

Article 4

Partners as Friends: A Brief Relationship Counseling Strategy

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Abstract

This article describes a brief couples counseling model that conceptualizes conflicted relationships as the result of partners thinking of one another as enemies. The model emphasizes renegotiation of the relationship in ways that enable partners to think of one another not as enemies but as “misguided friends” who can be helped to understand and negotiate desired behaviors with one another.

Keywords: brief counseling, couples, relationship, conflict, family counseling

Professionals other than marriage and family counselors and therapists often perform brief marital counseling. In the course of providing services, medical, social service, and education professionals may find it necessary to briefly counsel couples on acute relationship problems that, if not resolved, may interfere with the professional’s ability to effectively work with them or another member of their families. For example, a student’s parents may request a school counselor to help them with a relationship that interferes with their success in helping their child work through a problem. In the medical field, a physician may find it necessary to confront a couple on a relationship problem that creates an obstacle to one partner’s treatment. Although these professionals typically may not provide relationship counseling, their ability to help couples deal with acute interpersonal issues can improve the quality of their services.

Also, some couples experience chronic difficulties resolving conflicts in ways that satisfy both partners. Over time, these couples develop seemingly intractable conflicts that may eventually lead to the ending of the relationship or, if the relationship continues, diminished quality of life for the partners. These couples may have unsuccessfully sought counseling, sometimes with multiple counselors. Some of these couples may find success from a counseling approach that simplifies the change process and frames it in language that is easily understood and structurally linear.

This article describes a brief strategy for counseling couples that is easily learned and used by helping professionals with limited experience in couple or family counseling.

Initially developed as an activity for group workers (Robison, 2007a), it has been expanded into a brief counseling approach conducted during four to six sessions. The basic premise of the approach is that couples in conflict view one another as enemies who are determined to harm, disenfranchise, or otherwise deprive them of happiness, power, or influence in the relationship. The goal of counseling is to help partners reframe their evaluations of one another's intentions in a conflict as those of caring but misinformed friends; and respond in ways that reflect this alternate evaluation.

Conceptual Foundation

Beck (1976) asserted that individuals develop "cognitive maps" of their social environments by which they interpret meanings of others' behaviors and decide how they will respond to those behaviors. Through "self-talk" (Beck, 1976, Mahoney, 1977; Meichenbaum, 1995, people describe their beliefs about why others behaved as they did in given interpersonal encounters, based on their broader beliefs about others' motives (e.g., people are kind, people will take advantage of others when given the chance). In intimate relationships, individuals' cognitive maps or belief systems include expectations as to how their partners should behave toward them (e.g., "My partner should always agree with me;" "My partner should always put my needs first"; Sager, 1977). Boszormenyi-Nagy (1965) theorized partners tend to construe one another's actions and statements negatively until they are able to accept that others' behaviors are not negative or associated with ulterior motives.

Thus, this approach is grounded in the following assumptions about the nature of relationship conflicts (Robison, 2007a):

1. Partners in intimate relationships have specific expectations about their relationships and how their partners should behave toward them.
2. Partners behaviors toward one another are based on their beliefs about one another that are part of their cognitive maps.
3. Partners' beliefs come about as a result of their personal experiences and observations of others in relationships.
4. In conflicts, individuals are willing to modify their expectations of a relationship and change their behaviors if they believe their partners have positive motivations and are supportive of them (e.g., "My partner is my friend and is 'on my side'"). However, individuals are unwilling to modify their expectations of a relationship or change their behaviors if they believe their partners have negative motivations and are unsupportive of them (e.g., "My partner is my enemy and is against me").
5. When couples experience intractable conflicts, change occurs when both partners successfully change beliefs that their partners are their enemies to beliefs that their partners are their friends who simply may not understand what they need or want and are amenable to negotiation.
6. When individuals have committed to the belief that their partners are supportive ("Friend" belief), they are amenable to examining and changing their expectations of their partners and changing their behaviors to meet their partners' needs. That is, adopting a friend stance toward one's partner enables one to think more creatively about solutions to conflicts.

