PRAGMATIC/EXPERIENTIAL THERAPY FOR COUPLES

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In this paper, I describe a treatment approach which combines an emphasis on concrete changes in couple interaction with experiential methods for helping clients (1) influence emotional states which block needed changes in thinking and behavior, and (2) come into contact with emotional states which facilitate change. Pragmatic/experiential therapy can be used with individuals, couples, or families. This paper describes the application of pragmatic/experiential therapy with couples.

My interest in working with emotion in the context of systemic therapy began in the mid-1980's, when I was investigating current thinking among neurological and biological scientists regarding how the brain creates the realities we experience (Maturana & Varela, 1987; von Foerster, 1984). I discovered a number of studies suggesting that emotion plays a crucial role in organizing how we see the world. Particularly interesting were studies suggesting that, in terms of neural architecture, the structures which generate emotion have a privileged position, and are situated with the ability to exert enormous influence on the rest of the brain (Ornstein, 1986, 1991).

Throughout the past decade, studies have continued to emerge suggesting the centrality of emotion in organizing thought and behavior. For example, Antonio Damasio's studies of patients with frontal lobe damage suggest that emotion is an integral part in all practical decision-making, and that those who are without it demonstrate a record of disastrous decisions (Damasio, 1994). Joseph LeDoux (1996) has located separate neural pathways that allow the emotional system to bypass the neocortex, and has identified the amygdala as a central emotional decision maker, capable of making split-second emotional choices, equipped with the neural connections to influence the entire brain as well as activate every physiological response related to emotion. Jack Panksepp's (1982, 1985, 1986,

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1989, 1992a, b) studies suggest that there are separate neural pathways for each emotion, and these neural circuits function as special-purpose systems. When a specific emotional circuit is activated, there are certain types of actions that come easily and other types that are nearly impossible to do unless you switch emotional command circuits.

My investigations into the neurophysiology of emotion (Atkinson, 1996, 1997d) led me to consider the possibility that often, cognitive and behavioral changes are difficult to achieve because they are somehow incompatible with emotional states activated in various life situations. I further reasoned that, perhaps, if people could learn to interact directly with and to shift their emotional states, then behaviors and cognitions might change more easily. At that point I began paying attention to my own emotional states, experimenting with different methods for influencing them. I naturally integrated this work into my therapy with couples and families. The result is the clinical approach described in this paper.

THEORETICAL INFLUENCES

It would be somewhat misleading to say that pragmatic/experiential therapy has its origins in specific theoretical perspectives, because this clinical approach evolved primarily out of my own experience working with individuals, couples, and families over the years. However, my experience has been influenced by various perspectives. Among the chief of these are brief, problem-oriented systemic therapies (Fisch, Weakland, & Segal, 1982; Watzlawick, Weakland, & Fisch, 1974), Bowen Family Systems Theory (Bowen, 1978; Kerr & Bowen, 1988), postmodern philosophy[1] (Bernstein, 1983, 1992; Rorty, 1991), and experiential psychotherapies (Gendlin, 1981, 1996; Greenberg & Johnson, 1988; Greenberg, Rice, & Elliot, 1993; Greenberg & Safran, 1987; Johnson & Greenberg, 1994; Mahrer, 1996; Kurtz, 1990; Safran & Greenberg, 1991; Schwartz, 1995).

[1]Influenced by the postmodernist perspective, I believe we can never know with certainty the best answers to questions such as, "How do relationships work?" or "What makes people healthy?" However, I do operate from the assumption that there are *real* dynamics that influence, for example, how relationships work, and that these dynamics exist independently of how we describe them (Atkinson, 1992, 1993a; Atkinson & Heath, 1987, 1990b; Atkinson, Heath and Chenail, 1991). It may help to think of these dynamics (and other aspects of reality) as having broad and vaguely defined features—but they are not totally without features. Because they have some features, we can generally agree that not just any description of them will fit. But because the features are sufficiently vague and often fluid, many descriptions may be plausible, and different descriptions may be more accurate at different times. In my view, the postmodern attack on certainty does not necessitate giving up on the idea that some explanations and practices may *really* be better than others, nor does it mean that we should stop trying to find better ways, or that we should stop trying to persuade each other of the relative value of various points of view. It just means that nobody can know *for sure* what the best answer is, and everyone had better judge the evidence for themselves.

