



**COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES**  
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**COUPLE THERAPY**

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Definition: Behavioral and cognitive methods to reduce intimate-relationship distress and enhance couple functioning. They include 1. assessment, 2. increasing positive exchange, 3. & 4. training skills in communication and problem-solving, and 5. offering new perspectives on one's relationship.

Elements:

*Assess relationship functioning:* In early interviews the therapist uses questionnaires, interviews and observation of the couple's interactions to explore their relationship history, current functioning regarding their respective communication and conflict solution skills, occurrence of physical abuse, intimacy and sexuality, relationship with children, relationship expectations and treatment goals.

*Increase positive reciprocity:* Homework to enhance mutual positive perception: "Catch your spouse doing something nice for you", "Have caring days" e.g. ask each spouse to pick a day on which, independent of the partner's behavior, s/he gives the partner little treats such as compliments, doing the dishes, putting the children to bed. Each has to record the treats s/he receives.

*Train communication:* Reduce dysfunctional communication between partners - especially during stressful situations and conflict - by teaching them to communicate constructively and share thoughts and feelings. Rules include: A. Speaker skills - a) 'use "I" statements' ("I need ... / I'm sad if..."), b) 'describe specific behaviors in specific situations' ("Last Sunday during dinner, I was really disappointed when you skipped dessert even though I especially made your favorite one."), c) 'discuss one topic at a time', d) 'disclose feelings and wishes' ("When meeting new people, I'd feel more secure and accepted if you'd introduce me to them."); B. Listener skills - a) listen actively, b) paraphrase (summarize partner's remarks and check their accuracy, c) ask open questions ("How did you feel when I talked to Ann?").

*Train to solve own problems:* '1. and 2. Tell one another your feelings and thoughts about the problem using the skills you've just learned, and say what changes you'd like; 3. brainstorm all solutions you can think of and arrive at a balanced agreement; 4. practise the solution you've agreed within a specified time'.

*Cognitive restructuring:* Use socratic questioning to discover dysfunctional expectations of the partner, discuss pros and cons of each of these and rate the likelihood of each being met in order to work towards more realistic expectations.

Related procedures: Active listening, behavioral activation, cognitive restructuring, communication training, empathy expression, problem solving, socratic questioning

Application: Couples who want to improve their relationship. Elements can also be used in individual therapy.

1<sup>st</sup> use? Jacobson & Margolin (1979).

### References:

1. Hahlweg K, Grawe-Gerber M, Baucom DH (2010). *Enhancing couples. The shape of couple therapy to come*. Göttingen: Hogrefe.
2. Schindler L, Hahlweg K, Revenstorf D (2006). Partnerschaftsprobleme: Diagnose und Therapie. Therapiemanual. [Relationship Problems: Assessment and Treatment] 2., akt., vollst. überarb. Aufl. Berlin: Springer.
3. Christensen A, Atkins DC, Baucom DH, Yi J (2010). Marital status and satisfaction five years following a randomized clinical trial comparing traditional versus integrative behavioral couple therapy. *Journal of Consulting and Clinical Psychology*, 78(2), 225-235.
4. Jacobson NS, Margolin G (1979). *Marital therapy: Strategies based on social learning and behavior exchange*. New York: Brunner / Mazel.

### Case Illustration: (Weusthoff, unpublished)

Both Mary and Steve, in their early thirties and married for four years, sought help for increasing relationship and sexual dissatisfaction since their second child's birth 2 years earlier. Work stress and their two children reduced quality time together and individually. They frequently argued fiercely about sexual needs and about financial strains from building their own house. For days after fights they only spoke to each other if absolutely necessary. Attempts to solve problems escalated within minutes. Both felt sad, had lowered self-esteem, and ruminated.

In their first of 10 joint weekly 50-minute long sessions with a single therapist, dysfunctional expectations surfaced ("A good marriage has no fights"), together with irrational beliefs ("If my partner really loves me, s/he'd know what I'm thinking without me having to say it"). Exploring their first encounter and why they'd initially fallen in love with each other, the therapist asked them to focus on one another's positive aspects. Both reported having fun surprising the other with little things like cooking her/his favorite dish or doing housework usually done by the other. The therapist taught them new ways to solve problems and communicate constructively about positive and then negative topics and practise these in sessions. At first Mary was not convinced that therapy would help. The therapist questioned her irrational belief ("Mary, you said that if Steve really loves you he should know what you're thinking before you say it, right? Can you think of situations where you benefitted from this?") and asked the couple to discuss the pros and cons of "mind-reading" vs. talking about relationship issues. Having come up with various advantages but few disadvantages for talking, Mary tried communication training. Initially both partners had difficulties sticking to the rules, especially with paraphrasing [listener skill B.b above]. The therapist gave short prompts like "paraphrase" or "don't mind-read" to help them interact constructively. After five more weekly sessions the couple dealt with each other more pleasantly and even managed to discuss their financial debts without escalation. They agreed to have one more session on dysfunctional ideas ("Let's look at opinions people often have about relationships and discuss their pros and cons") and on how to prevent relapse into "old" ways of behaving ("Can you think of times when you might have trouble sticking with the communication rules? At such times, what could you do to defuse the situation?"). Mary and Steve confirmed their improvements in reports and questionnaires completed after treatment and at six-month follow-up.