCT tailors the treatment to meet the unique needs and capacities of each couple as determined by their unique learning histories.

In terms of tailoring treatment to the needs and capacities of individual couples, functional analyses of a couple's interactions are essential. An emphasis on the *function* behaviors serve rather than their *topography* is at the very heart of our behavioral approach to couple therapy. This is because behaviors that appear similar topographically across couples may very easily serve different functions for individual couples. For example, leaving the house may be seen topographically as a distancing behavior, and in some couples it may very well serve that function. However, in other couples, leaving the house may precipitate pursuit and thus may function as an approach behavior. Leaving the house may result in pursuit and reconciliation for some, whereas for others, leaving the house may simply create distance for "cooling off." Without conducting an idiographic functional analysis, a couple therapist cannot make this distinction and, as a result, misses a great deal of useful information.

Furthermore, attending to the function behaviors serve allows the therapist to take advantage of what may be called functional equivalence classes. These are groups of behaviors that may be topographically different but that all serve a similar function. Jacobson (1992) gives the example of a husband who engaged in several topographically different behaviors that all served to create distance between himself and his partner (e.g., ignoring, walking away, and keeping busy). After the therapist promoted a dialogue between husband and wife in which the husband was reinforced for talking about his difficulty in being close, the husband began to distance himself less in the natural environment. This was because talking about being close was in a functionally equivalent class to behaviors the husband was avoiding at home, and thus decreasing the aversiveness of talking about being close affected the entire equivalence class.

The theory underlying IBCT differs from that presented in previous formulations primarily in its focus on several critical distinctions made by radical behaviorists. These include distinctions between arbitrary and natural reinforcement, between contingency-shaped and rule-governed behavior, and between public and private events. We discuss each of these distinctions in order.

All principles of behaviorism can be derived from the basic supposition that behavior is shaped and maintained by its consequences, given genetic constraints and

predispositions. Unfortunately, this postulate has often been misunderstood as meaning that all behavior is responsive to the reinforcing qualities of a big bag of M&Ms. Behaviorists, however, make an important distinction between arbitrary and natural reinforcement (Ferster, 1967). Arbitrary reinforcement is defined as the utilization of a reinforcing event that is not available in the organism's natural environment or does not stem naturally from the transaction between the individual and the environment. Within traditional BCT, instructing couples to exchange sex for conversation is a good example of the use of arbitrary reinforcement since conversation per se is not necessarily a setting event for wanting to make love. Natural reinforcement, on the other hand, is defined as utilization of a reinforcing event that is naturally available in the organism's environment and that does stem naturally from the transaction between organism and environment. Studies have shown that children who are paid for working puzzles will not play with those puzzles in their free time, whereas children who are simply allowed to work puzzles, and therefore to make contact with the naturally reinforcing events inherent to the task, will continue to play with those puzzles in their free time. Therefore, the distinction between arbitrary and natural reinforcers is important not because arbitrary reinforcers do not work as reinforcers (they do increase the frequency of behavior) but because behavior that is arbitrarily reinforced is not as likely to generalize outside of the laboratory and, more important, is not as likely to be maintained once therapy ends. BCT has often been guilty of utilizing arbitrary reinforcers, whereas IBCT strongly urges therapists to pay strict attention to the distinction and to make use of natural reinforcers whenever possible. If a goal of therapy is to increase the couple's satisfaction with the relationship through increasing the frequency with which they have interesting or intimate conversations, these *naturally* occurring reinforcers should be the focus of any effective intervention.

Within behaviorism, a similar distinction is also made between contingency-shaped behavior and rule-governed behavior. Rule-governed behavior is defined in the broad sense to mean behavior determined by verbal contingencies. Contingency-shaped behavior, on the other hand, refers to behavior determined by specifically nonverbal contingencies. Because we are verbal organisms, many of the contingencies with which we make contact are verbal. One of the primary effects of verbal contingencies is to allow for the shaping of effective behavior without direct contact with the natural contingencies. For example, we can avoid becoming involved with more than one partner through contact with verbal stimuli equating such behavior with ill health, without ever having to make contact with the direct consequences of becoming involved with more than one partner. Although in many instances this distancing from the naturally occurring contingencies works in our favor, it also has its downside. In many cases, failure to contact direct contingencies precludes the shaping of effective and durable behavior. The behavior-analytic literature suggests that behavior under instructional control will only prove to be generalizable and durable to the extent that it eventually comes to be controlled by natural (nonverbal) contingencies (Skinner, 1974; Hayes, 1989). For example, within therapy couples may be taught to paraphrase whatever their partner says during a conversation. If a couple engages in paraphrasing only because the therapist has asked them to (a verbal rule), they aren't likely to paraphrase when the therapist is not around. However, if the couple can be led to make direct contact with the benefits of paraphrasing (e.g., avoiding destructive misunderstandings and feeling more completely understood), they are more likely to continue to paraphrase regardless of whether the therapist is present. The implication for couple therapy is that the communication skills shaped by the structured training of traditional BCT may never come to be controlled by naturally occurring contingencies. Therefore, they may not generalize outside therapy and they may be susceptible to quick extinction once therapy is over. The shaping of true intimacy, in fact, may be made more difficult by these ritualized tasks because of the lack of direct contact with naturally occurring contingencies. IBCT, however, attempts to promote direct contact with natural (nonverbal) contingencies in order to increase the likelihood that treatment gains will gen-

eralize outside therapy and that they will be maintained after therapy is over. Many of the acceptance strategies described later facilitate exposure to naturally occurring contingencies to a greater extent than did traditional change strategies.

The last, and possibly the most important, principle of behaviorism with implications for how we conduct IBCT is the distinction between private and public behavior and the different effects that verbal contingencies have on each. The distinction between public and private behavior is important to make specifically because of the different effects that verbal behavior has on each. For example, we can tell a person to stop eating a banana, and if the person is trying to do what we say, he/she will stop. However, we cannot tell a person to stop *thinking* about a banana and expect the same kind of result, because (1) the verbal stimuli specify the stimuli to be avoided and thus "help create the very private event the person is trying to avoid" (Hayes, 1987, p. 341), and (2) the community/environment cannot shape control of private behavior as effectively as it shapes control of public behavior. A couple therapist can make a verbal contract with an individual to do the dishes more often or to stop verbally criticizing and expect that contract to have the desired effect most of the time. However, a therapist cannot make the same kind of contract with an individual to feel closer to his/her partner or to feel more love or less anger. We would argue, based on the principles of behaviorism, that direct verbal instruction has different effects on private and public behavior because of the process through which one learns how to respond to verbal stimuli.

Human beings may be born with a genetic capacity to learn verbal behavior, but it is only through contact with a verbal culture that a nonverbal child learns to be verbal. Skinner (1974) observed that verbal training is most effective when the culture (primary caretakers) can make direct contact with the appropriate contingencies and can therefore commend and correct accordingly. Therefore, it is easier to teach the appropriate verbal responses to public stimuli than to private stimuli. For example, teaching a child the appropriate response to the verbal stimulus "stop" requires that the teacher make direct contact with whatever it is that he/she wants stopped. A child can be taught to stop throwing food, to stop running with scissors, and to stop smacking her little brother, because all these behaviors are available publicly and can be finely controlled. However, a child cannot as easily be taught to stop feeling angry or sad or to stop thinking about monsters in the closet, because these behaviors are not available publicly and, therefore, are not available for commendation or correction. In teaching a child how to respond to private stimuli, the verbal culture relies on public accompaniments. Thus, when a child is observed to be crying, he is taught to say he is sad. When a child is seen to be injured, she is taught to say it hurts. A person can be taught to describe or control private stimuli only because they are associated with public events. Unfortunately, this training can never be very precise, because the behavior in question is private and thus unavailable to the teacher.

This is not to say that a therapist cannot affect a client's private behavior, but that he/she does so in ways very different from how he/she affects a client's public behavior. The therapist can take advantage of the precise verbal control that can be exerted over public behavior, but must engage in very different behavior in order to affect a person's private experience. Traditional BCT, with its emphasis on directly observable change, either ignored whether effects were occurring privately or simply hoped that they would dutifully follow from changes in directly observable behavior. IBCT, in contrast, has developed a large collection of interventions designed specifically to have an effect on private events. The distinction we make between change and acceptance is primarily the distinction between the effects of verbal behavior on private versus public behavior. Interventions designed to promote "acceptance" are, for the most part, interventions designed to have an effect on a person's private experience. On the other hand, interventions promoting "change" are interventions designed to have an effect on behavior that is publicly observable.

Affecting private behavior is exceedingly important, particularly when affecting public behavior is unlikely. As stated previously,

many of the behavioral patterns that we were instructing couples to change in BCT were for all practical purposes simply unchangeable. However, strategies designed to affect an individual's private experience within the context of publicly unchangeable events are proving very effective in terms of promoting a couple's satisfaction.

Furthermore, attempting to handle private experiences as though they were directly amenable to techniques designed to affect public behavior often compounds the problem. As stated earlier, in many applications the verbal stimuli specify the stimuli to be avoided and thus "help create the very private event the person is trying to avoid" (Hayes, 1987, p. 341). In other applications, the failure of direct verbal demands to have an effect on private behavior leads to feelings of failure on the part of one partner and resentment on the part of the other. Distressed couples have often been attempting just such interventions on their own for years prior to therapy, resulting in nothing but extreme frustration and resentment. Acceptance techniques aimed at helping couples give up the struggle often ameliorate the negative effects of attempting to control private behavior directly through verbal demands.

Finally, private events often have a profound effect on what types of stimuli function as reinforcers. What is reinforcing to someone when he/she is feeling loving and close is quite different from what is reinforcing when he/she is feeling angry and resentful. When someone is angry, behavior that is hurtful to the other person is what is reinforced, not demonstrations of love and affection. This is why partners find it particularly hard to be nice to one another when they are angry, even if their therapist has instructed them to do so. If, however, the therapist can affect the private experience of anger by making it more probable that the person will feel sympathy, entire classes of reinforcers are changed. This is particularly important when the therapist is relying on the partners' collaboration for the success of an intervention.

In closing this section, it is important to state that the discussion of behavioral principles in no way does justice to the philosophy as a whole, but simply presents those aspects most relevant to IBCT. Having said that, we shift from our discussion of theory to our description of the therapy, starting with assessment and working through the various strategies for acceptance and change.

ASSESSMENT

The first stage of IBCT is the assessment phase. This phase is primarily designed to provide a thorough overview of the couple's complaints in order to determine whether IBCT is an appropriate treatment, and if so, the proper emphasis to place on change versus acceptance. The necessity of an idiographic focus here is obvious in that not only does each couple have their own unique blend of problems, but those problems themselves differ for each couple according to whether they are more amenable to change or to acceptance.