While elements of each of these influences can be found in a number of my other papers (Atkinson, 1992, 1993a, b, 1997a, b, c, d; Atkinson & Bailey, 1987; Atkinson & Heath, 1987, 1990a, b, c; Atkinson, Heath, & Chenail, 1991; Atkinson & McKenzie, 1987; Heath & Atkinson, 1989), this is the first paper which describes the integrated clinical approach I am calling pragmatic/experiential therapy. This approach can be used with individuals, couples, or families. Assumptions about emotional states which inform this approach are also applicable in supervision of therapists (Atkinson, 1997a, b, c). In this paper, I will attempt to sketch the basic features of the approach as applied in couples therapy, and illustrate them with a case description.

OVERVIEW OF THE APPROACH

Couples entering therapy usually have evolved into distressing, redundant patterns involving mutually reinforcing reactions to reactions. In these cycles, the behavior of partner A fuels the very behavior of partner B which partner A finds upsetting, and the behavior of partner B fuels the behavior of partner A which partner B finds upsetting. The most common forms of these patterns are pursue/withdraw, demand/accommodate, underfunction/overfunction, withdraw/withdraw, and (for limited periods of time) attack/attack.

Pragmatic/experiential therapy with couples seeks to help each partner focus on changing his or her contributions to these mutual escalations. This approach assumes that the behavioral contributions of each partner to mutual escalations are embedded in more encompassing emotional states which become triggered during couple interaction. The therapist assists each partner in altering his/her behavioral contributions to the distressing interactional patterns by helping each partner (1) identify and influence specific emotional states which block needed interactional changes, and (2) come into contact with emotional states which facilitate change.

Throughout this paper, the term *emotional state* is used to denote a goal-directed emotive system that includes a physiological experience of emotion, accompanying cognitions, and a tendency toward particular kinds of action. In terms of neurophysiology, I am referring to what Panksepp (1985, 1986, 1989, 1992a, b) calls emotive command circuits, which organize behavior by activating or inhibiting behavioral subroutines that have proved adaptive in the face of challenging stimuli during the history of the individual. Brain studies suggest that there are many different emotional command circuits in the brain, each having a separate neural pathway which allows them to act semi-independently. Once activated, each of these response systems function as if they had a mind of their own, producing a predictable network of emotions, thoughts, and behaviors. When a specific emotional circuit is engaged, there are certain types of actions that come easily, and other types that are nearly impossible to do unless you switch emotional command circuits (Atkinson, 1997d). Translated into non-

scientific language, Ornstein (1991) calls these states *simpletons*. I believe that Greenberg, Rice, and Elliot (1993) address something similar with their concept of *emotion scheme*. Gendlin's (1981, 1996) concept of the *felt sense* and Schwartz' (1995) notion of the *internal part* are also related. While I have chosen the term "emotional state," the reader should keep in mind that the states I am referring to are actually cognitive affective behavioral states, whose activation is signaled by the experience of emotion.

Emotional states block needed cognitive and behavioral changes in one of two ways:

1. *Needed change in thinking/acting is incompatible with emotional states which are regularly triggered in important situations.* Example: A wife may realize that her usual angry, demanding, attacking behavior when her husband is inattentive only makes things worse, and she may plan to respond differently in the future. However, when the situation actually arises, the angry emotional state is automatically triggered, including a strong tendency to attack, along with thoughts that tend to fuel her attack, and her rehearsed ways of thinking and acting go out the window.
2. *The anticipation of an uncomfortable emotional state that would likely be triggered by implementing new thinking/acting prevents the new thinking/acting from occurring.* Example: A husband may realize that his placating, patronizing behavior in reaction to his wife's anger only makes her angrier in the long run, but he won't assert himself because he knows in advance that her angry response to his assertiveness will trigger the intolerably anxious state that prompted his placating behavior in the first place, and that he will end up placating again.

In pragmatic/experiential therapy for couples, the therapist helps each partner identify specific emotional states which block needed changes and fuel escalations, assists each partner in developing the ability to influences these states, and assists each partner in accessing other emotional states which facilitate interpersonal change.

Therapy occurs in three overlapping phases. In the first phase, the therapist helps each client see how their reactions to the behaviors they find most objectionable in their partner actually tend to reinforce these behaviors, and the therapist elicits the commitment of each partner to work on changing their own reactions. In the second phase, the therapist helps each client work directly with emotional states. In the third phase, clients translate this experiential work into concrete changes in the ways they interact with each other.

