

## Strategies for Working with Couples with High Conflict in the HFA

---

Camden Morgante, Audrey Atkinson & Jennifer Ripley, Ph.D.

[Hope Focused Couples Lab, Regent University](#)

One of the most challenging couples for the therapist to work with is couples with high levels of emotionally charged, volatile, and dysfunctional conflict. Even if this conflict never spills over into violence, it can be overwhelming for the couple and the therapist. Often these couples will display their distress in the therapy room in the way they communicate with each other and with the therapist. It is not uncommon for couples to try to pull the therapist into their conflict as a “referee.” The therapist must be willing to take charge of the therapy session and guide the couple’s communication while avoiding getting caught up in the couple’s arguments.

### *Characteristics of couples with high distress*

Couples who exhibit high levels of distress often have very dysfunctional communication and emotional patterns. A common communication pattern is the “demand-withdraw” pattern in which one partner criticizes, nags, and makes demands of the other, while the other partner avoids confrontation, withdraws, and becomes silent (Eldridge, Sevier, Jones, Atkins, & Christensen, 2007). Research has consistently shown that women are more often in the demanding role and men in the withdrawing role. However, other research has shown that males do enter the “demand” role if there is something they need or want from their partner. It appears that women tend to have more interpersonal needs in relationships that require a partner to fulfill them and therefore are in the demand role more often. This can sometimes escalate to “attack-withdraw” or even “attack-attack” pattern, depending on the topic.

Couples with high distress also tend to have negative and distorted cognitions about themselves, their partners, and their marriage. Conflict develops when partners hold these irrational beliefs about their partner, their marriage, and the future (Bennum, 1986). Lange, van der Wall, and Emmelkamp (2000) write that distressed couples are often hostile and critical of one another, and show a lack of self-control. Bennum (1986, p. 304) believes that distressed relationships are characterized by “interpersonal misperceptions and unvalidated assumptions, negative schemata that each spouse has of his/her interpersonal behavior, and unquestioned distortions and generalizations about the other that derive from the negative schemata.” He conceptualizes “marital distress as the absence of a cognitive understanding or marital and sexual satisfaction” and a lack of self-disclosure with one’s spouse (p. 306). For example, partners in high distress may believe that their spouse is intentionally, consistently and whole-heartedly trying to get revenge or harm them. This makes the partner completely blame-worthy for his or her actions, putting the focus off the self for any responsibility in the conflict.

Gottman (1999) has identified four dysfunctional forms of communication, which he calls the “four horsemen of the apocalypse;” they are criticism, contempt, defensiveness, and stonewalling. Couples with high distress will often exhibit all four types of dysfunctional communication in successive order. Criticism is taking the complaint of a specific behavior one step further by adding in blame and character assassination. Contempt, which is characterized by sarcasm and cynicism, demeans the spouse, conveys disgust, and leads to more conflict rather than reconciliation. Gottman believes defensiveness is a form of blaming one’s spouse and denying one’s own role in the conflict. Stonewalling

serves as an “out” when the conflict becomes too overwhelming, but just further frustrates the spouse and increases the tension.