Treatment Assumptions

Treatment with this approach is grounded in five assumptions about a couple's motivations for entering the relationship and the partners' expectations about its evolution. These assumptions must be satisfied for treatment to be either ethically appropriate or effective. These assumptions are as follows: (1) neither partner entered the relationship with the intention of being the other partner's enemy, (2) neither partner obtains a long-term secondary gain from being the other partner's enemy or, the costs of being an enemy outweigh the benefits, (3) neither partner possesses the psychological characteristics to be an effective enemy to the other partner, nor is either partner sufficiently astute to persistently be an enemy to the other partner, (4) each partner has become too self-absorbed (i.e., selfish) to be a friend to the other partner, and (5) partners who are friends are willing to negotiate and help one another learn how to meet the other's needs. Relationships most frequently not satisfying all the above assumptions are abusive relationships, relationships in which one partner intentionally exploits the other, and relationships in which one or both partners exhibits features of a psychiatric disorder that renders the partner unable to function appropriately in a relationship.

Treatment Steps

The treatment process is grounded on five assumptions. These assumptions are as follows: (1) setting the stage for counseling, (2) identifying "enemy" thinking and behaviors, (3) reinterpreting partners' behaviors and motivations, (4) choosing appropriate alternate behaviors, and (5) evaluating outcomes. Each step typically requires one or two, 45-minute sessions to complete and the entire counseling process requires four to six sessions, plus an additional follow-up session scheduled approximately one month after the final counseling session.

In the following paragraphs, the counseling process will be described in the context of a case. Kevin Gibson, 36, and Rachelle Thomas, 33, were an African American couple who had been in a monogamous relationship for 9 years. Kevin was a site manager for a large construction firm in the area. His job involved supervising the construction of several houses in neighborhoods the company was developing and ensuring that the projects remained on tight schedules. Rachelle was the social service director at a 135-bed long-term health care facility. Her job required varying amounts of work in the evenings, generally between the hours of five and nine o'clock.

Kevin and Rachelle presented together at Kevin's appointment with his physician, Dr. Sanchez, with the complaint that Kevin was having problems with "nervous tension and irritability." As the physician discussed their concerns about Kevin, it became apparent that the couple was having numerous conflicts that might be expected to affect Kevin's mood and blood pressure. Rachelle complained that Kevin "had changed for the worse" during the past 2 years. She stated,

He's angry all the time. He's angry at me about having to work some evenings and not being home with him. He gets upset when he can't buy something he wants, when he wants it. Like, he plays guitar really well and he's got a nice Gibson hollow body. But, he wants to gets another one that cost around \$5,000.00. We don't have that kind of money to spend. And there are other

things, a new pair of running shoes that cost \$200.00 when he has two good pairs already. I tell him we can't afford things like these and he goes off on me, then sulks for days!

Rachelle continued,

His job is really stressing him out, I think. I know he uses "buying" as a way to distract himself from the pressure of his job demands, but it's not fair to me. He's pulling away from me. We don't spend time together away from the house. The sex almost never happens and we used to make love almost every night. I hate that because I still want him that way. I just don't see what's wrong with him, but I can't take living this way much longer.

Kevin stated,

Rachelle and I both work full-time. We don't have kids and we can afford what we want. We fight about money anyway. You'd think we're almost ready to end up at a homeless shelter. To be honest, she's turned into a tightwad; she didn't used to be that way. I don't know how she got that way, either. And she hasn't acted like she's wanted to be with me for the past couple years. She spends more time at the nursing home than she does in our home. Some nights, she's gone until 10 or 11 at night. By that time, I'm in bed. My workday starts at seven in the morning. No, there are a lot of nights I don't feel like making love. I'm tired and I figure if she really wanted to "do it," she'd get home sooner.

Step 1: Setting the Stage for Counseling

The counselor discusses with the couple the core assumptions of the approach and the nature of the five treatment steps. In particular, the counselor discusses the constructs of "enemy thinking" and "friend thinking" and the therapeutic objective of moving from the former to the latter style of evaluating one's partner. Robison (2007a, p. 200) provides an example of how these types of thinking may be explained, or presented in writing, to a couple.

Following this discussion, the counselor asks the couple to discuss with one another if they are willing to commit to the core assumptions in order to participate in counseling via this approach. Both partners should commit to the assumptions before counseling begins. In this case, Dr. Sanchez explained the model and suggested to Kevin and Rachelle that they had gradually come to view one another as enemies. Initially, the couple resisted this formulation of their relationship. However, both partners acknowledged that their conflicts had reached a point at which they were willing to try "something a little different," as Dr. Sanchez phrased it.

