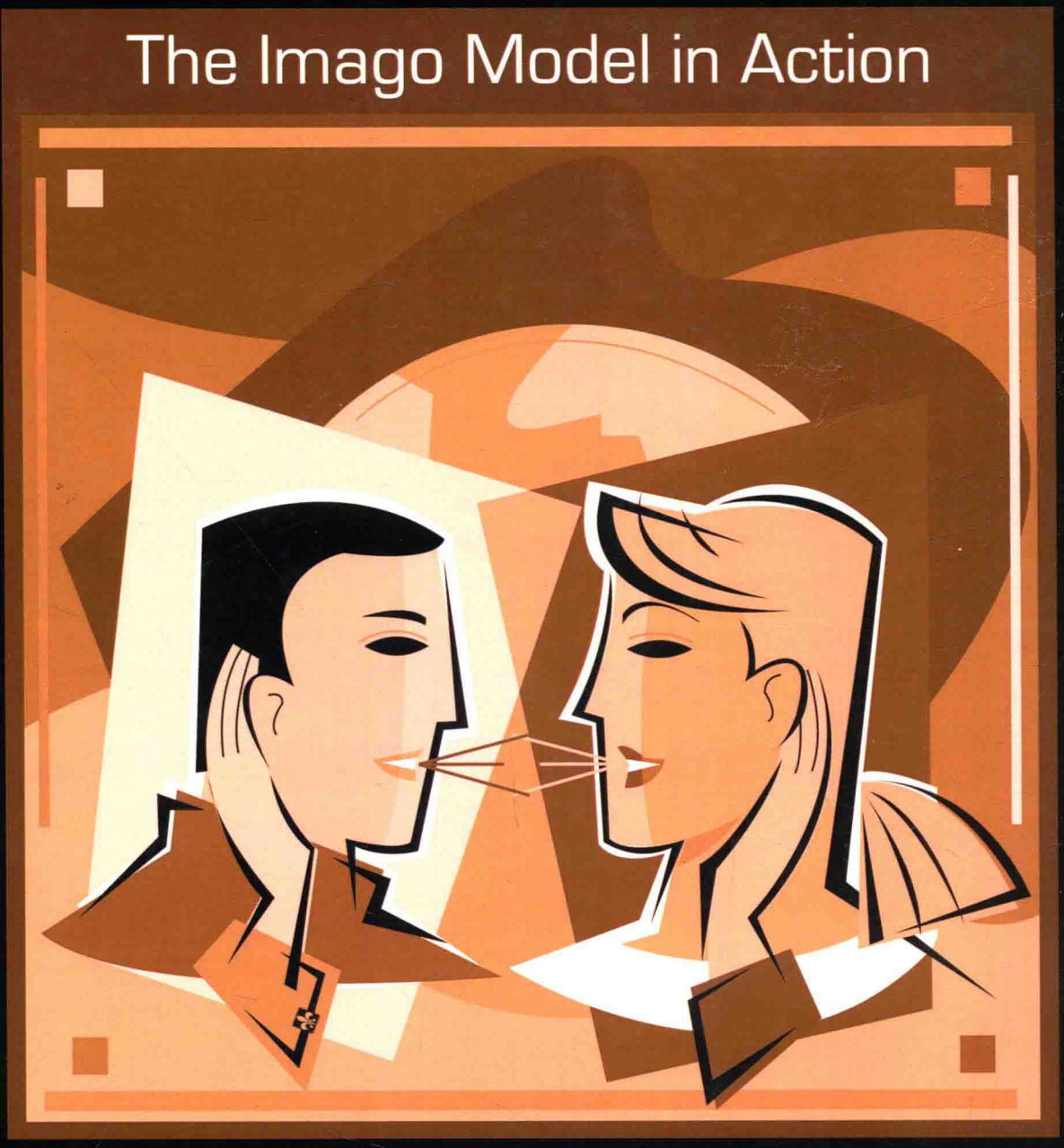
Short-Term Couples Therapy

Second Edition

The Imago Model in Action



WADE LUQUET

Foreword by Harville Hendrix

ROUTLEDGE

Short-Term Couples Therapy

Second Edition

The Imago Model in Action

WADE LUQUET

Foreword by Harville Hendrix

Routledge
Taylor & Francis Group
LONDON AND NEW YORK

Based upon the concepts of Imago Relationship Therapy© and the couples workshops developed by Harville Hendrix, Ph.D., author of the best-selling works *Getting the Love You Want* and *Keeping the Love You Find.*

