
The Critical Component of Cognitive Restructuring in Couples Therapy: A Case Study

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This case study is offered as an example of how cognitive-behavioral strategies, namely, cognitive restructuring of couples' schemas and the use of specific homework assignments, may be integrated into the course of couple therapy. The article suggests that all therapeutic modalities, regardless of their theoretical orientation, embrace some form of cognitive restructuring and behavioural instruction as a primary agent of change. Cognitive restructuring is highlighted in particular as a critical component of treatment. Michelle Webster, who practices Emotionally Focused Therapy, responds to Frank Dattilio, and he then replies.

As one scans the list of contemporary approaches to couples therapy, it is evident that there are more approaches available now than ever before and it seems that each modality has something unique to offer, when facilitating change with couples in conflict (Nichols & Schwartz, 2003). This impression is made most evident in texts that compare different modalities in working with the same or similar cases (Friedlander & Highlen, 1984; Friedlander, Highlen & Lassiter, 1985; Gurman, 1985; Dattilio, 1998; Dattilio & Bevilacqua, 2000). The effectiveness of some modalities is augmented by combining them with other approaches that complement the treatment and/or compensate for potential shortcomings. One of these approaches is cognitive-behaviour therapy, which has demonstrated its effectiveness as an empirically validated treatment (Dattilio & Epstein, 2003).

Probst (1988) contends that all psychotherapeutic modalities, regardless of theoretical orientation, essentially place cognition at the centre of therapeutic work. In a general sense, because most psychotherapies involve human communications, the majority of therapies may be said to be cognitive to some extent. For similar reasons, most therapies can be considered behavioural as well, because communication involves

behaviour and all behaviour is communicative. Further, given that the human condition involves emotions, most psychotherapy addresses the emotional dimension to a significant degree. Consequently, any particular psychotherapy can be viewed through a variety of lenses, including cognitive, behavioural, emotional, and so on. Of course, the approaches will vary in their emphasis on each of these components in accordance with their philosophies. Even therapies that function on the most visceral level involve some aspects of cognitive processing. Suffice it to say, to avoid cognition is to avoid much of what constitutes human functioning (Watts, 2001).

Cognitive-behavioural modalities can play an important role in facilitating change and, in many cases, dovetail well with various modalities of marital and family therapy. The systems perspective requires that the family be viewed as an entity composed of interacting parts that has an existence and a level of functioning that cannot be explained or accounted for by simply adding together the nature and functioning of its separate components (Nichols & Schwartz, 2003). Accordingly, to understand any behaviour in a couple or family relationship, one must observe the relationship qualities and the interactions among the members as well as the characteristics of the members individually. Similarly, a cognitive-behavioural perspective focuses on the interactional exchange between spouses or among family members with a particular emphasis on the *interrelated* nature of their expectancies, beliefs, and attributions. In this sense, then, both models share an emphasis on multidirectional, reciprocal influence. However, one main difference may lie in the intensity with which

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cognitive and behavioural techniques are utilised. For example, with a systems approach the technique of reframing is often used to facilitate a change in the manner in which events and behaviors are perceived. However, the therapist functions more as a reflective instrument of change as opposed to the more directive approach assumed by the cognitive-behaviour therapist. The same holds true with 'tracking behaviour' used by many systems therapists.

Some systems theories maintain that problems in couples and families are exacerbated by the way in which members attempt to solve the perceived problem. Cognitive-behaviour therapists attempt to address the problem by focusing on the impediment to change, either through modifying individual belief systems of family members or their individual or shared skills deficit when it comes to change. An example of this might be rigid cognitions. CBT would address the resistance so that the family can begin to take the needed action to implement the specific change. This may mean spending time on communication skills training, examining the couple or family members' perceptions and beliefs about disagreements in relationships, or improving observational skills.

The cognitive-behaviour approach focuses uniquely on the manner in which restructuring of core beliefs (or what cognitive-behavioural therapists refer to as 'schemas') occurs. Schemas are often at the heart of couples' conflict. Schemas are typically patterns that are imposed on reality or experience to help individuals explain it, mediate perception, and guide their responses (Young, Kosko & Weishaar, 2003). The focus on thought and perception and its impact on emotion and behaviours is the cognitive-behavioural approach's major thrust.