### *Practical Tips for Working with Couples with High Distress*

1. **Manage counter-transference.** When working with high conflict couples, it will be necessary to manage countertransference. Hayes, Gelso, Van Wagoner, & Diemer (1991) suggest that five things play a part in managing countertransference beyond personal therapy. It is important for the therapist to be psychologically healthy and to have insight into his or her own behaviors. This will help keep the therapist from distorting the therapeutic relationship. Managing his or her anxiety is also important and this can be done partly through supervision or consultation. Having a plan of action and a solid conceptualization of the couple will help provide guidance and focus when the couple begins to get distracted during the session. Maintaining empathy for the couple can be a vital part of managing countertransference, as it helps the therapist focus on the needs of the couples instead of his or her own difficulties in working with the couple. Throughout the process of working with a high conflict couple, supervision or consultation is important, as it can help manage negative feelings and provide suggestions for how to handle the couple in session.
2. **Never let them see you sweat.** Couples with high conflict need a therapist who is a “solid object” to borrow a term from object-relations theory. The solid object is a therapist who is consistent, steady, self-assured, warm but authoritative, and has reasonably high expectations of the couple. The therapist must have a rule that emotions are good but toxic behaviors will not be allowed in her office. When tested, the therapist must call toxic behaviors “on the carpet” with a sense of authority. If a therapist with a high conflict couple changes his approach, is passive, lacks authority, or seems unsure of how to handle the couples’ high emotions, then the therapist will be unlikely to be able to create a kind of “containment field” in the therapy room that will show the couple they can be safe. The therapist will not be effective unless she is a solid object able to create a safe containment field in therapy. Any challenge to that goal of the therapist should be processed with the couple.
3. **Teach couples how to do effective time outs.** Effective time outs are important for dysfunctional conflict. Time out is typically the very first intervention that a hope-focused couples therapist will do if a couple has frequent high conflict. If this high conflict continues, this will undermine all the clinical work of therapy. In fact, if couples cannot engage in time out and continue in very high conflict for several weeks into treatment, such that constructive relationship building is not safe for them, then the therapist should consider discontinuing couples therapy utilizing individual therapy to address the high conflict until some progress can be made and the come can return to couples treatment. It is essential that a very basic level of safety is established for couples therapy to be successful. To establish effective time outs, therapists can use 4 “C”s to help themselves and couples remember the important principles:
  - a. **Clues.** Discuss clues when a time out would be needed. For instance if a partner feels a sense of fear, emotionally flooded or wanting to display violence, then a time out is needed. Couples can talk specifically about times in the past when a time out would have been helpful and plan to use it in similar situations in the future.
  - b. **Commit.** Commit to take the time out when either person asks for it. This can be particularly difficult for a “pursuer” type of partner who wants to continue the conflict as a form of engagement in the relationship. But the therapist needs to create a demand of a time out, with the promise of coming back together in a reasonable

amount of time. The pursuer's fears of abandonment may need attention in order for time outs to be fully effective.

- c. **Cool down.** Plan to engage in cooling down, self-soothing, or distracting activities during the time out. Typical time out activities include exercising, watching television, writing in a journal IF it can be positive, cooking a meal, taking a soothing bath, or running an errand. This is a crucial part of the time out. If a couple ruminates about the partner or the conflict during the time out then the conflict will only escalate causing further damage to the relationship and individuals. The primary goal of the time out is to decrease emotionally negative "flooding" so the couple can re-engage about the issue in the future in an effective way.
  - d. **Come back.** Finally, it's important that the couple come back together after the time out to debrief, apologize for offenses before the time out, take responsibility for their actions within the conflict, reconcile, agree to disagree if possible or try and make any decisions that are necessary. Typically time outs need to be enough time for physiological flooding to stop (blood pressure come down, heart rate slow, cognitions return to normal) which on average is an hour. Due to other responsibilities sometimes couples have to come back together up to 24 hours later to discuss the situation and reconcile.
4. **Hold off on intimacy interventions until some good faith is established.** Distressed couples often have negative beliefs about their capacity for change and efficacy in making behavioral changes. They do not have faith in their partner, or themselves to create a more healthy relationship. Therefore the counselor must work to instill hope in the couple; the Hope Focused Couples Approach is appropriate for this. The clinician can add extra sessions to extend the interventions that address cognitions, communication and conflict before addressing intimacy. With a highly distressed couple, the couple may not be able to improve intimacy until they have learned more effective forms of thinking, communication, and conflict resolution.
5. **Build conflict resolution skills.** Many couples will also benefit from learning conflict resolution skills such as the LOVE intervention in the Hope focused approach. Couples may be relieved to know that there are techniques and principles that, if used consistently, will help them resolve their conflicts in a more healthy way. We recommend coupling cognitive interventions with any behavioral changes such as LOVE, especially for highly conflict couples Bennun (1986) found that while BMT is able to produce behavioral change, cognitive processes can maintain marital distress and interfere with change. He advocates including cognitive procedures in marital therapy to address dysfunctional schemata that undermine altered behavioral change.
6. **Longer term, work with high conflict couples to find more constructive ways of attaching to each other.** Often high conflict couples have dysfunctional attachment styles such as a partner who is highly emotionally expressive and feels like he or she is not self-sufficient but needs others to meet their internal needs (anxious attachment styles). Cognitive interventions that work to gain insight and change cognitions around self-sufficiency, meeting needs in more healthy ways, or self-esteem can take considerable time but also produce long-term effects for a couple. Increasing safety in the relationship, vulnerability, sharing fears, and building empathy are also longer-term goals for couples who attachment needs.