Routledge
Taylor & Francis Group
2 Park Square, Milton Park, Abingdon,
Oxfordshire OX14 4RN

Routledge
Taylor & Francis Group
711 Third Avenue,
New York, NY 10017

First issued in hardback 2015

Routledge is an imprint of the Taylor and Francis Group, an informa business

International Standard Book Number-13: 978-1-138-13257-3 (hbk)
International Standard Book Number-13: 978-0-415-95380-1 (pbk)

Library of Congress Cataloging-in-Publication Data

Luquet, Wade.
Short-term couples therapy : the Imago model in action / Wade Luquet.--2nd. ed.
p. ; cm.
Includes bibliographical references and index.
ISBN 0-415-95380-4 (pb : alk. paper)
1. Marital psychotherapy. 2. Brief psychotherapy. 3. Communication in marriage. I. Title.
[DNLM: 1. Marital Therapy--methods. 2. Couples Therapy--methods. 3. Interpersonal Relations. 4. Psychotherapy, Bried--methods.
WM 430.5.M3 L966s 2007]

RC488.5.L826 2007
616.89'1562--dc22 2006009559

Visit the Taylor & Francis Web site at
http://www.taylorandfrancis.com

and the Routledge Web site at
http://www.routledgementalhealth.com

Short-Term Couples Therapy

Second Edition

To Marianne,
my friend for life.

To Cory, Alex, and Aubree,
may you always look at the world with awe.

LIST OF HOMEWORK/ HANDOUT SHEETS FOR THE COUPLE

SESSION ONE

SESSION TWO

SESSION THREE

SESSION FOUR

SESSION FIVE

SESSION SIX

FOLLOW-UP PLAN

FOREWORD TO THE SECOND EDITION

I celebrate the reissue of *Short-Term Couples Therapy: The Imago Model in Action*. Its appearance in a second edition after 10 years indicates its value and durability and the resilience of the Imago short-term approach to couples therapy.

The discipline of psychotherapy, invented by Sigmund Freud, places all of us in the field of psychotherapy in the debt of this genius. He stands as a monument to uncovering the physics of the psyche, especially the unconscious sources of emotion, thoughts, and behavior. However, the method of therapy he invented was complex and long term and has been available mainly to persons with the time and resources to spend many days a week over several years on the couch exploring their subjectivity. His model of the psyche was also a closed, mechanical system with an internal structure—id, ego, superego—that interacted with its context for its evolution and healing, but its cure was autonomy, independence, and self-sufficiency—a nonrelational construct. The foundational reality was the autonomous individual and isolated mind, called the "paradigm of the individual."

Early in his career, his students emphasized the social sources of the self and the relational variables of healing. In the middle of the 20th century, a relational model of the origins of the self and the indispensable variables of the relational context emerged in the interpersonal theory of Harry Stack Sullivan, the object relations theories of W. R. D. Fairbairn and D. W. Winnicott, the attachment theory of John Bowlby, self-psychology by Heinz Kohut, and relational psychoanalysis by Robert Stolorow et. al. and Stephen Mitchell. All these theories posited relationship as foundational, as preceding subjectivity and giving birth to the individual. Called the *relational paradigm*, this shift heralded a Copernican change in psychotherapy, giving birth to a new model of long-term therapy and to a variety of models of short-term psychotherapy.

In the meantime, the fields of couples therapy and family therapy, under the influence of the emerging relational insights, began to focus on interpersonal variables of healing and on more efficient models of therapeutic change. At the same time, cultural shifts in the mental health field led to the development of managed care, which limited therapeutic access for clients to less than 10 sessions in contrast to the requirement of most short-term dynamic and relational models, which recommended 20–40 sessions. While the influence of psychodynamic and relational therapies continued to focus on unraveling the complexities of the past and the unconscious, much marital therapy focused on communication skills, conflict resolution, behavior modification, and problem

solving. The therapist continued his or her role as expert, and the client as a consumer of that expertise. The success rate was around 30%—a dismal showing for the profession.