The following case example offers a glimpse into a classic situation in which a married couple became gridlocked in conflict as a result of the erroneous interpretations they made about their respective behaviours. What made this particular case difficult is that the couple had been married for 40 years, suggesting that their thoughts and behavioural patterns were likely to have been deeply ingrained by the time that they committed to treatment.

Case Example

Arnie and Ana were a couple in their early 60s, who had been married for more than 40 years. Arnie had long been employed with a corrugated box company and Ana had worked as a bank teller. Both had recently retired from their employment. The couple had had one son, but he had been killed at the age of 20 in a motor vehicle

accident some 21 years prior. Arnie and Ana lived alone on their multi-acre farm in a rural section of the Northeastern United States.

This couple came to therapy with an initial complaint of anxiety on Arnie's part. Arnie stated that he had been having difficulty sleeping and that he experienced an edginess during the day, which caused him quite a bit of distress. He sought consultation with his family physician, who prescribed a mild benzodiazepine to be used on an as-needed basis. Although the compound seemed to help abate Arnie's anxiety to some degree, he still felt unsettled. Ana accompanied Arnie to the initial treatment session because she was concerned that he 'had not been himself in recent months' and she was 'bothered by' his behaviours. When asked about the initial symptoms of anxiety, Arnie explained that he and his neighbour had gone to a scrap-yard on one occasion, and Arnie had been accosted by the 'mangy, growling dog' that guarded the yard. He recalled that the dog was nasty and snarled at him, which made him extremely anxious, despite the fact that the dog had never bitten anyone. Arnie had also been to the scrap-yard several times before and knew the dog's irritable demeanour, but it did not take him long to reveal that 'I realised the day after that encounter with the dog that my wife is actually much the same way, she can be as mean and nasty as the scrap-yard dog'. He further explained that earlier in the morning of the incident, Ana had 'growled' at him for something that he forgot to do around the house. He said that her response caused him some 'angst', which he described as a nervous, edgy feeling that made him very uncomfortable.

Arnie was a tall, soft-spoken, robust man of Austrian descent. His wife, Ana, was of German descent and was more outspoken, saying whatever came into his mind. Both of their parents had settled in the United States in the mid-1920s. Both Arnie and Ana were the youngest of large families. During the initial session, Arnie began talking about how he and Ana had had difficulty in their marriage for years, but that their problems had worsened once they had retired and began spending more time with each other on a daily basis. Ana's chief complaint was that she and Arnie simply weren't happy together and that they got on each other's nerves too easily. He claimed that Ana was always 'extremely negative' and could be very nasty to him. 'She's a street angel and a house devil', he said, indicating that she was nice to everyone but him. Ana felt that Arnie was too passive, not speaking up enough, and that he ignored her. 'Ask him the last time that he's been affectionate with me', Ana snapped. 'Why do I need to ask him, can't you tell me yourself?' I responded. 'Just ask him!' Ana com-

manded. Arnie interrupted and explained that it just 'wasn't his way' to display affection. He added, 'I just don't feel motivated to be affectionate with Ana'. I suspected that much of this had to do with underlying anger that he harboured against his wife and that his lack of open affection was possibly his way of controlling, or even punishing, her.

Over the course of several conversations with this couple, I learned that Arnie had always struggled with his wife's dominance, and her 'negative attitude'. 'She is so sour about everything, I just keep my mouth shut, but I can't stand it sometimes. Why is it that she's got to be so negative all of the time?' He then made a connection, saying that when he could 'no longer tolerate it, he began to experience anxiety attacks'. Although Arnie's anxiety had been going on for years, it had become much worse since his retirement.

I arranged to meet with Ana and Arnie alone for one interview each. During Arnie's individual interview, when asked what he thought the primary issue was in the marriage, he stated that he wasn't sure. He believed that Ana derived a great deal of her negative attitude from her mother, who was also a 'very negative' and 'a downright nasty person'. He recalled that Ana's entire family was quite pessimistic in one way or another, and that her parents were 'old-world Germans' and were really tough on her.

