

9

The Treatment of Stage III

THE HALLMARKS of stage III marital conflict are high emotional arousal, a polarized position of fixed distance, and a rampant projection process in which each spouse blames the other for the state of the relationship and has little or no self-focus. Attempting to negotiate the conflictual process or address it directly with structural tasks or experiments, without first preparing the way, will inevitably fail. The first two goals in treating stage III conflict are therefore to create a safe climate by lowering the emotional arousal and to increase self-focus in each spouse, which will help to neutralize the intensity of the reactive emotional process. These goals must be achieved before the third major goal, strengthening the marital relationship itself, can be addressed.

The work toward the first two goals begins during the engagement process and continues throughout the entire course of therapy. To reach these goals, the therapist and the couple work in three key areas:

1. *Reactivity in the marital dyad.* The intensity of reactivity in the marital relationship must be lowered. It is especially important in stage III that the therapist keep his or her own anxiety down and help the couple to discipline their automatic reactivity.

2. *Key triangles.* During the evaluation period the major active triangles are identified and the process within each is determined. The therapist needs to be aware of the intensity and importance of each triangle before deciding on the sequence in which to address them.
3. *The individual.* The focus of the individual work is on reducing bitterness and helping people to take greater responsibility for their own lives. The degree to which disappointment and anger have turned into bitterness is assessed in each spouse, and each is put to work neutralizing those feelings of bitterness. Once the bitterness is less intense, both spouses are encouraged to develop personal goals in the areas of productivity, personal relationships, and personal well-being.

If progress is made in these three areas, the climate will gradually improve. Spouses will be better able to see their own parts in the conflictual process and to accept responsibility for change. Direct access to the marital relationship is then possible. In the final phase of therapy, the therapist attempts to prepare the couple for the inevitable recycling of the conflict and to reinforce the positive forces in their relationship by working on partnership, companionship, and intimacy in the marriage.

Stage III couples enter treatment in two major ways: in overt conflict or in covert conflict that is camouflaged by another symptom in one of the spouses or in a child. The largest percentage enter therapy in overt conflict and explicitly label the marital relationship as the problem they want to address in treatment. The possibility of divorce may be an open issue, or one spouse may have privately decided on divorce and may be seeking to have the therapist validate his or her hopeless view of the marriage.

When the marital conflict is covered by dysfunction such as depression or alcohol abuse or by a problem in a child, the couple will want that symptom addressed in therapy. If the therapist attempts to bypass the symptom in order to bring to light the underlying marital conflict, the couple may well terminate therapy. On the other hand, if the therapist perceives the marital conflict but does not begin to link it up with the symptom, the marriage may be driven into irreversible conflict once the symptom is alleviated.

The stage III treatment plan varies from couple to couple. Some work in each of the three areas—reactivity, triangles, self focus—is done with every couple in treatment, but the time and effort devoted to any one area differs from case to case, depending on the process in the marriage that is most central to the symptoms and most accessible to intervention, the issues that are presented, and the availability and motivation of each spouse to work in therapy. In each of the four cases used in this chapter

a different area of the treatment protocol was emphasized or was very clearly illustrated.

The Treatment Protocol

Engagement with couples in stage III is made difficult by the intense emotionality that is always present. The efforts of even the most experienced therapists can be sabotaged by stage III couples who hold fast to their blaming stance and thwart the therapist's suggestions. In a successful engagement the therapist will calm both spouses' emotional upset, validate their pain without taking sides or necessarily agreeing with them, and instill hope for their individual emotional survival. This process of connection and validation or engagement must be maintained throughout the course of treatment.

REACTIVITY IN THE MARITAL COUPLE

The marriage, once a refuge from the pressure of the outside world, is now viewed as the source of pressure and pain. The therapy must provide a safe context for both spouses to explore themselves and their vulnerabilities. Therefore, lowering the intensity of reactivity from the very first session is essential to engage these couples successfully in treatment.

Decreasing Reactivity in the Sessions

The emotional climate in a stage III marriage is unsafe and stormy, with dramatic shifts in temperature and turbulence. Icy distance and heated conflict alternate in automatic cycles over which neither spouse seems to have any control. The couple's acute sensitivity to each other leads to volatile reactivity. Over time these cycles erode caring, open up emotional wounds, and create significant emotional damage.

The following case presented problems that required the therapist to create a safe climate in the session. Ellen and John D'Aiello, a couple in their mid-forties, married for sixteen years with four children, came for therapy in overt conflict. The battle began in the initial interview, as soon as the therapist asked each of them to describe the problem. Ellen was in

a rage at John and attacked him for the affair he was having and for years of financial irresponsibility. John defended himself by picking on the details of her accusations and rationalizing his own actions as responses to her behavior. Had this process continued, duplicating their interaction at home, their anxiety would have increased and the therapist's effectiveness would have been compromised. The therapist therefore invoked a moratorium on the attacks and defense. He insisted that Ellen and John speak one at a time and direct their comments to the therapist rather than to each other. When one of them interrupted the other, the therapist gently but firmly reminded them that they would not get anywhere if that continued. If they had been unable to adhere in some fashion to this structure, the therapist would have divided the session and seen each of them alone.

When the therapist directed the discussion to the presenting problem, Ellen began to answer questions and describe events with an excess of detail. She wanted the therapist to know the time, date, and place of each atrocity that John had committed. When John got the floor, he questioned the accuracy of each of these details. To keep the session from filling up with this kind of content, which would have escalated the already high level of anxiety, the therapist elicited just enough detail to get each person's picture of the issue and then moved the discussion to more productive ground by asking process questions developed from the content. This procedure begins to get people thinking rather than just responding reactively. The following transcript demonstrates the technique as well as other methods for changing the emotional climate.

THERAPIST: Now I'd like each of you to give me your view of the problem.

JOHN: I find she's very closed. She thinks I lie.

THERAPIST: You've got a credibility problem with your wife.

[The therapist labels the problem instead of going for details about the lies.]

ELLEN: I don't trust him. He's lied so much in the past.

JOHN: I haven't lied.

THERAPIST: There's a difference of opinion. How do you resolve differences of opinion?

[Again, the therapist is avoiding details and going after a broader process. This is an attempt to get them to start thinking in process terms rather than remaining caught in runaway emotional reactivity.]

ELLEN: I don't know. He just says, "I don't want to discuss it. We'll discuss it when we get to the counselor." And I didn't discuss it until I called the girl. My husband's been seeing another woman who works in his office for a year.

JOHN: No, I haven't been seeing her for a year.

ELLEN: She invited me to have lunch to tell me it wasn't true. My husband has been protecting her. I called her December 21st to tell her to stop seeing my husband. She said it wasn't true. Then she wrote a letter to my husband saying, "How did she find out?" Which he told me.

THERAPIST: You believed him on that. So there are some things you believe and some you don't. How do you know whether to believe the first and third rather than the second and fourth?

[The therapist is again asking questions that bring out process rather than getting bogged down in content. He is also attempting to get Ellen to begin focusing on herself.]

ELLEN: I'm perceptive.

THERAPIST: SO it's your insides you rely on?

ELLEN: Yes.

JOHN: I would say she *thinks* she's super-perceptive.

THERAPIST: You think she overvalues her perceptiveness, relies on it too much, and that sometimes it's inaccurate?

[The therapist restates attacks so that they are easier to hear.]

JOHN: You have to be very careful about what you say.

THERAPIST: Let me kind of roll the wheels back. This thing around the other woman has kind of spun things out. There's a lot of anxiety around it.

[The therapist tracks the presenting problem.]

ELLEN: It's not the first time, either.

THERAPIST: When did this one surface?

ELLEN: He started going to Gamblers Anonymous meetings in April. I noticed he started talking about this girl all the time. I thought he was mentioning her too much. I asked him to have her desk moved away from his office. He lied and said the manager refused. Then I called December 21st. He said he wasn't seeing her, which was another lie.

THERAPIST: So back in April you started to talk about it, but you were just noticing that he was talking about her. You were experiencing your husband as missing in action, and you tied this girl to it. You saw him as moving away from you and the kids toward her.

[The therapist has begun to bring out the process around the affair. He puts it in movement terms.]

ELLEN: He had been up in the air because of GA meetings. I was upset by the GA meetings.

THERAPIST: Before going to GA I'd like to try to get a sense of . . . to compartmentalize this piece. Because you've just described something that's maybe a picture of how this relationship works. John, you've got a different picture?

JOHN: We did work together . . . in May . . . job organizing.

[John was giving countless details; Ellen had trouble staying quiet.]

THERAPIST: Ellen, you're in the listening position. [She laughs.] John, I'd like to stop you, because you're giving a lot of details. I'd like to get a sense of where you are. I'm asking you not to defend yourself, even though you feel like you're being attacked. Did you feel like you were available to your family?

[The therapist takes control by stopping the old pattern of interrupting. He attempts to get each of them to do something differently, Ellen to listen and John to stop defending himself.]

