INTEGRATING
SEXUALITY & INTIMACY

The Challenge of Treating Couples in the '90s

Friday-Sunday, May 17-19, 1996
Dallas Marriott Quorum
Dallas, Texas

Keynote Addresses by:
John Gottman, Ph.D.
Harville Hendrix, Ph.D.
David Schnarch, Ph.D.

Presenters include:
Ellyn Bader, Ph.D.
Lonnie Barbach, Ph.D.
Les Kadis, M.D.
Sandra Leiblum, Ph.D.
Joseph LoPiccolo, Ph.D.
Ruth McClendon, M.S.W.
Jock McKeen, M.D.
Peter Pearson, Ph.D.
Bennet Wong, M.D.
Jeffrey Zeig, Ph.D.
Bernie Zilbergeld, Ph.D.

Sponsored by
The Milton H. Erickson Foundation
Phoenix, Arizona

with organization by
The Couples Institute
Menlo Park, California
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## FRIDAY, MAY 17, 1996

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| 8:45 - 9:45 A.M. | Keynote Address  
  "Marriage as Therapy"  
  Harville Hendrix, Ph.D. | Grand Ballroom    |
| 10:00 A.M. - 12:30 P.M. | Workshops  
  "Is It Symbiosis or Is It Intimacy"  
  Ellyn Bader, Ph.D.  
  "Imago Relationship Therapy: Creating a Conscious Marriage"  
  Harville Hendrix, Ph.D.  
  "Post-Modern Sex Therapy"  
  Joseph LoPiccolo, Ph.D.  
  "Teaching Folks How To Do It"  
  Bernie Zilbergeld, Ph.D. | Salons G,H,I  
  Grand Ballroom  
  Salons B,C,D  
  Preston Trail    |
| 2:00 - 5:00 P.M. | Workshops  
  "Is It Symbiosis or Is It Intimacy"  
  Bader (continued)  
  "Imago Relationship Therapy: Creating a Conscious Marriage"  
  Hendrix (continued)  
  "MATE: Metaphors, Analogues, Tasks, Experiences"  
  Jeffrey K. Zeig, Ph.D. | Salons G,H,I  
  Grand Ballroom  
  Salons B,C,D  
  Preston Trail    |
| 5:15 - 6:15 P.M. | No-Host Hospitality Event                                             | Grand Ballroom Lobby |

## SATURDAY, MAY 18, 1996

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<th>Time</th>
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| 8:45 - 9:45 A.M. | Keynote Address  
  "What Predicts Divorce"  
  John Gottman, Ph.D. | Grand Ballroom    |
| 10:00 A.M. - 12:45 P.M. | Workshops  
  "Parent Training Using Meta-Emotion Theory"  
  John Gottman, Ph.D.  
  "Shame and Intimacy"  
  Ruth McClelland, M.S.W. and Les Kadis, M.D.  
  "Ericksonian Methods to Empower Couples"  
  Jeffrey K. Zeig, Ph.D. | Grand Ballroom  
  Salons G,H,I  
  Salons B,C,D    |
| 10:00 - 11:15 A.M. | Panel  
  "Desire"  
  Lonnie Barbach, Ph.D., David Schnarch, Ph.D., Bernie Zilbergeld, Ph.D. | Preston Trail    |
| 11:30 A.M. - 12:45 P.M. | Panel  
  "Enhancing Intimacy"  
  Lonnie Barbach, Ph.D., Joseph LoPiccolo, Ph.D.,  
  Jock McKeen, M.D., Bennet Wong, M.D. | Preston Trail    |
| 2:15 - 5:00 P.M. | Workshops  
  "Menopause: Hormones, Emotions and Sexuality"  
  Lonnie Barbach, Ph.D.  
  "Treatment of Adult Survivors of Child Sexual Abuse"  
  Joseph LoPiccolo, Ph.D.  
  "The Therapist in the Crucible: Treating Sexual and Marital Difficulties"  
  David Schnarch, Ph.D. | Salons B,C,D  
  Salons G,H,I  
  Grand Ballroom    |
| 2:15 - 3:30 P.M. | Panel  
  "Couples Work by Couples"  
  Ellyn Bader, Ph.D., and Peter Pearson, Ph.D.;  
  Ruth McClelland, M.S.W., and Les Kadis, M.D.; and Jock McKeen, M.D., and Bennet Wong, M.D. | Preston Trail    |
| 3:45 - 5:00 P.M. | Panel  
  "What Creates Sustained Change in Couples' Relationships?"  
  Ellyn Bader, Ph.D.,  
  John Gottman, Ph.D.,  
  Harville Hendrix, Ph.D. | Preston Trail    |
| 5:15 - 6:15 PM | Conversation Hours  
  Lonnie Barbach, Ph.D.  
  Les Kadis, M.D.  
  Sandra Leiblum, Ph.D.  
  Bernie Zilbergeld, Ph.D. | Grand Ballroom  
  Salons G,H,I  
  Salons B,C,D  
  Preston Trail    |
| 6:15 - 7:00 P.M. | Authors' Hour                                                        | Grand Ballroom Lobby |

## SUNDAY, MAY 19, 1996

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| 8:45 - 9:45 A.M. | Keynote Address  
  "Tyranny of the Lowest Common Denominator"  
  David Schnarch, Ph.D. | Grand Ballroom    |
| 10:00 A.M. - 12:30 P.M. | Workshops  
  "Implications of Divorce Prediction Research for Marital Therapy"  
  John Gottman, Ph.D.  
  "Sex After Fifty: Changes, Challenges and Rewards for Older Couples"  
  Sandra Leiblum, Ph.D.  
  "Constructing the Sexual Crucible: Integrating Sex and Marital Therapy"  
  David Schnarch, Ph.D.  
  Jock McKeen, M.D., and Bennet Wong, M.D. | Grand Ballroom  
  Salons B,C,D  
  Preston Trail  
  Salons G,H,I    |
| 2:00 - 4:45 P.M. | Workshops  
  "Implications of Divorce Prediction Research for Marital Therapy"  
  Gottman (continued)  
  "Sex After Fifty: Changes, Challenges and Rewards for Older Couples"  
  Leiblum (continued)  
  "Constructing the Sexual Crucible: Integrating Sex and Marital Therapy" (continued)  
  Jock McKeen, M.D., and Bennet Wong, M.D. | Grand Ballroom  
  Salons B,C,D  
  Preston Trail  
  Salons G,H,I    |
| 5:00 - 5:15 P.M. | Closing Remarks                                                       | Grand Ballroom    |
THE FACULTY

Ellyn Bader, Ph.D., and Peter Pearson, Ph.D.—Menlo Park, CA
Lonnie Barbach, Ph.D.—Mill Valley, CA
John Gottman, Ph.D.—Seattle, WA
Harville Hendrix, Ph.D.—Abiquiu, NM
Sandra Leiblum, Ph.D.—Piscataway, NJ
Joseph LoPiccolo, Ph.D.—Columbia, MO
Ruth McClendon, M.S.W., and Les Kadis, M.D.—Aptos, CA
David Schnarch, Ph.D.—Evergreen, CO
Bennet Wong, M.D., and Jock McKeen, M.D.—Gabriola Island, B.C., Canada
Jeffrey K. Zeig, Ph.D.—Phoenix, AZ
Bernie Zilbergeld, Ph.D.—Oakland, CA
ABOUT THE CONFERENCE

Integrating Sexuality and Intimacy: The Challenge of Treating Couples in the '90s

With the divorce rate for all marriages in the United States at more than 60 percent, perpetual honeymoon bliss is rarely the outcome for most couples. What does it really take to create and sustain relationships that are both intimate and sexual?

Therapists are continually thrust into the tension of couples’ colliding goals, values, interests and sexual desires. As couples therapists, we listen daily to conflicting demands and grapple with competing theories and interventions.

This unique conference focuses on two prominent aspects of couples’ lives, intimacy and sexuality. From conceptualization to intervention to termination, therapists have an extensive array of choices. Theoretical constructs are at times incompatible and mutually exclusive: Intervention is not merely a matter of picking and choosing from a variety of models. At this seminar, you will see, hear and learn from leading-edge theorists and practitioners as they define, describe and discuss differing approaches that initially promote closeness and those that move toward managing differences and facilitating differentiation.

Registrants will have an opportunity to learn what the latest research shows. By the end of three days, you will have advanced and refined your own thinking about how to approach the challenge of facilitating intimacy and sexuality.

Program Objectives

1) In working with couples, be able to directly address issues of sexuality and intimacy.
2) To compare and contrast clinical/theoretical perspectives and translate these into specific interventions.

Accreditation

1) The Milton H. Erickson Foundation, Inc., is accredited by The Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. This program meets the criteria for credit hours in Category One of the Physician’s Recognition Award of the American Medical Association. Credits will be provided on an hour-per-hour basis.

2) The Milton H. Erickson Foundation, Inc., is approved by the American Psychological Association to offer continuing education for psychologists. The Milton H. Erickson Foundation maintains responsibility for the program. No partial credit will be awarded for APA, but provided on an hour per hour basis.

3) The Milton H. Erickson Foundation, Inc., is approved by The National Board for Certified Counselors (Provider No. 5056). The N.B.C.C. approval is limited to the sponsoring organization and does not necessarily imply endorsement or approval of individual offerings.

4) Continuing education credit is provided by The Milton H. Erickson Foundation, Inc., for Clinical Social Workers, Marriage and Family Therapists, and Mental Health Counselors through the State of Florida Department of Professional Regulation, Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling (Provider No. CM-275-Exp 1-97).

5) CPA Credits—The Milton H. Erickson Foundation is an approved provider by the California Psychological Association Accrediting Agency to offer Mandatory Continuing Education for Psychologists.

California psychologists applying for Mandatory Continuing Education for Psychologists (MCEP) are able to earn credits through the APA.

6) AASECT - This program meets the requirements of the American Association of Sex Educators, Counselors and Therapists (AASECT) and is approved for 20.25 hours of Continuing Education Credits (CEs). These CEAs may be applied toward AASECT certification and renewal of certification.

7) Continuing Education - Credits are granted by the Texas State Board of Examiners for Marriage and Family Therapists. The Milton H. Erickson Foundation is an approved sponsor to offer CE activities to Texas Licensed Marriage and Family Therapists.

8) NASW - Texas Chapter. The Milton H. Erickson Foundation is an approved provider of Continuing Education Credit by the National Association of Social Workers-Texas Chapter. This program is approved for a maximum 20.25 Continuing Education Units. NOTE TO TEXAS SOCIAL WORKERS: You must sign in and out of sessions. A $5 fee will be assessed for processing NASW-Texas Chapter credits.

Continuing Education

Validation of Continuing Education forms will be from 9:00 a.m.-6 p.m. Sunday, May 19, 1996. Registrants will be given a Certificate of Attendance after turning in Continuing Education Application and Evaluation Forms. CE Validation also can be done by mail by sending materials to The Milton H. Erickson Foundation, Inc., 3606 N. 24th St., Phoenix, AZ 85016-6500. Please do not fax materials.