Step 2: Identifying "Enemy" Thinking and Behaviors

In this step, the counselor helps the couple identify one or two of the most prominent conflicts in their relationship at the present time. Once the conflicts are jointly identified, the counselor asks each partner to independently clarify the circumstances of the conflict, including the following: (1) What happened just before, during, and after the conflict? What did each partner say and do, to the best of that partner's memory?; and (2) What was the person thinking and feeling, during and after the conflict?

Next, the couple shares their impressions as to the reasons for the conflict. The counselor works with the couple to identify each partner's enemy thinking during the conflict and the periods preceding and following it. The counselor also helps the couple identify relationships between their enemy thoughts and their behaviors toward one another.

Dr. Sanchez worked with Kevin and Rachelle to describe their concerns in detail. Three major problems emerged from the discussion. These included the following: (1) each partner felt purposely avoided or rebuffed by the other; (2) the couple disagreed on how money should be spent; and (3) the couple had problems resolving their sexual conflict. The following exchange focuses on the first problem:

Sanchez: Kevin, why do you think Rachelle works late so many evenings?

Kevin: Because she's not interested in being with me!

Sanchez: So, her being away is intentionally to make you unhappy?"

Kevin: Basically, yeah, it does make me unhappy.

Sanchez: Then this is something that an enemy would do, eh?

Kevin: I would think a friend would rather be with me than at work, yeah, if that's what you're getting at.

Sanchez: This is what I mean by believing someone has become your enemy. It's when you believe their actions are intended to work against you, to make you feel badly. When she does not come home and leaves you alone, it's like she's intentionally avoiding you.

Kevin: Right, I do think Rachelle is my enemy when she knows I'd like to be with her and she doesn't come home.

Sanchez: And Rachelle, you feel rejected and hurt when Kevin doesn't react well to your concerns about money, and is angry when you must work late, and rebuffs your invitations for intimacy.

Rachelle: Yes, very much so!

Sanchez: What thoughts do you have when these things happen?

Rachelle: I think he doesn't love me, he's trying to hurt me or push me away from him.

Sanchez: That's does not sound like what a friend would do.

Rachelle: No, it's like he's against me.

Sanchez: An enemy, in other words.

Rachelle: Yes, an enemy.

Step 3: Reinterpreting Partners' Motivations and Behaviors

During this step, the couple is asked to collaboratively articulate what a couple who are friends would think about one another before, during, and after the conflict. This is a specific form of reframing (Haley, 1967) or positive reinterpretation (Boszormenyi-Nagy, 1965). Step 3 may be a particularly difficult point of the treatment process for many couples. Couples who have been in conflict over an issue for a long time tend to have difficulty relinquishing their expectations and beliefs as to what their partners should say and do. Often, this resistance reveals a sense of entitlement on one or both

partners' parts. That is, one or both partners believe they have a right to the outcome they desire in a conflict. In this approach, inappropriate expressions of entitlement are framed as selfishness (Broughton, 2012; Robison, 2007b). It is important that the counselor help partners identify sources of their resistance and keep in mind their commitment to change.

In the following exchange, Dr. Sanchez discusses with Kevin and Rachelle a reinterpretation of their evaluations (i.e., "enemy thinking") of one another's motives:

Sanchez: Kevin, you understand that when Rachelle works late, she is not trying to defeat you, or hurt you, but you have fallen into this pattern of thinking of her as your enemy in this situation. Are you willing to consider another way of thinking about her purpose, her reason for working late that would not lead you to think of her as your enemy?

Kevin: I guess.

Sanchez: Then, please do. Based on what you have heard from Rachelle today, why would a friend work late so consistently?

Kevin: Because she worries about our finances?

Sanchez: Yes, yes, but take it further; say more about it.

Kevin (silent for several seconds): She worries about our finances and wants to help me provide for our home.

Sanchez: Weigh in, Rachelle. Does this reasoning make sense to you?

Rachelle: Yes.

Sanchez: I must tell you, it makes sense to me also. Rachelle, you conclude that Kevin is your enemy when he becomes angry about your working late. Yet, by listening to what Kevin has said to this point, you know he does not mean to hurt you, but you have fallen into thinking that he is your enemy. Are you willing to consider another way of thinking about his purpose, his reason for being angry about this matter, that would not lead you to think of him as your enemy?

Rachelle: I want to, I really do. I want to think that Kevin wants me to come home earlier because he wants my company, wants *me*. But how can I believe that if he doesn't want me sexually? If Kevin is my friend, he would want to be with me and make love to me.