PHASE ONE: ESTABLISHING SELF-FOCUS

The first phase of therapy focuses on identifying each partner's contribution to the problematic interactional patterns in their relationship. A major goal is to

help each partner focus on what they can do to change their relationship, rather than on what their partner should do. The therapist helps each partner see how their own reactions to the behaviors they find most upsetting in their partner actually fuel these behaviors. Using details learned about the mutually reinforcing patterns evident in the couple's relationship, the therapist provides a compelling explanation for why this is so. The therapist suggests to each partner that the odds are much greater that their partner will change in the desired ways if she/he can change her/his usual ways of responding to the partner's distressing behavior.

This approach assumes that the relationship will improve if only one partner changes the part she/he plays in significant interactions (Bowen, 1978; Kerr & Bowen, 1988; Fisch et al., 1982; Watzlawick et al., 1974). However, if both partners are willing, the therapist attempts to obtain a commitment from each partner to "work their own program" in the interest of improving the relationship.

The first phase of therapy typically involves a combination of conjoint sessions and individual sessions, and is not complete until each partner is committed to working on changing their own reactions to the behaviors they find objectionable in the other.

PHASE TWO: WORKING DIRECTLY WITH EMOTIONAL STATES

In phase two, the therapist helps each partner identify his/her own emotional states which contribute to the distressing, mutually reinforcing interactional patterns in their relationship. Through individual sessions, the therapist helps each partner come directly into contact with these emotional states during the therapy hour, and develop the ability to decrease the intensity of the states by interacting with them. This ability is indispensable for phase three, in which the therapist helps partners identify and shift their emotional states during ongoing interaction with each other.

An important distinction is made between self-protective emotional states (characterized by feelings such as anger, defensiveness, resentment, etc.), and vulnerable emotional states (characterized by feelings such as fear, insecurity, loneliness, sadness, etc.). The specific behaviors that each partner contributes to the distressing mutual escalations in the relationship are usually embedded in protective emotional states.[2] Thus, a major goal of phase two involves helping

[2]This is not always the case. Occasionally, I have encountered a partner who seemingly has little ability to protect him/herself emotionally. The principles and methods described in this paper apply to such individuals as well, since (as will be discussed later in this paper) therapy with those whose behavioral contributions to the marital distress are embedded in self-protective states ultimately focuses on work with underlying vulnerable states. Those who enter therapy interacting with their partner with excessive vulnerability are generally ready to work with vulnerable states sooner than those whose interaction with their partner is embedded in self-protective states.

each partner develop the ability to decrease the intensity and frequency of self-protective emotional states.[3] Self-protective emotional states often seem to serve the function of protecting partners in distressed relationships from the intensely uncomfortable feelings that accompany vulnerable states, and self-protective states often prevail until an individual either feels less threatened by their partner or becomes more able to decrease the intensity of the feelings that occur when his/her own vulerable states are active. Thus, another goal of phase two involves helping partners activate and interact with their own vulnerable states in a way which results in a moderation of the intensity of the uncomfortable feelings that accompany such states. As clients develop this ability, the excessiveness of self-protective states often lessens spontaneously.

There are at least two methods one can use to decrease the intensely uncomfortable aspects of one's own vulnerable emotional states. One method is to detach or distract oneself from the vulnerable state, possibly through the activation of an alternative state, or through involvement in an engrossing activity. Another way is to pay close attention to the state, and to find ways to moderate the intensity of the state directly interacting with it. Each of these methods can be helpful in responding to emotional states, depending upon the particular circumstances involved when the state is activated. Distraction often gives temporary relief from the uncomfortable (sometimes paralyzing) feelings that can arise with vulnerable states, but the state may be easily triggered again, or remain active as a certain level, coloring the thoughts and actions of the host individual. Direct contact and interaction with the state is necessary if the state is to become less extreme and more balanced over time. Most clients entering therapy have experience with the first method, but limited ability in the second approach. In phase two of this approach to therapy, the therapist helps each partner come into meaningful contact with their own vulnerable states, and to interact with these states in a way that promotes a balancing and lessening of the uncomfortable feelings associated with the vulnerable states.

A comprehensive review of methods for working directly with emotional states is not possible here. Readers are referred to techniques described by Gendlin

[3]It is not the purpose of this therapy to *eradicate* self-protective states. Often, the activation of a self-protective state is necessary before a partner can assert him or herself in the relationship, or refrain from allowing him or herself to be taken advantage of. For example, a partner may not be able to say "no," unless they are really angry, or unless they detach from the other to a certain degree. Problems arise only when self-protective states prevail beyond the point at which they are needed in order to maintain boundaries with the other partner. As partners become more able to decrease the intensity of painful feelings that often accompany vulnerable emotional states, they are more able to use self-protective states only as they are needed. In highly functioning partners, there is a balance between self-protective and vulnerable states, and partners are able to interact with each other while experiencing either state.