Eligibility

The Conference is open to professionals in health-related fields including physicians, doctoral-level psychologists and dentists who are qualified for membership in, or are members of their respective professional organizations (e.g., A.M.A., A.P.A., A.D.A.). The Congress also is open to professionals with mental health-related graduate degrees (e.g., M.S.W., M.A., M.S., M.S.N.) from accredited institutions. Applications will be accepted from full-time graduate students in accredited programs in the above fields who supply a letter from their department certifying their full-time student status as of May 1996.
Volunteers
In exchange for a waiver of registration fees, a limited number of spaces were set aside for volunteers. They will monitor meeting rooms, assist with registration and continuing education, help faculty, etc. They also are available to help registrants with questions; the volunteers can be identified by their red ribbons.

Tape Recording
No tape recording will be permitted. Professionally reproduced audiotapes will be available for purchase.

Parking
Parking is free at the hotel.

Smoking Policy
Smoking will be permitted only in designated areas and not in any of the meeting rooms.

Hospitality Event
There will be a no-host "Welcome to Dallas" reception Friday, May 17, in the Ballroom Lobby immediately following sessions until 6:30 p.m. All attendees are invited.

Financial Disposition
Profits from the meeting will be used by The Milton H. Erickson Foundation to support its educational and scientific efforts. The Board of Directors of The Milton H. Erickson Foundation are Jeffrey K. Zeig, Ph.D., Roxanna Klein, R.N., M.S., J. Charles Theisen, M.A., M.B.A., J.D., and Elizabeth M. Erickson, B.A.

Identification Badges
At the Conference, each attendee will be issued a name badge. Please wear your badge at all times. Only persons wearing identification badges will be admitted to any of the scheduled programs or activities. There is a fee of $5 for replacing lost badges.

Signs
All signs and posters must be approved by the Milton H. Erickson Foundation. Notices are not permitted on hotel walls or doors and will be routinely removed.

Bookstore
Brunner/Mazel Publishers, Inc., will sell books by faculty, as well as related titles throughout the conference. The bookstore will be located in the Addison Room of the hotel.

Bookstore hours:
- Friday, May 17, 1996 .......... 11 a.m. - 7 p.m.
- Saturday, May 18, 1996 .......... 11 a.m. - 7 p.m.
- Sunday, May 19, 1996 .......... 11 a.m. - 5 p.m.

Authors' Hour
A special Authors' Hour will be held Saturday, May 18, 1996, from 6:15 - 7:00 p.m. in the Ballroom Lobby. Some of the faculty who have written or edited books will be available to autograph their works for registrants.

Information and Message Center
An Information and Message Center will be located near the Erickson Foundation's Conference Registration area in the Ballroom Lobby.

Take-One Tables
There are take-one tables located in the Ballroom Lobby. Please visit the Foundation office about displaying your literature on the tables. Unauthorized materials in unauthorized locations will be routinely removed.

Sponsorship
Sponsored by The Milton H. Erickson Foundation, Inc.
The Milton H. Erickson Foundation, Inc.

The Milton H. Erickson Foundation, Inc., is a federal nonprofit corporation, formed to promote and advance the contributions to the health sciences made by the late Milton H. Erickson, M.D. In addition to organizing Congresses and workshops, the Erickson Foundation also organized the two landmark Evolution of Psychotherapy Conferences in 1985, 1990, and 1995 attracting an average of 7,000 professionals from around the world at each meeting. Other Foundation activities include publishing a newsletter, books and The Ericksonian Monographs. Also available are ongoing training programs for professionals and independent study at the Erickson Archives. The Foundation distributes educational audio- and videocassettes. Please contact us for further information.

The Milton H. Erickson Foundation Board of Directors are Jeffrey K. Zelig, Ph.D.; Roxanna Erickson Klein, R.N., M.S.; J. Charles Theisen, M.A., M.B.A., J.D.; and Elizabeth M. Erickson, B.A. Linda Carr McThrall is Executive Director.

The Milton H. Erickson Foundation does not discriminate on the basis of race, color, national or ethnic origin, handicap or sex.

Training Opportunities

The Erickson Foundation organizes international Congresses on Ericksonian Approaches to Hypnosis and Psychotherapy. These meetings have been held in Phoenix in 1980, 1983, 1986, 1992, In San Francisco in 1988, and In Los Angeles in 1994. In 1993, the Foundation sponsored the Brief Therapy Conference in Orlando, Florida. Each was attended by approximately 2,000 professionals. Another Brief Therapy Conference is set for Dec. 11-15, 1996 in San Francisco.

In the intervening years, the Foundation organizes national seminars. The four-day seminars are limited to approximately 450 attendees, and they emphasize skill development in hypnotherapy. The 1981, 1982, and 1984 seminars were held in San Francisco, Dallas, and Los Angeles, respectively. In 1989, the Foundation celebrated its 10th Anniversary with a training seminar in Phoenix.

The Milton H. Erickson Foundation organized The Evolution of Psychotherapy Conference in 1985, in Phoenix. It was hailed as a landmark conference in the history of psychotherapy. Faculty included Beck, the late Bruno Bettelheim, the late Murray Bowen, Ellis, M. Goulding, the late Robert Goulding, Haley, the late Ronald D. Laing, Lazarus, Madanes, Marmor, Masterson, the late Rollo May, Minuchin, Moreno, E. Polster, M. Polster, the late Carl Rogers, Rossi, the late Virginia Satir, Szasz, Watzlawick, the late Carl Whitaker, the late Lewis Wolberg, Wolpe, and Zelig. This conference was repeated in 1990 in Anaheim, California, with a similar faculty including Bugental, Glasser, Hillman, the late Helen Singer Kaplan, Lowen, Meichenbaum, and Selvini Palazzoli. Keynote addresses were given by Viktor Frankl and Betty Friedman.

The Erickson Foundation jointly sponsored the European Evolution of Psychotherapy Conference July 27-31, 1994, in Hamburg, Germany. This Conference offered a faculty similar to previous Evolution meetings with the addition of Frankl, Gendlin, Grawe, Kernberg, Meyer, Siegel, and Yalom.

The Dec. 13-17, 1995, Evolution Conference was held in Las Vegas, Nev., and featured the same faculty. Gloria Steinem offered the keynote address.

Regional workshops are held regularly in various locations. Training programs are announced in the Foundation's newsletter.

The Foundation provides training/supervision for professionals. The Foundation is equipped with an observation room and audio/video recording capabilities. Training and supervision programs for professionals are available. Inquiries regarding services should be made directly to the Foundation.

Erickson Archives

In December 1980, the Foundation began collecting audiotapes, videotapes, and historical material on Dr. Erickson for the Erickson Archives. The goal is to have a central repository of historical material on Erickson. More than 300 hours of videotape and audiocassette have been donated to the Foundation. The Erickson Archives are available to interested individuals who wish to come to Phoenix to independently study the audiotapes and videotapes that are housed at the Foundation. There is a nominal charge for use of the Archives. Please call or write for further details and to make arrangements to use the Archives.

Audio and Video Training Tapes


Audiotapes of Milton H. Erickson, M.D.

The Erickson Foundation distributes tapes of lectures by Milton Erickson from the 1950s and 1960s when his voice was strong. Releases in our audiocassette series are announced in the Newsletter.

Training Videotapes

Featuring Hypnotic Inductions Conducted By Milton H. Erickson, M.D.


Symbolic Hypnotherapy. Jeffrey K. Zelig, Ph.D., presents information on using symbols in psychotherapy and hypnosis. Segments of hypnotic induction conducted by Milton Erickson with the same subject on two consecutive days in 1978 are shown. Zelig discusses the microdynamics of Erickson's symbolic technique.

Videotapes are available in all formats, in American and foreign standards. For information on purchasing tapes, contact the Erickson Foundation.
Publications of The Milton H. Erickson Foundation

The following books are published by and can be ordered through Brunner/Mazel Publishers, Inc., 19 Union Square West, New York, NY 10003:

A Teaching Seminar with Milton H. Erickson (J. Zeig, Ed. & Commentary) is a transcript, with commentary, of a one-week teaching seminar held for professionals by Dr. Erickson in his home in August 1979. (Dutch, German, Italian, Japanese, Portuguese, and Spanish translations available.)

Ericksonian Approaches to Hypnosis and Psychotherapy (J. Zeig, Ed.) contains the edited proceedings of the First International Erickson Congress.

Ericksonian Psychotherapy, Volume I: Structures; Volume II: Clinical Applications (J. Zeig, Ed.) contain the edited proceedings of the Second International Erickson Congress.

The Evolution of Psychotherapy (J. Zeig, Ed.) contains the edited proceedings of the 1985 Evolution of Psychotherapy Conference. (German and Japanese translations available.)

Developing Ericksonian Therapy: State of the Art (J. Zeig & S. Lankton, Eds.) contains the edited proceedings of the Third International Erickson Congress.

Brief Therapy: Myths, Methods & Metaphors (J. Zeig & S. Gilligan, Eds.) contains the edited proceedings of the Fourth International Erickson Congress.


Ericksonian Methods: The Essence of the Story (J. Zeig, Ed.) contains the edited proceedings of the Fifth International Erickson Congress.

The Evolution of Psychotherapy: The Third Conference is in process.

The following book is published by and can be ordered through Jossey-Bass Inc., Publishers, 350 Sansome Street, San Francisco, CA 94104:

What is Psychotherapy?: Contemporary Perspectives (J. Zeig & W.M. Munson, Eds.) contains the edited commentaries of 81 eminent clinicians.

The Ericksonian Monographs

The Milton H. Erickson Foundation sponsors The Ericksonian Monographs, published on an irregular basis, up to three times a year. Only the highest quality articles on Ericksonian hypnosis and psychotherapy (including technique, theory, and research) are selected for The Monographs. Nine issues have been published since 1985. For subscription information, contact Brunner/Mazel Publishers.

Newsletter

The Milton H. Erickson Foundation publishes a newsletter for professionals three times per year to inform its readers of the activities of the Foundation. Articles and notices that relate to Ericksonian approaches to hypnosis and psychotherapy are included and should be sent to Betty Alice Erickson, M.S., L.P.C., Editor-in-Chief, 3516 Euclid, Dallas, TX 75205. Business and subscription matters should be directed to the Erickson Foundation at 3606 North 24th Street, Phoenix, AZ 85016-6500.

Erickson Institutes

There are 61 Milton H. Erickson Institutes/Societies in the United States and abroad that have applied to the Foundation for permission to use Erickson's name in the title of their organization. Institutes provide clinical services and professional training. There are institutes in major cities in North America, South America, Europe, and Australia. For information, contact the Foundation.

Staff of The Erickson Foundation

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ABSTRACTS AND EDUCATIONAL OBJECTIVES
INTEGRATING SEXUALITY AND INTIMACY:
THE CHALLENGE OF TREATING COUPLES IN THE '90s
FRIDAY, MAY 17, 1996

8:30-8:45 AM  OPENING REMARKS  Grand Ballroom
8:45-9:45 AM  KEYNOTE ADDRESS  Grand Ballroom

MARRIAGE AS THERAPY
Harville Hendrix, Ph.D.

Traditionally, marriage has been viewed as the object of healing where troubled couples are concerned. In Imago Relationship Therapy, marriage is viewed as having an unconscious purpose, to finish childhood, which makes it the source of healing, rather than the object. The role of the therapist is to help couples cooperate with the process rather than the healer.

Educational Objectives:
1) To list the factors that make marriage a therapeutic process.
2) To describe the therapeutic process and the therapist's role.

10:00 AM-12:30 PM  FRIDAY AM

Workshop 1
IS IT SYMBIOSIS OR IS IT INTIMACY?
Ellyn Bader, Ph.D.

