

The Connexions Focusing Technique[©] for Couple Therapy: A Model for Understanding Life-Style and Complementarity in Couples

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Adler stated, "The fundamental guarantee of marriage, the meaning of marital happiness, is the feeling that you are worthwhile, that you cannot be replaced, that your partner needs you, that you are acting well, and that you are a fellow [hu]man and a true friend" (Ansbacher & Ansbacher, 1978, p 125).

As long as both partners feel that they are equals who are cherished and accepted as they are (not as they might be), they can approach each other and life's tasks with a feeling of togetherness, mutual respect, and encouragement. When people feel discouraged, believing they are not "good enough" or not valued by their partner, their self-esteem is threatened. Their attention is now drawn away from the task at hand and toward self defense. This is how problems become conflicts. Each new difficulty becomes a battleground upon which the partners fight for personal prestige.

Discouragement lies behind these fights and conflicts. It is discouragement about being valued which leads people to fight for significance. When people feel their self-esteem threatened in any way, the energy they would spend in developing cooperation with their partner may be used to blame each other, make excuses, or defend themselves. None of this behavior brings them closer together or invites cooperation between them.

To understand this discouragement we must understand the perceptions of the individual. Adler said, "The attitude of every individual towards marriage is one of the expressions of his[her] style of life:

we can understand it if we understand the whole individual, not otherwise" (Ansbacher & Ansbacher, 1956, p. 434). Another important factor in understanding couple relationships is how the life-styles of each partner fit together. This interaction, known as complementarity, is evident even in our choice of a partner. Dreikurs said we choose a partner

. . . who offers us an opportunity to realize our personal pattern, who responds to our outlook and conceptions of life, who permits us to continue or to revive plans which we have carried since childhood. We even play a very important part in evoking and stimulating in the other precisely the behavior which we expect and need. (Dreikurs, 1946, pp. 68-69)

Complementarity

Complementarity, a term developed by physicist Neils Bohr in connection with quantum mechanics, has been applied to the field of psychology (Wolf, 1985; Rothenberg, 1983). It can be seen in the tendency of organisms to self-organize. Phenomena which may at first be seen as contradictory or in opposition may, in fact, serve as a balance or enhancement. One does not have to see polarities as opposing forces, but can, in fact, see them as extreme ends to a continuum; for example, men and women can be seen as different types of human beings or opposite sexes.

In Adlerian terms complementarity refers to the give-and-take of the life-styles of two people. A couple "relationship is not merely one of conscious choice and logical conclusions; it is based more profoundly upon the integration of the two personalities" (Dreikurs, 1946, p. 83), the actively fitting together of both their similarities and their differences.

Quantum theory also provides other concepts familiar to Adlerian theory, such as universal connectedness of all matter (holism), observer-participancy in creation (phenomenology), and complementarity of mind and matter.

The Connexions Focusing Technique® Couple Therapy Model

This couple therapy model uses the Connexions Focusing Technique® (CFT)¹ for retrieving and interpreting early recollections (ER), to link clients' presenting problems to beliefs and behaviors developed in early childhood. It enables the therapist to recognize each partner's life-style quickly and to interpret and make this information known to the clients in a way that brings about self-understanding without threatening self-respect. As the partners' two life-styles are examined concurrently, similarities and connections between the two personalities become evident.

The therapist may then point out the complementarity in the relationship

and the couple can begin to understand (1) some of the unconscious purposes for choosing each other, (2) how their two styles fit together, both for the good and the bad, (3) why they may have been misinterpreting the meaning of their partner's behavior, and (4) how/why the partner might be acting as he or she does.

If a therapist can help both partners understand themselves and each other and point out the discouragement behind their angry behavior, then a change of attitude is more likely to occur. The mate can now be seen more realistically, as a partner who needs help and encouragement, rather than as an enemy who must be conquered. Problems are no longer as likely to be viewed as battlegrounds upon which to fight, but rather, as tasks to overcome together.

Understanding their own and their partner's behavior as a discouraged solution to the problem of not feeling valued and cherished leads the way to this change through building courage for each partner. This changes the focus from a self-centered approach directed at what "I" need, to a situation-centered approach directed at what "we" need. The couple is now cooperating in their originally stated goal of improving their relationship.