Imago Relationship Therapy, birthed in the late 1970s, paralleled the emergence of relational therapy but with an exclusive emphasis on marriage and other forms of couplehood. In contrast to the skill-based marital therapies, Imago included identifying the impact of childhood on marital choice and marital dynamics *and* the importance of acquiring relational skills. The central relational skill was the Imago Couples Dialogue, and the role of the therapist was radically altered from "expert" to "facilitator" of the dialogue process.

Given the Imago theses that all pathology is relational and that the source of all relational difficulty is a connectional rupture in childhood that is recreated in the adult intimate partnership, Imago Dialogue became a powerful therapeutic intervention to help couples restore connection in their relationship and thereby repairing the rupture of connection in childhood.

Although the Imago process can take from a few months to a few years, because it is a structured process with an active facilitator, it lends itself to an efficient short-term couples therapy. This perception of the potential of Imago as a short-term couples therapy that could respond to the limiting parameters of managed care was the brainchild of Wade Luquet. Focusing on couples internalizing and practicing the Imago Dialogue, he has devised an efficient model that helps couples connect the dynamics of their relationship with their childhood, identify the replication of the childhood rupture in their relational rupture, and mutually contribute to the healing of each other by restoring connection.

Because this book has survived a decade of use by hundreds of therapists, its value is intrinsic and apparent, and the prognosis of this second edition seems obviously positive.

Harville Hendrix, Ph.D.
Tenafly, New Jersey

PREFACE TO THE SECOND EDITION

It has been 10 years since the publication of the first edition of *Short-Term Couples Therapy: The Imago Model in Action*. Ten years ago, the mental health field was in a state of change as a new kid on the block, managed care had made its way into therapy offices and shortened the number of sessions therapists were allowed to conduct with clients under their respective plans. We panicked and made dire predictions of the end of the mental health field as we knew it. And although it is true that the field has changed, it has not gone away; we have survived, and, for the most part, we have adjusted.

Part of that adjustment can be attributed to the creative short-term therapies that emerged as a result of shortened time frames and the need to quantify results through outcome studies. The field shifted from long-term psychodynamic therapies to cognitive-based, solution-focused modalities. While longer-term therapies are still available from what have been called *boutique practices*, whose clients mostly pay out of pocket, those therapists who are reimbursed by insurance have had to adjust to these shorter-term models. The work tends to move faster, has little room for detailed histories, and is geared toward solving a problem rather than changing a person's life philosophy.

And yet, sometimes it is important to accomplish both. Imago Relationship Therapy (IRT) offers couples an easily understandable and adaptable philosophy of relationships, along with the appropriate communication and problem-solving skills. Its philosophy gives couples a reason for their love and their frustrations, and why, in most cases, it is better to work things out than to split up the relationship. Its skills afford couples a clear means to connect, to understand and respond to the frustrations, and to heal from vulnerabilities developed in childhood. Couples can learn the skills in 6 to 10 sessions and are able to find hope and relieve symptoms, according to outcome studies described in this volume.

And, as with other models, therapists need to be aware that change in couples involves more than the model used to treat them. Research by Lambert (1992) shows that there are four important elements that contribute to change in psychotherapy. The biggest factor (which has little to do with the therapist or the model) is extratherapeutic resources, including family support, the environment, and the client's own emotional supports. Lambert estimates that 40% of any change is due to these support elements. The second factor, contributing 30% of the change, is the relationship between the client and the therapist. Therapists who create a supportive environment and connect with their clients have a higher probability of success than do those whose clients

are not able to connect with them. The third factor, which contributes 15% to the change, is the hope and/or expectancy effect. If clients believe that a therapist can be helpful and feel hopeful about the situation when they leave, they tend to do better than those who leave with no hope or expectation. Finally, the model that a person uses contributes just 15% to the therapeutic change (Lambert, 1992).