(1981, 1996), Greenberg & Johnson (1988), Greenberg, Rice & Elliot (1993), Johnson & Greenberg (1994), Mahrer (1996), Kurtz (1990), and Schwartz (1995). Some specific techniques will be illustrated in the case description that follows. Four general principles guide my work with emotional states (Atkinson, 1997d):

Treat Emotional States as if They Had Minds of Their Own

Brain researchers tell us that it's possible for emotional states to become activated for reasons we may not at first be aware of, and emotional command circuits may be carrying out pre-programmed agendas without our full awareness. Accordingly, when clients approach emotional states with a "not-knowing" attitude, willing to listen to what may be going on inside of them, they often come away with a greater sense of understanding and satisfaction, and they are more able to calm the emotional states, or help them shift. It's helpful to approach an emotional state with the curiosity and respectfulness with which you might approach another person whom you wanted to know more about.

Focus on the Stance Individuals Take Toward Their Emotional States

People vary considerably with regard to how they react to various emotional states (both their own emotional states and the states of others). Those who are most able to get cooperation from their emotions, as well as intimacy with others, learn to approach their emotional states in a way that promotes good contact with the states, but some separateness as well. Learning how to accept emotional states as they are is the first step toward helping the states become less intense, or become easier to be with. There is something similar about learning how to relate to difficult emotions and learning how to relate to difficult people. Both kinds of learning involve attentiveness to one's own reactions in relation to another, regardless of whether the "other" is inside one's skin or outside.

Work with Emotional States When They Are Active

An individual's stance toward an emotional state is most amenable to change when the person is actually experiencing the emotional state, not just talking about times when the state was active. Thus, the therapist must develop attentiveness to emotional states that naturally occur in therapy, as well as skill in helping clients come into contact with certain states.

Seek Cooperation From, Not Control Over Emotional States

There is an important difference between attempting to control one's emotions and seeking cooperation from them. If approached in a respectful, accepting

way, troubling emotional states generally become less intense or distressing, and/or yield to other states that are needed. Such shifts are usually achieved by gentle and compassionate exploration of inner states, rather than by the force of conscious willpower.

PHASE THREE: FACILITATING PRAGMATIC/EXPERIENTIAL CHANGE BETWEEN PARTNERS

When the second phase of therapy is successful, partners have furthered their ability to maintain meaningful contact with emotional states, and to influence them or help them decrease in intensity and/or frequency. This ability is tested in phase three, when partners come together for conjoint sessions, and begin interacting with each other in ways that trigger the usual self-protective emotional states in each other. Each partner enters conjoint sessions in phase three, with an explicit understanding that the goal of these sessions is to give them an opportunity to change their own reactions to their partner. They are cautioned that they will have a tendency to digress into focusing on the objectionable behavior of their partner, and are assured that the therapist will assist them in maintaining self-focus.

During conjoint sessions, the therapist assists partners in recognizing how and when their own emotional states are influencing interaction, and helps them influence these states. The therapist generally begins by attending to protective states. Then, through gentle probing questions and observations, the therapist helps access more vulnerable states in each partner, and assists partners in responding to each other's vulnerability. Greenberg and Johnson (1988) describe many useful methods for assisting couples in making such shifts in conjoint sessions.

As conjoint sessions progress, partners develop facility in recognizing, without the assistance of the therapist, when self-protective states have been triggered. They develop abilities to (1) know if and when it is wise to attempt to decrease the intensity of a self-protective state, (2) decrease the intensity of a self-protective state while in ongoing interactions, (3) avoid triggering self-protective emotional states in each other, (4) say things that help their partner shift out of a defensive/self-protective state, (5) take breaks when needed to calm or shift their own emotional states, (6) give their partner space to work with his/her emotional state, and (7) practice interacting ways that were previously blocked by the activation of self-protective emotional states.

If the shift to conjoint sessions occurs too early, partners tend to digress into a focus on the objectionable behavior of the other, and more individual sessions may be necessary. However, once clients have experienced success in influencing their emotional states in individual sessions, they can usually be refocused toward their own experience by the therapist in conjoint sessions.