Individuals with borderline and narcissistic issues frequently demand that their partner provide intimacy, but they cannot create the conditions for intimacy to occur or be sustained. Through video and clinical transcripts, I will demonstrate how to help these individuals sustain intimate moments and change fruitless demands.

Educational Objectives:
1) To list six principles for furthering intimacy in couples relationships.
2) To describe four common ways that anxiety is managed.

Workshop 2
IMAGO RELATIONSHIP THERAPY: CREATING A CONSCIOUS MARRIAGE
Harville Hendrix, Ph.D.

Image Relationship Therapy posits that an unconscious purpose lurks behind the romance and conflict in marriage, namely, an attempt to finish childhood - getting needs met in the intimate relationship that were frustrated in the early relationship to parents. The role of the therapist is to facilitate rather than analyze the process and the recovery of personal wholeness. Specific preconditions and procedures will be discussed and demonstrated live and with videotape.

Educational Objectives:
1) To describe the unconscious purpose of marriage.
2) To list the skill, pre-condition and five Imago processes.

Workshop 3
POST-MODERN SEX THERAPY
Joseph LoPiccolo, Ph.D.

This workshop will present an integration of dynamic, cognitive, behavioral and systemic procedures for dealing with sexual problems in couples. Updates on new treatments for male and female dysfunctions will be presented, with special emphasis on difficult and resistant cases which do not respond to standard sex therapy.

Educational Objectives:
1) Given a couple, diagnose sexual dysfunctions, including being aware of possible medical conditions which impact sexual response.
2) To describe how to integrate sexual therapy into general psychotherapy and into marital therapy for distressed couples.
3) To name four of the latest techniques for specific male and female dysfunctions.
Sex is one of the few acts/experiences in life that you can't go somewhere to learn. No therapy actually teaches how to do sex. Even in sex therapy, details are few and demonstrations nonexistent. For the last two years, in conjunction with several colleagues, I have experimented with being more explicit in my suggestions to clients not only in regard to technique, but also with other issues such as, exactly how to find time for sex; using words and touch to enhance sex; making sex more intimate and more spiritual; sharing and acting out fantasies; using toys; and so on. The results have been so encouraging, both in terms of sexual satisfaction and intimacy, that my colleagues and I now offer seminars for the public, teaching and demonstrating the same methods and practices. Today I discuss the pros and cons of explicitly teaching the how-to of sex: what should be taught and how; and what might be relevant qualifications for doing the teaching.

Educational Objectives: 1) To list three reasons for teaching clients and others exactly how to go about having healthy, relationship-enhancing sex. 2) To identify three issues that should be covered in such a teaching program.

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2:00-5:00 PM  FRIDAY PM
Workshop 1 (Continued)
IS IT SYMBIOSIS OR IS IT INTIMACY?
Ellyn Bader, Ph.D.

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Educational Objectives: 1) To list six principles for furthering intimacy in couples relationships. 2) To describe four common ways that anxiety is managed.

Workshop 2 (Continued)
IMAGO RELATIONSHIP THERAPY: CREATING A CONSCIOUS MARRIAGE
Harville Hendrix, Ph.D.

Image Relationship Therapy posits that an unconscious purpose lurks behind the romance and conflict in marriage, namely, an attempt to finish childhood - getting needs met in the intimate relationship that were frustrated in the early relationship to parents. The role of the therapist is to facilitate rather than analyze the process and the recovery of personal wholeness. Specific preconditions and procedures will be discussed and demonstrated live and with videotape.

Educational Objectives: 1) To describe the unconscious purpose of marriage. 2) To list the skill, pre-condition and five Imago processes.

Workshop 3 (Continued)
POST-MODERN SEX THERAPY
Joseph LoPiccolo, Ph.D.

This workshop will present an integration of dynamic, cognitive, behavioral and systemic procedures for dealing with sexual problems in couples. Updates on new treatments for male and female dysfunctions will be presented, with special emphasis on difficult and resistant cases which do not respond to standard sex therapy.

Educational Objectives: 1) Given a couple, diagnose sexual dysfunctions, including being aware of possible medical conditions which impact sexual response. 2) To describe how to integrate sexual therapy into general psychotherapy and into marital therapy for distressed couples. 3) To name four of the latest techniques for specific male and female dysfunctions.
Workshop 5
MATE: METAPHORS, ANALOGUES, TASKS, EXPERIENCES
Jeffrey K. Zeig, Ph.D.

Metaphors, analogues and tasks are effective experiential tools for working with couples. Using demonstrations and small group exercises, we will explore how, why, and when to use these powerful methods.

Educational Objectives: 1 Given a couple, describe a tailored intervention. 2) To describe the process of presentation for an intervention.

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5:15–6:15 PM  HOSPITALITY EVENT  Ballroom Lobby

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INTEGRATING SEXUALITY AND INTIMACY:
THE CHALLENGE OF TREATING COUPLES IN THE '90s

SATURDAY, MAY 18, 1996

8:45-9:45 AM

KEYNOTE ADDRESS
Grand Ballroom

WHAT PREDICTS DIVORCE?
John Gottman, Ph.D.

The "Q-P-Phi Theory," a balance theory of marriage, highlights this address. The latest research in predicting divorce shows that ideas about dysfunctional marriages are myths.

Educational Objectives: 1) To describe some myths in dysfunctional marriage and discuss what is truly dysfunctional. 2) To give three illustrations of predicting divorce.

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10:00 AM-12:45 PM

Workshop 6
PARENT TRAINING USING META-EMOTION THEORY
John Gottman, Ph.D.

In this workshop I will review the results of our recent research on parental meta-emotions: The way parents feel about sadness and anger in themselves and in their children predicts child outcomes (academic achievement, child behavior problems, child peer relations and child physical health). Parent training can focus on parents' thoughts and feelings about anger and sadness in themselves and in their children. Parents can interact with children when they are emotional by using the "emotion coaching" approach.

Educational Objectives: 1) To describe child outcomes based on how a parent feels about sadness and anger. 2) Given a client, describe the "emotion coaching" approach.

Workshop 7
SHAME AND INTIMACY
Ruth McClendon, MSW and Les Kadis, M.D.

Healthy couples are those who understand that their intimate and sexual relationships are the most valuable and the most vulnerable areas of their lives. Individuals in healthy couples know, respect and respond to each other while maintaining themselves and their self-worth. This workshop outlines both "barriers to intimacy" and "paths to intimacy" and describes a treatment approach for successfully establishing and maintaining individual and mutual positive regard.

Educational Objectives: 1) To list and describe barriers to intimacy. 2) To list and describe paths to intimacy.

Workshop 8
ERICKSONIAN METHODS TO EMPOWER COUPLES
Jeffrey K. Zeig, Ph.D.

Ericksonian methods of psychotherapy and hypnosis can be applied to the treatment of couples. Techniques include tailoring, gift wrapping, anecdotes, metaphors and indirect suggestion. Videotapes and case examples will be used to help attendees master principles of assessment and treatment.

Educational Objectives: 1) To describe elements of the process of Ericksonian therapy as applied to couples. 2) To name the facets of the Ericksonian Diamond.
Educational Objective:
To compare and contrast clinical and philosophical perspectives of experts.

Panel 1
PRESTON TRAIL I & II
DESIRE
Lonnie Barbach, Ph.D., David Schnarch, Ph.D., Bernie Zilbergeld, Ph.D.

Panel 2
PRESTON TRAIL I & II
ENHANCING INTIMACY
Lonnie Barbach, Ph.D., Joseph LoPiccolo, Ph.D., Jock McKeen, M.D., Bennet Wong, M.D.

Workshop 9
MENOPAUSE: HORMONES, EMOTIONS AND SEXUALITY
Lonnie Barbach, Ph.D.

Educational Objectives: 1) To describe three common symptoms of changing hormones. 2) To list three approaches for treating sexual problems that occur as the result of changing hormones.

Workshop 10
TREATMENT OF ADULT SURVIVORS OF CHILD SEXUAL ABUSE
Joseph LoPiccolo, Ph.D.

Educational Objectives: 1) To describe the symptoms manifested by patients who were sexually abused as children. 2) To name three methods of dealing with ethical and legal dilemmas that face clinicians who work with child sexual abuse survivors. 3) To describe the current controversy around false memory induction, and recovery of repressed memories.

Workshop 11
THE THERAPIST IN THE CRUCIBLE: TREATING SEXUAL AND MARITAL DIFFICULTIES
David M. Schnarch, Ph.D.*

Educational Objectives: 1) To describe how the therapist's level of differentiation fundamentally determine the process and course of treatment in the three following areas: assessment, specific interventions and treatment outcome. 2) To explain how the therapist's intimacy tolerance in the office, and at home, limits or facilitates treatment.

*In accordance with ACCME standards and the policy of the Milton H. Erickson Foundation, this presenter has indicated a relationship in the context of his presentation that could be perceived as a real or apparent conflict of interest but does not consider that it will influence his presentation.
2:15-3:30 PM  
**PANEL**  
**Educational Objective:**  
To compare and contrast clinical and philosophical perspectives of experts.

**Panel 3**  
**COUPLES WORK BY COUPLES**  
Ellyn Bader, Ph.D./Peter Pearson, Ph.D., Ruth McClendon, M.S.W./Les Kadis, M.D., Jock McKeen, M.D./Bennet Wong, M.D.

3:45-5:00 PM  
**PANEL**  
**Panel 4**  
**WHAT CREATES SUSTAINED CHANGE IN COUPLES' RELATIONSHIPS?**  
Ellyn Bader, Ph.D., John Gottman, Ph.D., Harville Hendrix, Ph.D.

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**5:15-6:15 PM**  
**CONVERSATION HOURS**  
**Educational Objectives:**  
To learn philosophies of various practitioners and theorists.

**Conversation Hour 1**  
Lonnie Barbach, Ph.D.  
**Grand Ballroom**

**Conversation Hour 2**  
Les Kadis, M.D.  
**Salons GHI**

**Conversation Hour 3**  
Sandra Leiblum, Ph.D.  
**Salons BCD**

**Conversation Hour 4**  
Bernie Zilbergeld, Ph.D.  
**Preston Trail I & II**

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**6:15-7:15 PM**  
**AUTHORS' HOUR**  
Get your books autographed and meet the authors  
**Ballroom Lobby**
INTEGRATING SEXUALITY AND INTIMACY: 
THE CHALLENGE OF TREATING COUPLES IN THE '90s

SUNDAY, MAY 19, 1996

8:45-9:45 AM KEYNOTE ADDRESS

TYRANNY OF THE LOWEST COMMON DENOMINATOR
David Schnarch, Ph.D.*

As sex therapy and marital therapy developed as independent disciplines, therapists evolved theoretical models and clinical approaches which avoid the realities of emotionally committed relationships. In particular, models based on "safety and security" and "empathy" lead people astray about sex, sexual desire and monogamy. This presentation highlights how differentiation and sexual development are inherently entwined in long-term relationships.

Educational Objectives: 1) To describe how "safety and security" and "empathy-based" paradigms give the person with the least desire for sex or intimacy control of the relationship. 2) To describe how expanding sexual styles are linked to differentiation in long-term monogamous relationships.

* * * * *

10:00 AM-12:30 PM WORKSHOP

IMPLICATIONS OF DIVORCE PREDICTION RESEARCH FOR MARITAL THERAPY
John Gottman, Ph.D.