The assessment phase covers the first two to three sessions, and within those sessions the following six areas are assessed:

1. How distressed is this couple?
2. How committed is this couple to the relationship?
3. What are the issues that divide them?
4. How do these issues manifest themselves within the relationship?
5. What are the strengths holding them together?
6. What can treatment do to help them?

These questions are addressed during an initial conjoint interview as well as during subsequent individual interviews. The conjoint interview provides the therapist with an opportunity to see how the couple is currently getting along, as well as how open the couple is to discussing their problems with the therapist. The individual interviews, in addition, allow the therapist to assess problems that each member may feel unable to openly discuss in front of the other.

How Distressed Is This Couple?

The first area to be assessed is the couple's level of distress. This determines the initial

course of therapy, as well as indicating whether initially to emphasize change or acceptance. Less distress indicates that the couple may be more amenable to change strategies early in therapy. Severely distressed couples are likely to derive greater benefits from an early emphasis on acceptance. Some severely distressed couples, however, may require immediate intervention (e.g., spousal abuse, child abuse, suicidality, or psychosis).

The clinician assesses level of distress during the initial conjoint interview through direct questions about what brought the couple into therapy. Each partner is given an opportunity to answer these questions without interruption by the other. This allows the therapist to observe the style and manner in which each spouse presents his/ her side of the story. Generally the more anger, resentment, blaming, and hopelessness expressed, the more distressed the couple is likely to be. Level of distress can also be assessed using questionnaires such as the Dyadic Adjustment Scale (DAS; Spanier, 1976) or the Marital Satisfaction Inventory (Snyder, 1979). Packets of such relevant questionnaires prove most valuable if administered prior to the first meeting with the couple. The therapist then has time to look over the questionnaires and provide preliminary answers to assessment questions.

Regardless of level of distress, all couples are assessed for the presence of violence. This is done during the individual interviews, where each partner usually feels more comfortable discussing such issues. Marital violence may also be assessed through the use of questionnaires such as the Conflict Tactics Scale (Straus, 1979). Often, IBCT is not the most appropriate treatment for couples with a long history of domestic violence, or for couples where the violence is at all severe. In such cases, we recommend some alternate treatment to stop the violence before beginning marital therapy. If, however, the violence is relatively mild, and of recent origin, and if the wife's level of fear is low, IBCT may be pursued contingent upon there being no further violent incidents. These conditions are stated in no uncertain terms, and verbal or written contracts are often utilized. Within the individual interview, issues of safety should be discussed, and if there are any concerns, appropriate steps should be taken immediately.

How Committed Is This Couple to the Relationship?

The question of commitment to the relationship has implications for how hard the therapist can expect the couple to work during therapy and between sessions. Furthermore, level of commitment to the relationship has a profound effect on whether the therapist will begin the couple's treatment by emphasizing change or acceptance. A couple that is no longer committed to maintaining the relationship simply lacks the motivation necessary to profit from change strategies initially. Since feeling committed to a relationship is a private event, emphasizing emotional acceptance promises to be a more effective approach than emphasizing change. Lack of commitment to the relationship may indicate that things have simply gone too far for any intervention aimed at keeping the couple together; however, beginning therapy with an emphasis on emotional acceptance strategies is more likely to have a positive effect on commitment than would emphasizing instrumental change.

Level of commitment to the relationship is assessed separately from level of distress, because at times even severely distressed couples may be highly committed to the relationship. The DAS (Spanier, 1976) includes a question assessing each person's desire for the relationship to succeed. The answers range from feeling that the relationship can never succeed and is beyond help to wanting desperately for the relationship to succeed at any cost. The Marital Status Inventory (Weiss & Cerreto, 1980) assesses the various steps the couple has taken toward divorce and is a good indicator of how committed the couple is to the relationship. However, the best indicators of how committed each member is to the relationship come from the individual interviews. Couples feel more comfortable talking to the therapist about feelings of hopelessness, or long-harbored doubts about the viability of

the relationship, without the other partner present. Individual interviews also provide a format for disclosure of issues such as past or current affairs that may interfere with the person's level of commitment to the relationship.

Related to both distress and commitment is the collaborative set (Jacobson & Margolin, 1979). This refers to the couple's willingness to cooperate with each other in the attempt to improve their relationship. As with both commitment and distress, willingness to collaborate affects whether acceptance or change strategies are more appropriate during the initial phases of therapy. For couples that are highly collaborative, change strategies may be implemented immediately. The less collaborative a couple, however, the more likely that acceptance strategies will prove most effective early on, because they are more likely to have a positive impact on the couple's willingness to collaborate. As noted above, this is because promoting acceptance has a profound effect on what types of stimuli function as reinforcers. If lack of commitment is fostered by anger, resentment, or hurt feelings, each member of the couple is more likely to be reinforced by behavior that is hurtful to the other and less likely to cooperate to improve the relationship. If the therapist can increase the probability that each member of the couple will feel either sympathy or tenderness, the reinforcement value of those behaviors involved in collaboration increases.

What Are the Issues That Divide Them?

Assessment of the major issues that are currently dividing the couple occurs during the conjoint interview. The issues themselves are discussed, and each partner is given an opportunity to express his/her point of view on each issue. It is important that the therapist fully understand each partner's position in order to assess how much emphasis to place on change versus acceptance for each theme as well as to identify the understandable human reactions motivating each partner. Issues dividing the couple that seem unlikely to change or that are centered around private experiences (e.g., different desires for closeness) should be treated using pri-

marily acceptance strategies. Issues concerning more instrumental/public behaviors (e.g., how to manage family income) call for a greater emphasis on change strategies. However, even for instrumental behaviors, acceptance work is most likely still necessary to deal with the emotional fallout surrounding such sensitive issues.

The issues that divide can also be assessed using, for example, the Areas of Change Questionnaire (Weiss & Birchler, 1975). Questionnaires such as this are useful for assessing issues that the couple might feel uncomfortable discussing during the first interview, such as the couple's sexual relationship.

How Do These Issues Manifest Themselves Within the Relationship?

Understanding how couples attempt to grapple with their problems is of particular importance to the course of IBCT, because it is often not the issues themselves but how the couple deals with these issues that determines their current level of distress. The IBCT therapist tries to identify the common patterns of interaction that occur around the couple's particular issues by asking the couple to describe several recent negative events. Identification of such patterns, or themes, is important, because they form the basis for much of the following acceptance work. The themes identified by the therapist are often unique to a particular couple; however, one common theme is termed *pursuer-distancer*. This theme usually takes the form of one member of the couple pursuing while the other withdraws either physically or emotionally. Patterns and themes such as this are discussed in order to help the couple develop a nonblaming way of understanding conflict.

What Are the Strengths Holding Them Together?

The strengths currently holding the couple together are the foundation from which the therapist works to improve their relationship. Therefore, it is crucial to get a clear picture of what those strengths are, as well as what is motivating each partner to work

toward improving the relationship. Asking what initially attracted each partner to the other is often one of the best questions for assessing their strengths. Answering is usually fun for the couple, and often generates pleasant memories and positive feelings. We usually ask this question at the end of the first session in order to provide some perspective for the couple on their problems and to conclude on a positive note.

Each partner is asked separately about how they first met, and what initially attracted them to each other. While they each answer, the IBCT therapist attends to which characteristics are still strong and positive in the relationship and which characteristics might now be manifesting themselves as problems. Often something that was initially attractive has developed into a point of contention. For example, orderliness and a sense of responsibility that were at first considered wonderful might now be seen as compulsive and demanding. The IBCT therapist makes note of these possibilities so they may be used later to promote acceptance. If the therapist can help the couple begin to see the connection between a current complaint and what they have identified as a past strength, their experience of those events may shift from primarily negative to positive through their reassociation with positively valenced memories.

Knowledge of a couple's strengths serves as an excellent indicator of how well a couple will do in therapy. If a couple cannot generate positive memories of how they first met, the success of therapy is somewhat doubtful. It is sometimes the case that relationships form out of convenience or necessity, and when such couples hit rocky times they are often difficult to treat. However, if it is easy for the couple to generate positive memories of how they first met, the prognosis is often somewhat better. In general, although something of a truism, the more strengths a couple has, the easier it is to help them.

What Can Treatment Do to Help Them?

Following the assessment phase, the IBCT therapist is in a good position to determine what therapy can do for the couple. Assessment information is converted into an outline of a treatment plan. The IBCT therapist considers the various themes that have made themselves apparent so far, and considers which of the various change strategies might be of most value. The plan for the course of treatment is generally some combination of change and acceptance, with the emphasis on each depending on the particular needs of that couple. Each partner must be considered separately to determine his/her capacity for both change and acceptance. Generally, the more collaborative the couple, the more change can be expected initially; the more their problems seem irreconcilable, the more the therapist is going to want to start therapy by promoting emotional acceptance. Research has shown that capacity for change is negatively associated with severity of distress, proximity to divorce, total or near cessation of the sexual relationship, and traditional sex roles.

FEEDBACK SESSION

The IBCT therapist's answers to the six assessment questions are subsequently presented to the couple at the feedback session along with a proposed treatment plan. Each question is answered in a way that helps set the stage for the rest of therapy. For example, when discussing the couple's level of distress, what the therapist says depends on whether the couple is moderately or more severely distressed. When a couple is severely distressed, the therapist uses this information to underscore the seriousness of the situation and to prepare the couple for the hard work of therapy. In contrast, if the couple is only mildly distressed, the feedback session provides a good opportunity for the clinician to help the couple normalize their situation and alleviate some of the distress that may be associated with thinking that their problems are irreconcilable.

Discussion of the couple's level of distress is often related to their level of commitment in that more distressed couples are often less committed and vice versa. If the couple is committed to each other, and to trying to work things out, the prognosis for the success of therapy is good. This can be shared with the couple as another way of helping to normalize their situation and

provide positive expectancies for the outcome of therapy. If, however, the couple is feeling hopeless and that things between them may be irreconcilable, discussion of these feelings is essential to the acceptance work with which therapy will begin.

Discussing the issues that divide the couple begins the process of promoting acceptance. The issues are presented in such a manner that both partners are shown to be behaving in a reasonable and understandable way. Emphasis is placed on the soft emotions underlying each partner's actions, and on the understandable reactions that have led them to their current dichotomized, and unsatisfying, positions. Presenting the issues that divide the couple in this way helps lead them away from blaming each other and toward mutual acceptance. This begins the process of teaching the couple how to relinquish the struggle and the perpetual defensiveness that have been interfering with their ability to be intimate up to this point.

The feedback session also addresses any dysfunctional strategies used to deal with the divisive issues. The various manifestations of the couple's problems are generally presented in the form of a theme, or pattern, that is played out in most, if not all, of their negative interactions. Many times one theme, such as demand–withdraw, can be used to characterize most of the couple issues; however, with some couples, discussion of more than one theme is necessary in order to capture the majority of their issues.