JOHN: Not as much as I could. I was in business for myself and tried to keep it going longer than I should. I've been with this new company for a year, and I tried to continue my other business.

[He described great pressure and blamed Ellen for not supporting him enough.]

THERAPIST: You're telling me you've been stressed by work. You don't think Ellen appreciates you. The other thing I hear you saying is that when you're stretched out it's difficult to stay tuned in to her.

[The therapist restates the process in a way that allows John to self-focus. He proposes another reason for the distance and validates both John and Ellen.]

JOHN: That's true. I haven't made plans to do things with her and the kids, the way others might have.

THERAPIST: Is it your style to be an involved father and husband if you weren't so stressed?

JOHN: I haven't been that involved over the years.

[This exchange helps to validate the pain Ellen has experienced without blaming John.]

THERAPIST: So you tend to be a distant guy, and when you get a little more stressed, you get more distant, and Ellen doesn't know what to do about it.

[The therapist sums up the process and avoids being judgmental.]

The therapist in this example was operating from principles that are critical for a successful beginning. First, he kept his own anxiety down and established control of the session in order to create a safe context for

treatment. Second, he defined and dissected the process to offer a different perspective to the couple, rather than getting bogged down trying to referee the content. Third, he maintained a systems perspective and avoided taking sides with either spouse.

Another procedure that helps to decrease the intensity of reactivity in the session is to teach the couple about transition times. Stage III couples are usually going through a period of transition when they initiate treatment. Most often the conflict has been going on for a long time, but the added stress that comes from the transitions the family is going through intensifies it and leads them to seek professional help. The transition times might include the loss of a job, a serious financial reversal, or a physical illness. It might also be a life-cycle crisis like the death of a parent, the birth of a child, the first or last child leaving home, or retirement.

The couple does not usually present these issues as particularly relevant to the current conflict. Their perspective is severely limited; they fall into rigid cause-and-effect thinking and tend to blame life's problems on their marriage and specifically on each other. By documenting the transition times the family has gone through, the therapist begins to introduce the idea that there are other reasons why the marriage is in trouble. The short-range goal is to broaden the couple's perspective and reduce anxiety by teaching them that a significant amount of stress has been building over the years as a result of these transitions and that it has had an impact on their marriage. The long-range goal is to help them to develop skills that will allow them to recognize when their relationship is being stressed by transition times so that they can avoid handling them with the familiar pattern of conflict.

When a transition time is mentioned by either husband or wife as the genogram information is gathered, the therapist takes time to explore the process around it in order to bring out the impact that the event had on the marriage. For example, if the wife mentions the birth of their youngest child, the therapist asks a series of process questions: Who had wanted the child? How had each of them responded to the pregnancy and delivery? What had changed at home after the baby's birth? Had either of them ever thought about the stress involved in adding a new member to the family?

As a number of transition times are mentioned, the therapist comments on the stress they must have produced. "You folks have been through a lot. I'm beginning to understand more about how your relationship got into this trouble." This says to the couple that their conflict is at least in part a result of stress and begins to teach them that marriage is a struggle that requires a great deal from husbands and wives. It also begins

to address their secret fears that they are in this position because they are bad people.

Decreasing Reactivity at Home

If the couple is to experience the therapy as helpful, the therapist must begin early to give them suggestions for interacting differently at home. The therapist provides operating guidelines for each spouse that if followed will begin to calm the explosive system. During the evaluation of one stage III couple, Carol and Ed Rutkowski, who were in their early forties and had been married fifteen years, the therapist made two suggestions. First, they had to stop the physical violence in their relationship. Second, they had to take the pressure off the marriage.

Carol and Ed would go for days without talking to each other. Carol would break the silence to argue over one of the many toxic issues in the relationship, such as money, in-laws, or Ed's work. Their arguments frequently got out of control to the point of yelling and door slamming, and periodically they resulted in physical violence. Although Carol usually struck the first blow, she had sustained a number of injuries during their fights; the most severe had been a broken rib.

The first step in changing the climate at home was to address the physical violence. The therapist took a strong position, telling Ed and Carol that violence had to stop because nothing could change in a climate where people were frightened or worried about their physical safety. The therapist explored the process around the violence and learned that Ed usually knew when Carol was about to cross that line. Ed was advised to distance physically from her when that happened.

For example, in the week prior to their first session Carol had been trying to get Ed to respond to some questions while Ed was reading the paper. The more she asked, the more involved he became in his paper. She pulled the paper out of his hands and started ripping it up. Ed sat staring at her until she attacked him physically; he then slapped her across the face and pushed her into a wall. The therapist used this example to teach them more functional behavior. Ed was coached to move to another room as soon as he realized the intensity of Carol's pursuit. If she followed, then he was to leave the house. Carol was coached to move toward another person or activity when she felt that kind of rage escalating in her. The therapist helped her look for the most positive resources she had to move toward. During the following weeks this behavior was carefully monitored in therapy.

When one spouse is the aggressor in the fighting and the other habitually stays around for the beating, the latter needs to be aware of a number of alternatives. He or she might have to call the police or a hot line for domestic violence or perhaps take legal action. Therapists need to know the law regarding domestic violence in the area where they practice as well as the resources available in the community. Sometimes couples are unable to put a stop to these explosive outbursts, and the therapist may have to advise a temporary separation.

In stage III conflict husband and wife spend a great deal of time and energy focusing on their relationship, generating intense pressure that must be alleviated if the emotional climate is to change. Carol and Ed's marriage was always on the table for dissection; it had become the third leg of a triangle. Whenever they argued, she would threaten to end the marriage, and he would attack her for even thinking about divorce. By the end of the first session the therapist knew that their relationship would have to cool off before they could approach it directly. In other words it would not work to prescribe a weekend alone for this couple or to suggest that they find more time to talk about their marital problems. To decrease the pressure on the marriage, the therapist asked them to refrain from discussing the relationship or any of the toxic issues between them outside of the therapy sessions. They were also asked to stop all talk about therapy. They were told that the marriage was too hot to handle and needed to be put on the back burner temporarily. The therapist specifically stated that in treatment a number of things, like changing the emotional climate, would have to be accomplished before they would be able to address the marriage directly.

This approach raised two questions. First, how would the therapist make therapy relevant to Ed and Carol when they had come in wanting help for the marriage? Second, how were they supposed to deal with each other when almost all of their interaction was devoted to conflict over the toxic issues in the relationship? Ed and Carol agreed that discussing their marriage had been unproductive and exhausting but blamed each other for that fact. The therapist let them know that in our experience with intense marital conflict, attempts to tackle the marriage in a more direct way had repeatedly failed and that the approach we were recommending to them had proved more successful.

This does not mean we promise couples that the marriage will necessarily be saved; if the couple is talking about divorce, the therapist points out that this will always be an option but that it is not a solution and should be approached in a slow, thoughtful way. The therapist is saying that their best chance of turning the marriage into a satisfying or positive

relationship, or at least of minimizing the emotional damage to themselves and their children, is to begin by working on themselves rather than on the marriage.

If Ed and Carol were to avoid toxic issues and discussion about the marriage, they needed guidelines for interacting with each other in a different way. The therapist coached them to treat each other decently, the way one might treat a business acquaintance. They did not have to like each other, but they did have to find a way to be civil. The therapist asked them to describe their ideas of being decent and learned that they each had different and unrealistically high expectations about each other's "decency," and these were addressed in the session. A few minutes at the beginning of each of the early sessions were devoted to monitoring their progress on these tasks.

KEY TRIANGLES

Triangles are always numerous and intense in stage III conflict. The following case illustrates our approach to triangles, as well as to lowering the reactivity in the couple and the bitterness in each spouse. The treatment focused on three goals with each triangle: (1) identifying the triangle and revealing the process; (2) shifting each person's part in the triangle so that each could have a close personal relationship with the other two people; and (3) working to lower reactivity in the interlocking triangles.

Bill O'Rourke, an attractive forty-year-old man who operated his own plastics company, had been married to Barbara, who was thirty-five, very pretty and petite, for seventeen years. Both were Irish Catholic. They had four children: Joe, aged sixteen, Tim, fourteen, and twin girls, Kathy and Mary, who were ten. Barbara had called to make the appointment because of the acute conflict in their marriage, which currently revolved around two issues, Barbara's quest for autonomy and problems with their elder son, Joe. During the evaluation sessions the therapist determined that each of these issues involved a very active and intense triangle. In the struggle around Barbara's quest for autonomy, there was a triangle with her social network, and they had been in conflict around their eldest child since the time of his conception.