There are commonly held ideas about what is dysfunctional in marriages that research has shown to be myths. We will review these myths and discuss what actually is dysfunctional in terms of the longitudinal stability and happiness of the marriage. I will discuss a new hypothesis that stems from these results called "Q-P-PHI Theory", which is a balance theory of marriage. From this theory a host of new interventional strategies emerge. Extensive use of videotapes illustrate concepts such as "The Three Types of Stable Marriages" and "The Four Horsemen of the Apocalypse."

Educational Objectives: 1) To present three ideas of dysfunction in marriage that have been found to be untrue. 2) To describe three types of stable marriages. 3) To discuss the "Q-P-PHI Theory."

Workshop 13

SEX AFTER FIFTY: CHANGES, CHALLENGES AND REWARDS FOR OLDER COUPLES
Sandra R. Leiblum, Ph.D.

Despite the tendency to view older adults as asexual, many middle-aged (& older) individuals remain interested in maintaining an active, romantic and fulfilling sexual life. Nevertheless, there are a number of factors which impinge on both the quantity and quality of sexual life as couples age. This workshop will focus on the changes, challenges and therapeutic issues characteristic of sex/relationship counseling with folks over 50. Video tapes will be used to highlight discussion.

Educational Objectives: 1) To describe changes in sexual response and behavior in older adults, as a function of biological and psychological factors. 2) To describe therapeutic strategies and suggestions for sex therapy with older women and men.

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Workshop 14
CONSTRUCTING THE SEXUAL CRUCIBLE: INTEGRATING SEX AND MARITAL THERAPY
David M. Schnarch, Ph.D.*

This workshop offers a multi-systemic approach for simultaneous treatment of sexual and relationship problems. Live clinical demonstrations illustrate how this differentiation-based approach harnesses the natural systems of committed relationships to help people achieve profound sexual desire and develop the strength it takes to love. A true paradigm shift from Masters and Johnson's and Helen Kaplan's work.

Educational Objectives: 1) To list three problems with contemporary clinical understanding and treatment of sexual desire and intimacy problems. 2) To describe and explain two differentiation-based interventions for couples with intimacy or sexual problems.

Workshop 15
Bennet Wong, M.D. and Jock McKeen, M.D.

The charge of sexual excitement is rooted in objectification; unfortunately, this appears to be in opposition to the development of intimacy, which flowers in an atmosphere of interpersonal sharing. The charge is greatest when the other is least known. As intimacy increases, couples are challenged to rejuvenate the sources of sexual excitement. This requires courage and a deeper understanding of the relationship between these seemingly contradictory phenomena. In this lecture/discussion, Drs. Wong and McKeen will outline a conceptual model to help to clarify the various aspects of this dilemma.

Educational Objectives: 1) To describe facilitation of understanding concerning sexuality and intimacy in ongoing relationships. 2) To describe the varieties and range of sexual charges that clients present.

2:00-4:45 PM
Workshop 12 (Continued)
IMPLICATIONS OF DIVORCE PREDICTION RESEARCH FOR MARITAL THERAPY
John Gottman, Ph.D.

There are commonly held ideas about what is dysfunctional in marriages that research has shown to be myths. We will review these myths and discuss what actually is dysfunctional in terms of the longitudinal stability and happiness of the marriage. I will discuss a new hypothesis that stems from these results called "Q-P-PHI Theory", which is a balance theory of marriage. From this theory a host of new interventional strategies emerge. Extensive use of videotapes illustrate concepts such as "The Three Types of Stable Marriages" and "The Four Horsemen of the Apocalypse."

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Workshop 13 (Continued)
SEX AFTER FIFTY: CHANGES, CHALLENGES AND REWARDS FOR OLDER COUPLES
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Workshop 14 (Continued) Preston Trail I & II

CONSTRUCTING THE SEXUAL CRUCIBLE: INTEGRATING SEX AND MARITAL THERAPY
David M. Schnarch, Ph.D.

This workshop offers a multi-systemic approach for simultaneous treatment of sexual and relationship problems. Live clinical demonstrations illustrate how this differentiation-based approach harnesses the natural systems of committed relationships to help people achieve profound sexual desire and develop the strength it takes to love. A true paradigm shift from Masters and Johnson's and Helen Kaplan's work.

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Workshop 16

Bennet Wong, M.D. and Jock McKeen, M.D.

A relationship can be the most exciting place for a person to grow; usually, this is not the case. Relationships are often based upon power and control, with an attempt to please the other, thus limiting the behavior of both parties. In an "inner-directed" relationship, each brings individual resources to share in an on-going dialogue of vulnerability. In this milieu, each person can become more individuated, without any compromise or submission. We will examine the principles of relationship, consider ways to enhance enjoyment and self-development, and outline approaches toward the discovery of life-enhancing solutions to conflicts and differences.

Educational Objectives: 1) To describe the development and maintenance of an ongoing intimate relationship. 2) To list approaches to help clients when intimacy is blocked. 3) To provide three techniques to working through power struggles in relationships.

* * * * * *

5:00-5:15 PM  CLOSING REMARKS  Grand Ballroom

* * * * * *
The Development Of Self: Crucial To Greater Intimacy And Satisfaction In Relationships

The Couples Institute
445 Burgess Drive, Menlo Park, CA 94025
Telephone (415) 327-5915. Fax (415) 327-0738
Assumptions of Bader/Pearson Developmental Process

1. Life is a developmental process in which we as humans are continually challenged.

2. Couples relationships can evolve through a series of normal developmental stages. These stages parallel the stages of early childhood development described by Margaret Mahler.

3. No one comes out of childhood totally equipped for a close 1-1 love relationship. The events of the first three years of life will have a major impact on each individual’s object relations....these developmental issues from childhood will surface in the couple in terms of:

   ♦ Basic Trust: Sureness of being loveable, even if lover is absent;
   ♦ Problems with self-other differentiation;
   ♦ Boundary confusion (emotional contagion);
   ♦ Anxious or avoidant attachment patterns;
   ♦ Separation anxiety (Separation reactions);
      ♦ Limited ability to self-soothe;
      ♦ Difficulty with self-activation;
   ♦ Difficulty maintaining commitments in a relationship when angry, frustrated or disappointed.
Assumptions of the Bader/Pearson Developmental Model...continued...

4. When people meet and fall in love, they re-establish a "temporary psychosis" in which boundaries are merged and a brief experience of the original unconditionality of the parent-child relationship is re-experienced. Then they keep trying to recreate that experience over and over again.

5. Giving up the hope for a better past and giving up the hope of being loved unconditionally are necessary for each partner to progress beyond symbiosis into later stages.

6. The couples relationship provides tremendous opportunity for growth, intrapsychic change, and ego strengthening and eventual evolution to a mutually interdependent relationship.

7. This model views the struggles in couples relationships as part of the drive for psychological wholeness, rather than as pathological or sick.
Initiator
Revealing one's self

Focus On One Issue Only

Before you begin, get clear on your main concern.
Check your partner's readiness.
Stay on track with this one issue.

Express Your Feelings & Thoughts

Feelings are often complex and can even be contradictory. Go beyond simply expressing one feeling. Look for the vulnerability that may be underneath your initial feeling...e.g. sadness, fear, jealousy, hurt, guilt, etc.

Reminder to self:
This is my problem — it's an expression of who I am — it's about me revealing myself and being willing

Avoid Blaming, Accusing or Name Calling

Blaming stops you from knowing yourself. You have a role to play in being heard. You may wish to acknowledge some positive aspects of the situation.

Be Open To Self-Discovery

Explore your personal, inner experience. Keep going deeper into how you feel — What does this tell you about yourself... how you respond... how you think and feel?

Reminder to self:
This process is about my willingness to take a risk to speak or discover my truth, and about increasing my ability to
Inquirer
The Effective Listener

Listen Calmly
Don’t defend yourself, argue or cross-complain. Remind yourself that you don’t have to take what’s said so personally. Hold onto “The Big Picture”.

Empathize
Do your best to put yourself in your partner’s shoes. Respond with empathy. Keep making empathic statements until a soothing moment occurs. You can hold onto yourself and still be able to imagine what it’s like for the other person.

Ask Questions
Develop an interested and curious state of mind. The questions you ask are designed to understand your partner’s experience. Can you come up with any examples on your own that will let your partner know you really understand?

Recap
Repeat back to your partner, as accurately and completely as you are able, what you’ve understood. Check it out with your partner to see if it’s complete and accurate.

Reminder to self:
Am I in a place to listen with openness? I do not own this problem. I do not need to get upset.

Reminder to self:
My partner is a separate person with their own feelings, thoughts, personality and family history. I only need to listen, not look for
Empathy In The Inquirer.

- **1** Treats other people as extension of self
- **2** Demand for fusion.
- **3** As Inquirer can contain self to listen, but has very limited ability to recap. High degree self-reference.
- **4** Is able to be less reactive at times to partner’s defining self. As Inquirer can recap capably.
- **5** Same as 3 but catches self and recovers on own.
- **6** Is mostly able to stay in role—occasionally slips out—able to get back with reminder from therapist.
- **7** Asks questions aimed at understanding Initiators experience.
- **8** Same as 6 but catches self and recovers on own.
- **9** Is able to experience shift within self as understanding of other increases.
- **10** Actively and curiously interested in greater understanding of partner, able to ask questions that further Initiator’s discovery of themselves.

Less Differentiated — The Continuum Of Empathy — More Differentiated

- **11** Can listen openly understand other—self assess see options—self validate.
- **12** Experiences and expresses compassionate understanding for divergent and paradoxical points of view without compromising personal integrity.

Concept: Peter A. Mindell, MDCC
### The Borderline Continuum In Couples Therapy

**Overview:** Early secure attachment has failed—they look to relationship to meet this need but do it indirectly and as a result run into each other's defenses.

#### Characteristics:
- Do not have libidinal object constancy
- Self is not coherent
- Separation Anxiety - Often high
- Have problems being alone
- Use splitting - black/white thinking
- Can't manage ambiguity - can't love and hate same person
- Often will dominate the relationship with regression or helplessness
- Are self critical
- Are other-directed
- Have boundary confusion
- Undermine own autonomy
- Are emotionally unpredictable

#### Relationship Features:
- Attachment is maintained at expense of self-development
- Use affect, helplessness, and regression to try and maintain control in the couples relationship
- Expect the "WE" to dominate
- Will have excessive dependency on partner
- Are dependent on validation from other to maintain equilibrium
- Dread loss of other and may perceive it even when it isn't happening
- Don't believe that their own differentiation will lead to positive responses from the partner.
- Efforts at building self/asserting self are met with internal criticism - this serves to maintain symbiotic structure of relationship and to inhibit the differentiation that would lead to healthy movement for both the individual and the couple.

#### Couples Therapy Issues:
- Couples therapy can be very powerful when it actively addresses the issues described above:
  - Borderline must know you are on their side
  - Get permission to give feedback
  - Early on change fear of abandonment to: "You feel alone and scared and aren't sure you'll cope..."
  - Be explicit about partner's contribution
  - Define boundaries
  - Strengthen boundaries - Hold other as a separate self and maintain own boundaries when other is distressed
  - Be self activating in the room - Be able to express self fully to partner while managing own anxiety about abandonment or engulfment

**Summary of Borderline:** "If I am me, (grown-up and self-activated), I'll be abandoned...I want to be loved so badly that I'll give up me to be loved by you...then I'll be angry that you won't meet my dependency needs."
The Narcissistic Continuum In Couples Therapy

Overview: The narcissist expects to be adored and seen as perfect without having to give much in return. They do not want to be challenged and instead desire to be admired. Often want to be loved unconditionally (feel entitled) or to be the one and only.