Sanchez: Ah, it *is* complicated. But, as with any good casserole, one must add the spices slowly, one at a time. Kevin, Rachelle believes that you have become her enemy because you will not be her lover. I wonder if your avoidance of lovemaking is related to your belief that she no longer wants to be with you.

Kevin: Yes, that's how I've felt about it.

Sanchez: So, if you think differently about this matter, you might conclude that she works late so that you might be more financially sound, thus be lovers more often.

Kevin: Wow . . . I never thought about it like that.

Rachelle: Frankly, me either.

Step 4: Negotiating Appropriate Alternate Behaviors

The couple reviews their friend thoughts toward one another and negotiates behaviors that would be consistent with those thoughts, desirable or pleasing to the partner receiving the behavior, and within the comfort zone of the partner producing the behavior. When negotiating friend behaviors, the partner who will receive the behavior suggests a desirable behavior. The partner who will produce the behavior agrees to the behavior, suggests modifications to it, or declines the behavior and suggests another behavior. If partners decline behaviors, it is important that they suggest other behaviors instead of the behaviors they decline. This process of suggesting and modifying friend behaviors continues until both partners are satisfied with them. This step concludes with instructions to the couple to try out the friend thinking and behaviors upon which they have agreed during the period between sessions.

In this exchange, Dr. Sanchez negotiates alternative behaviors with Rachelle and Kevin:

Sanchez: So if, in fact, you are trying to help each other, what will you do differently from now on?

Kevin: I guess I could rethink what it means when Rachelle works late. Maybe we could talk about whether or not it's a good idea for her to work late on any given night. I could tell her what I hoped we might do that evening.

Sanchez: And, would you listen to her reason for working late?

Kevin: Yes, I would, because it may be a good reason—if she would listen to my thoughts as to why she would choose not to work that evening.

Sanchez: Rachelle, is this reasonable to you. What would you do if he questioned your working late on such a given evening?

Rachelle: I would be willing to listen to what his plans were. If he had real plans, I'd reconsider working late many nights. But there are evenings I really do need to work late. If Kevin would say that he understood this, I'd be willing to make it up to him the next day.

Step 5: Evaluating Behavior Outcomes

In order to assess the outcomes of the friend behaviors they negotiated in conflicts that occur between sessions, partners independently journal their use of their friend thinking and behaviors in conflicts, the outcomes of the behaviors, and their reactions to, and satisfaction with, those outcomes. Partners use their journal entries to assess the friend behaviors they negotiated and, if dissatisfied with the outcomes of their behaviors, negotiate new ones for further trial between sessions. This process is repeated until both partners are satisfied with one another's friend behaviors.

In this excerpt, Kevin and Rachelle evaluate the "friend" behaviors to which they committed in order to change the nature of their interactions about Rachelle's working late:

Kevin: I've tried to support Rachelle's decisions as to whether to work late on any given day, by being more clear about what we could do that evening, but telling her a couple days in advance.

Rachelle: That has really helped me. If I know what Kevin may want to do on a particular evening, I can have a reason to tell my boss for not working late. And, frankly, and this is a little embarrassing, it excites me when his plan for the evening involves lovemaking. It turns me on to know he wants me and has no other plans than to be with me “that way” for the evening. I just need to know it far enough in advance to let me boss know I can’t stay past five o’clock that day.

Sanchez: So, as friends, you can work out arrangements to have fun, be lovers, make time for work and make time for the two of you, if you assume that this is what both of you really desire.

Rachelle: I never realized that I had so many assumptions about Kevin, and some of them didn’t have to be true.

Kevin: Same here. I wasn’t being fair to Rachelle. She felt a need to work and didn’t realize that I wanted that time with her, because I didn’t tell her! I just assumed she preferred to stay at work rather than do things with me.

Uses and Contraindications

In our work with couples, we have found this approach to be effective in several situations. First, the approach provides a concise, step-wise approach for assessing a couple’s problems, contracting for change, and effecting change. This format enables professionals without extensive training in marriage and family counseling, and little time for relationship counseling, to provide a solution-focused intervention that can yield tangible results. Our colleagues in school counseling, medicine (e.g., physicians, nurse practitioners, and nurses), and ministry (e.g., ministers, lay ministers) find that they can help couples deal with many specific relationship problems in one or two meetings, or help them prepare for more extensive work with a professional counselor.