Work on these two triangles became the major focus of the therapy and took place in forty sessions over sixteen months. Membership varied according to the focus of treatment but usually included husband and wife alone and in sessions together. The therapist considered the child triangle too intense to handle until the spouses were less reactive and so she developed a treatment plan that initially focused on the social network

triangle, hoping that if they made some progress there they would be better able to address the child triangle. In order to remain relevant to the family, the therapist addressed the child triangle whenever an issue with the eldest son came up, and there was substantial discussion early in the treatment about the long-term changes each family member would need to make. For the sake of clarity each triangle will be discussed separately, although the work on them was interwoven through the course of therapy.

The Social Network Triangle

Five years before coming to therapy, Barbara had started going to Al-Anon during a period when Bill had been drinking heavily. She and six other women from Al-Anon had formed a support group that had continued to meet up to the time she entered treatment. Encouraged by her group, Barbara had begun to explore ways to change her life. By the time therapy began she had been taking courses at a local community college for several years, had started a part-time job, and had begun pressuring Bill to allow her more control of the family finances.

Bill, who had started with practically nothing when they were first married and now owned and directed a very successful company, flew into a rage whenever she broached the subject of money. There was no way he would give her more financial responsibility, he felt, because she could not handle what she already had. Suspicious and negative, he believed that her every move was orchestrated by her "group." He would counter her requests for more financial control with "Whose idea was that one?" and would suggest that the group pay for the taxes incurred by "your ridiculous job that costs me money." Barbara would defend herself and her group, and the pattern would be repeated over and over again. This almost daily sequence was usually triggered by Barbara's absence from home at dinnertime, by a call from one of her group members, or by one of her demands for more financial autonomy.

Early in the therapy the therapist supported Barbara's goal of achieving greater autonomy and maturity. At the same time, she encouraged Barbara to review the three major efforts she was making and evaluate how well they were working. Barbara decided that her return to school was constructive and that she needed to focus her energy on academic goals. She decided to continue her part-time job but to postpone an increase in her hours in order to give the family a chance to adjust. A review of her request for more financial control revealed it to be premature. On the one hand, she was attempting to persuade Bill to put more of their financial

holdings in her name and to give her more access to their bank accounts. On the other hand, she frequently wrote checks against insufficient funds and then would appeal to Bill to help her straighten out the mess when the monthly statement arrived. Barbara was demanding more financial autonomy from Bill rather than taking greater responsibility for the money matters already in her control. In therapy Barbara explored the sources of sensitization to this issue in the extended family, worked to objectify her perception of the conflict with Bill, and experimented with her behavior patterns in order to increase her functioning in the financial area.

If a couple is to have a decent chance of surviving a shift like Barbara's move toward autonomy, the spouse who is making the changes needs to be sensitive to the impact those changes have on the family. At first Barbara was defensive when the therapist explored this area. She said she thought her four children were supportive and proud of her and expressed little concern about the change. She labeled her husband a male chauvinist and attributed his angry response to his desire for absolute power and his lack of sensitivity to her needs. Not only did his critical reaction disappoint her expectations for approval, but it also triggered that part of her that was ambivalent about the steps she was taking. Her own fears about the changes surfaced and were explored, and the therapist then worked with her to understand the impact her new direction had already made, to observe the current reactivity of other family members objectively, and to predict what was likely to occur with each new step she took. The goal was to help Barbara stop her defensive behavior and lower her own reactivity while she continued her steps toward personal growth.

The therapist encouraged Barbara to address the way the group from Al-Anon was influencing her thinking and behavior. Clearly she valued their support, but she decided that some of their suggestions had increased her bitterness, which had led to an increase in provocative behavior toward Bill. When she used the group as a sounding board for her rage at Bill, they responded with direct advice that when followed inevitably escalated the conflict. Barbara worried about how the group would see her if she did not "stand up for her rights" with Bill. Coached to explore and experiment, she learned that moving toward individuals in the group for emotional connection and companionship, organized around her own struggle and without the negative discussions about Bill, worked in a much more functional way.

Bill's experience of the triangle was that he had lost influence over his wife. She was listening to someone else, the group. He was encouraged to reach for neutrality and to stop attacking Barbara's group. Bill discovered that part of his emotional discomfort was linked to Barbara's absence when

she was not doing what she was "supposed" to be doing. He spoke of his fantasies of finding another woman, one who would appreciate him. As his dependence on Barbara continued to surface, he became more aware of his feelings of loss and their connection to his critical and angry behavior. When Barbara heard him talk about his sense of loss and his fear that if she had more financial independence she would leave him, she was surprised that he could admit his emotional vulnerability. She began to listen in a different way and to modify some of her polarized perceptions of their relationship.

Early in the work on this triangle, the therapist asked that the couple be seen by another therapist in consultation. The following transcript is from that session.

BARBARA: I have experienced things that now have led me into becoming more independent, more self-reliant. I feel more like a partner, and I don't think Bill likes it.

THERAPIST: Do you think he liked you as a victim?

BARBARA: Yes.

THERAPIST: What's your evidence for that?

BARBARA: I think Bill enjoyed that pattern of fighting and making up, and I accepted that for a very long time, and he expressed it monetarily on many occasions. Whether it had to do with his drinking or not is another question.

THERAPIST: You mean he'd make it up to you by giving you more money?

BARBARA: Yeah. You know, like mink coats and stuff like that. And it worked.

THERAPIST: So you've become more independent, and instead of giving you mink coats, Bill's complaining about \$250 phone bills. Your independence has cost you a lot.

BARBARA: I know.

THERAPIST: Did your independence cost you anything in the relationship apart from money?

BARBARA: I think that I've been able to become independent very slowly, and that Bill has accepted it very slowly. I feel now he's become very resentful of my new job.

BILL: It interferes with my dinner.

BARBARA: It's interfering now with his life, and I recall him saying last night that he felt that the reason our son was having problems was that I was never home.

THERAPIST: Do you think it's really the absence of dinner, or is it something else?

BARBARA: I don't think I'll ever be able to please him at this time in the way he'd like me to.

THERAPIST: Have you stopped trying?

BARBARA: Yes.

THERAPIST: How long ago did you stop trying?

BARBARA: Not too long ago. I'd say ever since I started school this semester.

THERAPIST: So you're on the track of getting independent, and are you on strike as far as Bill goes?

BARBARA: I'm not on strike. I have to honestly say that the things Bill has asked me to do have been very low priority for me . . . and on the other hand, I try to do everything and be the supermother so I can have time to do things that are important for me.

THERAPIST: But have you lost in that whole process the ability to let Bill know how important he is to you?

BARBARA: I think, maybe it isn't important to me anymore.

THERAPIST: Do you feel bad about that?

BARBARA: I guess I do feel bad about that. I feel our relationship has been clouded by many things: family issues with our children, his health, my going to school, and I do feel—Bill is important to me, and I do love him, but I'm tired of trying to express certain things to him, and I feel very frustrated. It's like I don't want to bother any more.

THERAPIST: How come he doesn't hear you? What's the frustration?

BARBARA: I don't think he does hear me. I think Bill is devastated by my small steps toward independence.

THERAPIST: You mean like if you really loved him you'd stay in place and march to the same tune?

BARBARA: Right.

THERAPIST: And you mean what you'd like is to get a piece for yourself and somehow have him understand that doesn't mean you don't love him?

BARBARA: Exactly.

[In this exchange the therapist spells out the direction of Barbara's movement away from Bill in pursuit of other things. At the same time he attempts to validate her experience of the bind she finds herself in. He then proceeds to explore Barbara's expectations about what response her move for autonomy would evoke.]

THERAPIST: Did you expect your moving out to have fallout with Bill and the kids?

BARBARA: Yes, and I think that's why it's been so delayed.

THERAPIST: That's why you've hesitated for so long?

BARBARA: Yes. I think I've tried and pulled back and tried and pulled back, but I feel like nothing's going to stop me now. I feel better about myself.

THERAPIST: How come that isn't carrying over to everybody feeling better about themselves?

BARBARA: I don't know.

THERAPIST: If Bill ever said to you, "Dammit, Barbara, I never realized how dependent I am on you until you moved out and got all involved." Has he ever said that?

BARBARA: No.

THERAPIST: What would be your response?

BARBARA: I feel like it might put us back on the same ground again.

THERAPIST: Is it hard for Bill to make statements like that, even if he realized it?

BARBARA: I think so, yes.

[In addition to exploring Barbara's expectations, the therapist begins to bring out Bill's dependency and loss, at the same time modeling alternative ways Bill might communicate with Barbara. The focus then turns to Bill to see if he has picked up the message.]

THERAPIST: Bill, how many beers would it take to put that into words?

BILL: I guess I'm a cold person in that respect, and I suppose that's why I give gifts. I supported her college education. I was annoyed when she took the job from 6 P.M. to 9 P.M.; dinner's at 7:30.

THERAPIST: Let me go back. Are you cold inside or outside?

BILL: Probably outside.

THERAPIST: Inside you're not so cold. You have trouble getting it out there? You think that's because you never learned it?

BILL: Probably never learned it.

THERAPIST: Have you made an effort? You think an effort would be worthwhile?

BILL: Could be.