<table>
<thead>
<tr>
<th>Characteristics:</th>
<th>Relationship Features:</th>
<th>Couples Therapy Issues:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preoccupied with status, prestige, power, adequacy, money, thrive on power,</td>
<td>Wants to be adored without doing much</td>
<td>Couples therapy can be very powerful when they have the motivation to maintain the</td>
</tr>
<tr>
<td>in context of fragile self-esteem</td>
<td>Will put major emphasis into career to protect self-esteem</td>
<td>relationship.</td>
</tr>
<tr>
<td>Self and self-esteem are looked for in the other</td>
<td>Will give little to partner</td>
<td>Address the insecurity, low self-esteem, inability to soothe-self and the resulting</td>
</tr>
<tr>
<td>Need constant attention &amp; mirroring and perfect stroking - use others to</td>
<td>Easily sees partner as disapproving</td>
<td>inability to give.</td>
</tr>
<tr>
<td>prop up self and become outraged when not understood</td>
<td>Feels rejected easily</td>
<td>In therapy, narcissist may not want to be there keep distant from therapist, resist</td>
</tr>
<tr>
<td>Feels entitled to unconditional love &quot;I deserve it&quot;</td>
<td>Can go on for long periods of time in symbiotic relationship and this may only break</td>
<td>insight, and be indignant about having problems. Will often attempt to outwit therapist</td>
</tr>
<tr>
<td>Being irresponsible is justified by rationalizations, indifference and a sense</td>
<td>down when adoration is not available.</td>
<td>and stay dominant.</td>
</tr>
<tr>
<td>of special status for self</td>
<td>Relationship failures show up when empathy is required. Problem in couple often becomes</td>
<td>Therapist precipitates a crisis and then holds and contains through the crisis.</td>
</tr>
<tr>
<td>Lack empathy - unable to experience how others feel</td>
<td>evident when life circumstance or therapy requires individual to function autonomously</td>
<td>You must be prepared for their anger - when you confront Don't let it stop you.</td>
</tr>
<tr>
<td>Like to be in control</td>
<td>or empathically towards partner.</td>
<td>BUT: Don't enter into control struggles.</td>
</tr>
<tr>
<td>Will respond to criticism with shame or humiliation - and often attack back</td>
<td>Lack of genuine committed attachment enables this partner to rapidly change partners to</td>
<td>Confrontations are often about their internal process and pain - What they do to</td>
</tr>
<tr>
<td>Individuation may be over-emphasized</td>
<td>another symbiotic relationship rather than face world alone.</td>
<td>themselves.</td>
</tr>
<tr>
<td>Relationships are not enjoyed</td>
<td></td>
<td>Help partner talk their feelings and reactions.</td>
</tr>
</tbody>
</table>

Summary of Narcissist: "I don't need anyone (I'm great, special etc.) but I need you to tell me (show me) I'm okay, but I won't let on how important you are to me."
Principles for Developing Intimacy in Couples' Relationships

1. Progressive levels of self disclosure stimulate increasing levels of anxiety/fear.

2. Moments of greatest defense/defensiveness provide the best opportunities for intimacy with self and intimacy with the partner...therefore they are not to be avoided.

3. Typical responses to the anxiety are withdrawal, domination/blame or whining/victim behavior.

4. Core beliefs about self/other inhibit the ability to receive intimate communication or to express anxiety laden or controversial material.

5. Deepest intimacy is arrived at by countering natural instincts for self-protection and self-preservation.

6. Symbiotic intimacy often feels good and is frequently demanded by one partner, while differentiated intimacy may be tension-filled and is often avoided by both partners.
1. 15 hypotheses of what is “dysfunctional” when marriages are ailing.

   It is critical to know what is “dysfunctional” when marriages are in trouble. This helps define what to fix, that is, it determines the goals of therapy. Many hypotheses have been proposed. What does research tell us is the truth?

2. The stable phenomena of marital processes and outcomes.

   There are seven stable patterns that research has identified. These speak to the previous 15 hypotheses, most of which have turned out to be not true.

3. There is a need to integrate these stable patterns into a theory of dysfunction. The figure is a summary of Gottman’s theory of marital dissolution (from the 1994 book by Gottman titled “What Predicts Divorce?” published by Lawrence Erlbaum Associates).

4. A theory of Dysfunction is not enough. We need to know what happens when things go right in marriages. The figure is a summary of Gottman’s theory of how marriages work when they are going well. It is in direct opposition to a social skills model of marital therapy. Instead it presents a surprisingly simple alternative, called the Emotional Bank Account Model.

5. The final handout is about the five components of Emotion Coaching, which is what parents can do to buffer their children from the negative effects of marital conflict and/or marital dissolution.
HYPOTHESES ABOUT WHAT IS “DYSFUNCTIONAL” IN AILING MARRIAGES.

(1) Couples who argue a lot about even trivial issues suffer from hidden agendas or symbolic conflict (Raush et al., 1974).

(2) Couples who avoid conflict and do not problem solve and agree to disagree lack conflict resolution skills and are brittle and at risk (Raush et al., 1974).

(3) A dominance structure is dysfunctional (Gottman, 1979).

(4) The lack of a dominance structure is dysfunctional (Kolb & Straus, 1974).

(5) A “demand-withdraw” pattern or a “pursuer-distancer” pattern is dysfunctional (e.g., Heavey, Christensen, & Malamuth, 1995).

(6) Not being able to change one another’s behavior is dysfunctional (Jacobson & Margolin, 1979).

(7) A good marriage is characterized by acceptance in which spouses accept one another as they are and do not try to get behavior change (Jacobson and Christensen, in press).

(8) Poor problem solving is dysfunctional (Jacobson, 1989).

(9) “Mindreading,” or attributing motives or behaviors to one’s spouse is dysfunctional (Watzlawick, Beavin, & Jackson, 1967).

(10) Not meta-communicating is dysfunctional (Bateson, Jackson, Haley, & Weakland, 1956).

(11) Need complimentarity is functional (Winch, 1958).

(12) Healthy marriage is not possible unless neuroses in one’s primary family are resolved (Scharff & Scharff, 1991).

(13) Most marital conflict is projection (Meissner, 1978); first the marriage needs to become “conscious” (Hendrix, 1988).

(14) Marriages start off happy, but over time “reinforcement erosion” occurs and that is the source of marital dysfunction (Jacobson & Margolin, 1979).

(15) Only equalitarian marriage is functional (Schwartz, 1994).
THE STABLE PHENOMENA OF MARITAL PROCESS AND OUTCOMES.

So far research on marriage by psychologists has been remarkably productive. We can identify seven consistent patterns across laboratories. These patterns are: (1) greater negative affect reciprocity in unhappy couples, which may be related to the failure of repair processes; (2) lower ratios of positivity to negativity in unhappy couples and couples headed for divorce (this includes a greater climate of agreement in happily married couples); (3) less positive sentiment override in unhappy couples; (4) the presence of The Four Horsemen: Criticism, Defensiveness, Contempt, and Stonewalling in couples headed for divorce; (5) greater evidence of the wife demand- husband withdraw pattern in unhappy couples (although it is probably also there to some extent in happily married couples); (6) negative and lasting attributions about the partner and more negative narratives about the marriage and partner in unhappy couples, and (7) greater physiological arousal in unhappy couples.

Gottman’s presentations will include a theoretical model of how these various patterns may fit together. The search for a theory needs to be guided by two questions, the question of what is dysfunctional in marriages (i.e., how the seven negative patterns are related and the ontogeny of the seven negative patterns in ailing marriages), and the question of what is functional, that is, what couples whose marriages are doing well are doing differently (thinking, feeling, etc.); it is briefly noted that both questions are necessary -- identifying negative dysfunctional patterns does not imply that one has also simultaneously identified positive functional patterns.
THE CORE TRIAD OF BALANCE INCREASED STABILITY AND GLOBALITY OF THOUGHTS

FLOODING AND NEGATIVE ATTRIBUTIONS

RECASTING THE ENTIRE HISTORY OF THE MARRIAGE

DIVORCE
GOTTMAN THEORY OF FUNCTIONAL MARITAL PROCESSES.

START HERE

NONCONFLICT INTERACTION

TURNING TOWARD VERSUS TURNING AWAY

which =

BANK ACCOUNT MODEL (BAM)

CONFLICT INTERACTION

EDITING REPAIR RESPECTFUL INFLUENCE POSITIVE AFFECT

BUILD\'S POSITIVE SENTIMENT OVERRIDE

RESPECT AND ADMIRATION SYSTEM

PHYSIOLOGICAL SOOTHING

COUPLE\'S NARRATIVES
EMOTION COACHING

1. IS AWARE OF CHILD’S EMOTION.
2. SEES CHILD’S EMOTION AS AN OPPORTUNITY FOR INTIMACY OR TEACHING.
3. HELPS CHILD VERBALLY LABEL EMOTION WHILE CHILD IS HAVING THE EMOTION.
4. EMPATHIZES WITH OR VALIDATES CHILD’S EMOTION.
   (affection, soothing)
5. HELPS CHILD PROBLEM SOLVE.
   (sets limits, goals, strategies).
Imago Relationship Therapy is a systematic theory of marriage and marital therapy. Developed from exclusive study of couples rather than individuals or families, it synthesizes the major psychological and spiritual traditions of our culture, including psychologies of unconscious meaning, self organization, and relational dynamics and patterns into a systematic theory of committed love relationships.

Its basic premises is that the unconscious purpose of a committed relationship is personal healing and self-completion. To that end, its aim is to assist couples in creating a "conscious marriage/relationship" by helping them identify and integrate their unconscious developmental issues and use them in relationships for mutual healing and collaborative self-development.

It also assists single persons who wish to prepare for a committed relationship to create a comprehensive plan for change that includes relationship skills, identification of childhood issues and the gradual integration of their lost and denied self-aspects. The goal is to increase their capacity for intimate and healthy relationships.

For more information regarding Professional Training in Imago Relationship Therapy, please contact:

The Institute for Imago Relationship Therapy
335 Knowles Avenue
Winter Park, FL 32789
1-800-729-1121
IMAGO RELATIONSHIP THERAPY

ONE PRECONDITION

COMMITMENT (No Exit Decision)

ONE SKILL

COUPLES DIALOGUE

Mirroring
Validation
Empathy

FIVE PROCESSES

❤ Re-visioning
Relationship Vision

❤ Re-romanticizing
Re-romanticizing List
Fun List
Surprises List

❤ Re-imaging
Imago Workup
Partner as Parent
Holding Exercise

❤ Restructuring Frustrations
Restructuring Frustrations
Exercise
Behavior Change Requests

❤ Resolving Childhood Rage
Containment Process:
- Container Transaction
- Container Days
- Full Container

CONFLICT RESOLUTION OPTIONS
- COUPLES DIALOGUE
- RESTRUCTURING FRUSTRATIONS
- CONTAINMENT - ONE OF THREE FORMS
**Intentional Dialogue**

*Effective communication is essential to a good relationship.*

*Good communication skills may not solve problems or resolve issues, but no problems can be solved or issues resolved without them.*

Defined as the verbal or non-verbal exchange of information, meaning and feelings between two persons, communication covers every possible way we can interact. We may communicate well or poorly, but we cannot not communicate.