Couples are given plenty of opportunity to respond to the validity and appropriateness of the thematic formulations. The couple is asked often if the formulation sounds right to them, and if they have anything to add to it. Generally we have found that if the themes are presented in more of a lecture format, couples have the tendency to tune out, and the therapist is left with little opportunity to check whether the formulation is going to be effective.

The thematic formulation itself focuses on the general patterning of responses, as well as the contributions of each partner to the overall theme. Explicit emphasis is placed on the understandable human motives behind each partner's behavior in order to begin promoting emotional accep-tance right away. Much use is made of the couple's previously assessed recent negative incidents as examples of the ways in which the couple's themes manifest themselves. This begins the process of making each of the couple's issues an "it" that they can recognize and accept, rather than the explicit fault of one or the other's maliciousness.

The following transcript is an example from the feedback session between therapist (T), Richard (R), and Jill (J) of the first presentation of the couple's main theme.

T: What I want to focus on tonight is what I see as a theme, or a pattern, that underlies your different areas of disagreement. This is an important way to think about your relationship and it's important that I understand it clearly, and that I can convey it to you clearly. So if I'm not making sense, feel free to let me know. OK?

R & J: OK.

T: First, I want to present the pattern I see from each of your perspectives, starting with you. (*to Richard*) It seems to me, based on what we've talked about, that you want to feel important to Jill, and loved by her, and feel secure in the relationship with her; and that sometimes when something is bothering you in the relationship, and you ask her to change, her refusal leads to your feeling unimportant, and you conclude that she doesn't care about you. If she doesn't do it, you feel that you aren't important to her. How does that sound to you?

R: Yeah. And then I tell her that, in any relationship, you need to make changes, and you need to be compromising, and be willing to do things for the other person that you wouldn't ordinarily do by yourself.

T: OK, now I want to describe this pattern from [Jill's] perspective. It seems that what is important to you is to feel loved and accepted for who you are, which is a very reasonable thing to want in a relationship. So when Richard repeatedly asks you to change something, it feels like he doesn't accept you as you are. That makes you feel bad, and then you are less likely to make the change that he wants. How does that fit for you?

J: See that's what I can't get across to him. There are certain things I'm not willing to change and that's just the way I feel about them. When I put my foot down, he says he feels that I don't love him.

T: And that is the bind. You (*to Richard*) want to feel cared about. And you (*to Jill*) want to feel accepted as you are. Yet, what each of you is doing actually results in the opposite of what you want.

Notice in this transcript that the therapist placed a great deal of emphasis on the soft emotions underlying each partner's behavior. This helped mitigate feelings that the other was simply acting maliciously. As can be seen from this brief transcript, however, these soft emotions may need to be emphasized often before they begin to have the desired effect.

The most important aspect of acceptance work is the formulation. All formulations have at least three components. The first is the difference between the partners. Most couples enter therapy insisting that the difference *is* the problem. Our perspective is that differences are inevitable, and that they only become problems to the extent that they are dealt with ineffectively. Thus, the second aspect of a formulation includes the well-intentioned but self-defeating ways that partners have of coping with these differences. The third aspect of the formulation is the mutual trap: This refers to each partner's experience of being trapped in a self-defeating strategy, which seems to be the best possible course given the situation. The trap occurs because both partners do what they think is best to deal with the difference, but the more they do, the deeper the hole that they get themselves into.

Following discussion of the couple's issues and themes, the clinician provides feedback about what treatment can do to help. The various goals of treatment are discussed, as well as the procedures that will be used to achieve these goals. The goals are usually presented as a combination of both acceptance and change. The process of therapy is described as involving in-session discussions about the couple's themes, instruction and practice in the use of appropriate change strategies, and the assignment of homework outside the session. The clinical purpose of describing the treatment is to give the couple an accurate understanding of the process of therapy and to orient them toward the goals of accommodation and acceptance.

The feedback session generally includes an emphasis on the couple's strengths. Their strengths are presented as valuable assets, and as providing the foundation for confidence in the outcome of therapy. Discussion of the couple's strengths ends the session on a positive note and provides balance to the session, given that most of the feedback has focused on the couple's problems.

STRUCTURE OF THERAPY

Deciding how to structure a couple's therapy depends on the formulation of their problems provided by the assessment phase of therapy. The initial treatment plan varies depending on whether the therapist decides to begin treatment with an emphasis on change or on acceptance. For the most part, the treatment plan usually consists of some combination of both acceptance and change strategies. In terms of deciding whether to begin therapy with an emphasis on change or on acceptance, it is best to keep in mind that change strategies are often greatly facilitated when partners first experience a certain amount of acceptance. If partners see each other's positions as understandable and reasonable, and accept that no matter how much change occurs problems and conflict are simply part of being in a relationship, attempts to change are more likely to succeed. This is particularly true for couples who are severely distressed, seriously considering divorce, emotionally disengaged, or highly incompatible.

In some cases, particularly those in which the couple is highly collaborative and only mildly or moderately distressed, beginning treatment with an emphasis on change strategies is recommended. However, even in cases where the therapist decides to begin with change strategies, acceptance strategies should be integrated into the process of therapy. Durable change is more likely, and the amount of change more profound, if emotional acceptance is included as part of any attempt at change.

It is also possible to structure therapy in such a way that both change and acceptance strategies are introduced and utilized concurrently. Depending on the needs of the particular couple, the therapist may decide to give change and acceptance equal time, perhaps emphasizing acceptance for part of a session and change for the remainder, or alternating from session to session. One would choose this type of strategy when indicators do not point decisively to either change or acceptance.

For the clinician deciding how to integrate change and acceptance in a particular case, the most helpful indicators are the couple's level of distress, commitment, emotional engagement, compatibility, and collaboration. If these indicators tend toward the positive, an emphasis on change is suggested. If they tend toward the negative, it is usually best to begin therapy with an emphasis on acceptance. Finally, as noted above, if these indicators are mixed, a more concurrent integration of change and acceptance strategies should be considered. In any case, often the most powerful determinants of the therapy structure are the wishes of the particular couple being seen. It is not uncommon for a couple to express a strong preference for one type of strategy over another. In those cases, unless the therapist has powerful reasons for disagreeing with the couple, it is usually best to adhere to the couple's wishes.

Because of the wide assortment of both couples and couple's problems, the responsibility for determining how long the couple should remain in treatment depends on the particulars of each individual case. The average length of treatment is generally about 20 sessions; however, depending on the couple and their problems, individual cases may be resolved in one session or may require quite lengthy and extensive therapy.

Throughout the remainder of the chapter, we present both types of strategies in detail. We begin by discussing the promotion of emotional acceptance and then discuss strategies for the promotion of behavioral change. We present 10 of the new acceptance strategies and 2 of the most common and effective change strategies. The acceptance strategies include (1) empathic joining around the problem, (2) making the problem an "it," (3) exploring a couple's themes, (4) the context for promoting acceptance, (5) promoting emotional acceptance through tolerance building, (6) positive reemphasis, (7) emphasizing complementary differences, (8) preparing for backsliding, (9) faking bad, and (10) emotional acceptance through greater self-care. The two change strategies are, (1) behavior exchange, and (2) communication and problem-solving training.

STRUCTURE OF THERAPEUTIC SESSION

Providing a consistent structure for each session ensures that the goals of therapy remain in focus and that the couple remains on task. In collaboration with the couple, each session starts with setting an agenda that outlines the goals for that session. This agenda usually includes reviewing any homework that may have been assigned as well as discussing any further developments stemming from the previous week's session (i.e., further thoughts, feelings, or implementations of any decisions). Following this, the session moves on to new business. Usually the IBCT therapist allows the individual couple to determine which problem to focus on each week. This flexibility is important because couples are often more motivated to work on issues that are causing problems currently. In any case, couples must learn how to deal with problems while they are still "hot." Furthermore, most of a couple's conflicts represent one or another of their main themes, and thus generally, the problem they choose allows the therapist to continue promoting emotional acceptance. In order to assure that valuable therapy time is not spent discussing a trivial issue, however, the therapist generally restricts the problem selection to those relating to a major difficulty in the relationship. Each session generally ends with a summary of what has been discussed and the assignment of further homework if appropriate.

STRATEGIES FOR PROMOTING EMOTIONAL ACCEPTANCE

Oftentimes when couples present for marital therapy, each member in some way

blames the other for the problems they are having: Somehow if the other person would just change and quit being such a jerk, the relationship would be just fine. Each finds it easier to blame the other than to see what part he/she plays in perpetuating the pain that they are in. The relationship has problems because the partner is selfish, hateful, deceitful, controlling, or frigid. Each member often believes that if he/she could somehow change the partner, his/her own life would dramatically improve. However, it is rarely the case that a couple's problems are the result of the actions or characteristics of one partner independent of the actions and characteristics of the other. The job of the IBCT therapist in the context of this kind of cross-blaming is to help the couple reformulate their problems as arising out of the common and understandable reactions they are having to equally common and understandable differences between them.

Empathic Joining Around the Problem

Empathic joining around the problem means emphasizing pain without accusation. IBCT therapists encourage each member of the couple to express the soft emotions underlying the expression of hard emotions. Hard emotions are characterized by statements that put one partner in the role of the accuser, or of the wronged party who is rightfully seeking redress for some unjustified transgression by the other. The expression of hard emotions presents that partner as on the offense, dominant, and invulnerable. The natural reaction of the listener is to become defensive and to counterattack with examples of the other's misbehavior or imperfections. Soft emotions, on the other hand, express such feelings as hurt, loneliness, insecurity, fear, desire, and love. The expression of these emotions reveals the partner's vulnerability within the relationship, and the listener is therefore less likely to be defensive and more likely to hear what his/her partner is saying and to empathize. However, by the time a couple seeks therapy, blaming and accusations have usually become so deeply ingrained within their style of interacting that learning how to identify and respond with the expression of soft emotions is rarely an easy accomplishment. At first the IBCT therapist usually has to take primary responsibility for helping the couple identify the softer emotions behind the hard emotions that are typically more easily expressed. Soft emotions identified by the therapist are thoroughly checked out with the partner to whom they are being attributed, and the other partner, in turn, is asked what effect hearing these softer emotions has had on him/her.

It is important to note at this point that we are not advocating a particular *style* of communication. Each couple is going to have their own unique style and the IBCT therapist does not try to force that style into a preconceived model of "good" communication. The therapist, in promoting empathic joining around the problem, works with the couple's own way of communicating to help each partner express his/her soft emotions and understand the soft emotions of the other. It is important to keep in mind that what works for one couple may not necessarily work for another. Rule-governed adherence to a particular conception of good communication may interfere with the primary goal of these strategies, which is to help each member of the couple understand the pain generated for both of them by their disagreements.

The following scenario demonstrates the process of promoting empathic joining around the problem. The husband (H) and wife (W) were focusing on the issue of housework, and the therapist (T) used this discussion to reveal the softer emotions underlying their negative feelings.