And while 15% may not seem significant, a good model provides a road map and lends the therapist confidence in the work. This confidence, in turn, offers clients hope that the therapy will work and allows them to connect to the therapist. And if the therapist becomes aware of, and utilizes, clients' strengths and resources along with the model and their relationship, this creates the perfect storm of therapy that allows significant change to take place.

As one of the many models of couples therapy available, IRT is characterized by a host of admirable traits: practical, smart, accessible, logical, respectful, and immediately useful. Some therapists have chosen to use IRT as their sole, or primary, model. Others use only the skills and incorporate them with other skills they have learned from other models. Still others are trained in other experiential skill models and use the philosophy of Imago as their theoretical base. This book provides the reader with both the skills and the theory necessary for any of these combinations. It is suggested that the first-time user utilize the six sessions as written with a few couple clients as a way to learn what IRT is and how to conduct sessions as an IRT therapist. Then, if you, as a therapist, find the model of interest, you can find out more about further training by contacting the International Institute for Imago Relationship Therapy at the address listed in Appendix I. Or you might want to keep this book handy so that you can choose a session or skill to be used with a client couple.

In any case, I hope that you find this book and the skills it presents useful for your work with couples. I believe deeply in the stabilizing importance of marriage and long-term couple relationships. Divorce happens, and sometimes it should happen. But there are too many relationships that end without enough of an attempt to survive because the couple did not learn the purpose of their relationship or the skills to guide them through the inevitable couple conflicts. The families, and especially the children, suffer emotionally in these situations. Although most are resilient enough to recover, it is still a difficult time for all family members to endure. If couple therapists are able to provide couples with the skills and knowledge that will keep families together happily, then we have done society a great service.

I want to thank my editor, Suzi Tucker, for her help with this second edition. It is always a pleasure to work with you. And thanks to the folks at Routledge—George Zimmar, Dana Bliss, and Stephanie Pekarsky—for their support on this project. Thanks also to Harville Hendrix and Helen Hunt for their generosity in allowing their material to be included here. And, as always, thanks to my wife, Marianne, and my three great kids, Cory, Alex, and Aubree. Your love and laughter make life sweet.

During the writing of this second edition, my hometown of New Orleans was hit by Hurricane Katrina. My parents lost their home and have relocated to a townhouse just outside the city. The city of my birth is devastated, but if you listen, you can still hear its jazz beat, and if you lick your lips, you can still taste its spice. I do know what it means to miss New Orleans. The city will come back because its people are strong and motivated, but it will take a lot of time and support from all of us. This second edition is dedicated to my family, my friends, and the people of New Orleans.

Wade Luquet, Ph.D.
Lansdale, Pennsylvania

FOREWORD TO THE FIRST EDITION

For decades proponents of long-term therapy and short-term therapy have been engaged in a debate about the definition of therapy, its structure, goals, duration, and comparative effectiveness.

Long-term therapy advocates define therapy as a healing process that consists of the treatment of emotional, developmental and characterological disorders that have their roots in childhood and are activated by precipitating life situations or events. The therapeutic structure for treating these disorders generally includes an intense, emotionally complicated, and nonjudgmental therapist–patient relationship, usually a therapeutic dyad or a group context. The goal of this structure is to allow the patient to regress into his childhood memories and achieve such a powerful emotional insight into his early cognitions, experiences, affects, and defensive behaviors that his repressions are undone. The role of the therapist as expert is generally passive, sometimes empathic, listening that is interrupted only to provide timely and catalytic interpretations intended to provoke emotional sights. Some contemporary long-term therapists may be more active and employ specific techniques such as breathing procedures or body exercises to evoke buried emotions or provoke insights. Successful outcome includes characterological reorganization and restoration to his or her presumably normal state of emotional and behavioral freedom. Essentially, childhood is relived in a benign context which facilitates repair. The duration of this process is usually deemed to be three to five years to achieve permanent results. Outcome studies of long-term therapy tend to verify its effectiveness, although this evaluation is sometimes mitigated by the thesis that life itself changes over time as a result of sustained reflection.