Description of the Model

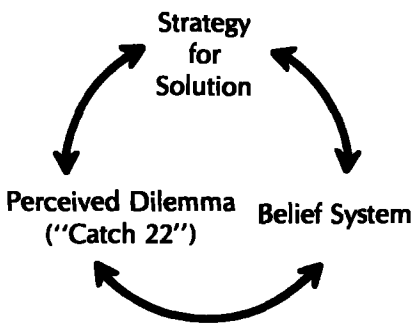
The model consists of four parts:

1. Initial interview with both partners to:
 - a. gather pertinent information
 - b. begin process of conflict resolution by pinpointing the underlying issues
 - c. share theory to
 - (1) make rationale for future sessions clear
 - (2) encourage the partners by showing them that their situation, although unpleasant, can be understood and changed
 - d. explain the plan for future sessions and setting appointments.
2. Meet with each partner individually to collect and interpret an early recollection according to the CFT model.
3. Meet with the couple to:
 - a. share relevant information from each partner's ER
 - b. show how this material is pertinent to the present situation.
4. Evaluate and reassess need for additional therapy sessions. Ask partners to share their experience with the new information, such as any changes in their own feelings, actions, thoughts about themselves or their partner, and any observable changes in their partner.

- a. Some couples will find that the information and understanding acquired through the CFT process is sufficient.
- b. For other couples insight isn't enough and they may need to learn additional skills to:
 - (1) decide on specific problems to be worked on
 - (2) introduce any necessary communication techniques
 - (3) determine which skills or exercises might be helpful; i.e., encouragement techniques, conflict resolution skills, etc.

Couple Complementarity

Using the CFT procedure with both partners enables the therapist to see certain similarities in the two life-styles. When looking at the early recollection, it is useful to visualize the stated problem as having three nonlinear interactive parts:



1. The perceived dilemma ("Catch 22")—the problem as the person sees it.
2. The belief system—the thoughts and beliefs which make this a problem and which determine the possible options for resolution.
3. The strategy for the solution.

Each of these parts defines and is defined by the others.

Although the original dilemmas no longer exist, the clients are still functioning with their original beliefs and strategies. It is these unexamined beliefs and strategies which contribute to their current difficulties.

In couple therapy we find that there are similarities in the partners' perceived dilemmas but differences in their belief systems and their strategies for solution. This sheds light on the old axiom, "opposites attract." We believe that people who have similar perceived problems but different strategies for resolving them are attracted to each other's apparent solutions.

While members of a couple may initially be intrigued by their partners' strategies or the way in which a difficult or uncomfortable situation is handled, it would not have occurred to them to behave in that manner or come up with that solution. This is because their partner's solution would feel too dangerous given their own belief system or "Catch 22" (it wouldn't seem like a possible choice).

If the couple's solutions/strategies fit together constructively, they extend the range of behaviors available to both partners and the

complementarity is experienced positively. When a person who likes others to go first and prepare the way meets someone who likes to be first and best, they each get what they want. This works fine unless one person tries to change the agreement, either because one of the partners has changed or grown and/or the situation has changed requiring a new agreement. Sometimes there's no way to keep the original agreement because there would be no growth without a change.

If the couple's belief systems are similar, they may be able to use each other's strategies, appreciate the other's strengths, or at least be able to coexist peacefully. If, however, their belief systems are in opposition, the other person's strategy may eventually feel like a threat to their own techniques for survival.

It is when either the belief system or the strategies come into conflict that we see clients begin to experience dissatisfaction with their partners or with the relationship.

Description of the CFT Procedure³

Step 1. Ask the client to choose one issue and condense it into one or two sentences. This gives clients a chance to reclarify the problems as they see them, bring up any issues that they may have which they were unwilling to discuss in front of the partner, and to choose a problem according to their own priorities.

Step 2. Ask: "What would be different in your life if you didn't have this problem?"

Step 3. Have the client give an example of a recent experience related to the presenting issue. Ask for a description of any somatic sensation present at that time. Find out where and how the tension or pain is felt (e.g., tightness, backache, headache, chest pain, tight throat, intestinal irritation, nausea, dizziness).

Step 4. Ask client to attempt to reproduce the feeling or tension described.

Step 5. Ask for a childhood recollection. Ask for the first recollection that comes to mind whether or not it seems to be related to the problem. (This recollection is tape recorded so that no material is lost.)

Step 6. Phrase breakdown—The tape is played back phrase by phrase. The client is asked to give all feelings, thoughts, and descriptive material related to each phrase. For each feeling, the therapist should ask, "Why did you feel this way?" All responses are taken down verbatim.