Second, we have observed that the Partners as Friends approach is helpful with couples that have been unsuccessful with prior therapists and present with seemingly intractable problems. The model is simple for most couples to understand and provides a high level of linear structure that can be completed in a short time, relative to traditional couples approaches. Although the approach may not help these couples fully “get to the root of the problem,” they learn a problem-solving strategy that often renews their hopefulness that they can successfully improve their relationship and motivates them to return to traditional counseling.

Although this approach is appropriate for couples presenting with a variety of marital conflicts, we understand there are situations in which it should not be used and other situations in which it is unlikely to be effective. First, any relationship for which all of the approach’s six assumptions do not apply, is not appropriate. For example, this approach should not be used in relationships when one partner is *intentionally* using verbal or physical means to control the other partner or when a partner is intentionally exploiting the other. In these situations, the approach could be used to justify abuse or other forms of exploitation. Instead, the exploitation must be confronted directly and the exploited partner assisted in obtaining protection.

Second, we have not found the approach to be effective when one or both partners present with certain mental disorders. Currently, these disorders include bipolar I disorders, schizophrenia, and the so-called Cluster B personality disorders (i.e.,

borderline, histrionic, narcissistic, antisocial). These disorders are characterized by disturbances in behavior and emotional regulation, empathy, and stability of social and interpersonal perceptions. These clients tend to have difficulty carrying out even a linear treatment plan and benefit from counseling (either individual counseling or interventions within a more complex intervention plan) to stabilize their emotional and behavior functioning.

In order for the approach to be successful, there must be a quick buy-in and commitment from both partners. This is difficult for some couples to accomplish, particularly if they have failed in other therapies. The counselor needs to be patient with partners who have difficulty accepting the model initially and allow them to ponder the potential benefits of “one more try.” In our work, we have found a partner who will not commit to a trial of counseling using this approach after three meetings, is not likely to accept a referral and is committed to ending the relationship. In contrast, we have noted that many couples who have committed to the approach have continued on to begin or resume couples therapy with a professional couple and family counselor.

Evaluation of the Partners as Friends approach has been limited to the author’s observations of, and conversations with, 23 couples in two Midwestern clinics with whom it has been used. All of these couples stated that they improved their relationships while clients by improving their empathy and learning effective ways to communicate their needs, negotiate change, and reinforce one another’s positive responses to their change requests. Future research should address the effectiveness of the approach in several ways. Research on the following research questions would appropriately evaluate the usefulness of this model, as well as similar, brief approaches for couples counseling.

First, future studies should evaluate the usefulness of this model for short-term versus long-term outcomes. Our hypothesis is that the Partners as Friends model is more effective for addressing well-defined, less complex concerns during a brief (one to six meetings) counseling period, and less effective for addressing more complex concerns over longer time periods. However, we also hypothesize that couples with chronic problems who successfully resolve one or more specific problems in counseling with this model, will tend to perform more successfully in subsequent counseling with more comprehensive approaches. This is because couples who succeed in resolving one or more relationship problems, albeit narrowly defined problems, under this model appear to be more receptive to more complex approaches and more hopeful that they can succeed with a subsequent couples therapist.

Second, future studies could productively explore the types of problems that are best addressed by this model. Our observations suggest to us that it is applicable to many common relationship problems (e.g., division of labor on household chores, finance and budget matters, parenting disputes, sexual behaviors, relationships with in-laws) and more complex problems (e.g., trust in one another’s fidelity, discovery of affairs, decisions on having children, future aspirations for self, partner, and family, religious and spiritual disagreements). Future research may identify which of these types of problems are most amenable to resolution using this model.

Similarly, future studies may clarify who performs optimally in counseling with this model. As Slipp (1989) observed, couples counseling approaches may be grouped in terms of their relative focus on partners’ self-understanding and insight into the influence of past relationships on their current problems. Although Slipp advocated for an

integration into all theories of problem solving and self-understanding, he acknowledged that couples may be more receptive to one or the other type of approach at given times in their counseling work. Based on our own work with couples, we hypothesize that straightforward, rather linear (e.g., stepwise) counseling approaches such as Partners as Friends would be most effective with the following couples: (1) couples who are less “psychologically minded,” that is, have little understanding of psychological principles or processes, (2) couples who initially have low insight into the sources of their conflicts, (3) couples who benefit from high structure in their interactions, and (4) couples who tend to process problems in a linear style. Research on these hypotheses will clarify the characteristics of couples who respond optimally to the approach.

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