CASE DESCRIPTION

Anne called to schedule marital therapy for herself and her husband, Ron. Ron was 33 years old, soft-spoken, and professionally successful. In addition to his responsibilities as a manager with a large firm, he had started his own consulting business. Ron had several hobbies, which included restoration of antique bicycles and sky diving. Because of his "poker-face," I had some difficulty in reading his reactions to me in the initial sessions. Anne, 32, worked out of the home as a free-lance editor, and juggled professional work with care for their two-year-old daughter, Sophia. Anne was friendly, straightforward, and outspoken. Unlike Ron, Anne wore her reactions all over her face.

Anne was very upset and vocal about Ron's insensitivity. According to Anne, Ron's mind was always elsewhere. He would frequently forget promises he made to her regarding the family schedule, household projects, and romantic plans the couple had made. She said he cared only about himself and his own hobbies and projects, and accused him of not wanting to put forth the effort and responsibility necessary to have a wife and family.

Ron said that his performance was never up to Anne's satisfaction. He said that Anne was a good wife and mother, but that her expectations of him were unreasonable, and that she was always upset about something. In an individual session, Ron told me that he saw Anne as immature, like a two-year old throwing a tantrum when she couldn't have her own way. He said he knew it was probably wrong to give in to her childish demands, but he said that on the few occasions when he hadn't, Anne had "gone through the roof," and stayed there until he apologized.

Each partner believed that they were a victim of the other's unreasonable behaviors. Ron saw Anne as controlling and emotionally punishing, and lamented that her caring for him was contingent upon whether or not he was a "good boy" and did all the things she wanted. Ron believed that the only option he had when attacked by Anne was to defend himself, point out the errors in her thinking, and ultimately accommodate. His accommodations were enacted with an air of disgust, resentment, and condescension.

Anne saw Ron as irresponsible and uncaring, and believed that the only way she could get a minimal level of involvement from was to keep trying to convince him that he was acting like a jerk. Her arguments were generally launched from an emotional state characterized by anger and contempt.

PHASE ONE

My goal in the first phase of therapy was to convince each partner that their own reactions to the unreasonable behavior of their spouse were blocking the very changes they were hoping their spouse would make. This was accomplished through individual sessions with Anne and Ron, respectively.

I suggested to Ron that, from my sessions with Anne, I sensed that her worst fear was to be discounted or ignored. She felt insignificant in the family she grew up in, and worried constantly that Ron would not take her seriously. I shared by hypothesis that when Ron pointed out the errors in her thinking, then accommodated her, she felt discounted, sensing Ron's thinly veiled disgust. I suggested that what she wanted most from Ron was not his cooperation but rather his emotional responsiveness. I suggested to Ron that Anne would likely drop her anxious attacks if she felt that she was able to "get through" to him emotionally. Ron was skeptical, but admitted that things couldn't get much worse, and agreed to spend some sessions exploring his emotional reactions to her.

I suggested to Anne that Ron's worst fear was that she wanted him only for what he could do for her, and I noted that this fear grew out of his experience in the family he grew up in, where his only affirmation or recognition came when he did what he was told to do. I suggested to Anne that even when she expressed genuine affection for Ron, he believed that these moments only came when he had sufficiently jumped through enough hoops for her to be pleased with him. I suggested that Ron's resentment and emotional distance were directly related to his belief that if he didn't jump through Anne's hoops, he would be punished by her anger. I shared with Anne my belief that if she could show Ron that she would love him even when he disappointed her, he would genuinely want to please her and be close to her emotionally. Anne thought that this made sense, but said she wouldn't be able to fake that she wasn't upset when Ron was insensitive. I assured her that I wouldn't ask her to fake anything, and that she could actually learn how to influence how she felt toward Ron if she wanted to. She agreed that she had nothing to lose in trying.

PHASE TWO

In the second phase of therapy, I continued to meet with Anne and Ron for individual sessions. The goal of individual sessions was to help each partner (1) recognize the self-protective emotional states that were habitually triggered in him/herself (Ron's distant resentment/disgust and Anne's intense anger) when confronted with displeasing behavior in the other, and (2) develop a greater ability to influence these emotional states.

Each partner was encouraged to think about their own respective emotional reaction to the displeasing behavior of their partner, discuss the impact their reaction had on their partner, and recognize how easily their partner could pick up on the presence of their emotional state in nonverbal ways. (Ron said he

thought that Anne could *smell* his resentment and disgust, even when he tried to veil it.) As our discussions progressed, each partner was able to see how their self-protective emotional state brought out the worst in the other, and they each became curious, although skeptical, as to what their partner would do if she/he didn't respond with the usual emotional reaction.