One of the most effective forms of communication between persons in a committed love relationship is the **Intentional Dialogue**. It consists of three processes: mirroring, validation and empathy.

**Mirroring** is the process of accurately reflecting back the "content" of a message from your partner. The most common form of mirroring is paraphrasing. A "paraphrase" is a statement in your own words of what the message your partner sent means to you. It indicates that you are willing to transcend your own thoughts and feelings for the moment and attempt to understand your partner from his/her point of view. Any response made prior to mirroring is often an "interpretation" and may contain a misunderstanding. Mirroring allows your partner to send his/her message again and permits you to paraphrase until you do understand.

**Validation** is a communication to the sending partner that the information being received and mirrored "makes sense." It indicates that you can see your partner's point of view and can accept its validity—it is "true" for the partner. Validation is a temporary suspension or transcendence of your point of view that allows your partner's experience to have its own reality. Typical validating phrases are: "I can see that..."; "You make sense to me because..."; "I can understand that ...." Such phrases convey to your partner that their subjective experience has its own logic and is a valid way of looking at things. To validate your partner's message does not mean that you agree with his/her point of view or that it reflects your subjective experience. It merely recognizes the fact that in any communication between two persons, there are always two points of view, and every report of any experience is an "interpretation" which is the "truth" for each person. It also recognizes that no "objective view" is possible. The process of mirroring and validation affirms the other person and increases trust and closeness.

**Empathy** recognizes the "self" in the other. It is the process of reflecting, imagining or participating in the feelings the sending partner is experiencing about the event or the situation being reported. This deep level of communication attempts to recognize, reach into and, on some level, experience the emotions of the sending partner. This empathy allows both partners to transcend their separateness, even if only for a moment, and to experience a genuine "meeting." Such an experience has remarkable healing power. Typical phrases for empathic communication include: "and I can imagine that you must feel..."; "and when you experience that, I hear..."; "I understand that you feel..."; and "that makes sense to me," and at the deepest level, "I am experiencing your (feelings etc.)...."

A complete dialogue transaction may then sound as follows: "So, I understand you to be saying that if I don't look at you when you are talking to me, you think that I am uninterested in what you are saying. I can understand that. You make sense because when I don't look at you, I do appear uninterested. I can imagine that you would feel rejected and angry. That must be a terrible feeling."

The reciprocal exchange of this process is the **Intentional Dialogue**.
Check List for *Intentional Dialogue*

There are now three reasons why one might want to have an *Intentional Dialogue*:

1. You want to be listened to and understood.
2. You are upset about something and want to discuss it.
3. You want to discuss a topic that you think might be "touchy".

**SENDER**

1. The one who wants to send a message must take the initiative and says, "I would like to have a Dialogue. Is now okay?"
2. Sends message.
3. Continues sending message until completed.
4. Listen to summary and give accuracy check.
5. Listen to validation.

**RECEIVER**

1. It is the RECEIVER's job to grant a Dialogue ASAP...now if possible. [If not now, set an appointment time so that the sender knows when s/he will be heard.] "I'm available now."
2. Mirrors: "If I heard you right" or "If I've got it right, you said..." (paraphrase the sender's message).
   Accuracy Check: "Did I mirror you accurately?" or "Did I get it?" If SENDER accepts, then say, "Is there more about that?"
3. When the SENDER has finished sending, the RECEIVER summarizes all of the SENDER's message with this lead-in: "Let me see if I got all of that..." Check for accuracy.
4. Validates: "You make sense, because..." and then state the logic of the SENDER's point of view.
5. Empathizes: A lead-in sentence might be: "I imagine you might be feeling..." or "I imagine you might have felt... or "I can see you are feeling..." (if feelings are obvious).
   You must make some guesses as to what the SENDER is or was feeling. Feelings are stated in one word (i.e.: angry, confused, sad, upset, etc.). If your guess entails more than one word it is probably a thought ("you feel that you don't want to go with me." This is a thought, not a feeling). Also, one never knows for sure what another person is feeling. Therefore check out your guess by saying:
   "Is that what you are feeling?" or "Did I get it right?" If the SENDER shares with you other feelings, mirror back what you heard. Then inquire, "Is there more about that feeling?"
6. Listen. If RECEIVER did not get the feelings right are did not get all of the feelings, share with RECEIVER.
7. When the RECEIVER has gone through all three parts (mirror, validation, and empathy) then s/he says: "I would like to respond now." Then there is a switch and the RECEIVER now becomes the SENDER.
Check List for Behavior Change Request Dialogue

1. Request an appointment. "I would like an appointment to express a frustration and make a Behavior Change Request."

2. State the frustration in one short sentence.

3. State the frustration fully. Tell about the frustration, hurt and fear:
   - "I feel frustrated when..." (describe frustrating behavior)
   - "that hurts me..." and
   - "makes me afraid that...

4. State the childhood wound.

5. State your global desires.


7. Say: "Thank you. That will reduce my fear of __________ (childhood wound) and make me feel..."

1. Grant an appointment ASAP. Now, if possible.

2. Mirror. Then say: "I am ready to hear your frustration fully."

3. Mirror. Then say: "Tell me what these feelings remind you of in your childhood."

4. Summarize, then validate and express empathy. Then say: "What is it that you desire of me?"

5. Mirror, validate, empathize. Then say: "What could I specifically do that would help meet your desires?"

6. Mirror each one. Rank as EASY, HARD, or X-RATED. Write all three requests on your three BCR lists on the next 3 pages. Give one request as a gift. If all of them are on your X-RATED LIST, make a counter-proposal that is acceptable to your partner that you can put on either your EASY or HARD LIST. The counter-proposal must be related to your partner's frustration or the desires.

7. Say: "You are welcome! Giving you that will help me change my resistance to __________ and grow as follows __________."

When exchange is completed (Steps 1-7), switch roles.
Clinical Training programs in Imago Relationship Therapy, as developed by Harville Hendrix, Ph.D., are available throughout the United states and internationally. For more information please fill out the form below:

Name ____________________________________________________________

Address_____________________________________________________________________

City__________________________  State____________________  Zip_________

Phone (day)________________________  Phone (eve)________________________

Mail to:
The Institute for Imago Relationship Therapy
335 Knowles Avenue
Winter Park, FL 32789

or Call:
1-800-729-1121
(407) 644-3537 (in Florida)
Summary of Symptoms and Solutions

**Premenstrual syndrome, mood swings, irritability, depression**
- **Diet**—Avoid alcohol, sugar, dairy products, salt
- **Exercise**—Daily
- **Behavior**—Relax whenever necessary
  - Prepare family members and colleagues
  - Undergo psychotherapy when needed
  - Don’t smoke
- **Supplements**—Vitamin B-6: 50–300 milligrams per day
  - Magnesium: 150–400 milligrams per day
- **Homeopathy**—Individual remedies
- **Acupuncture and Chinese herbs**—Individual treatment
- **Herbs**—Chasteberry (Vitex)
  - Skullcap for irritability
  - Saint-John’s-wort for depression
- **Hormones**—Estrogen is particularly effective
  - Natural progesterone

**Fatigue**
- **Exercise**—Daily
- **Homeopathy**—Individual remedies
- **Acupuncture and Chinese herbs**—Individual treatment
- **Herbs**—Chasteberry (Vitex)
- **Hormones**—Estrogen (sometimes testosterone)

**Sleep disturbance**
- **Diet**—Avoid caffeinated and alcoholic beverages
  - Avoid large evening meals
  - Drink warm milk before bedtime
- **Exercise**—Daily
- **Behavior**—White noise, very hot baths, reading, relaxation exercises
- **Homeopathy**—Individual remedies
- **Acupuncture and Chinese herbs**—Individual treatment
- **Herbs**—Motherwort, passionflower, valerian
- **Hormones**—Estrogen

**Mental fuzziness**
- **Behavior**—Increase organization, use notes and lists
- **Homeopathy**—Individual remedies
- **Acupuncture and Chinese herbs**—Individual treatment
- **Herbs**—Chasteberry (Vitex)
- **Hormones**—Estrogen is particularly effective

**Joint and muscle pain**
- **Behavior**—Massage
- **Exercise**—Daily
- **Homeopathy**—Individual remedies
- **Acupuncture and Chinese herbs**—Particularly helpful
- **Herbs**—Burdock, black cohosh, blue cohosh, nettles, cleavers for joint pain
- **Hormones**—Estrogen
Appendix A

Gastric upset, constipation, diarrhea
Homeopathy—Individual remedies are particularly effective
Acupuncture and Chinese herbs—Individual treatment
Herbs—Chamomile tea, peppermint tea, bitter herbs for gastric upset, psyllium husks for constipation
Hormones—Estrogen

Nausea and dizziness
Homeopathy—Individual remedies
Acupuncture and Chinese herbs—Individual treatment
Herbs—Chasteberry (Vitex)

Headaches
Homeopathy—Individual remedies are particularly effective
Acupuncture and Chinese herbs—Individual treatment
Herbs—Chasteberry (Vitex), peppermint oil, feverfew
Hormones—Estrogen

Skin sensitivity
Homeopathy—Individual remedies
Acupuncture and Chinese herbs—Individual treatment
Herbs—Chasteberry (Vitex)
Hormones—Estrogen

Breast tenderness
Supplements—Vitamin E: 100–800 international units per day
Homeopathy—Individual remedies
Acupuncture and Chinese herbs—Individual treatment
Herbs—Chasteberry (Vitex)
Hormones—Progestosterone or testosterone

Frequent urination
Homeopathy—Individual remedies
Acupuncture and Chinese herbs—Individual treatment
Herbs—Chasteberry (Vitex)
Hormones—Estrogen—Estrogen cream may be sufficient

Urinary incontinence
Behavior—Kegel exercises, relaxing while voiding
Homeopathy—Individual remedies
Acupuncture and Chinese herbs—Individual treatment
Herbs—Chasteberry (Vitex)
Hormones—Estrogen for urge incontinence
Medical—Surgery

Hot flashes
Supplements—Vitamin E: 600–800 international units per day
Hesperidin: 1,000 milligrams per day
Vitamin C: 500–1,000 milligrams three times per day
Diet—Avoid coffee, chocolate, alcohol, spicy foods, and fruits high in acid
Keep cold liquids nearby
Exercise—Daily
Behavior—Dress in layers, carry a fan, have sex weekly
Homeopathy—Individual remedies
Acupuncture and Chinese herbs—Individual treatment
Herbs—Chasteberry (Vitex), black cohosh, Dong Quai, Siberian ginseng
Hormones—Estrogen is particularly effective (sometimes progesterone or testosterone)
Medical—Clonidine, Aldomet
Appendix A

Heart palpitations
Homeopathy—Individual remedies
Acupuncture and Chinese herbs—Individual treatment
Herbs—Chasteberry (Vitex), black cohosh, Dong Quai
Hormones—Estrogen
Behavior—Relaxation

Heavy bleeding
Acupuncture and Chinese herbs—particularly effective
Homeopathy—Individual remedies
Herbs—Chasteberry (Vitex), shepherd's purse, blessed thistle
Hormones—Progesterone
Medical—D&C, ablation or laser burning of the uterine lining, hysterectomy

Weight gain
Exercise—Aerobic, daily
Diet—Reduce intake of fats
Drink lots of water