Advocates of short-term therapy are more "result" than healing oriented. They tend to define therapy as treatment of specific dysfunctional emotional reactions (such as phobias or depression), irrational cognitions (such as rigid and erroneous beliefs), or inappropriate behaviors (such as addictions or kleptomania), all of which, for the long-term therapist, would be considered symptoms of deeper historical, emotional, and characterological disorders. For the short-term therapist, the symptoms may be rooted in childhood or may be consequences of stresses in the patient's current life situation, but the etiology of the symptom is unimportant or secondary to its function for the patient in his current life. The structure for short-term therapy is similar to that of long-term therapy, that is, a therapy dyad in which the therapist is an expert or treatment of the patient's symptom in a group context. In contrast to the long-term therapist who tends to be passive except for the offering of catalytic interpretations or special exercises, the short-term therapist actively

intervenes in the patient's symptoms with interpretations, confrontations, behavioral prescriptions, information, and verbal and emotional support. The method is both therapeutic and educational, and the goal is a specific result. Rather than healing the whole person, the short-term therapist's aim is the excision of the symptom, by therapeutic and educational means, from an otherwise intact system and its replacement by a functional feeling, thought, or behavior, thus restoring the patient to normal functioning by removing the symptomatic impediment. The time frame for such treatment is usually short, ranging from one session to about a year. Outcome studies usually give short therapy high grades in the short haul but indicate that without long-term follow-up, the symptom usually returns, thus collapsing somewhat the distinction of long- and short-term therapies.

Currently, the debate about the desirability, necessity, and effectiveness of short-term versus long-term therapy is being profoundly impacted by a non-therapeutic other, the managed care mental health provider. While the traditional insurance provider has influenced the frequency and duration of therapy by policy limits, that in most cases have been generous, the managed care mental health insurance provider has made the debate practically moot by prescribed and generally non-negotiable short-term sessions and financial limits. Most mental health analysts see this as the almost certain future for mental health care. If this is the case, then providers of mental health care are challenged to develop a therapy modality and delivery system for short term requirements that combines the best features of the long and short-term therapies.

From my perspective, there is no such thing as short-term therapy. Therapy is a healing process that requires a long time, but not necessarily a long time in formal therapy sessions. But, we need to envision a mental health delivery system that is responsive to the contemporary situation created by managed care and capable of reconciling the issues between long- and short-term therapy models. As I see it, such a system cannot be created out of traditional views of the human condition and its restitution because of a theoretical defect in the assumptions of both long-term and short-term therapy systems. Both are based on an outdated medical model which sees mental health problems, both symptomatic and characterological, as pathologies of the individual that need treatment whether viewed as cure or healing. To stay within these two modalities is to be left with an either/or situation, and the winner, given the current climate in the mental health market, will be the short-term model with its questionable long-term results. For me, the debate about the effectiveness of these methods is moot, not because of the current challenge of managed care, but because of the limited value of the systems themselves.

What is needed is a new theoretical orientation at the level of a paradigm shift from the individual as the locus of being and individual pathology as the human problem to an ontology of relationality as constitutive of being and its rupture as the source of the human condition. Such a shift has been in the making for decades with the appearance of conjoint therapy for couples, family systems theory, and group therapies of all sorts. These innovations registered our awareness of the restriction of the individual paradigm and the need for a more inclusive vision of the human situation, but they are halfway points on the journey to a new paradigm because they tend to use the dynamics of the individual as the model for the dyad, family, and group. In addition, some of these therapies focused on the individual in context (conjoint therapy and group psychotherapy) while others lost the individual in the context (family systems therapies and group therapy). The needed new theoretical orientation must understand relationality or inherent connectedness as the structure of being and preserve the individual as points of connection. Such a theory will see the reciprocal effect of context on individual psychodynamics and intrapsychic functioning, and the influence of the latter on the former. In other words, all things, including persons, are in relationship, and they are what they are because of their relationship to each other, and their relationship

to each other is a function of who they are individually. Relationship is seen as the essence of being at the personal and cosmic level.

Imago Relationship Therapy, on which this book is based, is an example of such a paradigm. The challenge and inspiration which led to its development were to create a couples therapy that was effective in helping partners understand and maintain their relationship. Reflecting the course of my education, its original theses reflected the individual model operating in the context of conjoint therapy. Later it was modified by systems theory and group therapies. Its meta-theoretical assumptions were inspired by quantum physics and religious mysticism which evolved finally into a view of the human situation as essentially relational. Couples therapy became the door through which a vision of cosmos emerged.