Step 7. After going through the whole ER in this manner, the client's additions are reviewed with each phrase to uncover the underlying beliefs. The therapist and client together develop the material into a statement of

belief. This statement captures the meaning behind the collected material. The client acts “as if” this statement of belief is a statement of fact which explains and justifies the client’s behavior. Including the client in this process means that she or he is required to not only recognize the belief but also to take ownership of it. This eliminates the danger of the client rejecting the information as only the therapist’s interpretation.

Step 8. Combine the belief statements into a single summary statement and review with the client. At this point the therapist begins to share other observations and interpretations.

Step 9. Summarize this information into a single extensive description, including the child’s apparent dilemma (“Catch 22”), creativity, and strategies and solutions.

Case Study

The Initial Interview—The Couple States the Problem. Cindy and Ken came for counseling because of what they called “communication problems.” Cindy said Ken didn’t tell her how he felt. Ken said he didn’t always tell Cindy how he felt because she was so emotional. She would get angry at him and then go off and not talk to him. Cindy said she got angry because when she told him she was upset about something he would withdraw and leave the house. He didn’t tell her how he felt—he only told her what was wrong with what she felt.

Soon after they were married they had agreed that within five years they would move back to Cindy’s childhood town. While Ken still agreed with the idea of moving he saw many obstacles to actually doing it. Cindy was angry at Ken for not helping her get back home. She missed her friends and felt lonely. Ken said she was lonely because she hadn’t tried to make new friends. She seemed so focused on getting back to her hometown that she didn’t focus on making this situation any better.

Cindy said they had two years left before the promised moving date but Ken thought that this was not realistic with their current financial situation. Ken was handling the finances and felt that they wouldn’t be able to move for at least another five years.

Cindy had taken a part-time job working weekends to save up for the move, but Ken complained that this was no good for him because it meant that he had to take care of the children and he couldn’t get anything else done. Ken thought that Cindy should be more realistic and adjust her desires because of the possible strain on their finances. He did agree that he was more comfortable with their present living situation than she was. They were currently living in his childhood town which was 15 miles away from hers.

CFT Interview with Cindy. **Cindy's issue:** I'd like to change myself and my relationship with Ken. I'd like to be more positive, have a better outlook on the future. I'd like to make my relationship with Ken more meaningful. I'm at a dead end with trying to change him.

What would be different?: I'd be a lot happier.

Body tension: I have headaches and pain in the back of my neck.

ER: (age 4) I was sick as a youngster and hospitalized quite a few times for kidney infections. Of course, any child would like a lot of visitors and for people to come see you makes you feel better emotionally. One night my parents had come to see me. Then it was time for them to leave. They gave me a kiss and turned around and walked away. I cried and cried and cried. I wanted them to stay. The next night they came back. I told them how upset I was that they didn't stay, and how I missed them, and it was really bad for me to be there, and I didn't want to be there and it would have helped me if they had stayed. My mom left that night but my dad stayed in the hospital the entire night. I remember waking up and seeing him there. Through the night I kept thinking he was going to leave. I was afraid to go to sleep because I thought he would leave. In the morning when I saw him there, it was really a good feeling.

Phrase breakdown, client's additions, belief statements, and therapist's thoughts:

"I was sick as a youngster and hospitalized quite a few times . . ."

Client's Additions: I had many hospital stays, lots of doctors. I was different from others and angry. "Why Me?" I was sad because I didn't want it to be happening. Why am I here. I don't want to be here. I always thought about people leaving me.

Belief Statement: I get angry when I feel different from others. I don't understand why I have to be different. I feel sad because I don't like it and there's nothing I can do about it. I don't want to be where I am and I don't want to be left alone.

Therapist's Thoughts: Cindy is also saying, "Don't think this is a trivial problem. I was really sick. Poor me. As if it weren't bad enough that I'm sick I have to worry about being alone as well."

". . . for kidney infections."

Client's Additions: I remember asking mom, "What's wrong with me?" She said, "You inherited something I have." I blamed her. I had no control over it. I felt frustration and hopelessness because I felt it was always going to be this way. The situation would never get any better.

Belief Statement: Things happen to me that are not my fault. Someone else is to blame so there's nothing I can do. I feel hopeless and frustrated when I can't see a way out or how to improve a situation.

Therapist's Thoughts: Cindy is also saying, "It's mom's fault."

"Of course any child would want a lot of visitors and for people to come and see you and make you feel better emotionally."