Gradually, a shift occurred—from talking about emotional sates to helping Anne and Ron interact directly with their emotional states—first with self-protective states, then with vulnerable states. To interact with an emotional state, the state must be actively "up and running," so the first task of therapy sessions involved helping Ron and Anne each activate the self-protective states that were regularly triggered in their interaction with each other.

Anne focused on her anger, which was easily activated by going through a list of Ron's most recent shortcomings. I encouraged her to think of this angry state as being "a part of her," with agendas and reasons for being angry she might not be fully aware of (Schwartz, 1995). My goal in these sessions with Anne was to help her develop a relationship with this angry part of herself, to learn from it, and to learn how to help it calm or shift when needed. I promoted this through a number of methods, such as helping her to (1) recognize that, although she spent a lot of time in an angry state, she hadn't actually stopped to give direct attention to it, (2) voluntarily allow the anger to surface (although the anger was often active, she couldn't remember ever having *tried* to access it in the interest of getting to know it better), (3) formally acknowledge the presence of the angry part when she felt its presence, (4) try to make it feel welcome for a few minutes, (5) study how the angry state felt in her body, (6) see if she could allow it to occupy the place it wanted in her body without pushing it away, (7) notice how she felt toward it, (8) notice the thoughts that tended to come to her when the angry part of her was present, (9) ask it, "what is it, specifically, about the situation right now that is making you so angry?", (10) ask it if it would like to show her anything from her past that it is still angry about, (11) ask it what it would like to say to her now, (12) decide what she would like to say to it, then say it (internally, or out loud), (13) notice its reaction to what she said to it, and finally (14) notice how the feeling in her body shifts as she interacts with it.

It helped Anne to think of the anger as being a part of herself, rather than being central to who she was. She began to visualize the angry state as a female version of the Tasmanian Devil, and found that is helped to greet "Taz" with a internal "hello" whenever "she" became active. Although initially she felt angry at Taz for "taking over" and making her look crazy, with some practice she developed the ability to feel both welcoming and respectful toward this angry part of herself, and found that through internal dialogue, she could calm Taz down. During one session, as Anne was focusing on how the angry state was occupying her body, she realized that she was angry with *herself* for becoming so dependent upon Ron. This realization prompted her to explore alternatives

for getting some of her needs met that didn't involve dependence upon Ron. For example, she hired a decorator to wallpaper several rooms, a job that Ron had repeatedly promised to do.

Early in her work with the angry state, Anne found that when she held her attention on the anger for even a few moments, the anger would yield a more vulnerable state, characterized by feelings of lonliness, rejection, and undesirability. At first, she was embarrassed by her tears and disgusted with her inability to control herself, but, with my encouragement, she was able to give the vulnerable state a welcoming. She acknowledged that this vulnerable part of herself was always around, just beneath the surface, and that she tried in various ways to keep it from surfacing, especially in the presence of others. As she became able to tolerate and sustain the presence of this vulnerable state, she learned that she could also comfort it. A visual person, Anne was able to "see" this part of herself when she felt its presence, and she could interact with it, asking it questions, listening for responses, offering words of comfort, and accompanying it while it reminded her about painful experiences that had occurred in the past.

In his sessions, Ron practiced coming into contact with the detached, resentful, condescending feeling state he had whenever Anne became unreasonable. With Ron, I used many of the same methods I had used to facilitate Anne's relationship with her angry and vulnerable states. However, unlike Anne's anger, which was fully and openly expressed, Ron's self-protective resentment simmered beneath the surface. In fact, when he first began to explore his emotional reaction to Anne, he said he felt nothing at all. As I helped him explore the physical quality of this "nothing," he became aware of resentful and condescending feelings. He was reluctant to sustain contact with the resentful state, but with my help he was able to keep it active for minutes at a time, and he reported feeling a good deal of relief each time he was able to acknowledge it and give it a good, welcome hearing.

On one occasion, when he was in contact with the resentful feeling, I suggested to Ron that he ask this part of himself, "What is it about Anne's anger that is most upsetting to you?" After listening to himself for a minute, he said, "Anne doesn't believe in me anymore." As he said this his eyes filled with tears, but he quickly shifted back to his matter-of-fact tone. I said, "Who was that guy just then—the one who feels so deeply?" Ron responded, "He doesn't come around much any more . . . " His eyes filled again, and I responded, "Let him know that he's welcome here . . . In fact, I think we need him." I proceeded to assist Ron as he allowed himself to experience the depth of sadness and loneliness he felt about losing Anne's faith in him, and her sustaining support. He confessed that Anne had never experienced this side of him, and seemed heartened by my statement that she needed contact with this part of him very much.