THERAPIST: Do you think Barbara would pick it up, or would it fall on rock?

BILL: I don't think it would make a difference. Now there are new conflicts coming into play. The kids' vacations don't coincide with Barbara's vacation, so Barbara says she'll have to take her own vacation. I don't know how to react to that.

THERAPIST: When you agreed to Barbara's going to school and being out there, did you know it would be as hard as it has been?

BILL: I thought it would be a daytime thing. I never gave a thought to vacations being cancelled.

THERAPIST: So it wasn't going to be on Bill-time; it was going to be on free time, and now it's gone over into Bill-time. Did it have more of an impact on you than you thought it would? Did you feel it?

BILL: I think she's going out faster than she should. My daughters don't like it either, coming home to an empty house.

[At this point the therapist decided he had done what he could to validate Bill, to give him a potential new pathway of perception, and to engage him in the process of therapy. He now turned and attempted to slow down Barbara's movement and modify her reactivity. Finally, he closed by reminding Bill of his dependency.]

THERAPIST: Now what do you think, Barbara, without defending yourself? Have you overcorrected? Have you gone too fast?

BARBARA: No.

THERAPIST: But as you pull out, there's bound to be fallout from it. That's totally predictable. The pace at which you pull out and the way you handle your move out will have more or less fallout depending on how you do it. That's not your responsibility to control all of that. The other folks have to handle their piece of it, but how do you know when you're moving out too fast or too slow, or losing your momentum or whatever? Or haven't you bothered to evaluate that?

[Barbara again becomes very defensive, intermittently crying.]

THERAPIST: It's such a toxic issue for you that it's hard for you to entertain questions about what you're doing without getting defensive and without getting scared of falling back, and that doesn't allow you to see the whole picture and deal with some of the pieces of it. I'd encourage you to do that. Bill, I want to get back to something. When I asked you before whether you could say to Barbara that you never realized how dependent you were on her, if you experienced that, could you tell her?

BILL: I think I have told her. As far as holding down the home fort, and keeping the kids in line.

THERAPIST: How about just your internal feeling of well-being?

BILL: Well, I haven't thought about that.

THERAPIST: If Barbara is going to look at the impact of what she is doing on the family, I think you need to look at your anger and at the internal, deeper feelings that it is covering up.

The couple's reaction to this session was mixed. Bill found it helpful and felt supported by the therapist. Barbara initially felt angry and defensive. She heard the therapist telling her that the steps she was taking toward independence, which she had considered painfully slow, were too ambitious. In the ongoing therapy, the regular therapist supported Barbara's frustration but continued to encourage her to evaluate the impact her change was making on the family. By the time they watched the videotape of the consultation several months later, Barbara's reactivity was significantly lower, and she was able to hear what was being said with much more objectivity.

Bill and Barbara made progress in their work on this triangle, although the process was slow because of the intensity of their conflict. In time Barbara learned to use her group in a more productive way. During one session, when she and the therapist were discussing why she sometimes felt weak for staying in the marriage (a pattern we have noted with many women today), she was able to connect her feeling with the group's influence. She realized that she was the only one of the seven women who had not left a husband or a lover and felt that there was an underlying theme in the group that a strong woman strikes out on her own. Barbara began to entertain the possibility that it takes a great deal of strength to stay in a marriage and to work on making it better without giving up the goal of autonomy. When Bill fell back into criticism, she was often able to say with sincerity that she was sorry he was having trouble with her movement instead of defending herself. She learned to pace her moves in a way that minimized the impact on the family, and she made progress in taking more responsibility for financial matters. Bill learned to control some of his criticism and began to take risks in exposing to Barbara his vulnerability about his dependence. He also took steps in giving up some of the financial control.

To summarize, the clinical management of the social network triangle involves the following steps:

1. The triangle must be identified and the process brought out. Most commonly the wife is moving toward a woman, a group of women, or a body of feminist literature for support in her struggle for autonomy and away from her husband, whom she labels the enemy. The husband, in reaction to his wife's absence, pursues her with personal criticism and blames the outside influence for her betrayal.
2. Husband and wife need to shift their parts in the triangle. The husband must stop criticizing his wife, give her room to grow, and stop blaming the third party. He needs to identify his dependence

on his wife and to explore the feelings of loss he is experiencing. The wife has to look at the way she has been influenced and the way she uses the other women and determine what is productive for her and what is not. She needs to set her own agenda for change, one that is based on a careful assessment of her needs but reflects sensitivity toward the family. When the steps that she takes conflict with her husband's desires, she must avoid being defensive.

3. To reinforce these shifts, both spouses need to focus on the interlocking triangles, which take them back to their families of origin to study the source of their scripting in the social network triangle.

The Child Triangle

Early in therapy the therapist brought to the surface the process in the triangle with Joe. Barbara was concerned about Joe's behavior in school and out. He was failing a number of courses and seemed completely unmotivated. She worried about his use of alcohol and about the group he associated with, and she feared that he might be using drugs. Bill agreed that Joe had problems but attributed them to the fact that his mother had overprotected him. That comment elicited a hostile diatribe from Barbara about the poor example Bill had set for his son. The intensity of conflict around Joe was immediately apparent to the therapist.

In this triangle, Barbara was moving toward Joe to protect him from his father and from the various schools he attended. She had initially felt that Bill was inconsistent and insensitive with Joe, but over the years her perception of his fathering had grown even more negative. By the time they started therapy she felt that Bill had always hated Joe and had wanted to get rid of him. She also considered her husband an alcoholic and blamed him for Joe's use of alcohol. Bill was extremely critical of Barbara's overprotective treatment of Joe, and the two of them were involved in a continuous attack-counterattack pattern.

Joe had felt protective of his mother since he was a very young boy. He remembered standing on his bed with his ear cupped to the wall, listening to his parents' raging fights and wanting to kill his father. When Bill and Barbara began therapy, Joe said his father was always picking on him, and he vowed he would never come in for a session alone with him.

A graphic example of the process in the triangle occurred whenever Joe and Bill got into a fight. These fights always happened when Barbara was within hearing range. Bill would tell Joe to do something and then be enraged by Joe's passive or negative response. The interaction would

quickly escalate until Bill was challenging Joe to fight "if you're so damned tough." The two of them would go into Joe's room, Bill would lock the door, and they would taunt each other until Bill finally hit Joe. Barbara, who had been listening from the sidelines and demanding that they stop, would run to Joe's room, screaming that she would call the police, and pound on the door until Bill opened it. Days of coldness between them would follow.

Once the triangle is identified and the process understood, work with parents who have lost control over their acting-out adolescent usually proceeds in one of two ways. Depending on the nature of the process, we might coach them to join forces in establishing critical but minimal rules and then to use the leverage they still have with their child in order to enforce them, or we might put one parent in charge of the child and move the other in another direction. In this case the conflict over the son was too intense to begin with either of these approaches. Getting the mother to join forces with the father when she was convinced he would rather see the son dead would only have fueled the conflict. Putting either one in charge and asking the other to move back when they were so hostile and critical about each other's parenting would have had the same effect.

The therapist began by taking a position on the existing level of violence. She said that any physical violence had to stop, because no one would be able to change in that kind of climate and there was a potential for something very serious to happen. Both spouses were encouraged to move away from the situation when they felt themselves losing control over their anger, and the way anger was being expressed was monitored from week to week.

This much was done early in therapy, and the primary focus then shifted to the social network triangle. Once Barbara and Bill made progress there, their capacity to change their thinking and behavior around the child triangle improved. When the therapist began to concentrate on the child triangle, she decided on a plan in which the mother would initially work only to stay out of the interaction between father and son but not back away from her relationship with her son. Meantime, the father would be working on improving his relationship with his son. The son would be encouraged to take more responsibility for himself in school and with the family.

Letting Bill and Joe handle their own disagreements was an extremely difficult task for Barbara. She seemed to know whenever there was a possibility that Bill and Joe would cross paths, and she made sure she was there. When the three of them were together, she always felt very tense and watched carefully for the moment when she would have to rescue Joe.

The first thing the therapist asked her to do was to monitor her own thoughts at those times when Bill and Joe were arguing. She reported a continuous inner dialogue filled with vituperative, blaming thoughts about her husband, which included the rehashing of specific incidents from the past when she felt Bill had been unfair or abusive to Joe. In order to stop monitoring father and son she needed to do something about the bitterness that had built up over the seventeen years of their marriage. The therapist followed the steps we use in working with bitterness, which are explained in detail in the next section of this chapter.

As work on the bitterness progressed, Barbara was coached to change her behavior when Bill and Joe were together. She began by leaving the room when things were calm, which was difficult enough for her because of her fear of the consequences. She viewed her role as Joe's protector in life-and-death terms. Gradually she was able to leave them alone together when stress was reasonably low.