Client's Additions: Nothing I do will make me feel better. It's up to others. I felt hopeless and frustrated because I'm dependent on them.

Belief Statement: Only other people can make you feel better, you can't do it by yourself. I feel hopeless and frustrated when I have to depend on others.

Therapist's Thoughts: Cindy is also saying, "I'm not being unreasonable since I only want what any other child would want. It's someone else's fault when I don't feel good."

"One night my parents had come to see me."

Client's Additions: Felt happy and positive. They pulled through and had done what I needed them to do. They did something I wasn't sure they'd do. They came. I felt satisfied.

Belief Statement: I need others to do something to make me feel better. It makes me feel happy and positive when others give me what I want. I'm not satisfied until I'm sure that they'll do it.

Therapist's Thoughts: Cindy is also saying, "I know they can make me feel better, but I can't count on them to do it."

"Then it was time for them to leave."

Client's Additions: Loneliness. I felt lonely all along, even through the visit, just thinking about it.

Belief Statement: Knowing that something bad is coming makes it hard to enjoy what you've got.

Therapist's Thoughts: Cindy is also saying, "Even when I have what I need I can manage to feel bad by thinking about what it will be like when I don't have it."

"They gave me a kiss and turned around and walked away."

Client's Additions: I was lonely and angry. If they wanted to stay, they could have but they didn't.

Belief Statement: It makes me angry when people arbitrarily decide to stop doing what I want.

Therapist's Thoughts: Cindy is also saying, "Even when people give me what I want, I get angry when they stop. My fate is in the control of others."

"I cried, and cried and cried because I wanted them to stay."

Client's Additions: I was lonely and afraid of being alone or not with people that I wanted to be there—hurt.

(When the therapist asked Cindy if she was all alone in the room, she said, "No, I was in a ward with several other kids.")

Belief Statement: I can't do anything to make myself feel better. Only certain people can help me. It hurts when those people let me down.

Therapist's Thoughts: Cindy did not choose to try to connect with others or find some way to make herself feel better. Unlike the line from the popular song, "If you can't be with the one you love, love the one you're with," Cindy sings, "If I can't be with the one I want, I won't want the ones I'm with."

"The next night they came back."

Client's Additions: I was relieved. I had hoped that they would and they did.

Belief Statement: I am relieved when I get what I wish for.

Therapist's Thoughts: Cindy is also saying, "The only thing I can do to improve my situation is hope."

"I told them how upset I was that they didn't stay, and how I missed them, and it was really bad for me to be there and I didn't want to be there and it would have helped me if they had stayed."

Client's Additions: I felt powerless because I didn't believe it would change anything.

Belief Statement: If people don't know how they let me down, I should tell them.

Therapist's Thoughts: Cindy is also saying, "It was bad enough that I was there, but what made it really bad was that they didn't stay with me. They could have made it better, but they didn't. I'll make sure that they know how badly I feel about my situation and how they make me feel worse by not making me feel better."

"My mom left that night but my dad stayed in the hospital the entire night."

Client's Additions: I was happy and pleased because my attempt to get him to stay was successful. My feelings meant something.

Belief Statement: I'm happy and pleased when people do what I want. It means that they care about how I feel.

Therapist's Thoughts: Cindy may be accusing her mom here. She is saying, "My mother didn't do what I wanted so she must not have cared about my feelings."

"I remember waking up and seeing him there."

Client's Additions: I was shocked. I didn't think he would stay. I thought that if I went to sleep, he'd leave. I was doubtful.

Belief Statement: It's a surprise when you get what you want. Take care or it may not last.

Therapist's Thoughts: Cindy is also saying, "You can't really trust anybody. I have to stay on top of things. If I let up for a minute, I'll be disappointed again."

"Through the night I kept thinking he was going to leave."

Client's Additions: I was distrustful and afraid because I thought he would play tricks on me. I didn't believe it would work the way I wanted it to. I felt defeated.

Belief Statement: Appearances are deceiving. Don't be fooled by them.

Therapists Thoughts: Cindy is also saying, "I feel like a loser even when I'm winning."

"I was afraid to go to sleep because I thought he would leave."

Client's Additions: Anxious.

Belief Statement: I'm anxious because others are not trustworthy.

Therapist's Thoughts: Cindy keeps herself awake by creating anxiety. This makes sure she won't let her guard down.

"In the morning when I saw him there, it was really a good feeling."