In each of the sessions that followed, Ron spent some time with vulnerable feeling states, sometimes in relation to Anne, at other times in relation to events

that occurred at work or with thoughts or memories he had of his family. After ten individual sessions, Ron was clearly more comfortable being in contact with his vulnerability, and less worried about being able to handle the intense feelings that sometimes came with it.[4]

PHASE THREE

Phase three had already begun by the time I reconvened Ron and Anne for conjoint sessions. Anne had found some alternative ways to meet her needs, and was considerably less angry with Ron, and Ron had stopped defending himself, had stopped trying to show Anne that she was being unreasonable, had begun simply standing his ground on some issues, and was feeling considerably less resentful toward Anne.

Early in the conjoint sessions, Ron and Anne enacted their usual pattern (Anne became angry and began accusing Ron, and Ron defended himself with a condescending tone). On these occasions I was able to stop each of them, and help each recognize the emotional state that had become activated, then facilitate a shift to a more vulnerable state, as I had helped them do in individual sessions. Ron was able to allow Anne to come into contact with the part of him which felt lonely, abandoned by her, and had once thrived on her support. Anne was able to respond with tenderness, assuring Ron that she missed how he used to need her. Anne was able to allow Ron to come into contact with the part of her that felt insignificant and worried that he wouldn't take her seriously, and Ron also offered reassurance.

It is important to note that Ron and Anne didn't just talk about their vulnerable feelings to one another. Rather, they actually allowed these feelings to surface during the sessions. This usually occurred after one partner triggered a self-protective reaction in the other. For example, on one occasion, Anne became angry toward Ron, and he responded with a disgusted look, and pointed out how unreasonable she was being. When Ron said, "You just don't get it, Anne!" I noticed a hurt look flash across Anne's face. I asked questions about what was happening with her at that instant, and Anne was able to access the insecure feeling she always got when Ron becomes disgusted with her. As she did this, Ron apologized, reaching out to touch her hand.

[4]The assumption behind this method of therapy is that a certain feeling of vulnerability is normal and healthy in human relationships, and that highly functioning partners are able to share feelings of vulnerability with one another. However, it does not follow that more vulnerability is always better in relationships. Unless each partner is able to decrease the intensity of uncomfortable feelings that often accompany their own vulnerable states, they will either chronically activate intense, self-protective states, or they may overwhelm their partner with their neediness, or both. This is one of the reasons why I help partners work with their own vulnerable states in the second phase of therapy before helping them sharing vulnerable feelings with their partner in phase three.

Toward the end of therapy, the couple spent time giving and receiving suggestions regarding how they could avoid tripping each other's emotional triggers in the first place. For example, Anne suggested that if Ron would assure her that he wasn't blowing her off each time he changed plans, it would help her stay calmer. Likewise, Ron let Anne know that it would help if, when she had a complaint, she would preface it by saying "I'm trying not to get angry, Ron."

Therapy with Anne and Ron lasted 31 sessions over a span of five months. In my most recent conversation with them, five months after the last session, Anne had just given birth to their second child, and reported that their relationship was going well.

DISCUSSION

Pragmatic/experiential therapy for couples facilitates two levels of systemic change, each of which can be seen in Anne and Ron's therapy. First, a change can be seen in Anne and Ron's interpersonal relationship system which, prior to therapy, was characterized by a mutually reinforcing interactional pattern involving Anne's angry pursuit/demands and Ron's distant withdrawal/accommodations. Over time, Anne's angry pursuit and demands became less intense, and she focused less on changing Ron and became more focused on organizing her own life for greater satisfaction. Ron became less withdrawn and began asserting himself more in the relationship. As he came to feel more of an equal with Anne, he became much more engaged in planning the direction and activities of their lives together.

Ron and Anne each came to realize that the objectionable behavior of the other was fueled by their own reactions to it, and that their own reactions were part of a pre-programmed emotional response system that was triggered at pivotal times. Each partner became more able to recognize signs indicating that his/her self-protective state was "up and running," more able to recognize if and when it was a good idea to attempt to decrease the intensity of the state, and more willing to explore methods for accomplishing this.