The therapist's initial goals with Bill were to engage him in improving his relationship with his son, to bring out any softness and concern he felt for him, to explore his expectations of Joe, and to get him moving toward Joe in a more positive way. In his sessions alone, Bill expressed a desire for a better relationship with Joe, but in Barbara's presence he was cynical and negative about him. The therapist explored his model for fathering. He had always had a distant and conflictual relationship with his own father but a warm, satisfying relationship with his maternal grandfather. When Bill looked at the way in which his grandfather related to him, he realized that it was fairly close to the way he related to his second son, Tim. He treated Joe more as his father had treated him.

Five months after therapy began, an incident occurred that accelerated the very slow progress they were making on this triangle. Bill had had back surgery and was recuperating at home. Joe came home from a party obviously drunk and demanded the keys to the car. Barbara was out, and Bill told Joe that under no circumstances would he allow Joe to go back out because of the shape he was in. Joe became very aggressive, insisting he was fine, and began to push his way past Bill. Bill grabbed an antique gun from the closet and used it to block Joe's way, knocking him in the nose, which bled profusely. Bill, concerned that Joe's nose was broken, took him to the hospital emergency room for X rays. By the time Barbara came home, father and son were sitting calmly watching television, Joe's nose bruised but not broken. The younger children told her about the fight, including the fact that Bill had used a gun. She flew into a rage, screaming that she had always known Bill wanted Joe dead. She threatened to call the police but called the therapist first.

Once it was clear that both father and son were calm, the therapist encouraged her not to call the police but to bring the family in for a session the next day.

When they came in, Barbara was still raging about Bill's use of the gun. The therapist said she knew Barbara was very upset and could understand how the gun had really scared her. She asked Barbara just to sit and listen while she talked to Bill and Joe about the previous night. Bill summarized the events and defended his use of the gun by saying that he knew the gun, a collector's item, had missing parts and had not worked in years. He said he reached for it because he thought that it might stop Joe, and he knew he could not stop him without help because of his bad back.

The following is a segment from that session.

THERAPIST: What were you thinking about when Joe first came home?

BILL: I thought, "This kid is wasted—he'll kill himself or someone else if he gets behind the wheel of a car."

THERAPIST: So you were worried about him?

BILL: There was no way I was going to let him leave. Yes, I was worried.

THERAPIST: When you saw that he wasn't going to listen to you, did you consider other ways of stopping him?

BILL: I don't think I did such a bad job. I'm sorry about his nose, but it's probably the first time Joe and I have settled a fight. We were fine by the time Barbara got home, and she went completely crazy anyway. She should have stayed out of it. She thinks I should have called the police instead of stopping him myself. I never would have done that.

THERAPIST: What has prevented you from settling fights in the past? Why was this one different?

BILL: Probably because Barbara wasn't home. Usually we end up fighting whenever I'm pissed off at Joe.

THERAPIST: So then it's you against the two of them?

BILL: Yes.

THERAPIST: Joe, what do you think? You think you and your father worked it out?

JOE: Yeah. I think Mom made a big deal of it.

[Note that the process has shifted.]

THERAPIST: Did you know that your father was worried about you?

JOE: I heard him say it.

THERAPIST: Bill, you said Barbara wanted you to call the police and that you would never do that. Sometimes bringing someone in

who's completely outside the family can help calm things down. Why do you feel so strongly about it?

HILL: *My father once did that to me, and I wound up in jail for three days.*

THERAPIST: Joe, has your father ever told you that story?

JOE: No. My mother told me something about jail, but I didn't know the details.

THERAPIST: How much do you know about him when he was your age?

JOE: I know he was wild, but not really too much else.

THERAPIST: Maybe that's something the two of you can do, Bill. Maybe you can fill Joe in about you at his age and about your relationship with your father. I think all three of you could do something different. Barbara, for you I think it goes back to what we've been talking about—taking the risk of letting the two of them work it out. Bill, for you it's working on controlling your anger when you're dealing with Joe, and whether Barbara intervenes or not, because that's going to be very hard for her. And it's working on not fighting with her. And Joe, how are you going to stop providing the ammunition for your parents' fights?

JOE: I guess by not getting into trouble.

THERAPIST: What do you think they would do without you to fight over?

JOE: Fight over something else, probably.

THERAPIST: [To Bill and Barbara] Is he right?

BARBARA: We'd come up with something.

THERAPIST: Why don't you try that, Joe? Because it seems to me you keep yourself in a lousy position in the family by giving them so much ammunition.

The rest of the session focused on the couple's need for an issue to fight over and their uncertainty about what the marriage would be like without one.

The next important piece of work with this triangle was done around the choice of a new school for Joe. The advisors at his school, a large public high school, had recommended that he not return because he had not passed the year, and they felt the school could not provide the kind of individual attention he needed. Both parents agreed that it was not the right place for him, but they were in conflict over an alternative. Most of the choices were boarding schools, which Barbara saw as Bill's way of getting rid of Joe. Bill had gone to boarding school as an adolescent and thought it might be a positive experience for Joe. He also admitted that it

would be a relief not to have to deal with him on a daily basis. Joe ultimately chose one of the boarding schools. The therapist took the position that living away from home might be beneficial as long as nobody saw it as a solution to their relationship problems. They would all need to continue working. She also recommended that Joe work with a counselor or therapist at school.

Joe's initial adjustment to school was very positive. Bill went through periods of missing him and would occasionally go to sit in Joe's room—something he had difficulty admitting to Barbara. He also wrote letters to him, and there were phone calls and visits. After Christmas vacation Joe's grades began to deteriorate, and with eight more weeks left in the school year he was suspended for a week after he got into a drunken fight. He came home and wanted to stay there. Bill took the position that he had to finish the year, that coming home was not an option, and for the first time Barbara backed him up. Joe came in for a session with Bill during that week and said he never remembered his mother agreeing with his father on an issue that related to him. All three experienced the process as very different. Joe calmed down and spent the rest of the week painting the basement. He returned to school and did fairly well for the rest of the year, getting reasonably good progress reports from his teachers.

Barbara was able to join with Bill in saying that Joe had to return to school, but she described it as one of the hardest things she had ever done. Her struggle was by no means over. She continued to get caught defending Joe, although not as often, when she failed to make a conscious effort not to. She recognized that her interference only escalated the problems between Bill and Joe, and she developed some confidence that if she left the two of them alone they would eventually work it out.

Bill, too, had more work to do on this triangle. He still sometimes moved toward Barbara with his complaints about Joe, and he easily fell into a harsh critical posture with him. However, there was a softening in his overall approach to his son, and he was able to handle difficult issues in a much more functional way. For example, when Joe came home for the summer, Bill initiated a family meeting to establish house rules, allowing Joe to contribute his ideas and thereby minimizing the potential for heated conflict. Bill's expectations of Joe became much more realistic and flexible. He also became more sensitive to Barbara's difficulty in separating from Joe, and he was often able to keep his reactivity down when she got upset.

Joe began functioning at a higher level, having passed the school year and holding down a full-time summer job. He continued to have difficulty controlling his anger with his father and still moved toward his mother with complaints about him.

To reinforce the progress that each of them had made in shifting their parts in this triangle, the therapist focused on two of the interlocking triangles, one of which involved Bill, Joe, and Tim, the second son, and a second involving Bill, Barbara, and Tim. In the first, Bill and Tim were in a close positive relationship, and Joe was on the outside in conflict with both of them. Joe would criticize Tim for trying to be just like his father, precipitating a fight between them. When Bill intervened, it would be on Tim's side. The process of triangulation with Bill, Barbara, and Tim was triggered whenever Barbara felt Bill was being unfair or abusive to Joe. She automatically turned on Tim with criticism or some kind of harsh behavior. As Bill went to work on his relationship with Joe, Tim began to act out, throwing tantrums at home and having problems in school. In a session with Bill, Barbara, and Tim, Tim was able to talk about the resentment he felt about all the attention Joe had been getting. Barbara, who had always focused so much on Joe, recognized her reactive behavior with Tim. She began to spend more time with Tim alone and to work on keeping her relationship with Tim separate from her relationship with Bill and Joe. Both parents were able to support Tim through a difficult period he was having in school, and he began to calm down.

The progress on the child triangle is exemplified by two brief anecdotes. On a family trip to Chicago each of the children had a different agenda for the day. Bill encouraged Barbara to go off with Joe, while he took the other three, a clear shift from his old position of raging about any time Barbara and Joe spent together. Second, Bill supported Barbara's desire to visit friends for a long weekend while he stayed with the four children. For the first time she trusted him alone with Joe, and Bill and the children had a very positive weekend, during which Joe assumed some of the responsibility for the younger children.