T: (*To wife*) So, he tends to compliment you when things are neat around the house, but something about that doesn't feel good to you. Is that right?

W: Sometimes it just irritates me, because I'd like for him to appreciate me as I am and not . . .

H: I think she's just disappointed that it's so easy to please me.

W: No, no.

H: All you've got to do is keep the house clean.

T: (*To wife*) So it's not necessarily good news that it pleases him as much as it does.

H: I've definitely had that reaction from you, that I'll be really tickled with something, and you'll feel put down.

W: Well sometimes when he's so impressed that I've done something, it feels patronizing.

H: And the feeling I get is that I don't know how the hell to please her. I really don't.

W: I think the thing that irritated me most recently was on Monday. I had a meeting and I had to take my child because John had to work late. I didn't get home until 9:30, and the house was a mess, and he was irritated, because the house didn't look in perfect shape.

T: Um hmm.

W: He didn't have any idea what my day was like, but he was irritated with me, because the house wasn't the way he thought it should be. That to me is insulting. It's saying, "This house is more important than our relationship." He doesn't assume that there's some reason why things don't look exactly perfect. He just assumes that I did this to him. That's kind of how it feels, he takes what the house looks like as a personal affront to him.

T: Um hmm. I guess what really strikes me about what you just said is that you end up feeling taken for granted.

W: Yeah.

T: (*To husband*) To you it probably seems inconsequential that you get viscerally irritated about neatness. It may not be obvious that she feels taken for granted when you express that irritation, but I think it's important that you know that's how she feels. Did you already know that?

H: Yeah, I think I did, because I've known, for instance, that she doesn't like it that I'm quite so happy about it when the house is clean, you know.

T: Do you understand how she gets from you complimenting her about it, or being irritated by it, to feeling put down? Or are there still some missing pieces?

H: No, I think I understand it.

T: What's your reaction to it?

H: Well I don't feel like there's anything I can do to make her feel better about that.

T: I don't know. (*To wife*) What do you think? Do you think that's true? Do you think there's anything he can do?

W: I think I would feel better about it if he came into the house and said, "gosh you must have had a hell of a day," or "it looks like things got a little out of hand," rather than being mad at me.

T: I don't know exactly how to pursue it, but the thing I keep coming back to is the struggle that you undergo in this relationship to feel OK.

W: Um hmm.

W: To feel like he thinks you're OK.

H: I think that's true.

T: (*To husband*) I'm wondering how aware you are of it on a day-to-day basis, that seemingly inconsequential things that you might do or say have an impact beyond the obvious pragmatics of the moment.

H: I don't know why I don't want to answer that question, but I want to say I just don't know how to make her feel better. I don't know how to get through. I don't think it would be flattering to not complain about the house.

T: Yeah, I think I agree with that. Do you feel like she's right about your sometimes being insensitive to how difficult things are at home?

H: Sure, yes. I don't like doing it. I mean I don't like being at home at all.

T: Do you sometimes take it for granted that she does it?

H: Sure, yeah, I'm absolutely guilty about that, because when I do stay at home and do a day of that, you know, I find it exhausting.

T: (*To wife*) How do you react when you hear him talking about what a mystery it is to him how to make you feel better? Does it surprise you that he's so perplexed about how to do it? Do you think he should know, or is it understandable to you that he finds it such a mystery?

W: Well, no, I'm not surprised at that.

H: In fact when therapy started one of my firmest feelings about "gotta get help," is that nothing pleased her. You know, as an individual I think that's my feeling toward you, is that I don't know how to please you.

In this example, note that the therapist attempted to draw the husband's attention to his partner's feelings of invalidation, and away from focusing exclusively on her anger. In this way, the therapist hoped to begin to soften the husband's typical response to a less than pristine house by helping him make more contact with how hurtful that response can be to his wife. In the same vein, the therapist also attempted to draw the wife's attention to her husband's feeling of being stuck and feeling incapable of responding in a way that would be pleasing to her. Again, the therapist hoped this would help the wife to experience her partner as less of a hateful, invalidating, neatnik, and more as a man feeling caught between liking a neat house and not knowing how to validate his wife. Helping the couple to see those aspects of each other that were masked by the expression of hard emotions is expected to lead them away from feelings of resentment and toward greater intimacy within the relationship.

A major area of controversy within IBCT is whether acceptance can only be fostered by communication changes or whether the formulation can suffice in the absence of actual changes in communication. For example, when the therapist identifies a destructive pattern of dealing with a difference, does the couple have to improve the way they communicate, or does the therapist's pronouncement have the capacity to produce acceptance in and of itself? Our position is that the formulation, as verbalized by the therapist, is a powerful acceptance-inducing tactic, independent of whether the partners actually begin to talk about the problem in a way consistent with the therapist's formulation. The formulation changes the context in which their interaction occurs, and serves as a setting event for their old patterns. This means that the formulation can alter the function of the old patterns so that they do not have the destructive impact they once did. The formulation becomes part of the couple's revision-

ist relationship history, and it begins to impact their levels of marital satisfaction, even if their communication remains unchanged subsequent to the formulation.

Making the Problem an "It"

Although a couple may come to experience the soft emotions underlying a common area of disagreement between them, that experiencing often does not change the typical pattern of their disagreement. They may continue to disagree on that issue for the duration of their relationship. Oftentimes when it appears that this may be the case, the IBCT therapist attempts to help the couple reformulate their problem as an "it" rather than as something that each is maliciously doing to the other. Essentially, this means helping the couple to give up the struggle to change either their own or their partner's reactions to a particular issue. It also means providing for them a shared perspective from which to deal with these disagreements. The therapist helps the couple see the interaction in its entirety as a natural series of valid reactions. Through reformulating the problem as an "it," each partner is expected to become increasingly able to tolerate this difference between them without feeling either personally guilty or blaming of his/her partner. It also provides a perspective from which the couple can share the problem, and commiserate about it, without blaming each other for its existence. The pattern of the couple in the above transcript was set in motion by a messy house, to which the husband responded by being irritated. The wife responded to his irritation by becoming hurt and defensive and the husband responded in kind by also becoming hurt and defensive. If this couple can be led to see this sequence of events as an "it," although it may continue to happen in their relationship, it will happen within an entirely new context. Each partner will be in a better position to recognize that he/she is engaging in a familiar pattern that is not necessarily the fault of either of them. Thus, through acceptance of these differences between them, each is better able to tolerate the occurrence of this particular interaction and it is therefore much less likely to have a dra-

matic impact on their overall happiness and satisfaction with the relationship. Furthermore, seeing the problem as an "it" gives them a perspective from which they can actually form a closer relationship through dealing with this problem together. Finally, despite the continuation of this pattern between them, it is hoped that the positive aspects of the couple's relationship will far outweigh the existence of these differences.

Exploring a Couple's Themes

As implied previously, a large part of promoting acceptance takes the form of discussing the themes and patterns that characterize the couple's negative interactions. Although a particular couple's themes are often unique, there are some common themes that we tend to see again and again. One of the most frequently occurring themes is referred to as demand–withdraw. This theme is characterized by one partner's nagging and demanding while the other becomes silent, refuses to talk about it, or actually physically leaves. Emotional–logical is another common theme characterized by one partner's expressing feelings while the other partner offers reasons and solutions. Other common themes include criticize–defend (one partner criticizes while the other defends him/herself), mutual avoidance, mutual blame, mutual threat, and pressure–resist (one partner pressures the other for change, while the other resists).

As noted in the section Making the Problem an "It," identification of such themes allows the couple in essence to "see the forest for the trees." In seeing individual sequences of events as representative of common themes, the couple is provided a perspective from which to relinquish what may be an unwinnable struggle to change either themselves or their partner. Thus, all the pain and effort that go into trying to win these debates is avoided, and the couple is left with the less intense pain associated with the simple fact that they disagree. Furthermore, the common perspective provided by identification of common themes creates a context in which intimacy can actually be fostered despite the perpetuation of common problems. The couple is provided with a means of talking about these problematic

interactions without cross-blaming or feeling victimized and is able to commiserate and sympathize with each other over their common problem. This in itself is expected to lead to quicker recovery from these arguments and thus also to spare the couple the pain associated with having such arguments drag out for hours or actually threaten the stability of the relationship.

Context for Promoting Acceptance

Identifying themes, turning the problem into an "it," and promoting empathic joining around the problem all occur during discussions of three different types of events. These include recent negative events, upcoming events that may be problematic, and recent events that were potentially negative but went well. In discussing the structure of therapy, we noted that for the most part the couple is allowed to decide which issue to discuss during any particular session. Most frequently couples choose to discuss a recent negative incident and these discussions are golden opportunities to promote acceptance. Initially discussions of recent negative events are used to identify the couple's common themes. After the couple's themes have been identified, future discussions of recent events can be used to illustrate the recurrence of these themes.

Recent events also provide the material from which individual problems are reformulated into an "it." Discussion of recent negative events sometimes reveals that the couple is having trouble dealing with problems such as chronic physical illness, depression, or work schedule conflicts. These types of problems may not present themselves as themes, and thus reformulating the problem as an "it" is often the most appropriate intervention.

Discussions of recent negative events are also useful in terms of promoting the expression of soft emotions. Each step in a recent negative interaction can be probed for the soft emotions that may have been hidden at the time of the actual argument. Eventually, through such work, the entire interaction can be seen as the result of natural and understandable reactions eliciting sympathy and caring rather than anger and defensiveness.

Upcoming events that the couple anticipates will go poorly provide ideal material for discussing a couple's themes as well as problems they have reformulated into an "it." Discussion of such events prior to their actual occurrence helps the couple avoid being caught off guard by those events and may in some cases facilitate the introduction of new responses to the situation. Furthermore, being able to anticipate and plan for the recurrence of common problems generally ameliorates feelings of helplessness and resentment. This provides the couple with enough distance from the particulars of the event to enable them to commiserate about its occurrence.

Discussion of anticipated negative events can also be used to promote the expression of soft emotions. In some cases, the expression of soft emotions is enough to actually change the outcome of the event from negative to positive. However, even if the actual structure of the scenario doesn't change, each partner's increased understanding of the other's reactions often mitigates feelings of resentment, anger, and victimization.

It is also the case that not every potentially problematic incident goes badly. IBCT therapists are vigilant for incidents in which problems might have occurred but were avoided. These incidents are discussed in some detail, focusing specifically on the point at which things could have gone badly but didn't, or the point where things took a dramatic turn for the better. The points at which common themes broke down are of particular interest and these are thoroughly explored in hopes of uncovering strategies the couple may use in the future. Soft emotions that occurred during the incident are also explored to clarify for the couple what was different about this interaction in the way each responded emotionally.

