

Narratives, “Normal,” and More: Common Mistakes in Couples Therapy— and What to Do Instead

Marty Klein, Ph.D

Part IV of webinar series
*Working With Couples:
Innovative Approaches*

Originally broadcast 9/28/18

Continuing education questions

True or False?

- When a couple is arguing about basic things over which there's an obvious cultural consensus, a good therapist will inevitably take sides.
- Therapists who don't insist on one or more goals for therapy can limit the effectiveness of the therapy.

Couples counseling doesn't always work out the way we want it to.

We get frustrated; self-critical; and we wonder how it happened.

Sometimes it has nothing to do with us. There's nothing we could have done to create a different outcome.

But that's not always true.

I've made every one
of the following mistakes.

And lived to tell the tale.

Common mistakes--intakes

- Doing too much therapy at the beginning
 - Remember, this case may be harder than it looks
 - We don't know what their strengths are yet
 - We don't have a therapeutic alliance
- Not inspiring confidence at the beginning
 - Why should they return?
- Not insisting on therapeutic goals; we're not up to "how"
 - Their concept of the "problem" may be part of their problem—eg, he's a porn addict
- Letting couple define their problem
- Not insisting on a clinical contract & permission to treat
- Letting clients put certain topics out of bounds
 - We don't know what that means yet—except for the power play
 - Why would a patient assume they know better than a professional?
 - Why would a patient think we would agree to that?

Common mistakes in couples therapy

- Taking sides—and not realizing it
- Giving advice—suggesting a choice, or judging who's right
- Letting them gang up on us (they say No, she doesn't do that; they say No, that's not an accurate reflection)
- Letting one dominate the other in session, perhaps w/ endless references to the past
- Letting them insist on replaying the fight of the week

Even if we don't know what to do instead,
we can interrupt these dynamics.

Common mistakes in couples therapy

- Not taking charge enough; letting their narrative and their pain and their expectations of therapy guide the process.
- Being intimidated; afraid they'll criticize us or leave
- Not doing an evaluation within a few sessions
- Guaranteeing results
- Not continuing to refer to & update the goals of the therapy.

How do we get people to suspend their rigidity and consider our version?

- Discuss it ahead of time
- Discuss their expectations of therapy
- Discuss their experience w/other therapists
- Develop and confirm the goals of therapy
- Use metaphors—food, sports, work, etc.
- Find ways to connect—music, films, pets, travel
- Confidence in our mirror
- We demonstrate holding—I acknowledge someone's pain w/o agreeing with them

Some platitudes we can use

- You don't have to make other person wrong to get what you want
- You don't need an admission of guilt, just agreement on a solution that you want, too
- Don't try and change their story; help them feel understood
- You can empathize without agreeing
- Your pain about their pain is your problem; getting them to stop, or telling them they're wrong, is one way of dealing with your problem--but it's counter-productive.

*Have you already tried everything
that makes sense?*

And it hasn't worked, right?

*That means that anything that works
may not make sense at first.*

I hope you can tolerate that.

*Please let me know
when that becomes difficult.*

Themes of common mistakes

Power

Normal

Narratives

Normal

Do NOT say what's “normal”

- “Normal” is typically culturally defined—so it changes.
- It reduces anxiety that people need to work through.
- That shouldn't be the basis of anything.
- You'll inevitably be taking sides.
- Why should people believe us?
What if another authority disagrees?

Saying what most people do or feel
= saying what's normal.

“Most women don't climax from
intercourse alone”

vs.

“What's your theory about your body?”

She gets to say
“his sexuality is the problem,
I have no responsibility.
My reaction is normal,
I have no responsibility.”

Her lack of curiosity is hidden beneath
her self-righteousness.

Many therapists would want to
validate her suffering—at his expense.

Shi and Jose

- She finds out he wears panties during the day—considers this a betrayal
- He's completely straight
- She denies this is possible
- She fears he will contaminate their son
- She can't say more about why she's so upset—except he's "sick"
- She demands he get treated for his sickness if he wants to stay married to her
- He's desperate to lose interest in panties

Couples battle over what's **normal**.
Instead of letting them, or voting ourselves,
we should interrupt the battle, point it out,
and ask them to consider alternatives.

For example,
How does that feel?
What do you want?
What if you can't agree?

Narratives

Narratives are a visible expression of what is and isn't a legitimate viewpoint.

Gay marriage vs marriage quality

Is Obama a Muslim? An American?

Giving Holocaust deniers equal time

Pro-abortion vs pro-choice

Pro-life vs anti-choice

Common narratives

- Sometimes things happen.
- Look how hard I work for you and the kids
- You require me to have sex; I do it to keep peace and make a nice home for the kids
- My criterion of importance (health, kids, saving money) is the only real legitimate one

“Someone in this family has to save money, so I guess it’s me.”

“It’s what was best for the kids, so I decided to take over.”

How narratives block treatment: Jane & Claude

- She: You didn't have any time for me or the kids this whole week.
- He: You don't appreciate how hard I work, how many people depend on me, how little choice I have.

She has to decide if he has discretion or not;

He has to decide if her pain is legitimate.

- He: The real issue here is that you don't really love me, you just want my money and my sperm.
- She: When you talk to me like that, I'm not wild to have sex.

*He has to decide permanently what's the truth about her.
If this isn't, he has to look in the mirror.*

She has to say she feels insulted (not just sad), and demand better.