In summary, the clinical management of this child triangle involved the following steps:

1. The triangle was identified and the process brought to light. The wife was in an overly close position with the eldest son, and the father was in a distant, conflictual relationship with his wife and son.
2. The husband, wife, and son all needed to shift their parts in the triangle. The wife had to give up her role of protecting her son from his father and work on establishing a separate relationship with each of them. The husband had to stop taking his complaints about his son to his wife and work on a more positive relationship with both of them. The son had to stop complaining to his mother about his

father and work on taking more responsibility for his own life. The husband and wife had to join forces around the important parenting decisions, and all three of them had to take responsibility for the way in which they expressed anger.

3. To reinforce these shifts, the major interlocking triangles were addressed.

ADDRESSING BITTERNESS

In stage III conflict husband and wife have gone beyond being disappointed and angry that their expectations for marriage have not been met. Bitterness has built up in each of them, and one or both may have turned off the emotional switch that keeps them vulnerable to the pain in the relationship. If the bitterness is not addressed and reduced in therapy, neither will be able to begin taking responsibility for the self, which is essential for a resolution of conflict and successful treatment.

When a stage III couple presents for treatment, one spouse, usually the wife, articulates the bitterness first. Alan and Jan Goldman were a good example of the clinical picture we see most frequently. They had been married for seven years, and for the two years prior to therapy they had been in stage III conflict. They married after college, and Jan immediately gave responsibility for handling all important decisions to Alan. He took care of the finances and decided where they would live, when they would buy a house, take vacations, or buy a car. Jan was initially comfortable with the arrangement, but several years into the marriage she began to resent it. She pursued Alan to change, wanting him to be more supportive and understanding and to encourage her independence. When she attempted to do something on her own, efforts that were fueled by her voracious appetite for consciousness-raising literature, she found him critical, un-supportive, and undermining.

Alan did not respond to her pleas for therapy until she had gone into a deep freeze and talked repeatedly about leaving him. When he did come in, he was much more in touch with his fear about losing her than he was with his own bitterness, which did not surface until the threat of divorce diminished.

The effort to decrease Jan's bitterness included seven steps typical of our approach to bitterness in stage III couples:

1. Bringing out and working on the fantasy solution
2. Identifying and labelling the "bitter bank" and reframing it as self-destructive

3. Tracking bitterness back through the progression from expectation to alienation
4. Researching the bitterness as a generational pattern
5. Changing the perception of Alan as the enemy
6. Working with the emptiness that comes when the bitterness is gone
7. Developing personal goals and working to reach them.

Working on the Fantasy Solution

In stage III conflict at least one of the spouses has a fantasy solution, an idealized answer to the problems of life and marriage: the death of the other spouse by natural or unnatural means, divorce, life with another person, or living alone. The person reactively moves away from the spouse and marriage and toward the fantasy. He or she is usually not doing anything active to reach the solution but is spending a great deal of time thinking or dreaming about it. When people create fantasies that involve life without the spouse, they have given up the hope that life would be better if the spouse changed, because they no longer believe the spouse can change. As long as they are absorbed in this kind of fantasy thinking, their motivation to look at their part in the process and begin work on the accumulation of bitterness will be minimal.

In some cases the fantasy solution spills out in the first session, and in other cases the therapist needs to bring it out. During the first two sessions with Alan and Jan, the therapist asked them what would have to happen for things to improve, and Jan responded that she did not see any way out of the mess they were in. However, when the therapist saw each of them alone during the third week, Jan started her session by saying that, in fact, she did often think about a solution to their situation: for one of them to die. She had no thoughts about committing suicide or murder, but she often thought about Alan's dying. She did not focus on the way he would die but rather on the fact of his being dead. She could picture the funeral and people coming back to the house afterwards. She imagined feeling a mixture of sadness and relief. Her fantasy did not extend into the future except that she was aware of the sense that the slate would be wiped clean and that the future would at least hold possibilities. The therapist asked how much time was devoted to these thoughts and learned that they occupied her mind at least some portion of every day.

This exploration became a valuable stepping-off point for further treatment. For instance, the fact that Jan had settled on this particular solution rather than looking at other options like separation or divorce or changing the relationship revealed her inability to make active decisions

and choices in all aspects of her life. The therapist tracked this powerlessness back into her family of origin, where her father had made all important decisions for her mother, her older sister, and herself. They identified this as a problem she would need to work on.

Once the fantasy had surfaced, the therapist began to test the reality of its central elements. What would life really be like without Alan? Had she thought much about the kinds of decisions she would make? Would there be anything she would miss about Alan? What would she regret about the marriage? The therapist's goal was to get Jan thinking about a more active and functional plan for the resolution of her problems. It is important that the therapist explore the fantasy solution rather than fight it, in order to avoid winding up in a triangle with the creator of the solution. Through these questions the therapist must convey the idea that it is dysfunctional to spend so much time and energy dreaming about life without the other spouse, because that is a way to avoid changing.

Sometimes the person does not give up the fantasy and moves toward playing it out, particularly when it involves leaving the marriage. The therapist must point out that there is a functional way to leave a marriage, which is to do it as nonreactively as possible, without blame, and knowing one's own part in the relationship.

When the fantasy solution is an open issue in the relationship, the other spouse often tries to fight it, and the therapist has to coach that person to pull back. In one case, for example, whenever the wife began talking about her desire to live alone, her husband attacked her. He said she would never be able to do it because she did not know the first thing about supporting herself, and he labeled her immoral for even thinking about leaving her children. The therapist asked him to refrain from this kind of behavior, pointing out that it only intensified his wife's desire to leave.

When the fantasy solution is not open in the relationship and is described in an individual session, the therapist must use clinical judgment about making it known to the other spouse. In a case like Alan and Jan's, where the solution involves the imagined death of one spouse, revealing it is sure to add more fuel to the fire, but themes inherent in the fantasy can be introduced into conjoint sessions. For example, the therapist might bring up with the other spouse present the feeling of powerlessness and futility that are inevitably a part of that kind of wish.

The 'Bitter Bank —

Once the fantasy solution has been explored and the person has in some fashion agreed to do some work before making a decision to leave, the

focus of treatment turns to what we call the "bitter bank": the accumulation of bitterness that builds up over time. People in stage III marriages come into therapy so focused on their spouses as the cause of all hostile feelings that they have little awareness of the degree to which bitterness has taken over their own emotional lives.

The "bitter bank" is a useful term for a variety of reasons. People generally respond to it in a positive way and usually take part in embellishing the image with additional banking vocabulary. It creates a tangible image that helps to draw the attention of the bitter person back from the spouse to himself or herself. The therapist labels the complaints one spouse relates about the other as coming from his or her bitter bank. For example, in one of the early sessions Jan began describing the sins Alan had committed through the course of the marriage.

THERAPIST: It sounds like you've been storing up a lot of bad memories for a very long time, and that maybe a kind of bitter bank has built up.

JAN: Yeah, I guess it has.

THERAPIST: Do you have a sense of how often those old tapes play in your head?

JAN: You mean any negative thoughts about Alan? [She laughs.] How many times do these thoughts cross my mind? I guess pretty much of the time. He'll say something, or do something, or something will happen that will just remind me of something that happened in the past.

THERAPIST: You mean something happens that triggers the old tapes, and you'd say that that's a pretty constant kind of thing?

JAN: It's so constant because he keeps doing the same old things. Like he'll say something critical of me in front of other people and then that will remind me of all the times he's totally humiliated me in the past, to the point that I try to avoid going out with other people or having friends home.

THERAPIST: That's really what I mean by a bitter bank. Each time something happens you make a new deposit, and over the years it all collects interest until by now you're really sitting on top of something big.

JAN: Yeah, God, if it were only money, I'd be a very rich lady.

THERAPIST: Have you ever thought about the kind of price you pay for living with so much bitterness? I mean you're telling me you think about it most of the time.

JAN: Sometimes I wake up in the middle of the night with those same tapes playing, or else I can't get to sleep.

THERAPIST: So the feelings affect your sleep. How much do they interfere with your job or with having a good time?

JAN: Who has a good time? I'm okay at work most of the time. Sometimes I can't really shake it at work.

THERAPIST: Where do you think you'd be five years from now if this were all to continue?

JAN: I worry about that because I can see that it's eating me up, but I can't see it getting better as long as I'm with Alan.

THERAPIST: I've seen people end a marriage filled with the same kind of bitterness you've got, and it doesn't automatically go away.

Jan, like other stage III spouses, needed to recognize that living with that bitterness had become a way of life that was more destructive to her than to anyone else. In order to get her to see that, the therapist helped her to identify the bitter bank as something that was hers and to see that the time and energy she devoted to it prevented her from developing more productive aspects of her life. The therapist did not at that point challenge her notion that Alan was a scoundrel—that would have inhibited the engagement process—but rather emphasized that she needed to get her emotional life back under her own control.

Tracking Bitterness Back

Once the person accepts the view that there is something to be gained from working on this bitterness, the therapist begins to guide him or her back through the steps of the expectation-to-alienation progression. Jan was encouraged to study the emotional roller coaster she had been on through the course of her marriage. When she started therapy, she was very clearly on an island of invulnerability. She was reluctant to get out of that position, because it would mean again being vulnerable to the old hurt.