However, given that acceptance work of this sort is generally done on problems that are chronic and recurrent, often the best strategy when things have gone well for the couple is to begin to prepare them for possible slip-ups. During the stage in therapy in which the couple begins to feel more and more positive about the relationship, they become particularly vulnerable to the devastating effects of backsliding. A couple's outlook may become overly rosy following a period of positive interactions and any slip-up may leave both partners feeling hopeless and defeated. Therefore, at times like these it is essential that the IBCT therapist discuss with the couple the likelihood of slip-ups. These events should be anticipated and normalized, and the responses of each partner should be thoroughly discussed. It may seem counterproductive to burst the couple's bubble in this way, but experience has shown us that this is often much less destructive than allowing the couple to be blind-sided by the recurrence of a problem that could have been easily anticipated.

Promoting Emotional Acceptance Through Tolerance Building

Many of the couples that we see are heavily engaged in the process of trying to change things about one another. Each has identified certain things about the other that he/she is convinced cause all of the relationship's problems. Once these things have been identified, the struggle then begins to change them. Usually the partner is told that the behavior he/she is currently engaging in is wrong, or illogical, in the hopes that simply pointing this out to the partner will help to change things. When these accusations lead instead to anger and defensiveness, it is taken as further evidence that the partner is obstinate or uncaring. The conclusion is often drawn that if the partner really loved him/her, the partner would gladly accept his/her criticisms and promptly change. Unfortunately, this strategy leads more frequently to fights, and greater polarization between partners, than it does to any kind of reconciliation. Each becomes hopelessly entangled in the struggle to change the other or to resist changing, and this state of hopeless entanglement is often the one the couple brings with them into therapy. Usually when the couple arrives in the therapist's office, each is hoping that the therapist will take his/her side and help convince the other partner of the error of his/her ways.

Rather than taking sides, however, the IBCT therapist focuses on helping the couple give up the struggle to change one another. The couple is helped to see that much, if not all, of the pain that is being

generated is a direct result of their engaging in an unwinnable struggle, and that simply giving up the struggle promises to alleviate much of that pain. This is often much easier said than done given that the couple has had a great deal of practice at engaging in these particular struggles. The struggle becomes so much a defining part of the relationship that it is often difficult to get the couple to step far enough back from it to see it in full relief. Building tolerance necessitates giving up the struggle; furthermore, giving up the struggle is often sufficient by itself to generate tolerance.

One strategy for helping the couple give up the struggle is to short-circuit their motivation for engaging in it. Often the motivation behind trying to change a particular behavior in the partner lies in a perception of that behavior as an attack, a demonstration of uncaring, or a lack of acceptance. For example, in the case of Mike and Susan, Mike was heavily invested in trying to get Susan to come home on time from work, something she rarely did. His attempts at trying to get her to stop coming home late ranged from complaining about it or sulking to accusing her of not loving him and threatening to leave her. This type of escalation is often the result of a struggle for change that has been going on for some time. Susan, on the other hand, took Mike's attempts at trying to get her to come home on time as an attack on her independence. Given this, she was not about to capitulate to his demands and strongly resisted his attempts to get her to come home earlier.

Emotional acceptance through tolerance building was promoted in several ways at this point with Mike and Susan. One way was to provide for them a more complete picture of the variables controlling both Susan's coming home late and Mike's attempts to get her to come home early. As it stood, each partner was focusing solely on the negative aspects of the other's behavior. Each saw what the other was doing as deliberately intended to be hurtful, and nothing else. The IBCT therapist helped illuminate the more reasonable and understandable factors that were leading to the behaviors each found objectionable about the other.

Mike wanted Susan to come home on time because he believed that coming home late meant that she didn't love him and would rather be at work than spend any more time with him than she absolutely had to. Therapy focused on bringing to light Mike's feelings of insecurity in the marriage and his uncertainty about whether Susan truly loved him. Mike's complaints about coming home late became more tolerable to Susan as she began to see that they resulted from a need for reassurance rather than from a desire to stifle her independence.

Susan often stayed late at work because her job provided her with feelings of accomplishment and purpose. It was a source of both joy and a sense of meaning for her, and her dedication to her job in no way reflected on how deeply she loved Mike, or how much she enjoyed the time they spent together. Over the course of therapy, it became clear to Mike that Susan's dedication to her job didn't result from her wanting to be away from him but rather from the enrichment and joy it brought her. Susan's coming home late thus became more tolerable for him, particularly as other means of reassurance about the quality of the relationship became available.

Couples in distress, much like depressives, have the tendency to focus almost exclusively on the negative aspects of their partner's behavior. Each insensitive remark or unthoughtful action becomes another demonstration of all the things that are wrong with their relationship. Motivations are usually inferred, rather than confirmed, and they are often inferred to be selfish or intentionally hurtful. The IBCT therapist in this case works to provide a more complete picture of the variables controlling each partner's behavior. Since the partners themselves are unable to see beyond the inferred negative motivations of the other, the IBCT therapist helps to point out other sources of motivation present that are less negative and more understandable. It is often simply not the case that the sole motivation behind the partner's behavior is to be hurtful or malicious. His/her negative behavior might primarily be under the control of hurt feelings, feelings of insecurity, or simple ignorance of the behavior's effects on the partner. When these other sources of motivation are pointed out, and woven into one of the couple's general themes, those behav-

iors that were seen before as unbearable become more tolerable. Again, it is important to point out that this is not necessarily because the form of the behaviors themselves has changed, but because the context in which they now occur has changed. If this particular intervention has been successful, the occurrence of these negative behaviors is more likely to be seen as a demonstration of some more understandable theme, rather than a demonstration of all that is wrong with the relationship. Therefore, the changes that are seen are much more likely to be at a thematic level rather than at the level of the particular negative behaviors themselves.

Positive Reemphasis

Another strategy for increasing tolerance is to point out the positive features of negative behavior. This works to increase tolerance by decreasing the saliency of the negative aspects of the behavior in favor of the more positive. For example, what one partner is currently seeing as an overinvolvement with friends may be the gregariousness that he initially found very attractive. Or what the other partner sees as stodginess may be the stability that initially attracted her. The task of the IBCT therapist is to emphasize these initially attractive elements, thus helping the couple to appreciate the positive facets of what are now being considered purely negative behaviors. The main differences between this technique and the more traditional strategic use of reframing are that (1) rather than labeling a negative behavior as entirely positive, the IBCT therapist continues to acknowledge the negative aspects while illuminating the positive, and (2) the IBCT therapist emphasizes only positive features that actually exist for the couple. The attempt is not to alter the partner's perceptions of the problem from completely negative to completely positive, but instead to provide a more integrated picture that includes positive as well as negative aspects.

Complementary Differences

Differences often create balance. One person's gregariousness may balance the other

person's stability. One person's attention to detail may balance the other's impulsivity. It is often possible to present these differences as part of what makes the relationship viable. If this particular balance were to be lacking, it could lead to more trouble than it is currently causing. Those differences can become a positive aspect of the couple's relationship and can be something for them to be proud of, and to feel close about, rather than something that threatens to destroy them.

The following transcript is an example of attempting to build tolerance by focusing on the complementary nature of the couple's differences. In this case the therapist (T) had been working with Robert (R) and Melissa (M) on problem-solving strategies, but because of the nature of the couple's issues, the therapist shifted to promoting emotional acceptance.

T: Let me ask you both a question. Is one of the problems here that you prioritize things differently? For example, (*to Robert*) you might value getting tasks done more than she does.

R: Definitely.

T: (*To Melissa*) And you might value spending time together with no goal in particular more than he does.

M: Definitely.

R: I think we don't prioritize. I think that's our major problem. In other words, right now we are trying to sell a house. How big a priority is getting out of here, and getting to someplace else? If that is a very high priority, then we need to define a goal, to work together, and to plan the tasks, whether they are farmed out or done ourselves, whatever, but we need to plan the tasks that we have to get accomplished to sell the house. Now if that is the most important thing then we must weigh those tasks that have to be completed to achieve a goal. Many times she'll say, "Forget about that task. It's a nice day. Let's go do something else," but this goal is still hanging out here, and now we're ignoring it. What is the most important thing we need to focus on today? Now if we have an understanding that every sunny day we are going to go enjoy ourselves, or what-

ever. If every sunny day we are going to go and enjoy ourselves, and that's more important than selling the house and moving out of here, then that's fine. Now we've prioritized, and now that's more important than selling the house. But if selling the house is the most important thing, then we've got to remember that that is the most important thing and prioritize things so that we move forward and accomplish our objectives. Just like some day you are going to retire. You've got to prioritize, or you may not buy this, or you may not do that; so that some day you will arrive at the objective.

M: I feel like I just heard a sermon.

T: Well, if I were to hazard a guess, you (*to Melissa*) probably have some difficulty with the concept of prioritizing because, to you, it implies a restriction of one's freedom to act spontaneously.

M: Yeah, I don't like it.

T: So if you (*to Melissa*) were writing the script for how the two of you would spend your life, you might say, "OK, selling our house is the top priority. We really want to sell it, but if there is a sunny day, I want to stop everything and enjoy it."

M: Because it is so rare, yes.

T: And that might be a difference between the two of you that's quite *interesting*. Would it be fair to say that you (*to Robert*) are the kind of guy who, if there is a goal that is out front there, and number one on your list, that you are not going to let anything interfere with that until it gets accomplished?

R: I wouldn't say anything but I . . .

T: But you're more in that direction than she is.

R: Well, yeah.

T: Your value is that you list your priorities, and then you go about your business trying to accomplish them, and you basically don't let anything get in the way. (*To Melissa*) Your values are different. Your values are, yeah you have goals, but you are sort of loosey goosey about them, and if it's a nice day, you'd rather do the nice day. You wish that he

were more like you, more loosey goosey.

And you (*to Robert*) wish she were more like you. But although this is a source of conflict now, one could look at it as a very interesting difference between the two of you that you could enjoy, rather than complain about. For example, (*to Melissa*) having Robert in your life in a way allows you to be more loosey goosey, because he is going to make sure that things get done. And (*to Robert*) having Melissa in your life is a check against you becoming too regimented, because if she has a say in the matter, there is going to be some spontaneity in your lives. So you could see these differences between you as a source of strength, as well as a source of conflict. It doesn't have to destroy your marriage. It can be a boon. It can be a nice thing.

(*To Robert*) You might live longer, because you've got her around to drag you out from underneath the car, and take you to a picnic. That might be good for you in the long run, and you (*to Melissa*) might have some money left when you retire, because of him. So it's a nice marriage in that sense.

R: That's one of the things I like about her. That she'll drag me out from underneath the car.

Notice that the result of this type of intervention was that each partner was shown something valuable about what they had seen as primarily negative about the other. In addition, each partner was allowed to feel good about some part of him/her that until now had been nothing but a source of conflict. This intervention will not necessarily lead to a change in either Robert's goal directedness or Melissa's spontaneity, but it created an atmosphere in which each was more able to tolerate that aspect of the other.