Hair loss
Homeopathy—Individual remedies
Acupuncture and Chinese herbs—Individual treatment
Herbs—Chasteberry (Vitex)
Hormones—Estrogen
Medical—Antitestosterone medication plus Rogain

Increased hair growth
Behavior—Bleaching, electrolysis
Hormone—Estrogen or natural progesterone
Medical—Antitestosterone medication

Skin problems
Behavior—Quit smoking
Use sunscreen
Diet—Drink lots of water
Homeopathy—Individual remedies
Acupuncture and Chinese herbs—Individual treatment
Herbs—Chasteberry (Vitex)
Hormones—Estrogen for dry skin
Natural progesterone cream for acne
Medical—Retin-A or antitestosterone medication for acne

Lack of sexual desire
Behavior—Psychotherapy when appropriate
Homeopathy—Individual remedies
Acupuncture and Chinese herbs—Individual treatment
Herbs—Chasteberry (Vitex)
Hormones—Estrogen and/or testosterone

Painful intercourse
Behavior—Additional lubrication with sex
Vitamin E or Replens on regular basis
Masturbation and stretching vagina
Psychotherapy when appropriate
Homeopathy—Individual remedies
Acupuncture and Chinese herbs—Individual treatment
Herbs—Chasteberry (Vitex)
Hormones—Estrogen—cream or pills—is particularly effective
Natural progesterone cream
Testosterone cream
Supplements—Zinc: 15 milligrams per day
**Appendix A**

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**Heart disease prevention**

Exercise—Aerobic, minimum three times per week

Diet—nonfat or low-fat, low-cholesterol, moderate fiber

Hormones—Estrogen

Supplements—Vitamin C: 500–3,000 milligrams per day

Vitamin E: over 100 international units per day

Miscellaneous—Baby aspirin: one per day

**Osteoporosis**

Exercise—Weight-bearing: three hours per week minimum

Diet—Consume adequate dairy products; increase other foods high in calcium

Drink calcium-fortified juices

Decrease animal flesh significantly

Supplements—Total intake from food plus supplements:

Calcium (elemental): 800 milligrams per day with estrogen

Calcium (elemental): 1,200–1,500 milligrams per day without estrogen

Vitamin D: 400 international units per day

Magnesium: 150–400 milligrams per day

Malic acid, boric acid, manganese, silicon, copper, zinc

Hormones—Estrogen and testosterone

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**Appendix B**

Should You Take Hormones?

**For Menopausal Symptoms**

Yes—if your symptoms are interfering substantially with your quality of life and you prefer hormones over other alternatives.

You can take a small supplemental dose of estrogen on the days you tend to be symptomatic. As long as you are still menstruating every two months and not bleeding heavily, you do not need to take progesterone.

Most experts agree that there is no increased risk of breast cancer when estrogen is taken for less than seven years.

**For Protection Against Cardiovascular Disease**

Yes—if you have a family history of cardiovascular disease

Yes—if the ratio of your HDL to total cholesterol is 4.5 or higher

Yes—if your waist measurement is 79 percent or greater than your hip measurement

**Osteoporosis**

Yes—if you have a family history of osteoporosis

Yes—if a bone scan reveals that your bone density is below average

You can take half the average dose of estrogen if you are looking for protection against osteoporosis only.

**The Downside**

A small possible increase in the risk of breast cancer. Any medication taken regularly over a long period of time can have negative side effects.

You need to take progesterone in addition to estrogen if you have a uterus.

Regardless of whether you decide to take hormones or not, you should eat a diet low in fat, low in chicken, meat, and fish, and high in calcium, and you should participate in weight-bearing aerobic exercise for approximately three hours per week.
Shame and Intimacy

Ruth McClendon, MSW

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Shame and Intimacy Workshop Overview

I. What is a Healthy Couple: goals, systems and seven specific rules for healthy couple relationships.

II. Working with Couples
   A. Approach via the relationship system, the individual and the sexual behavior.
   B. Understanding individuals and couples: shame affect, early decisions, defenses, systems and rededications.
   C. Redecision Couples Therapy treatment model.

III. Videos

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Seven Rules

- No secrets
- No surprises
- No lies
- No distractions
- No confusion
- No excuses
- No illusions

adapted from Rodgers, T., et al., 1992

Shame Affect

- Loss of tone in head & neck
- Eyes downcast or averted
- Vasodilation causes blush
- Cognitive shock
- Interruption of affective communication
- Stops antecedent affect

adapted from Kelly, V and Flavellor, D. 1991
Governing Principles

- Safe Environment
- Readiness
- Systems Thinking
- Mental Models
- Shared Vision
- Collaborative Learning

adapted from Senge, P., 1990

Couples
Early Decisions

Areas of vulnerability:

• Where I come from
• How I look
• What I am able to do
• Who I am as a person
• Who I am sexually
• Who I am in relationships

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Success = Q X A + I

- Q = quality of the plan
- A = acceptance of ownership by the people who will carry out the plan
- I = implementation

Treatment Model
CHOICE IN THE PRESENT, HOW INDIVIDUALS AND SYSTEMS CHANGE

In Stage I interventions are systemic and serve the purpose of reinforcing individual boundaries, interrupting maladaptive patterns of interaction, and defining and supporting new patterns. The goals of Stage I are to help each person develop the ability to keep separate from the knee-jerk reactions that characterize repetitive systemic patterns, to help each person recognize that their mental models or early childhood decisions rule their current life; and, to help each person gain his or her separateness in the face of emotionally laden transactions.

In Stage II the process of redeciding begins when an individual reexperiences his or her thinking, feeling and being of an earlier time. It is concluded as the therapist guides them through recognition of their early decision to the discovery of a redecision or new and updated mental model or perception of themselves and others. Drawing upon abilities acquired by the evolution of adult perceptions and resources, each person begins to recognize the value and significance of their early decision and then to develop new perceptions and conclusions. The redecision occurs with incorporation of updated and current information about one’s being and circumstances. Through the redecision process, individuals take steps to free themselves to think, feel and behave differently in their current lives -- to make free choices in the present rather than react with the resounding echoes of the past. Each redecision signals a step in transforming the self. Each redecision opens up the opportunity for new and different systems interactions as well as the opportunity for other system members to move ahead in their own internal growth process.

In Stage III, reintegration, the focus is on how things will be different. Stage III builds on each of the processes that have come before and is a time for creating supportive structures which will help to maintain change. The focus is on supporting a sense of the self that is highly valued by both oneself and significant others in the environment. It is a time to develop alternative strategies for coping without resorting to self-defeating defenses and pathological responses. In Stage III people have the sense that they are becoming the type of person they have wanted to be. People in Stage III are helped to build the processes of listening and understanding and the guidelines for continued collaborative learning or healthy systems.

In conclusion, Redecision Couple Therapy is a model which integrates an interpersonal and intrapersonal perspective. It stresses the dignity of each person and their ability to change. As a treatment approach, it brings action, vitality and humor to the process, emphasizes the positive and utilizes the strengths the client brings to the therapeutic situation.

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CHOICE IN THE PRESENT, HOW INDIVIDUALS AND SYSTEMS CHANGE

Redecision Couple Therapy is a developmentally based three-stage model which integrates interpersonal and intrapersonal approaches to therapeutic work with individuals and systems. Through weaving systems and individual dynamics together, Redecision Couple Therapy addresses the ongoing, continuous and dynamic interaction of the system and the individuals who make up the system. It is a three stage model in which current interaction and personal history are seen to operate in a reciprocal relationship.

Stage I of Redecision Couple Therapy is a systems stage focusing on symptom or problem resolution through changes in both the structure and function of the system. The goal of Stage I is the emancipation of the individual. Stage I examines and then interferes with the ongoing and continuous interactional patterns which negatively affect problem solving behavior, positive coping skills, task mastery, social competence and intimacy. In Stage I the discovery of how defenses against shame affect and how mental models or early decisions manifest themselves in the present is defined.

Stage II is the Redecision or intrapersonal stage. It focuses on the transformation of internal models. This involves helping the individual confront his or her past (his or her early decisions) in order to gain the confidence to master the present and decide upon the future. Redecisions are cognitive and affective reinterpretations of the sense of self. The focal point for rededications is derived from the individual's process and participation with other system members.

Stage III is focused on the prevention of future disablement, both individual and systemic, and on teaching effective and healthy ways to function within the interpersonal system.

The key to Redecision Couple Therapy is the therapeutic contract, the explicit agreement between the therapist and the individuals who make up the system. Contracts center therapy by creating the boundaries that remind each person of their obligations and objectives. They bring disparate units together under the same umbrella, provide them with a common purpose and at the same time focus energy, attention and problem solving efforts. A clear contract leads in the desired direction of change, sets measures for accomplishment and is the driving force for personal mastery. It shifts the system into a learning mode, outlines and supports strengths, tests abilities to solve problems, and teaches how to find solutions.

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DEVELOPMENTAL STAGES OF RELATIONSHIPS

APATHY
Indifference, Boredom, Despair, Passive-Aggressive, Resignation, Rational, "Realistic", Roles, Remaining together "for the kids"

SEPARATION
Breaking up the relationship, possible resentments and revenge, tendency to repeat the mistakes with new partners, new romances

TRANSCENDENCE
disembodiment

POWER STRUGGLE
Expectations, Control, Blame, Walls, Obligations, Coercion, Resentments, Revenge, Rules, Guilt, Excitement, Trust/Mistrust

INTEGRATION
Acceptance, Respect, Sharing, Boundaries, Recognition, Vulnerability, Self-responsibility

COMMITMENT
More realistic expectations of Self and Other, sense of security, belongingness in relationship, faith in life

CO-CREATION
A spiritual sense of union of Self and Other, while being inspiring to others, leading to the creation of new romances.

ROMANCE
Illusion, Unknowing, Projections, Vision, Hopes, Dreams, Mystery, Excitement

RENEWAL OF IMAGINATION

KNOWING

ENTITLEMENT

SUBMISSION
Non-Engagement

ABANDONMENT

Stages of Loving

Loving is Supportive
Loving is Enstrengthening
Loving is Enlightening
Loving is Valuing The Person
Loving is Pleasuring
Loving is Recognition
Loving is Being Vulnerable and Intimate
Loving is Accepting
Loving is Sharing
Loving is Co-Creating
Loving is Eternal

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THE SELF & OBJECTIFICATION

A. Stages of development of the Self:
   1. Omnipotence: feeling at one with all (merge).
   2. Objectification: making objects of the self, all experiences and things for the purpose of control, self-reliance and self-definition (emerge).
   3. Person-making: becoming a person through the vulnerable act of revealing and being revealed (contact), for the purpose of self-expression and autonomy.

B. Advantages of objectification:
   1. It serves to separate the self from others.
   2. It helps to define predictable roles, providing a sense of security.
   3. Objects are more controllable than are persons.
   4. Condensation and fetish-making simplify experience, conserving time, energy and consideration.
   5. The creation of objects provides a sense of power and excitement, overcoming underlying feelings of helplessness.
   6. Warring nations depend upon objectification in order to subjugate and kill. No person would be able to kill another person until he or she has been made into an object such as “the enemy” or “the foreigner” or “the savage.” Such a process helps us maintain dominion over one another, often with a resulting sense of security or peace.
   6. It provides a defense against being revealed and vulnerable to the control of others.