Client's Additions: Good.

Belief Statement: It feels good to get what I want.

Therapist's Thoughts: Cindy is also saying, "I can't afford to feel good until I can see that I really got what I wanted."

Summary of Cindy's Belief Statements: I get angry when I feel different from others. I don't understand why I have to be different. I feel sad because I don't like it, and there's nothing I can do about it. I don't want to be where I am, and I don't want to be left alone. Things happen to me that are not my fault. Someone else is to blame so there's nothing I can do. I feel hopeless and frustrated when I can't see a way out or how to improve a situation. Only other people can make you feel better; you can't do it by yourself. I feel hopeless and frustrated when I have to depend on others. I need others to do something to make me feel better. It makes me feel happy and positive when others give me what I want. I'm not satisfied until I'm sure that they'll do it. Knowing that something bad is coming makes it hard to enjoy what you've got. It makes me angry when people arbitrarily decide to stop doing what I want. I can't do anything to make myself feel better. Only certain people can help me. It hurts when those people let me down. I am relieved when I get what I wish for. If people

don't know how they let me down, I should tell them. I'm happy and pleased when people do what I want. It means that they care about how I feel. It's a surprise when you get what you want. Take care or it may not last. Appearances are deceiving. Don't be fooled by them. I'm anxious because others are not trustworthy. It feels good to get what I want.

Therapist's Summary with Client: Cindy said that she felt lonely and claims that she was different from others, but she remembers a hospital room full of other children who were in the same boat. Cindy did not choose to connect with those who were available. She put her effort into connecting with those she already knew. (This sounds like Ken's complaint about her being so focused on moving back home that she doesn't make friends with their neighbors.)

Since Cindy felt powerless to see what she could do to improve the situation she looked to others to fix it for her. She blamed her mother for her predicament and felt it was up to her parents to make her feel better. She mistakenly believed that it was *only* her sadness that made them stay; therefore, she could not afford to feel happy or to make herself feel better. If she did that they would be off the hook and her sad dilemma might go unnoticed.

"Catch 22": Cindy says she wants to be more positive, but believes she has to show unhappiness to get what she wants. If she gets what she wants (to feel more positive), she has to give up the strategy she uses to get what she wants (showing her sadness). In addition, Cindy believes she can't make herself happy on her own, so she uses the childhood strategy of getting others to do it for her. As a child she felt frustrated and hopeless when she was dependent on others, but using this strategy as an adult creates the very dependency she resents.

These strategies create problems for Cindy in her relationship with Ken. She wants to feel close to him and be able to communicate better, but when she gets upset he gets worried and withdraws from further communication.

CFT Interview with Ken. Ken's Issue: I'd like to see Cindy happier. I'd like to get myself in shape physically. I used to run, lift weights, and play sports. My problem is not being able to achieve what Cindy wants. I'd like her to realize that what she wants isn't possible. Why can't she just accept what I say?

What would be different?: I'd be less concerned about her and I'd be happier.

Body tension: A tightening in the stomach.

ER: Oh boy, I was about 3 or 4, maybe. We were still living in the city. Were we living there or visiting? My grandmother lived there. My mom

and her sister said we were going downtown to a large department store. They said we were going to ride the “alligator” [Ken stopped here to say that as an adult he now realizes they must have said elevator or escalator], and I got very afraid of that. I remember slightly a cab ride—yeah, we took a cab there. I remember a brief moment in the store. They had some kind of train, a monorail, going around the store. I saw it briefly and that’s it. I remember being—I kept saying, “I don’t want to ride the alligator.”

Phrase breakdown, therapist’s thoughts, and belief statements:

“Oh, boy, I was about 3 or 4, maybe.”

Client’s Additions: I have trouble remembering exactly when it was. I think I have a pretty good memory, and I should be able to remember things like that. I’m disappointed when I can’t retrieve what I go after. I like to have good retention. I feel frustrated but resigned if I can’t. I can’t! It’s not that big a deal.

Belief Statement: Sometimes I have difficulty doing as well as I think I should. Since there’s nothing you can do about it, it’s best not to make too much of it.

Therapist’s Thoughts: Ken is also saying, “I think I should do better than I do but there’s nothing I can do about it. This is frustrating, but I shouldn’t let it bother me.” Ken is discounting his own feelings.

“We were still living in the city.”