Preparation for Backsliding

Even successful therapy is characterized by uneven progress and occasional slip-ups. Given the virtual inevitability of slip-ups, and the potentially devastating effect these may

have on the relationship, it is particularly important that the therapist prepare the couple for these instances. This is especially important during the initial period of change when couples may be fooled into thinking that the changes are impervious to relapse. During this stage of therapy, couples often come to the session exuberant over the progress that they have been making, particularly if they have just had a good week. Generally this is the time that the IBCT therapist focuses on preparing the couple for slip-ups. The couple is congratulated for the progress they are making in therapy and then warned that backsliding is still a likely occurrence. They are asked to consider the various circumstances in which backsliding might occur, and to work out their responses to such a backslide in advance. Working out how to deal with backsliding while the couple is doing well helps to build tolerance to such events. This strategy falls under the rubric of tolerance building, because couples are, in a sense, being inoculated against the recurrence of negative patterns. If their tolerance for backsliding is not increased, slip-ups can lead to hopelessness and frustration.

Faking Bad

An additional strategy for building tolerance involves instructing the couple to "fake" negative behavior at home. Each partner is instructed to engage in a specified negative behavior sometime over the course of the next week when he/she is *not* feeling like it. These instructions are given in front of the partner, so that each partner knows that some negative behavior in the future might be faked. Faking introduces an element of ambiguity into future negative incidents that may interfere with the couple's typical responses, as well as give them some perspective on their stereotypical patterns. Furthermore, faking gives each partner an opportunity to observe the effects of their negative behavior at a time when they are more capable of being sympathetic. The faker is instructed to let the partner know about the fake soon after it has been initiated in order to prevent escalation and to allow the couple to discuss their reactions.

The following example demonstrates how this assignment is presented to a couple. The issue being discussed by this couple revolved around Anne's (A) frequent complaints about the Seattle weather and Will's (W) tendency to respond by pointing out places where the weather is even worse.

T: The point is that, to be realistic, I think that no matter how hard you work, this chain is so automatic, and happens so quickly, that we have to accept the fact that it's going to happen. You are probably not going to be able to eliminate these interchanges, although you might be able to decrease their frequency. The question is that, given that these are inevitable, what can you do to minimize the harm that they do to the relationship? And one of the things that I would like you to do (*to Anne*) is at some point during the week when you don't feel badly about the weather, complain about it. I want you to observe the impact that that has on him at a time when you are not really feeling bad, so you can more objectively see his pain.

W: Any time this weekend would probably be fine.

T: It would be more credible if you did it at a time when the weather wasn't beautiful. That is, if the weather is beautiful then you (*to Will*) are probably going to recognize that she's just play acting.

A: You know, it's deeper than all that though. It's deeper, and goes beyond my making a comment and him reacting to it. It's so bad that he reacts defensively even when I haven't said anything. I mean he'll watch a weather report on CNN in Tokyo and talk to me about how it was cruddy on the East Coast, and nice here; or how it's, you know, we could have had rain for 45 straight days and never seen the sun for two months here and it could be raining in Denver, and he couldn't wait to get home and tell me that it rained in Denver or LA. I mean it's that bad. He's defensive without me even saying anything.

T: Right, that's going to be part of the assignment too. But what I'm hoping will happen is that at some point during the week, when he's not expecting it, make

some derogatory comment about the Seattle weather at a time when you are not feeling bad about the weather.

A: OK.

T: I'm assuming that he's going to have the same defensive reaction he always does, but you won't be upset, and so you will be able to see his defensiveness. What I'm hoping is that it will be more sympathetic to you, because you're not going to be upset. That is, you will be able to more objectively observe his reaction, and maybe empathize more with the bind that he's in when you react that way. Now, shortly after he reacts defensively, I think you should say to him, "I'm just kidding. It was the assignment." So it doesn't turn into an argument. And if possible you (to Will) should just put what we are saying out of your mind so that you're not walking around expecting her to say something. What I'm trying to do is put her in a situation where she can see your response, because it makes good sense to me, at a time when she's not upset, and thereby able to be more empathic with the bind that you're in when she makes those type of responses. What I've written down is that Anne will complain about the weather at a time when she's not upset about the weather, and observe Will's reaction. After a few minutes, she will tell him she is faking.

W: (To Anne) You have to use the word "faking" so I know it's the assignment. It's not "just kidding," which you use a lot.

T: Right, OK. Now here's your side of it. At some point during the week, I'd like you to tell her how bad the weather is. Take a weather map and point out all the places where the weather is worse than it is in Seattle.

A: He did that this morning.

T: OK, but do that at a time when you are not really feeling an impulse to show her anything about the weather. Fake it. That is, this will be at a time when you are not feeling defensive. You are doing it because it is the assignment. And I want you to observe the impact on Anne.

A: I usually just ignore it.

T: Yeah, but your body language is very expressive.

W: I did that this morning.

A: And I just ignored it.

W: I couldn't believe it. It's so warm, record highs on the West Coast and in the upper great lakes. They are saying 4 to 5 inches of snow tomorrow. And I'm sitting there going, "holy smokes, talk about an extreme." And I was just trying to point out to her the extremes, and she got very cold and . . .

A: Oh, I did not.

W: Oh, you bristled right down the back of your . . .

A: I could have cared less. I just thought it was . . .

W: But next time I'll remember to say I was faking.

T: OK, so (to Will) will you point out all the places in the world or just in the United States?

W: Let's just go with the United States.

T: All the places in the United States.

This transcript demonstrates all the important elements of presenting this assignment. The therapist specified the negative behavior to be faked and also informed the couple of the rationale for the assignment. Furthermore, the assignment was written down to aid the couple in remembering exactly what it was that they were supposed to do. Note that although the therapist told the husband not to pay attention to the assignment that the wife was given, the husband could not help but be affected by hearing it. As noted above, this was expected to introduce an element of doubt into this type of negative interaction and therefore interfere with the husband's stereotypical response to his wife's complaints about the weather. For this couple, the perspective provided by the assignment did work to disrupt their typical responses to each other. As a result, complaints about the weather no longer led to the long drawn-out negative interactions that they had led to before.

There are three ways in which tolerance-promoting interventions can improve a relationship. First, they can promote acceptance in the way that the rationale for these inter-

ventions suggests. Second, they can change the form and/or the function of the old patterns, so that even though they continue to occur, their impact changes. Third, they can result in a termination of the patterns (i.e., change). Once the functions of the old patterns have been removed, the behaviors themselves may drop out. The power of tolerance promotion is that there are so many different ways that change or acceptance can be promoted.

Emotional Acceptance Through Greater Self-Care

The promotion of greater self-care is the last acceptance strategy covered in this chapter. Self-care is promoted in IBCT by encouraging each partner to take personal responsibility for his/her own needs. Unfortunately, it is almost never the case that all a person's needs can be met at all times by one person within any one relationship. By encouraging both partners to take personal responsibility for their own needs, the IBCT therapist changes the usual response to dissatisfaction. Both are more likely to respond by strongly addressing their own needs and less likely to passively fume over their partner's inadequacies. Even for needs that must be met within the context of the relationship (e.g., sexual needs), this shift in responsibility encourages each partner to take an active role in the pursuit of those needs. As a result, partners are less likely to blame each other for their own discontent and are more likely to get their needs met. It should be emphasized, however, that taking responsibility for their own needs does not relieve partners of responsibility for doing what they can to make the relationship successful.

The shift in responsibility, from partner to self, is also exceptionally useful in the context of negative interactions. By taking responsibility for their own self-care, both partners are able to assertively intervene in their own best interest during negative interactions. This self-care may take the form of leaving a negative interaction for a set amount of time or assertively altering the form or direction of a negative situation. Given our previous discussion of couple themes, greater self-care might also involve redefining a negative interaction as a temporary slip-up or as an instance of a familiar pattern. Redefined in this way, the partner may more easily ride out the instance, without becoming hopelessly entangled in it.

STRATEGIES FOR PROMOTING CHANGE

Behavior Exchange

Behavior exchange (BE) was typically the first strategy to be implemented within BCT, and for couples who are only moderately distressed, BE remains an excellent way to begin therapy. However, the success of BE depends a great deal on the degree of collaboration that can be expected between partners; therefore, in cases where the couple's distress level is high and/or their commitment to the relationship is low, it is now considered best to start therapy with an emphasis on promoting acceptance. If partners are angry and resentful, there will be little motivation to engage in the kind of positive interactions that are at the heart of BE. Therefore, within IBCT, BE is most often implemented later in therapy, after a good deal of acceptance has already taken place. Furthermore, within IBCT, less is riding on the immediate success of BE than would be the case in BCT. In those cases where BE interventions are unsuccessful in increasing the frequency of positive interactions between partners, BE often serves as a diagnostic for areas requiring more emotional acceptance work.

The primary goal of BE is to increase the proportion of positive interactions occurring within the couple's day-to-day relationship. Couples have often become so polarized by the time they enter therapy that they no longer do even simple things for each other that could increase their overall satisfaction with the relationship. Generally, BE refers to procedures that help couples begin to take advantage of their remaining capacity to increase each other's relationship satisfaction through simple positive actions. Increasing positive interactions helps alleviate the distressed couple's tendency to attend only to the negative aspects of their relationship. In addition, although the reduction of negative behavior is not ad-

dressed specifically in BE, increases in positive behaviors have been shown to be associated with decreases in negative behaviors.

BE procedures are designed to have a short-term but immediate effect. Rapid increases in the amount of positive interactions are often imperative in couples that have become too focused on the negative aspects of their relationship. This often provides needed encouragement to the couple and helps foster the belief that they can improve the quality of their relationship. BE generally consists of two common steps. The first is to identify those things that each partner can do to increase the other's relationship satisfaction without requiring personal changes that might be considered too costly. The second is to attempt to increase the frequency of those behaviors in the day-to-day life of the couple. The assignment initially is for each member of the couple to independently generate a list of things he/she can do to increase his/her partner's satisfaction with the relationship. This is generally given as a homework assignment and the partners are instructed not to discuss their lists with each other until the following session. Partners are discouraged from discussing the content of each other's list in order to alleviate any threat of the other's criticism and to ensure that each partner remains focused on his/her own list. During the following therapy session, each partner goes over his/her list with the therapist in order to ensure that each item is behaviorally specific and that the list is comprehensive.

After each partner's list has been discussed in session, they are given the assignment of doing at least one of the things on their list sometime over the course of the next week. During the following therapy session the partners are asked to evaluate how they did during the week and whether what they did had the desired affect on their partner. Items on the list that do not seem to be having the desired effect are discussed and either reworked or temporarily abandoned. Again, partners are discouraged from criticizing each other's performance in order to maintain the emphasis on their own behavior. Later in therapy, once BE has begun to have an effect, feedback can be solicited in order to optimize the effects of those items remaining on the lists. It is important for the therapist to assure that this feedback is both constructive and noncritical in order to maintain the positive focus of the intervention.