A second level of change was facilitated in the system of emotional states operating within each partner. Internal systems operate according to similar processes as do interpersonal systems (Schwartz, 1995). In the internal system of an individual experiencing relationship distress, self-protective states are usually reciprocally organized in relation to vulnerable states, so that the more vulnerable such a person becomes, the more self-protective the person will be, and the more self-protective the person is, the more vulnerable the person will feel when not protecting him/herself. In highly distressed couples, self-protective states are often triggered every time a partner feels vulnerable in the relationship. For each partner, self-protective states give immediate relief from the uncomfortable feelings associated with their own vulnerable states. However, if self-protection

becomes chronic, it can facilitate an intensification of vulnerability, because the individual who habitually distances from his/her own vulnerable feelings through self-protective states loses the opportunity to become skilled in interacting directly with the vulnerable states in a way that decreases the intensity of the states. Lacking this ability, such individuals go to extreme lengths to avoid vulnerable emotional states, and self-protective states are one means for accomplishing this. The result is an internal systemic escalation and polarization in which both vulnerable and self-protective states become more extreme in relation to one another.

As Anne and Ron's therapy progressed, the polarization between self-protective and vulnerable states became less intense as each partner developed more of an ability to sustain contact, interact with, and lessen the uncomfortable feelings associated with their own vulnerable states. Correspondingly, each partner was more able to recognize and avoid triggering self-protective states, and thus avoid his/her behavioral contributions to the distressing interpersonal escalations that characterized their relationship when they entered therapy. For example, as Anne became more able to calm the sense of insecurity and loneliness that was triggered in her when Ron became distant, she became more able to refrain from her usual angry/demanding response. She developed more of an ability to share her loneliness with Ron in a non-imposing way, and clamly set limits with him when she felt taken advantage of. Similarly, as Ron became more able to calm the anxiety and fear that was triggered in him when Anne became angry, he was more able to refrain from his usual detached, condescending and/or placating response. He began to stand his ground without activating the detached/condescending self-protective state, and more able to share honestly his fear of her rejection when he did stand his ground.

Ron and Anne's therapy was typical of the pragmatic/experiential approach. In the first phase, each of them became clear about their own contributions to the distressing mutual escalations which drove them into therapy. In the second phase, they developed abilities they would later use to change their respective contributions to the escalations, and in the third phase, they used the abilities they had acquired in phase two to change their usual ways of interacting with each other. While all couples progress through each of the phases in this approach, a limited number do not require conjoint sessions in phase three, because once each partner realizes that his/her own reactions are fueling the behavior they want their partner to change (in phase one), and they begin developing the ability to change their own reactions to their partner, (in phase two, individual sessions), they begin altering their own contributions to problematic escalating interactions with their partner spontaneously.

Phase two of this approach is pivotal, and requires a few words of explanation. In this phase, each partner develops the ability to come into meaningful contact with emotional states, usually beginning with self-protective states, and then moving toward vulnerable states. An attempt is made to bring partners into

contact with the emotional states that have been repeatedly triggered in response to distressing behaviors of their partner. However, the focus of therapy often shifts to other emotional states, either because, as the original state is being explored, a second state emerges, or because the client comes to a session with another state "active" to some degree. In this approach, the therapist encourages clients to come into contact with whatever state is present, not just the states that are triggered in interaction with their partners. It makes little difference, because the ability to be in meaningful contact with emotional states generalizes. Once developed, the ability can be applied to any state, including states that are triggered in interaction with one's partner.

When I speak of "influencing" emotional states, it is important to clarify that the kind of influence I am speaking of is *earned* rather than *imposed*. This is an important distinction, arising from my observation that when a client becomes a compassionate presence to their own emotional experience, emotional states tend to balance and moderate themselves (becoming more "cooperative," if you will). Helpful contact with "live" emotional states involves a kind of self-accompaniment, a gentle attentiveness and curiosity about the physical quality of the emotional state and about the thoughts and desires that come with the emotional state. A shift in emotional state arises from an exploration and acceptance of one's feelings, rather than from a willful attempt to change what one is feeling.

Finally, since this approach to therapy involves activating and working directly with the vulnerable emotions of clients, it is vital that the therapist is able to be a compassionate presence to each client's emotional experience. In order to do this, therapists must have developed the ability to be a compassionate presence to their own emotional experience, especially to vulnerable emotional states. Therapists must be able to recognize when their own emotional states are triggered in the context of therapy, and be able to help them shift if they might interfere with the therapy process. Accordingly, training in pragmatic/experiential therapy should encourage attention to the trainee's own emotional experience (Atkinson, 1997a, 1997b, 1997c).

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