Client’s Additions: I like it. I was in awe of the house we were in—the woodwork, three stories, and an attic, a stairway in the back to the old servant’s entrance. It felt good and comfortable. There were lots of things you could explore. I was curious.

Belief Statement: It feels good to have a balance between the familiar and the interesting.

Therapist’s Thoughts: Ken is also saying, “I like where I am. It’s interesting and comfortable. There’s plenty to see and do.”

“Were we living there or visiting? My grandmother lived there.”

Client’s Additions: We had lived there until I was two. Then we moved to a new house. I think we were just visiting. My mother’s parents lived there. We lived there for two years and then visited. I was not in awe of my grandmother, but I was curious. I never really seemed to know what she was about—her likes or dislikes. She just seemed to be there, not much character. My mother takes after her—no swings in mood.

Belief Statement: I am curious about what I don’t know. People who don’t change moods are not very interesting.

Therapist’s Thoughts: Ken says he was curious, but he doesn’t do

anything to satisfy his curiosity. He believes that mood swings are a sign of character.

“My mom and her sister said we were going downtown to a large department store.”

Client’s Additions: I felt great. We’re going to do something different—go where we haven’t gone before. I remember them describing it as a big department store unlike any I’d ever been in.

Belief Statement: It’s great to do things that are different. It’s nice to have people tell you about the unusual and exciting things to come.

Therapist’s Thoughts: Ken is also saying, “I like the women in my life to take me on interesting adventures.”

“They said we were going to ride the ‘alligator!’”

Client’s Additions: Whoa, why would we do that? Disbelief! Why are they saying that to me. Do they think this will be fun? I said I was afraid. My mother and my aunt didn’t understand what I was talking about. Finally they got annoyed at me and told me that if I didn’t stop, they would leave me home, and I’d miss all the fun. Maybe I should just hang in there. Maybe I’m missing something.

Belief Statement: People have some strange ideas about what’s fun. It’s no use telling people how you feel; they won’t understand, and you may end up worse off. Besides, you never know—they may be right. I don’t have to agree with someone in order to go along with them.

Therapist’s Thoughts: Ken is collecting evidence for not sharing his feelings or telling people what’s on his mind. He discounts his feelings again by saying, “This doesn’t make sense but what do I know. It’s best to wait and see.”

“. . . and I got very afraid of that.”

Client’s Additions: Fear. I pictured myself riding the alligator and saying, “Wait a minute, they can’t mean that!”

Belief Statement: If what other people say is upsetting, I must have misunderstood what they meant.

Therapist’s Thoughts: Although Ken is scared and unsure of what’s about to happen, he never asks for clarification or expresses his concerns.

“I remember slightly a cab ride—”

Client’s Additions: I remember they had in the back a little stool and the back flipped up. There was something unique about it I thought. I was intrigued, curious. This was an adventure, something I’ve never done before.

Belief Statement: I like to do new and different things. I find them interesting and intriguing.

Therapist's Thoughts: Although Ken likes adventure, riding in a cab is exciting enough. He's looking for new experiences, not danger.

"... yeah, we took a cab there."

Client's Additions: I'm glad that I could retrieve that. I'm happy that I could remember it.

Belief Statement: I'm glad when I can do what I think I should be able to do.

Therapist's Thoughts: Ken gets a lot of pleasure from feeling capable. He doesn't have to excel.

"I remember a brief moment in the store."

Client's Additions: Actually there are two brief moments. One is climbing something—standing in line and climbing the steps. Why do we have to go through this? I anticipated going there, riding the train and that would be it. I didn't know there would be this process. I felt closed in—so many people. This was an awful lot to go through to ride the train. I'm angry. I didn't realize there was so much to this. I thought it would be so simple.

Belief Statement: The anticipation is a lot more fun than the actuality. It makes me angry when something is more trouble than I expect. It's not worth it.

Therapist's Thoughts: Ken is also saying, "I'm satisfied with thinking. I don't need to do! Doing may not be such a good idea. It makes me angry when people don't take into account the discomfort they're putting me through. It's not what I expect."

"They had some kind of train, a monorail, going around the store."

Client's Additions: Wow! This is neat. I never saw anything like this before. How did they do this? How do they get it to go around? Incredible! Amazement and curiosity because it's new—haven't seen it before.

Belief Statement: I'm amazed and interested in new things. I wonder how people do it.

Therapist's Thoughts: Ken likes to wonder more than do. His interest seems to be passive. He wonders about things but doesn't try to figure them out.