Over the years, we have radically changed the context in which we deliver BE directives. Traditionally, each partner was asked what he/she would like more of, and the directives were designed to help each giver provide more of what the recipient wants. Now, we begin with a focus on the giver, and ask him/her to change him/herself in order to improve the relationship. This mode of beginning BE is considerably more effective than the traditional mode. We believe that there are two reasons for the advantage of our more contemporary version: (1) it is more consistent with the notion of "collaborative set" (cf. Jacobson & Margolin, 1979); (2) it increases the likelihood that subsequent changes will be well received by the recipients.

BE does not always proceed smoothly, however, and there are some common ways in which it can be derailed. The most common is probably noncompliance with the assignment by either one or both partners. If this happens, it is important for the therapist to help the couple figure out what has been interfering. Often the answer is that either one or both of the partners feel that the other simply does not deserve any of the positive things on their list. At this point it is usually best to shift to doing acceptance work on any incidents that are representative of what has derailed BE, and to come back to BE after the couple is once again in a position to engage in positive exchanges. As noted above, even if BE fails to work with a couple, it often provides direction for further acceptance work. It is important, in doing this type of couple therapy, not to push a couple toward more change than they are ready for at the time. Although this kind of enforced change may work in the short run, it is less likely to result in long-term gains for the couple.

The following transcript demonstrates the initial presentation of BE early in therapy. Rather than having the couple generate the entire list on their own, the therapist (T) in this example helped Bill (B) and Nancy (N) come up with the first few items.

T: What are some small things that each of you could do that would make the other person's life easier, or more fun, or more enjoyable, or get more of whatever it is you're here to get. I just want to hear what your sense is of what you each could do to make a difference for the other.

N: Well, let Bill say something first. I've been doing all the talking so far, so let him say something.

B: Well, I'm looking for a small thing. And the way I state it might not sound small. I think a good starting place would be to stop collecting things.

T: No, no, no. Things that you can do for Nancy.

B: Oh, that I can do for her. Not that she's gonna do for me.

T: That's right.

B: Oh, I see.

T: We'll let Nancy worry about what she could do for you. What are you aware of that would help support Nancy.

B: Help around the house.

T: Specifically, when you say help around the house, what do you mean?

B: Whatever she thinks is necessary.

T: What would your guess be as to what she might see as useful?

B: Well, perhaps, prepare some meals. Perhaps help clean up the house.

T: Do you have a different sense of what a clean house is than Nancy? When you say clean up around the house, do you think you'd be able to agree on what cleaning up means?

B: No.

T: OK. So what would Nancy's version of cleaning up mean?

B: I'll vacuum. I'll do dishes, perhaps do the kitchen floor. I can't stop there though, because part of our disagreement is that I refuse to vacuum when I can't find the center of the floor. If some of that stuff was removed, I mean removed permanently, not moved to another spot, then I'd be glad to vacuum.

T: The thing that I want you to focus on at the moment is what would help Nancy. And it may be we need to talk about what vacuuming means. That sounds like it's still not too clear. We need to find a way of talking about it so that despite your not liking it or wanting to do it, you at least know what she would appreciate. Just so you know what it is. At the moment I just want to be clear about that so you don't get into an argument before you even get started. So, there's some stuff you could do around the house like doing dishes or vacuuming. Is there anything else? Remember that your not necessarily committing to doing any of these things, I'm just curious about what you could hypothetically do.

B: Be cooperative in doing what I can to help her with her job like forms, filing, or whatever's necessary.

T: And that means putting the forms in order, or in filing cabinets, or something like that?

B: Right.

T: What else?

B: At this point, I don't know. It seems like that's her major complaint.

T: OK. Well, I think that's a good start and it sounds like you're not sure what else. There may in fact be some other things but at the moment you're just not quite sure what they could be. Let's try the other side of this for a moment. What are you (to Nancy) aware of that you could do that would be caring, or supportive, or whatever Bill is looking for?

N: Well, I think he hit the nail on the head. If he would help with some of that, then I could do some of the other stuff that he wants.

T: Tell me what the other stuff is.

N: He wants me to be ready to go out with his friends, whether it's go to dinner, or play chess, or go out for a ride.

T: What else?

N: I'm sure he'd like to get the clothes put away where they're supposed to be and I haven't gotten to that.

T: OK. So right now what I have is going out with friends to dinner, or to play chess, or whatever; and the other item is getting the clothes put away. Can you think of anything else?

N: Well, if we got rid of some of the filing and stuff, that would eliminate a lot of clutter around the floors. A lot of my stuff is in boxes and not in the files, because I haven't had time to put it all in the files.

T: OK. One thing that you think Bill might appreciate is to have some of the files put away so it's in cabinets, rather than on the floors. Is that right?

N: Um hmm.

As you can see, the therapist spent a good deal of time during this session keeping the couple on task. It is usually much easier for a couple to talk about what they want the other person to do, or to stop doing, than to talk about what they themselves might do for their partner. If it seems like this might be the case with a particular couple, it is usually best to help them generate at least the first few items in session, in order to ensure that the purpose of the assignment is understood.

COMMUNICATION AND PROBLEM-SOLVING TRAINING

Many problems are exacerbated, if not outright caused, by how the two partners communicate about an issue, rather than by something inherent to the issue itself. Effective communication is a skill, and although most couples communicate well without any formal training, for distressed couples poor communication is often one of the primary reasons for their unhappiness. Poor communication is particularly destructive when couples are trying to negotiate some kind of change within their relationship.

Often when one partner wants some type of change from the other, his/her first response to any resistance is to resort to coercion. This may take the form of inducing guilt, crying, threatening, withholding affection, or even verbal and physical aggression. Usually the partner trying to get change engages in one of these techniques until the other eventually capitulates. Unfortunately, coercion is very effective in that one partner is reinforced for being coercive by the compliance of the partner, and the other is reinforced for complying by no longer being subjected to the coercive behavior. The use of coercion within a relationship, however, almost always leads to the escalation of conflict, because more and more extreme forms of coercion become necessary to achieve a similar result (Patterson & Hops, 1972). It is through just such destructive patterns that two people who were initially in love can become as polarized as opposing armies.

Communication and problem-solving training (CPT) is designed to help couples learn the skills necessary for discussing important issues and negotiating changes in their relationship without resorting to modes of communication that are likely to destroy their relationship. Unlike BE, CPT is not designed to promote immediate change within the relationship, but to provide couples with the necessary skills to deal with relationship problems on their own after therapy has concluded. In other words, in conjunction with emotional acceptance work, CPT teaches couples how to function as their own therapist. Furthermore, the couple is taught how to negotiate positive change in the relationship effectively without resorting to destructive coercion techniques. The focus in CPT is not so much on the content of the couple's communication as on the process through which they attempt to express their needs. Through improving this process, CPT works to prevent deterioration of the relationship in the future and to promote positive growth following the termination of therapy. Initially CPT is taught in relation to the couple's current problems; however, the goal is to teach the couple effective skills that they can use throughout the future course of their relationship. Nevertheless, it is important to restate that although change is promoted wherever it may be possible, partners in a relationship will never be able to change completely in accordance with each other's wishes. Therefore, it remains essential to the overall success of therapy that CPT take place within the context of promoting acceptance.

Communication Training

Communication training (CT) is presented to the couple as a means of learning more effective ways of talking about conflict. It is explained that with the proper skills in place, they will be able to communicate more openly and consistently about their relationship. They are told that this will serve not only to decrease the likelihood that issues will sit and stew into major blow-ups, but to increase the level of intimacy within the relationship in general.

Initial training takes place in session, under the watchful eye of the therapist. Most couples are being taught to communicate in a way that is far different from what they are used to, and they are prone to slip into old patterns. The first step in CT involves instructing the couple in the general type of communication that the therapist is advocating. The destructive consequences of blaming and criticizing are discussed and the couple is taught how to keep the focus of what they say on themselves without blaming or criticizing their partner. Furthermore, in order to continue promoting acceptance, the couple is instructed to talk about the soft emotions underlying whatever issue is currently troubling them and to refrain from criticizing each other for characteristic emotional reactions.

Double-checking, or paraphrasing, is taught as a means of ensuring that neither partner is misread during important conversations. Often one of the main communication mistakes that couples make is mind reading, or jumping to conclusions about what their partner "really meant" by what he/she said. Paraphrasing functions to slow down the couple's interaction and to lessen the potential for unintended miscommunication.

The second step in CT involves having the couple engage in practice conversations. Focusing on the self, avoiding blaming and criticizing, expressing soft emotions, and paraphrasing are presented as the "rules" for these practice conversations. After initial instruction and some demonstration of these skills, a recent negative interaction is chosen for the couple to talk about in session. The couple is instructed to discuss how they each experienced the incident and how they each currently feel about it. Trying to follow all the rules of CT may seem artificial to the couple at first; therefore, the IBCT therapist should discuss this potential awkwardness prior to the first practice, explaining that the rules of CT will become more natural with continued use. During the first few practice conversations, the clinician usually has to interrupt quite often in order to either remind the couple to paraphrase or stop them from blaming or criticizing.

The third step in CT is to provide feedback. After each practice conversation, the exercise should be thoroughly debriefed with the couple, attending to the effects of focusing on oneself, not blaming, paraphrasing, and sharing softer emotions. Feedback is given as to the areas in which the couple is doing well, as well as on what they might do to improve even more. These exercises may continue for several sessions depending on the needs of the individual couple. When the therapist is confident in the couple's skills, practicing communication can be assigned as homework.

Problem-Solving Training

It is often the little, everyday difficulties that can do the most damage to a couple's relationship. Issues around doing the household chores, whether and how to discipline the children, or whose parents to spend which holidays with can lead to feelings of resentment and anger that eventually permeate the entire relationship. Arguments around these daily hassles often grow to enormous proportions, and at times even result in a couple's separation. More often than not, what does the most damage is not the issue itself but rather how the couple attempts to resolve the issue. Often such arguments start out with one partner blaming, accusing, or somehow berating the character of the other, while simultaneously avoiding any responsibility him/herself. The partner, in turn, becomes defensive and angry and usually engages in counterblaming, and character assault. Soon an issue as simple as cleaning off the dinner table has become an argument between a "lazy, irresponsible monster" and a "selfish, unloving shrew."

Problem-solving training (PT) teaches couples concrete strategies for dealing with

the types of instrumental problems that invariably crop up over the course of a relationship. Problem-solving strategies are designed specifically to promote change and are used only in those circumstances where change is believed to be possible through skilled negotiation. Problem solving is not recommended for conflicts over issues involving attitudes, feeling, desires, or predilections. These types of problems are not usually solvable through the use of simple negotiation strategies and are instead treated using emotional acceptance strategies. For example, issues such as one partner's wanting the other to like his/her parents or to enjoy going out more are not readily resolved through negotiation. One cannot simply agree to like or enjoy something. Such feelings must be accepted, and the couple must decide whether their relationship can withstand these things not changing.