C. Becoming a person:
   1. Early training provides objectified role models for security-making in an obligating-expectation society that demands conformity.
   2. Early relationships are all objectified in roles (eg. mother, father, sibling, teacher, etc.) which are projected upon all new relationships which provide the opportunity to move beyond into intimate relationships.
   3. Objectified relationships are exciting and frightening, providing security/insecurity and self-esteem; intimate relationships are fulfilling and informative, providing for self-acceptance and autonomy.
   4. Most societies are based upon the achievement of power (eg. money, position) through role-creating hierarchies that encourage individuals to objectify the self and others and to become field dependent. Becoming self-reliant and sensitive to the needs of the self and others encourages the building of strength.
   5. Dependence upon the rights of the individual within society encourages the development of victims with issues of power and helplessness. Victories in this arena offer a sense of triumph and revenge, which mitigates against personal growth.
   6. Through mutual revelation and vulnerability, the self and other stand revealed as persons. All objectifying behavior needs to be recognized, acknowledged and accepted before reaching a mutual agreement on what expression is acceptable to both.
   7. Loving as “taking care of” one another objectifies the other as relatively helpless, giving rise to feelings of hope, sympathy and charity, fostering dependency and more helplessness. Loving as “recognition” and “empathy” encourages self-responsibility and autonomy.
   8. Responsibility involves the capability to respond (ability to remain sensitive and in contact) with the other, free from the obligations and prejudices of the fixed patterns of reaction which are characteristic of objectifying people.
   9. The autonomous person is not afraid to objectify the self or other because he or she remains aware of the process, enjoying the games without believing them. Honesty to the self and to other(s) is an essential ingredient of a healthy way for the self to grow.

D. Spirituality:
   1. Throughout its development, the self yearns for a reunion with an other and the universe — a spiritual quest. Too often, that quest is objectified into gods and religions to which the self submits and enthralls. Ecstasy, the state of moving beyond the self through surrender, is only possible for the autonomous self.
   2. In relationship, the self can develop spiritual bonds that are possessive if objectified or freeing if authentic. In the former, the self is diminished; in the latter, the self grows and becomes more of itself.

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# Dimensions of Sexuality

<table>
<thead>
<tr>
<th>Location</th>
<th>Biological</th>
<th>Sensual-Erotic</th>
<th>Sexual Charge</th>
<th>Romantic</th>
<th>Aesthetic/Mythic</th>
<th>Trans-Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Physical</td>
<td>Mental</td>
<td>Mental</td>
<td>Deeper Nature</td>
<td>Higher Self</td>
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<tr>
<th>Motivation</th>
<th>Relieve</th>
<th>Relieve</th>
<th>Overcome</th>
<th>Relieve</th>
<th>Emotional-Spiritual</th>
<th>Meaningfulness</th>
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<tbody>
<tr>
<td>Tension</td>
<td>Tension</td>
<td>Helplessness</td>
<td>Anomie</td>
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<tr>
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<th>Endocrine</th>
<th>Diencephalic</th>
<th>Cortical</th>
<th>Cortical</th>
<th>Cortical</th>
<th>Higher Self</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A.N.S.(prim. parasymp.)</td>
<td>A.N.S.(prim. symp.)</td>
<td>A.N.S.(prim. parasymp.)</td>
<td>Cortical</td>
<td>R.A.S. (limbic system?)</td>
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<tr>
<th>Mode</th>
<th>Ejaculatory</th>
<th>Stroking</th>
<th>Penetration/</th>
<th>Image</th>
<th>Meaning</th>
<th>Ecstasy</th>
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<tr>
<td></td>
<td>Penetration</td>
<td>Penetration/</td>
<td>Fenestration</td>
<td>Management</td>
<td>Management</td>
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<th>Reproduction</th>
<th>Pleasure/ Pain</th>
<th>Domination/ Submission</th>
<th>Control</th>
<th>Meaning Attribution</th>
<th>Union</th>
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<th>Sensory</th>
<th>Symbolic</th>
<th>Symbolic</th>
<th>Sensory/ Symbolic</th>
<th>Ineffable</th>
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<tr>
<td></td>
<td>Inarticulate</td>
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<th>Impersonal</th>
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<th>Impersonal</th>
<th>Impersonal</th>
<th>Impersonal</th>
<th>Impersonal</th>
</tr>
</thead>
</table>

Some Basic Observations

1. The Sexual Crucible approach is a multi-systemic approach based on a core integration (rather than a "shotgun" amalgam of techniques and self-contradictory assumptions.) Marital difficulties are not reducable to two individual processes gone awry. That any single issue or theory seems to explain the process is not the point--many other issues are often involved. Marriage as a system must be addressed on the level of complexity on which it operates, rather than denaturing it down to a simple framework or intervention scheme therapists can handle.

2. The Sexual Crucible approach is heavily rooted in differentiation theory. The concept of differentiation appears in many theoretical orientations. Various clinicians use the same word to focus on very different processes, implications, and clinical strategies. The Sexual Crucible approach utilizes the Bowenian notion of differentiation, which differs markedly from attachment theory approaches.

3. The complexity of emotionally committed relationships is not reducable to structured dialogic processes or prescribed sexual behaviors. Suggestions from the therapist are best used in an "elicitation" approach with no particular expected sequence or outcome, rather than channeling clients into behaviors the therapist deems best. This is particularly true when a couple is "gridlocked." If there's a place for "techniques" it's generally in the later stages of treatment.

4. Therapy is best conducted within clients' frame of reference rather than inducing clients to adopt the therapist's framework or model. Therapists have to know their own framework well enough to use it while operating within the clients' frame of reference.

5. No structured technique, therapy format, or theoretical rationalization is more important than the person of the therapist. In particular, the therapist's level of differentiation is crucial. (e.g., ability to maintain self when pressured to conform, anxiety tolerance & modulation, capacity for self-validated intimacy and self-soothing.) Therapists cannot bring clients to a higher level of differentiation than they themselves have reached. Many therapists are no better differentiated, and have no better sex, intimacy, or marriages than the people they work with.

(continues on other side)
6. Emphasis on empathy, reciprocity and other-validation makes emotionally fused couples feel better (temporarily) by creating pseudo-differentiation, borrowed functioning, and a positive reflected sense of self. It also gives control to the lowest common denominator in a relationship and interferes with intense intimacy, eroticism, and solid differentiation.

7. You can't talk your way out of lots of marital difficulties. The solution often requires going through the "gridlock" situation rather than dismantling it. It's what you do and how you conduct yourself, not what you say. Going through marital gridlock produces differentiation. Life is the best teacher—not therapists.

8. Many common marital difficulties—particularly involving sex—come from being absolutely normal rather than childhood wounds. "Normal" refers to (a) common social beliefs, (b) typical low level of differentiation, (c) systemic conundrums of sex and intimacy within emotionally committed (monogamous) relationships. The Sexual Crucible is health-based rather than pathology-based or deficit-based.

9. An approach based on the natural system of marriage does not require teaching clients a theory to get them started. A truly differentiation-based approach does not encourage clients to "trust" the therapist, believe in the therapist's approach, or stick with the approach when they are doubtful. A well-differentiated therapist can clearly state his or her position and encourage clients to follow their own inclinations when they disagree.

10. The impact of a therapist's intervention is more determined by the paradigm in which therapy is imbedded than the therapist's intent or theory. Therapist paradigms are rarely recognized, examined, or optimized for positive impact.

11. Much of "modern" sex therapy is intimacy-incongruent, dysfunction-focused, and systemically naive. Many marital therapy approaches don't work when applied to sex. The Sexual Crucible approach helps people use their sexuality to grow themselves up to be capable of loving on Life's terms.

12. Most people never reach their sexual potential and those who do are often well into their 40s, 50s, and 60s.

Suggested Readings in the Sexual Crucible Approach


A full range of video and audiotapes are available from The Marriage and Family Health Center Suite #310, 2922 Evergreen Pkway, Evergreen,CO 80439 (303) 670-2630 Fax (303) 670-2392
1996 Professional Training & Personal Development Workshops in the Sexual Crucible Approach

Two-Day Workshops: Introduction to the Sexual Crucible's intimacy-based paradigm shift from sensate focus approaches to emphasize differentiation, marital systems, and life-span development. Live clinical demonstration and debriefing. Presentations on intimacy, sexual desire, sexual potential, clinical issues and spirituality. A powerful professional & personal growth experience. Required foundation for 6-day workshops. This is not a "basic" workshop! ♦ June 7-8 Portland, ME ♦ July 26-28 Alta, UT ♦

Six-Day Workshops: Focused on treating sexual problems and clinical skill using the Sexual Crucible. Live demonstrations daily, lectures, clinical discussion, hands-on practice and case consultation. Personally challenging and cure for professional burnout. Afternoons free. (The Sexual Dysfunction and Desire Workshops cover different material although the clinical and theoretical approach is consistent.) ♦ Sexual Desire Workshop: Offers a rare intensive focus on the most common sexual complaint, the difficulty often considered most difficult to treat, and the issue most requested by marriage and family therapists. Contains a paradigm-shift from contemporary treatment of sexual desire that advances a new multifaceted approach. Goes beyond utilitarian desire and explores profound desire and human sexual potential. ♦ June 8-14 Kennebunkport, ME ♦

♦ Sexual Dysfunctions Workshop: Provides effective, broadband multi-systemic interventions that are more growth-oriented (less deficit-focused) than traditional sex or marital therapy solutions. Learn new ways to use sexual dysfunctions are opportunities for personal growth. Achieve rapid symptomatic relief while helping clients achieve profoundly intimate and erotic connection during sex. ♦ July 28-Aug 4 Alta, UT ♦

Couples' Retreats: Couple's Retreats are 8-day programs conducted in a contemplative and relaxing environment conducive to meaningful reflection and new beginnings. Registration is open to the general public and professionals alike—all couples wanting to enhance intimacy and sexuality. The Couples' Retreat offers relationship and personal development through presentations (intimacy, sexuality, marital systems, spirituality) guided activities for couples and group discussion. Couples work on their relationship without pressure for public disclosure. No nudity, "hot seat" or encounter group. Time for walks in the mountains and being alone. ♦ June 21-30 Alta Lodge, Salt Lake City, UT ♦ July 12-21 Lodge at Breckenridge, CO ♦

♦ Gay/Lesbian Couples' Retreat: August 30-September 8 Alta, UT ♦

Women's Weekend Away: (Conducted by Ruth Morehouse, Ph. D.) This workshop combines an invigorating yet relaxing weekend in the mountains with an opportunity for purposeful contact with other women. Lecture, group interaction, and guided activities explore issues of differentiation, femininity and womanhood, and the Sexual Crucible approach. ♦ Loveland CO October 2-6, 1996 ♦

Intensive Therapy Weekends for Couples and Individuals: Clients meet with MFHC staff for 3 hour sessions for 3-4 days. The intensive therapy format provides a rapid start to the Crucible process, offering advantages unmatched by conventional weekly briefier session. Provides new ways of understanding yourself and your situation and a solid start in changing both. Helps couples and families become better differentiated and break entrenched patterns of relating. For fly-in clients sessions typically occur mornings or afternoons, Wednesday through Saturday or Thursday through Sunday.

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$445 U.S. ($345 U.S for graduate students*) for registrations postmarked on or before November 15, 1996
$545 U.S. (no student discount) for on-site registrations if space is available

Other Foreign Registration Fees:
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*Students must provide a certifying letter from their school or department on letterhead stationery indicating proof of full-time graduate student status as of December, 1996.

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Paul Ekman

Keynote by
Jay Haley