### *Case example*

Scott and Mary have decided to seek marital counseling because they want to improve their marriage by working on communication and intimacy. Communication is one of their main weaknesses, as they often express their opinions in a disrespectful manner, do not listen to each other, and have

resorted to minor violence at times. The wife also considered leaving the husband about six months ago if he did not start putting effort into their marriage. Previous to this, the couple had lived in the same house, but had essentially lived separate lives for a year.

The first session the couple spent a great deal of time berating each other and interrupting when the other was trying to talk. After consulting with the supervision group, the therapist interrupted the couple the next time they began berating each other and interrupting. The therapist gently challenged the couple by first asking if this is how they normally act toward each other at home. The couple answered yes. The counselor then asked the couple if that had been working for them. The couple answered no. Next the counselor encouraged the couple that while they were in therapy they were going to learn a new way of relating to each other and would not be permitted to talk to each other in devaluing ways or interrupt the other person. This is consistent with one of the main goals of the Hope approach, to encourage the couple to have faith working through love. The counselor said that she would hold up her hand when the couple began to fall back into their old way of relating and this would serve as the couple's cue to stop talking or to begin talking in more valuing ways. The therapist worked on creating a time out procedure for the couple to use at home that also including raising a hand, so that they learned to self-regulate the conflict without the therapist. The therapist also encouraged the couple to use "I language" and to only speak for himself or herself, as opposed to speaking for the other person.

Over the course of treatment the couple improved in their ability to resolve conflicts in more healthy ways and felt closer to each other. The counselor rarely had to put her hand up to remind the couple of their commitment to a new way of communicating towards the end of counseling, as opposed to putting her hand up multiple times in the beginning of counseling. The wife particularly appreciated this structure provided by the counselor, as she mentioned during the termination. She stated that she had great difficulty feeling out of control of her angry feelings. This had been modeled for her with violent parents when she was growing up. Therapy had helped her notice her anger, stop it from escalating, and use new methods of resolving conflict. This had given her a new sense of her own ability to manage her anger in other areas of her life as well such as in parenting or at work.

#### References

Bennum, I. (1986). Cognitive components in marital conflict. *Behavioural Psychotherapy, 14*, 302-309.

Eldridge, K.A., Sevier, M., Jones, J., Atkins, D.C., & Christensen, A. (2007). Demand-withdraw communication in severely distressed, moderately distressed, and nondistressed couples: Rigidity and polarity during relationship and personal problem discussions. *Journal of Family Psychology, 21*(2), 218-226.

Gottman, J.M. & Silver, N. (1999). *The Seven Principles for Making Marriage Work*. New York: Crown Publishers.

Hayes, J. A., Gelso, C. J., Van Wagoner, S. L., & Diemer, R. A. (1991). Managing countertransference: What the experts think. *Psychological Reports, 69*, 139-148.

Lange, A., van der Wall, C., & Emmelkamp, P. (2000). Time-out and writing in distressed couples: An experimental trial into the effects of a short treatment. *Journal of Family Therapy, 22*, 394-407.

Wood, N.D., Crane, D.R., Schaalje, G.B., & Law, D.D. (2005). What works for whom: A meta-analytic review of marital and couples therapy in reference to marital distress. *The American Journal of Family Therapy, 33*, 273-287.

Worthington, E.L. (2005). *Hope Focused Marriage Counseling*. Downers Grove, IL: InterVarsity Press.