However, with the couple's more instrumental, although often equally destructive, problems, PT is typically the most effective strategy. PT teaches couples a series of formal steps to follow when negotiating a solution to a problem. First, couples are taught to make a distinction between problem definition and problem solution. During problem definition, the goal is simply to arrive at a clear, specific statement of the situation. The couple is instructed to proceed to the problem solution phase only after a clear definition of the problem has been agreed on. Couples are directed during this phase to stick with the problem as it has been defined and not to return to the problem definition phase. The goal of the problem solution phase is for the couple to arrive at a decision about how best to deal with the problem at hand. The clear distinction between problem definition and problem solution is emphasized because couples often try to solve problems that are vague and ambiguous. Without a clear conception of the problem, clear solutions are rarely possible. A distinct problem definition phase fosters clear communication and ensures that the problem is clearly understood by both partners.

General Guidelines

There are four primary guidelines facilitating the success of PT. First, couples should discuss only one problem at a time. During arguments, couples are prone to bring up several grievances in rapid succession, virtually precluding the effective resolution of any of them. During problem solving, however, couples are taught to focus on one specific problem at a time, fully resolving that problem before moving on to any other. Through such guidelines couples are taught to differentiate between simple arguing and effective problem solving.

Second, couples are encouraged to paraphrase their partner's statements in order to ensure that what he/she has said was properly understood. This helps avoid the damaging effects that often result from negative mind reading and protracted miscommunication. Furthermore, it increases the likelihood that both partners will spend at least some time considering each other's position.

Third, couples are asked to avoid inferring malevolent intentions from their partner's behavior. Such assumptions require the partner to defend him/herself, and thus generally lead to arguing rather than effective problem solving. The focus of PT should stay on public, instrumental behavior, because this is behavior that can more easily be changed through negotiation. Motivations, intentions, and other such private behavior are simply not within the domain of PT and should be dealt with instead using more acceptance-oriented techniques.

Finally, couples are instructed to avoid engaging in aversive verbal and nonverbal exchanges during problem-solving sessions. If partners are angry with each other, and thus not sufficiently collaborative, the focus of therapy should return to emotional acceptance. PT can be reinstituted once the couple has achieved the necessary degree of collaboration.

Problem Definition

Distressed couples usually bring up problems in the form of complaints directed at the other partner. PT teaches couples a series of specific steps to follow when defining a problem. First, partners are taught to express appreciation, affection, and understanding for their partner before presenting the problem itself. This expression

helps lessen the likelihood that the other person will become defensive, and reminds both partners of some positive aspect of their relationship. For example, rather than saying "Where the hell were you," a partner is taught to start off by saying something such as "I know that you work hard, and sometimes need to stay late, but I miss you when you stay late so often." Distressed couples are particularly prone to tracking the negative, and ignoring the positive, aspects of their relationship. By beginning the problem-solving session with an expression of appreciation, couples are more likely to maintain a spirit of collaboration.

Following the expression of appreciation, the next step involves defining the problem as specifically as possible. Vague problem formulations hinder effective problem solving. Rather than state the situation in general terms, the couple is taught to specify the distinct behavior and circumstances that define the problem. For example, rather than stating that the partner never cleans up around the house, the problem could be defined as wanting the partner to help out more with the evening meals. Specifically defined problems are usually easier to solve and avoid miscommunication between partners.

In the spirit of continued fostering of emotional acceptance, partners are instructed to express their feelings, paying particular attention to their softer emotions. If one partner can say that spending so much time at work makes him feel lonely and unloved, the other is less likely to feel attacked and more likely to sympathize with his feelings. It is often hard for partners to talk about even simple problems in their relationship without feeling accused or being critical. Fully understanding each other's feelings helps prevent the discussion from becoming a full-blown clash of wills, with each partner merely trying to avoid being controlled by the other.

The final step in problem definition is for both partners to acknowledge their respective role in perpetuating the problem. This is usually hard for couples practiced in avoiding blame. However, acknowledging the part each plays in the problem is important both for the person presenting the problem and for the person hearing it. For the partner stating the problem, considering how he/she might be contributing to the problem alleviates feelings of victimization and lessens the tendency to consider the partner's position unreasonable. The partner hearing about the problem is less likely to feel blamed, and more likely to compromise, if the partner presenting the problem does not avoid all responsibility for it. For the partner hearing the problem, admitting that he/she does, or doesn't do, the specific thing the partner is upset about intercepts a natural tendency to justify his/her behavior, rather than simply accepting that the partner has a complaint. However, it should be emphasized that accepting the partner's complaint does not commit the receiver to changing his/her behavior. The only issue at this point should be clearly defining the problem.

Problem Solution

Once the problem has been defined, and as much as possible has been done to foster collaboration, steps are laid out for arriving at a workable solution. The first of these steps is called brainstorming, and the goal is to come up with as many different solutions to the problem as possible. Brainstorming can often be quite playful, and toward this end the couple is told that all solutions, even impossible or silly ones, should be suggested. They are also told that there will be plenty of time later to work out which solutions are more viable than others. No evaluative comments are allowed at this stage so that each partner feels as free as possible to offer every solution he/she can think of. All suggestions are written down for later consideration.

The following transcript is an example of how brainstorming usually proceeds. Steve, the husband in this couple, traveled a great deal as part of his job, and Steve (S) and Jean (J) and therapist (T) were brainstorming solutions for how best to balance household chores and recreation when he is home.

T: OK, so the idea is that when you brainstorm, you just mention as many possible solutions as you can think of without evaluating them in any way. The idea is to generate ideas, and not censor yourselves. Even if an idea seems completely absurd, you should throw it in.

And at the end of brainstorming you'll have a list of possible solutions, and then you go through them, and eliminate the ones that don't make sense, and keep the ones that do. I'll write them down. Can I participate as well?

S: Sure.

T: Actually, you (*to Steve*) already suggested one, which was sit down and prioritize how to spend time.

S: The other obvious one is to quit my job and become independently wealthy.

T: Quit job.

J: This is supposed to be serious.

T: Oh no. It doesn't have to be.

J: We should get rid of the computer then.

T: OK, get rid of computer.

S: We could get rid of the kids too.

T: OK, get rid of kids.

J: No, be serious. I have a real serious one. Have the oil changed in the car at Jiffy Lube, instead of Steve trying to do it, and for me to remember to do that when he's gone.

S: (*Laughs*)

T: It seems to me that one way of phrasing that, that would make it more general, is to farm out things to other people.

J: Oh, but I think we have to itemize each one, otherwise it doesn't . . .

T: For the purposes of brainstorming, I think we can just get the concept down on paper. Then when we go to the agreement phase, if you'd like, you can itemize. But if you're talking about preserving time, farming out things to experts would apply not only to the car, but to other things as well. We aren't evaluating these ideas at this point. We're just writing them down.

S: We could have a meeting when I get home, or weekly, to define and prioritize projects around the house. They can involve kids, or changing the oil, or whatever.

T: So in other words, either after you get back from a trip, or on some regular basis, you'd sit down, and you'd look at the time you have left until the next trip, and then sort of block it out.

S: Block it out. Say, well, you need to paint the rail on the deck, and mow the lawn.

J: I think another thing would be for me to try to take over things like the insurance stuff, and do as much of that kind of thing as possible while he's gone.

T: Do some of the . . . do we call this scut work?

J: Insurance work.

S: High-level pain-in-the-ass work.

T: OK, let's call it pain-in-the-ass work. Jean will do some of the pain in the ass work while Steve is away.

J: And that Steve try when he's sitting in a hotel room, to take stuff that he could do while he's just sitting there.

T: Steve take pain-in-the-ass work with him on trips. OK, you know there are some creative possibilities in here, but let's hear from you (*to Steve*) a little bit too. I want you to be part of the brainstorming.

S: I like everything she said. I would like to prioritize . . .

J: (*Laughs*) Back to that again.

As you can see, brainstorming can be a fairly lighthearted exercise as well as being productive. As in this example, one partner sometimes comes up with more suggestions than the other; therefore it is important for the therapist to make sure that both partners contribute all they can to the list.

Following brainstorming, the next step is for the couple to go over the list marking out those solutions that are obviously just silly, or that do not adequately address the problem. Both partners have to agree before an item is marked out. If either partner thinks an item might be a good solution, it is kept on the list for later negotiation.

Deriving a Change Agreement

During this stage the pruning of the list continues. Each item is reviewed one at a time, and each partner is given an opportunity to discuss the item's pros and cons. Couples are encouraged to reflect what their partner has said about an item, in order to ensure that each understands the position

of the other in as sympathetic a light as possible.

During the last passage through the list, a final decision is made about each of the remaining items. An item can be marked out if it is agreed to be too costly, or it can be modified or reworked as long as both partners agree to the changes. Items can also be skipped for later consideration, or accepted as a whole or in part.

The Change Agreement

Any solutions that are still questionable at this point are considered again until some compromise is worked out or the item is eliminated. The remaining items on the list are used to formulate a viable solution to the problem. This agreement is then written down, and both partners are asked to sign it. The final step is to discuss any foreseeable problems that might interfere with the agreement, and to work out strategies for dealing with each of them. The couple is then encouraged to post the agreement where they can both see it, and a date is agreed on for its review. During each of the next few sessions the therapist checks to see how the agreement is working out and encourages the couple to bring it in for renegotiation if either spouse feels dissatisfied.

The first few attempts to use these problem-solving techniques occur in session, under the close supervision of the therapist. It is often very hard for couples to adhere to the rules of PT, and the therapist must spend a good deal of time with the couple teaching them the proper techniques. Problem solving may at first seem too artificial to the couple, but with time and practice, they will come to see it as a more useful and less destructive way of dealing with their instrumental problems. Again, it is expected that once the couple learns these skills they will be able to implement them on their own in the future.

CONCLUSION

In this chapter we have attempted to present the latest developments in the area of BCT. These developments have been a product of both concern for those couples whom tra-

ditional BCT was unable to help, as well as a return to the theoretical roots of radical behaviorism. A shift in emphasis from form to function, as well as an emphasis on the broader contextual factors within which couples' relationships evolve, has led to the development of an approach to couple therapy free from the constraints of traditional definitions of change. This has, in turn, allowed us to promote change not only of overt behavior but of the emotional contexts that underlie and influence a couple's relationship. The integration of strategies designed to promote the kind of change we call acceptance with the more traditional strategies of BCT, we believe, is a considerable step forward in the evolution of couple therapy.

The strategies proposed in this chapter show excellent promise as powerful interventions for distressed couples seeking therapy. At this point, we are only beginning rigorous empirical investigation of the newer strategies; however, pilot work to date is very encouraging. It is certain that the development of these techniques is not the final answer to all the problems of couple therapy; however, it is equally certain that IBCT will continue to evolve, through both research and practice, toward increasingly better methods for the treatment of couple's distress.

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