The therapist guessed, and Jan agreed, that since she was probably getting more of a response from Alan than she had in the past, she might be worried that he would go back to his old ways if she ventured off that island. The therapist acknowledged that possibility but emphasized that the purpose of giving up the bitterness is not to get more from Alan but rather to save herself from a dysfunctional and unhappy life.

The research began with the numb phase that Jan was in. The therapist asked her to describe it and to try to pin down when it began. She thought her switch had gone off three or four months before they came to therapy. Alan had described this period as "her deep freeze" in the first

session and it was what had gotten him into therapy. The therapist explored what led up to her reactive distance and then got her to look at the stages prior to it.

THERAPIST: If you had been keeping a journal of your thoughts and feelings through the marriage, what would the recent entries say?

JAN: It would sound pathetic probably, so defeated, trapped and defeated. I'm trapped because I've wasted all these years with a man who's incapable of loving. I would write things like "slow death" and "terminal torture" to describe what this marriage has been like. I'm scared about leaving because he's made me so dependent. I know I allowed myself to get that way, but that's the way he wanted it. I don't have the energy to start over; by the time I did it would be too late to have kids so I just feel stuck and defeated.

THERAPIST: Were you saying much to Alan about your thoughts in recent months?

JAN: We've gone through periods of not talking before, but this one has been different. I feel different, and I know exactly when it started. A few months ago an old friend of mine was in town. I hadn't seen her in years; we grew up together. She stayed for a weekend and it was a disaster. Alan was so rude, terrible to her and horrible to me, insulting me, and he kept turning the heat down. It was freezing; we could see our breath. That's something we've been fighting about for years. He thinks the heating bills are too high. He was at his worst, and I just gave up. I fell apart, and I've been shut down ever since. I just don't care anymore.

THERAPIST: So before that, when you cared, how was it different? What would your journal say about that period?

JAN: I was angry all the time, raging; most of the time I wanted to kill him. That's how I was for years, since the time when I started trying to change, to grow up, and he was trying to hold me back every step of the way with his criticism and negativity.

THERAPIST: Tell me what it felt like to be that angry. Try to describe it.

JAN: When it was really bad, it was like acid burning a hole through me. I wouldn't be able to focus on anything else. If I tried to read or do anything, my mind would jump back to whatever he did. Some people talk about seeing red when they're angry; I had a headache. Most of the time I had a headache.

THERAPIST: Do you remember a time when you weren't angry with Alan?

JAN: That would be hard. No, it wouldn't. I wasn't angry before we got married, and for the first few years things were okay. They really weren't okay, but they were quiet. I'd get my feelings hurt a lot, but I wouldn't say anything. I remember being very sensitive and surprised when Alan wouldn't respond to me. He wasn't affectionate after we got married, and he had been before. If I made some tiny attempt to talk to him, he'd clam up or act like I was crazy.

THERAPIST: You had expected that the affection and all that good stuff from your dating days would continue?

JAN: I guess I did. Stupid, huh?

THERAPIST: So if I read this journal, the story of the wife's emotional life, I'd learn about a woman who had certain expectations about the marriage and who spent a few years being disappointed and hurt when those expectations weren't met. Then she got angry about it all and spent a lot of years raging at her husband until she just gave up and got numb to the old hurts. Is that about it?

JAN: Pretty close. I said it was a pathetic story.

THERAPIST: If it ended there, I'd have to agree. It wouldn't be a very cheerful story, but I don't know where you're going to end up: stuck on this island sitting on a mountain of bitterness or back in charge of your own life.

The purpose of tracking the course of each spouse's emotional life through the marriage is to begin to get them focused on themselves rather than each other. By labelling the steps they have gone through, it begins to give shape to the painful and powerful feelings that have controlled their lives. It attempts an answer to the question, "How did I get to this point?" and begins the process of saying "These are your feelings. You have gone through a process that has brought you to this point. You have to take responsibility for changing this course." It also provides an opportunity for the therapist to be supportive by listening to the struggle the individual has been through without fueling the fire by encouraging the unstructured ventilation of feelings.

In the segment just quoted, the therapist took Jan from her island of invulnerability back through the bitterness, rage, hurt, and disappointment to the expectations that were not met in the marriage. This step is taken more than once during treatment, with the purpose of getting the person to describe each of the stages. There is a tendency for stage III

people to say, "I was in a rage all the time because he (or she) did this and this to me." Our effort is to help people learn to articulate their own feelings: "I was in a rage, and this is what it felt like."

This is not the time to confront people when they make blaming statements. If a wife says, "I'm bitter because he made me dependent on him," the therapist guides her back to a discussion about her own experience with bitterness rather than asking her what her part in the process is. (That will be addressed when the bitterness is less intense.) The therapist who sees the expectation-to-alienation progression operating in person after person will be able to convey the fact that it is a predictable pattern in people with severe marital conflict. Knowing this helps people to build confidence in the capacity of the therapist to help them through what had felt like a hopeless situation. The exploration of the progression should end up presenting a challenge to the individual: "This is how you got to this point; now what is your next step? Do you stay on the island, or are you ready to begin to move in a new direction?"

The exploration of the progression also provides the therapist with the opportunity to move into the extended family, reinforcing the idea that one had an emotional life before marriage. After the person has described a particular stage, the therapist asks whether those feelings are familiar. This question often triggers memories of a particular period in the past and of a relationship that evoked the same feelings. Jan said she had felt the same kind of hurt she experienced in her marriage with only one other person, her mother. Her mother, who had been hospitalized twice for depression, had never been able to respond positively to anything Jan was pleased about, from school achievements to efforts she had made around the house.

Sometimes the person denies that there is anything to compare these feelings to, holding fast to the story that "I was a happy person until I met him." Rather than fighting this stance, the therapist might simply ask the person to think about it during the week.

We spend a fair amount of time with people focusing on the expectations that began the emotional progression. One of the phenomena about expectations that is particularly interesting and clinically relevant is the way in which people in conflictual marriages have pitched their expectations toward their spouses' greatest weaknesses rather than toward their strengths. For example, one woman complained bitterly about the fact that her husband never verbally expressed affection. He never said he loved her or complimented her on the way she looked. The expectation that this kind of behavior should be a part of any marriage had led to years of bitter disappointment. The reality was that this man had never been good at

expressing affection. In his family of origin he had been nicknamed "The Stone" and was seen as a "chip off the old block," his father. Silent men with disappointed wives were scattered throughout the genogram. What this woman was expecting from her husband was probably one of his greatest areas of incompetence. In therapy we point out this incongruity and encourage people to work on identifying the strengths in their spouses and then pitching their expectations in that direction.

Bitterness as a Generational Pattern

The effort to decrease the blame directed at one's spouse and take responsibility for one's bitter feelings can be helped by exploring bitterness in the family of origin. We have found that when there is a great deal of bitterness in one person, there is usually a pattern of bitterness in other family members across the generations. By asking questions such as, "Whom would you describe as bitter in your family?" "Did anyone see himself or herself as a victim?" "How much blaming did you hear as a child?" the therapist enables the person in treatment to see that his or her feelings are not unique in the family.

Jan and her sister often heard their mother's litany against her husband. He had destroyed her life because he was miserly and sour and had prevented her from having friends or doing anything worthwhile. Jan could remember these laments going back to her early childhood. Her maternal grandmother had been abandoned by her husband and forever after lectured her off spring on the injustice men perpetrated against women. As she surveyed her genogram on her maternal side, she realized she had heard only negative stories about men. She believed that her father also lived with a great deal of bitterness, but he had been less verbal about it. His dissatisfaction was expressed around his job and politics.

Jan began to see that bitterness was common in her family and recognized that she would have to struggle to avoid a pattern that was part of her heritage and that was fast becoming a way of life for her. This process further developed the idea that there was more to the making of her emotional state than Alan's behavior. The therapist did not try to convince Jan that bitterness had been passed down through the genes in her family, but rather that there was a possible connection between her own feelings and those of significant members in her family of origin. Perhaps bitterness in previous generations has an effect on the expectations offspring take into their marriages, making them greater in order to compensate for the disappointment that others have experienced.

Changing the Perception of Enemies and Victims

In stage III conflict each spouse sees the other as the enemy and himself or herself as victim; each believes that the other is motivated by the desire to hurt. Changing this perception so that people begin to understand that they have more power in the relationship than they believe is a critical step in letting go the accumulation of bitterness. We address this problem through a process of behavioral change on the part of the "victim" and by expanding the view that the person has of the spouse. The change in behavior involves three steps: identifying the enemy/victim behavior pattern, changing the behavior, and evaluating the system's response to the change.

To identify the enemy/victim behavior pattern, the therapist working with Jan looked for specific situations in which Jan was clearly operating as a victim. For example, Jan had complained bitterly about Alan's excessive reaction when anything happened to the car. If she got a flat tire, a parking or speeding ticket, or a dent, Alan would fly into a rage.