The basic thesis of Imago Relationship Therapy is that each person is a creation and function of relationship and in turn is a creator of the relationship in which he or she functions. Each person begins life essentially connected to all aspects of himself and to his physical, social, and cosmic context. He is whole and experiences a oneness with everything. The human problem results from a rupture of this essential connection, a rupture caused by unconscious parenting which does not support the maintenance of original connection. This results in separation from self-parts and alienation from others which create the problematic character of the social context in which we live—flawed mental health, interpersonal tension, and social ills. The fundamental human yearning is to restore this original connection. Marriage, having evolved historically since the eighteenth century from a utilitarian social structure to a personal relationship serving personal needs, is a contemporary means by which persons unconsciously attempt to restore the lost connection. Romantic love functions as a selection process which unconsciously creates a relationship with a person similar to one's original caretaker with whom they anticipate the healing of their emotional wounds and the recovery of their wholeness. The attempt at reconnection inevitably fails, however, because the similarity of the selected partner to the original parents results in the recreation of the original, wounding childhood situation, resulting in the power struggle.

It is at this point that most couples visit a therapist. In Imago Relationship Therapy, the goal of therapy is to help couples co-create a conscious marriage. The role of the Imago Therapist, in contrast to that of both traditional long-term and short-term therapists who function as experts and the source of healing, is to facilitate a therapeutic process that empowers the partners in the relationship to heal each other and grow toward wholeness. To help them become therapists for each other, he functions as a coach rather than as expert or source of healing.

Essentially, the therapist helps partners in a committed partnership make contact with each other and eventually achieve empathic connection through a process called dialogue. The conscious and consistent use of the three phases of dialogue—mirroring, validation, and empathy—ultimately restores connection between partners, and this connection leads to healing of emotional wounds, resumption of developmental growth, and spiritual evolution. The ultimate outcome of a dialogical relationship is the creation of a conscious relationship within which both partners experience the restoration of the original condition of connection to all parts of oneself, to one's physical and social context, and to the cosmos—the experience of oneness which was lost in childhood.

In Imago Relationship therapy the issues of long-term versus short-term therapy do not arise. There is no distinction between characterological issues and symptoms, for the focus is not upon the intrapsychic functioning of the individuals but upon their relationship. If the work is with an individual not in relationship, the focus is the same—his or her functioning in relationship. Since the dialogical process can be learned quickly, the need for the therapist becomes optional after a few sessions and can be maintained for as long as the couple chooses. Childhood issues and the transference are catalyzed by the relationship, and contained and resolved in the relationship. The

process of complete healing may take years, but the internalization of the process can be achieved in a few weeks. Consequently, the requirements of a managed care program to produce results as well as the desire by some persons for a longer term relationship can be met.

What Wade Luquet has done in this book is provide a condensed version of Imago Relationship Therapy that can serve as a framework for relational healing for therapists and clients who are presented with short-term situations. The model he has developed is creatively responsive to the issues of the short-term requirements of managed care. With his added insights, illustrations, examples, and guidelines, any therapist can effectively utilize this model in any therapeutic context that presents itself. He is to be congratulated for his courageous and brilliant work.

Harville Hendrix, Ph.D.
Abiquiu, New Mexico
January 1996

PREFACE TO THE FIRST EDITION

If you think relationship problems can be "fixed" through negotiation or compromise, this book may change your mind. Or if you are one who contends that there really is a short-term cure for the frustrations experienced in every relationship, this book may surprise you. Based on the premise that relationships are vehicles for growth, this book is a support system and a solution for those therapists who are presented with short-term situations. It has been designed to help you not only to teach couples about relationships, but also to give them the tools and the encouragement they need to continue the relationship and grow.

Today's managed care, managed competition, and governmental health policies are changing the face of psychotherapy. Although psychotherapy will continue to be covered, companies are placing limits on both the number of sessions and the amounts they pay for these services. They are relying heavily on their Employee Assistance Programs (EAPs) or on their preferred providers to provide quality service at a lower cost. Moreover, therapists in private practice are being asked to do more in a shorter period of time.