"I saw it briefly and that's it."

Client's Additions: Amazement—seeing it and that's it.

Belief Statement: To be amazed is enough.

Therapist's Thoughts: Ken is more than satisfied with seeing. He doesn't have to do. Note: Ken never mentions riding on the monorail or even wanting to.

"I remember being—I kept saying, 'I don't want to ride the alligator' . . ."

Client's Additions: I can't place saying it. I can't recall saying that. I'm saying it in my head. Maybe I should say something. Maybe I should say I'm afraid. No, I'll just wait, hang in there. I go back and forth. I'm frustrated that I can't make up my mind how to react. I regret that I couldn't decide to act on my feeling.

Belief Statement: It's frustrating when you can't decide what to do. It would be nice to be able to express oneself, but it may be better to wait and see what happens.

Therapist's Thoughts: Once again Ken thinks instead of doing. Ken is saying, "I wish I could decide to express my feelings, but I don't know if it's a good idea." Although it's frustrating he decides against sharing his feelings and then regrets his decision. He makes the decision that he doesn't like and then regrets the decision that he makes and feels bad about it.

Summary of Ken's Belief Statements. Sometimes I have difficulty doing as well as I think I should. Since there's nothing you can do about it, it's best not to make too much of it. It feels good to have a balance between the familiar and the interesting. I am curious about what I don't know. People who don't change moods are not very interesting. It's great to do things that are different. It's nice to have people tell you about the unusual and exciting things to come. People have some strange ideas about what's fun. It's no use telling people how you feel; they won't understand and you may end up worse off. Besides, you never know—they may be right. I don't have to agree with someone to go along with them. If what other people say is upsetting, I must have misunderstood what they meant. I like to do new and different things. I find them interesting and intriguing. I'm glad when I can do what I think I should be able to do. The anticipation is a lot more fun than the actuality. It makes me angry when something is more trouble than I expect. It's not worth it. I'm amazed and interested in new things. I wonder how people do it. To be amazed is enough. It's frustrating when you can't decide what to do. It would be nice to be able to express oneself, but it may be better to wait and see what happens.

Therapist's Summary with Client. Ken's ER reveals that he's open to new ideas and experiences. Ken likes the women in his life to come up with interesting ideas; however, he doesn't like their ideas to make him uncomfortable. He likes the thought of doing something new and different, but he doesn't want to experience any inconvenience that might go along with it. As a child he liked the idea of going on the monorail, but he resents

having to wait in line. As an adult he likes the idea of a move, but doesn't want to experience any financial strain. He wants Cindy to take his money concerns seriously, but he resents being inconvenienced by her part-time job.

Ken wishes he could act more in line with his feelings, but he fears that expressing his feelings would annoy people and mean that he'd be left out of the fun. He believes that people won't understand his concerns and if he tries to explain, he'll only end up worse off with people angry at him or leaving him behind. (When we reviewed his early memory he realized that he hadn't actually told his mother how he felt, he'd only told her he didn't want to go. This sounds like Cindy's complaint that Ken doesn't tell her how he feels—he only tells her what is wrong with what she wants.)

Instead of checking things out or making himself clear, Ken worries about the problems he anticipates. This is similar to what's happening with Cindy. Since he doesn't expect her to hear his point of view he doesn't take the time to work things out with her. He tells her that they can't do what she wants, but then when she gets upset he backs off, afraid that she'll get angry or reject him.

Since he depends on others to make his life interesting, he doesn't want to risk offending them by fighting with them.

“Catch 22”. Ken wants to communicate better and have his opinions accepted, but he fears that expressing his feelings and explaining his position will annoy others and lead to rejection.

These strategies create problems for Ken in his relationship with Cindy. Improving communication and having Cindy be happier are his stated goals. By hiding his feelings and pointing out problems with her solutions, he shuts down communication and brings on her angry feelings which he says he wants to avoid.

Couple Complementarity

Couple's “Catch 22”. While Cindy and Ken agreed on the idea of moving, Cindy downplayed the problems Ken came up with (not enough money) and Ken downplayed the solutions that Cindy came up with (her part-time job).

Cindy wasn't interested in hearing *why Ken couldn't* do what she wanted; she wanted to hear *how he could* do it. Ken had no problems with *what* Cindy wanted, but he thought she overlooked or minimized the problems generated by what she wanted. He said that he took Cindy's “wants” seriously, but felt that Cindy refused to take his “concerns” seriously.