THERAPIST: What happened when you first saw the dent? What were your first thoughts?

JAN: I was thinking, oh, Christ, he's going to be pissed. He goes nuts about the car.

THERAPIST: So your very first thoughts were about Alan's reaction?

JAN: Yeah. Yes, definitely.

THERAPIST: What did you do when you got home?

JAN: I was really nervous. I didn't say anything at first. I was afraid he'd notice it, but he didn't come in through the garage. Then he had to take the car after dinner, so I knew I had to say something. I guess I just blurted it out, and he started screaming, and I screamed back, so it turned into a major brawl, all over a stupid dent.

THERAPIST: You really had him pegged from the beginning, huh? I'm struck by the amount of fear you felt. You really saw him as the enemy in that situation.

JAN: I know how he reacts to those things, so, yes, I saw him as the enemy.

THERAPIST: It's funny how your own reaction to the dent wasn't even a part of the discussion with Alan. If you were living with a friend, and you came home after seeing that dent, what would you have done?

JAN: I probably would have told her that some jerk ran into my car

in the parking lot and didn't even have the decency to identify himself. I'd probably say how frustrated I was.

THERAPIST: Have you ever tried that with Alan? You know, acting as if he were a friend in one of those situations where you expect him to blow up?

During the next session when Alan was present, Alan said that in situations like the dent episode he felt enraged because he never felt as though he had heard the full story. He saw Jan as a sneak, clearly the enemy, and believed she hid things from him in a malicious way. That was a pattern that went on in his parents' marriage. His mother often kept things from his father and confided in Alan; he viewed his father as a weakling for believing her ridiculous stories.

Once the therapist had brought out Jan's pattern of behavior in situations where she saw Alan as the enemy—becoming overly focused on Alan's reaction and in a high state of anxiety withholding information, blurting it out only when it was certain to be discovered—the second step was to change her victimlike behavior. By asking Jan how she would respond in a similar situation with a friend, someone she did not fear or see as all-powerful and larger than life, the therapist helped her identify a more functional behavior. The therapist then coached Jan to introduce that behavior into the relationship with Alan. This was extremely difficult for her to do, as it is for most people. She was being asked to change her part of the process with no guarantee that Alan would change his.

The therapist encouraged Jan to talk about the fear she felt when she even contemplated dealing with Alan in this straight, "friendly" way. They tracked that fear back to her family of origin, where the stakes seemed so high for any infraction that Jan learned to be a perfect little girl who carefully hid anything that might displease her parents. Her automatic response to Alan had its origins in a pattern that began long before she met him.

Jan's attempt to change this pattern occurred in stages. At first she was able to recognize the situations where she was triggered but was unable to change her behavior. Then she would catch herself in midstream and make awkward attempts to correct her part. Finally she was able to exercise enough control to change her behavior before she fell into the old pattern. The therapist predicted these steps and supported her through them.

After the person succeeds in some attempts at changing the victim behavior, the final step is to evaluate the system's response to that change. What does the spouse do in response to the new behavior? The therapist warns that the spouse might be unsettled by it and try to get it back on

In Jan and Alan's case Alan was at times able to step out of his pattern and respond in a calmer way. Jan saw that the old pattern shifted when she changed her behavior, and recognizing that her behavior clearly had an impact on their relationship helped to change her perception of herself as a powerless victim. Her perception of Alan had also been altered through the course of treatment as she learned that he had been as reactive to her as she had been to him. The sources of this reactivity were explored in their sessions together, and Jan began periodically to rekindle some of the sensitivity she had felt toward Alan early in their relationship.

Working with the Emptiness

People who struggle through this work and give up the bitterness that has been consuming a substantial part of their emotional lives are likely to feel depleted and drained. Much of the content and process of their lives have been organized around bitter feelings, and when these are gone, people often experience a profound emptiness. There is nothing to take the place of the internal dialogues replete with blame and anger. People are left without a language to speak or a framework for their thoughts. This is a vulnerable, raw time, which must be handled with sensitivity by the therapist.

Fogarty has written extensively on this aspect of treatment (1976b, 1976c, 1979a), and we rely heavily on his thinking. We teach people to describe the emotions they are experiencing and through that process to develop a new personal language to replace the old bitter dialogues.

Personal Goals

As long as people are consumed with the kind of anger and bitterness that is part of stage III conflict, they typically have little energy for working on personal goals. Once they have stopped blaming their spouses for the disappointments in their lives, there is at least the potential for developing goals and working to achieve them. The therapist can help this process by encouraging the person to evaluate his or her functioning in the areas of productivity, personal relationships, and personal wellbeing (see chapter 5). For example, in evaluating productivity one would ask about the person's level of satisfaction with and functioning in work and something about the kinds of career dreams he or she has had in the past and present. When the person develops a goal, the therapist helps to identify the strengths and limitations that might either aid in achieving the goal or

make it more difficult to reach. The same process is followed in the areas of personal well-being (health, diet, exercise, grooming) and personal relationships (social network, nuclear and extended family)—always with an eye to current functioning.

Jan made progress on developing and achieving personal goals in all three areas. For example, she had been a special education teacher since her college graduation, and after the first few years she had grown to hate the job. She tended to become overly responsible for the students in her class and finished each day physically exhausted and emotionally drained. Once her life was less dominated by the bitterness toward her husband, she was able to focus on getting greater satisfaction from her work. She made an effort to increase her functioning at her teaching job by addressing the issue of overresponsibility, but at the same time she began to explore two fantasies she had had over the years: writing and owning a restaurant.

The process Jan went through to explore her writing ability clearly illustrates the ways in which the marriage can be used to inhibit personal growth. She began taking a creative writing course at night in the city, which quickly became a source of conflict with her husband. Alan would stress the danger in driving at that late hour to a "bad" part of the city. He pointed out that she would have trouble parking, and that weather conditions were likely to be bad during the winter. Jan's automatic reaction was to become defensive and to accuse him of not wanting her to do anything positive for herself. The process between them covered over her own very great fears about driving to the city and about taking the course, where she would be exposing her writing to the scrutiny and criticism of others.

The therapist worked to shift her attention from her husband's reaction back to herself, to explore her own personal fears. Jan was coached to give up her defensive behavior with her husband, to thank him for his concern, and even to agree with him periodically: "You know, you're probably right; I may be crazy to go out on a night like this."

To reinforce her new effort to get unhooked from Alan's reaction, the therapist helped her to track the issue back to her own extended family. How difficult was it to grow, to take on new challenges in her family of origin? Jan felt that every move out of her family had been frowned upon. She thought her father had a strong need to keep his women at home, and her mother seemed unable to go against his wishes but blamed him bitterly for prohibiting her growth. She never struggled to establish or achieve her own goals. When Jan studied the families each of her parents had come from, their roles began to make more sense.

This process is typical of the way we approach work on personal goals in any of the three areas of productivity, relationships, and personal well-being. First we assess the current level of satisfaction and functioning in

a given area. Then we encourage people to define goals for themselves. These goals may come from dreams or ambitions they once had and had given up, or they may simply be the next step in improving their level of functioning in a given area. Next we help people develop a plan for achieving the goal and we focus on the ways in which marital or personal factors may be inhibiting progress. Finally we track those factors back to the family of origin.

Working with the Other Spouse

Husbands and wives rarely go through this individual work on bitterness and its accompanying problems at the same rate. The difference often throws a relationship off balance, with one growing faster than the other. In the ideal situation, both get to the point where they have stopped blaming one another and are taking responsibility for themselves. They are then ready to focus on strengthening their marriage.

Situations like Alan and Jan's are much more typical. One spouse comes in consumed by bitterness, while the other's bitter feelings are less available, concealed because of a long-established pattern of distancing—including distancing from his or her own feelings—or because the fear of losing the relationship takes precedence over bitterness for the time being.

This situation leaves the therapist with the task of working with two spouses who are at very different points. The beginning steps that the bitter spouse is taking through the bitterness protocol are likely to be very difficult for the other spouse to sit through. To detoxify that process for the other spouse, we do much of the initial work on bitterness in sessions alone. We also help the other spouse to understand the necessity of that work and find the personal strength to handle it, perhaps exploring the strengths that got him or her through particularly difficult times in the past. Then we attempt to engage the other spouse in work on one of the key triangles. When the bitter spouse has made progress in minimizing the bitterness and has set to work on personal goals, the other spouse may be just beginning to experience some of his or her own bitterness. This bitterness can be exacerbated by the belief that the other is moving away. At that point we try to decrease reactivity to the work the other is doing on goals and shift attention back to personal growth.

Severe as is the conflict in stage III, the goal of these couples is still to stay married. For some couples in severe conflict, however, that goal has been abandoned, and at least one of the spouses has begun the process of divorce. That act signals the onset of stage IV, which we turn to in the next chapter.