Until Claude's narratives are challenged
and permanently decided,
they will be the topic of every session.

Patients are constantly using their **narratives** to frame the conversation, define terms, and limit what we talk about.

Our job is to notice and challenge narratives—
not about their (lack of) accuracy,
but about their arbitrariness
—and how they just happen to support
their creator.

Challenging narratives

- *Yes, that's one way to look at your couple. However, I like to imagine several different ways to look at a case, which gives us more choices—and makes sure we're not prejudiced.*
- *You know, I rarely find that looking at people as “men” or “women” shows us the true complexity of each person.*
- *Well, rather than using labels like passive-aggressive, I'd rather we talk about experiences and feelings.*
- *You've hired me to help you look at things differently. When I do that successfully, you're bound to feel uncomfortable or even disagree. That doesn't necessarily mean I'm wrong. In fact, could be just the opposite.*

How narratives help maintain problems

- Quarrelling about who's right vs looking for solutions
- Quarrelling about whose pain is bigger or more salient
- The Hurt Museum—when are betrayals and wounds retired?
- Debts—who has incurred a debt, when/why; under what conditions can it be retired?
- “He's never agreed w/my true version of history” vs “He's never acknowledged my pain”
- Belief: if I badger him enough or make him feel guilty enough, he'll let go of his version and embrace mine.
- Excuse to not change: I already understand what I need to
- Rigidity allows patients to dismiss our perspective any time they like—either those w/low self-esteem

Power

We don't want to struggle over power,
but we do want to exercise it.

Patients may demand it and claim a right to it—
but they benefit from our being in charge.

When patients won't comply in session
(empty chair work, reflect partner's words,
homework, interpreting non-compliance):

Don't be afraid to say
"You're telling me I can't use
many of my most useful tools.
How is this therapy supposed to work?"

Our mirror

- Mirroring is power. Patients who defend themselves from our mirroring are exercising power.
- Reframing—a kind of mirroring
- Wondering about patients' internal experience—do they allow us? Are they honest? Vulnerable?

Don't let patients discount you
because of demographics:
You're only a man; you're not Chinese; etc.

Our clinical training and experience
is the source of our expertise—
not our personal experience.

That's the definition of a professional.

*“Of course I'm not exactly like you, and I want to learn
about your unique perspective and experiences.*

*If all you want is someone with the same (limited)
experience as you, I'm not it. I offer way more.”*

Paulina and Don

- She just discovered that 4 years ago he slept w/a colleague
- She's furious, hurt, has Qs, and wants to talk
- He doesn't want to talk: "I'm in enough pain. I can't handle any more."
- His narrative of powerlessness & sense of entitlement trivialize her pain and render her speechless
- When I inquire, they blame each other for their sexless marriage

Paulina and Don

- He doesn't want to hear about her pain—says it's too painful. I agree—his shame feels awful. He doesn't realize that's exactly what he has to wrestle with.
- He thinks he's already done that—but if he had, he wouldn't be resisting. “I already understand my situation.”
“You can't punish me more than I've punished myself.” He thinks she's sadistic or selfish—which allows him to ignore her.
- He calls his infidelity “the indiscretion,” which “happened.” He doesn't realize he's not learning from his pain/shame, which prolongs it.
- He doesn't understand her need to express her grief—he can only imagine this as creating more pain for him. He doesn't see himself as having a marital responsibility regarding her pain.
- He's skeptical that I can understand him (since he's so special).

Paulina and Don

- She's up against his incredible narcissism—painful for her to see.
- The more he ignores her pain, the more aggressive she gets.
- She wants to know everything so she can stop imagining things—instead of regulating herself.

What I plan to do

- Be incredibly patient
- Explain that her expressing her pain ≠ her punishing him
- Ask him how he plans to tolerate her pain (& his shame)
- Ask him what he plans to contribute to the process besides “anything she wants,” and him setting limits
- Ask him to be curious about what she really wants when she asks for details he doesn’t want to give
- Hold him while not letting go of her
- Gently point out how he pushes me away
- Find out what she wants—not how she wants to get it
- Support her in being self-disciplined and learning about herself
- Get them to discuss sex
- Advocate for their new marriage—built on what?

Treatment Issues

This is a marital crisis.
You are in a marital crisis.

And you can't get thru it productively
without change and growth.

You're gonna have to get your hair mussed.

If you hold onto your story
and refuse to look at my ideas w/an open mind,
your couple won't change.

It's never a convenient time for a crisis.

No one ever thinks,
“Life is stable enough now
that I could challenge my narrative.”

Couples who may not be ready or appropriate for treatment

- Highly religious
- Cultural issues
- People who don't acknowledge our expertise from the start
- People who don't want to invest the money or time
- People who are more invested in their narrative than in fixing the couple (eg, sex addiction)
- People who refuse to discuss the therapy with us
- People who are more invested in their entitlement than in cooperation (I've always dreamed of having 3 kids)
- Existential issue
- Trying to get pregnant
- People insist they're too old to change; "I'm entitled to not change."
- Show-stoppers: cancer treatment, IRS audit, trying to conceive

Some % of couples will leave prematurely

All we can do is help choose whom—
those who want more therapy,
or those who want less.

We prefer that it's those who want less.

Questions about this program?

see

<https://shop.martyklein.com/faq>

Questions about other webinars?

see

www.martyklein.com/training-webinars

@DrMartyKlein
www.SexEd.org
Klein@SexEd.org