Complementarity. Ken and Cindy seem made for each other. She wanted a man who cared about her feelings, and he found strong feelings intriguing. He wanted a woman who would come up with interesting ideas, and she thought that was a sign of caring. This “perfect match” also had its imperfections because along with the qualities they wanted came beliefs that weren’t so congruent. Cindy believes that caring about her feelings means doing what she wants, and Ken believes that hearing about ideas is interesting enough—acting on them brings problems.

Ken and Cindy have similar dilemmas. They both believe they need others to make them happy. Ken believes he needs others to make life interesting. Cindy believes she needs others to get what she wants. Since both of them need others they worry about staying connected. (Remember, it was Cindy who wanted her father to stay and Ken who didn’t want his mother to leave him behind.)

The strategies they developed as children to get what they wanted are interfering with their current goals. Cindy wants Ken to help her move back to her home town; Ken wants Cindy to accept what he says, not dispute it. Cindy’s strategy is to use her emotions to get what she wants. She thought that showing her unhappiness was what made her father want to stay, but showing her strong feelings to Ken makes him want to go away. Ken’s strategy is to logically point out the weaknesses in a situation without explaining how he feels or why he thinks that way. Ken thought that showing his unhappiness was what made his mother angry and want to leave him so he withdraws and holds back his feelings and points out the negatives. That’s what makes Cindy so angry that she withdraws from him.

Both Ken and Cindy want to be happy; however, he can’t be happy because he focuses on what’s wrong, and she can’t be happy because she thinks she needs to be unhappy to get what she wants.

Recommendations: Cindy and Ken both need to see that they have plenty of good ideas and are capable of acting on their own behalf. Ken needs to move beyond pointing out the problems and use his critical thinking to come up with solutions. Cindy needs to spend less effort trying to get others to see how she feels and spend more time acting on her ideas. Both of them need to learn how to ask for what they want and share openly and directly how they feel. In this way they will be able to understand each other better, know what was being asked of them, and to decide what each is willing to do.

Now that they were no longer fighting and needing to find fault with each other, they were ready to learn the steps to conflict resolution and add some effective communication techniques.

Instead of fighting over Ken's analysis of their financial situation, they decided to let Cindy take over the accounts so that she could try out her ideas and not feel so dependent on him. Now that Cindy could see for herself what their situation really was, Ken no longer felt responsible for preparing Cindy for disappointment. Instead of trying to temper her enthusiasm, he was able to encourage her attempts to get what she wanted.

Within three years Cindy and Ken had moved back to her childhood town and a third child was added to the family.

Summary and Conclusions

The CFT for couples therapy is a comprehensive model respectful to the couple, providing therapeutic understanding and effective techniques for improving the couple relationship. It uncovers the basis for the initial attraction, reveals the complementarity, shows how each partner's beliefs influence their perceptions of their partner's behavior, and identifies how each provokes the unconsciously expected responses.

This model has proven to be useful in these ways:

1. It serves as an effective model for brief therapy by quickly identifying the basic issues underlying discord in the relationship.
2. It establishes a respectful counseling relationship between the therapist and the clients since:
 - a. The clients provide the projective material and associated meanings, and are the final judges of the accuracy of the interpretation. This reduces the effects of the therapist's bias and minimizes the likelihood of the therapist appearing as the omniscient authority;
 - b. The therapist is less likely to take sides. Neither partner is blamed or excused; instead, the contribution of each to the success and distress in the relationship is revealed. Rather than trying to make one person change, each person is encouraged to see what he or she can do to improve the situation.
3. It helps the partners to:
 - a. better understand their individual behaviors and personalities;
 - b. feel empathy for each other;
 - c. increase understanding of each other's life-style;
 - d. understand the complementarity of their life-styles and see how they mesh, both constructively and destructively.
4. It pinpoints areas of strength and weakness within the relationship, encouraging building upon strengths, and lays the groundwork for teaching any necessary skills and techniques.

Reference Notes

- ¹For a full description of the theory and process involved in the Connexions Focusing Technique[®], see Lew and Bettner (1993).
- ²“Catch 22” is a popular term, originally used by Joseph Heller in his book entitled “*Catch 22*” (1955). In this article, it is used to describe a circular dilemma which seems unresolvable. A solution to one part of the dilemma creates a new problem which apparently is only resolvable by recreating the original problem.
- ³The rationale for each of these steps is described in Lew and Bettner (1993).

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