If short-term couples therapy provided by these professionals is to be successful, it needs to be specific and powerful, and it must teach skills. It also needs to be organized in such a way that the information provided for the counselor is clearly presented. Therapists need to know exactly what it is that they want a couple to learn about relationships, and they need to be able to give the couple an experience of healthy communication. This book has been designed to fulfill those needs.

DEVELOPING A DIFFERENT APPROACH

When I first started my practice, I disliked working with couples. Sessions never seemed to go anywhere, and sometimes couples would leave far angrier than when they had first come in. They rarely seemed willing to negotiate or compromise; in those instances when they did, the agreement would usually last only a few weeks. In my frustration, I would think, "Why don't they just have fun?" or "Why do they keep arguing about the same things all the time? Why don't they just let it go?" The truth is that I was being a little self-righteous. In hindsight, I can now see that I didn't really know what I was doing. And this may be true for many of today's professionals, if only

because many graduate programs are weak in the area of couples therapy. Most of those programs teach us to apply individual or family skills to marriages—*and that just doesn't work!*

Several years ago, my wife Marianne and I began to experience some glitches in our own "perfect" relationship. Our problems were common enough: We weren't meeting each other's expectations. We'd exchange little remarks such as "you weren't this way when I married you," and "you've changed." We went from always wanting to be together to trying to find ways to be apart.

One day during our summer vacation at the New Jersey shore, an otherwise ordinary afternoon was to mark the beginning of a major change for us. Marianne was sitting on the beach reading an article on relationships by Harville Hendrix, Ph.D., in *Family Circle.* Dr. Hendrix had written the book *Getting the Love You Want: A Guide for Couples* (1988) and was a contributing editor to the magazine. As Marianne read on, she commented on how wonderful the article was—how Dr. Hendrix really seemed to know what he was talking about. I listened and smiled and changed the subject, figuring he couldn't know any more than I already knew. I didn't realize how serious Marianne was until she announced, "One day, I'm going to study with that man!"

Less than a year later—in spite of my resistance—I found myself with my wife and our struggling relationship in New York attending a 2-day couples workshop led by Dr. Hendrix himself. That experience changed the way I looked at relationships—forever! Through Dr. Hendrix's program, I learned that all relationships go through a power-struggle stage: Couples may split up, they may fight, or they may live in the same house and never talk, but all relationships struggle—and most of them remain at this stage. Only a small percentage of couples use their relationships for their intended purpose: growth and healing.

Marianne and I began applying the skills we learned in the workshop to our marriage, and we saw immediate results. Sometimes we were more volatile than usual, and sometimes we experienced a shorter frustration time, but we were never the same again. We then began to use these skills in our practice, and I actually found that I started to enjoy working with couples! Moreover, Marianne's prediction came true: We both went on to study with Dr. Hendrix. In the process, we became Certified Imago Relationship Therapists. The most amazing development is that I, the great skeptic, went on to become a workshop presenter for Imago Relationship Therapy and now conduct the same 2-day workshops that I was so reluctant to attend at first. The consistently positive results of Imago Therapy have made me a firm believer in this work.

With the increasing number of limitations being placed upon therapists by managed care and new government regulations, our ability to be of real help to our clients is being greatly hampered. In graduate school, many of us were trained in long-term models; yet, we are now witnessing the gradual transformation of our profession into an "industry," wherein regulations are mandating that we see clients in fewer sessions. To further compound this situation, we have been offered little in the way of rethinking our long-term models. It's like trying to squeeze Texas into Rhode Island: It doesn't fit, and we are frustrated.

Unfortunately, there is very little we will be able to do about insurance policies that shorten our time with clients. However, we do have to realize that our old long-term models will not fit into this scenario. We cannot spend a month taking a history and getting to know the client. Establishing and using a transference are things of the past if couples only have 10 to 20 sessions in which to work with you. This is a dilemma that will be shared by practitioners of all long-term models: How do we take what we have been doing, extract the essence, and package it so that therapists on the "front line" can use it in their daily work with clients? These new models will have to educate and empower clients. They will have to be fast, structured, and easy for clients to do on their own—after the therapy is over.