Arnie, on the other hand, had experienced the death of his father when he was very young and had assumed the role of caretaker in the home. In many ways, his mother idolised him because he took good care of her and his sisters until he met Ana and married her at an early age. 'I am not used to being treated with this kind of harshness, even after 40 years of marriage, and it has been eating me up over the years', Arnie sobbed. When asked how he has been able to survive what he perceived to be Ana's negativity for so long, he stated simply, 'I just kept my mouth shut I guess, I don't know. I hold it all in.' He went on to explain that he had actually begun experiencing anxiety years before, but that he coped with it by going in to work early and accumulating a great deal of overtime. The tension had obviously also been accumulating, which would certainly account for his anxiety attacks. Now that he was retired, he was less able to escape those feelings. 'She's a good woman in many ways, don't get me wrong. She has always been there for me, she has always had supper on the table. We have a lot in common. We enjoy shopping for antiques. It is just that she is so damn negative and so damn nasty sometimes it goes right through me.'

'What do you think this "nastiness" is all about Arnie? You say in many respects that Ana is such a fine

woman, but at the same time, she's nasty — that's somewhat incongruent.' 'I think it is just something that she learned from her parents, particularly her mother. I also think that she might be depressed, I don't know.' I tried to get Arnie to think a little bit about whether or not this depression and negativity might be her defense mechanism against certain aspects of her vulnerability. I was already planting a seed for him to alter his perception. In the meantime, my plan was to explore a little bit about what lay beneath Ana's attitude and to familiarise myself with her perception of the situation.

In the individual session with Ana, she informed me that she was raised by parents who were very rigid. Her mother was particularly unyielding and Ana could never do anything right in her eyes. Her mother (now 88, and in a nursing home) had always been condescending and, in many ways, still was. According to Ana, her mother continued to be very nasty, although many of her behaviours were now attributed to Alzheimer's disease. Ana informed me that she had developed a rough exterior in order to survive. She would have been 'eaten alive' by her parents if she had not learned to 'toughen up'. Her brash attitude had over time become a knee-jerk reaction in the face of what she perceived to be situations that warranted her defensiveness.

When asked specifically about her perception of Arnie, she stated that he was a good man, but that in many ways he was spoiled by his mother, who put him on a pedestal and, in a way, 'sheltered him' too much. She explained further that Arnie could do no wrong as far as his mother was concerned and that 'Arnie expects me to treat him the same way that his mother did and I refuse'. Ana admitted that she did indeed enable Arnie's passive behaviours, sometimes unknowingly, but felt that she was being cheated, particularly with respect to the lack of affection from him. She thought that this, in part, had to do with why she was often angry with him. I also suspected that Ana may have been a bit envious of the manner in which Arnie had been treated by his mother.

In addition, Ana conceded that she struggled with depression, a condition that had come up intermittently, particularly since the death of her son. We talked about whether or not she had ever really recovered from her son's death and she admitted that she had not. Ana recalled the time when she and Arnie had been awakened late in the night with the news of their son's involvement in an automobile accident. When they arrived at the scene, they were told that he had died on impact. This was devastating to both of them. Unfortunately, the couple never really talked much about their son's death after the funeral, instead hiding a lot of their feelings and grief. I suggested that this might be something that was

percolating beneath the surface of their relationship, perhaps contributing to the tension and probably needed to be explored further in the course of therapy.

While many family therapists might have conducted these family-of-origin explorations within conjoint sessions, they are sometimes conducted individually in order to focus more intently on the specific individual without interference from their spouse. I later have them divulge the content to their spouse during a conjoint session.

In a subsequent session, I saw Arnie and Ana together and began to orient them to the course of therapy and how some of their misperceptions and erroneous interpretations may have led to their feelings of alienation in their relationship. One example had been brought up by Arnie during an earlier session.

'Just the other night, we were coming home from the store and we passed this car that was turned on its roof. A police car had just arrived with its lights flashing, but obviously no ambulance had arrived yet. My first thought was to stop and see if there was anything that we could do. Well, as soon as I mentioned that maybe we should stop, Ana barked, "Just keep moving!" This is a classic example of the stuff that I can't tolerate with her. How can she be so callous and insensitive at a time when somebody may need our help?'

I used the opportunity to help Arnie reframe this scenario, inquiring as to what he thought might be going on with Ana at the time. 'Now, Arnie you told me before that Ana is really a good woman. Is it your understanding that she is unkind and insensitive about helping others?' 'No', Arnie said, 'she helps others who are in trouble all the time. This is what I don't understand. But it's almost as though she just becomes indignant because it was my idea instead of hers to stop.' 'Well, let's backtrack a minute and revisit the situation when you were both in the car and came upon this automobile accident, what did you see?' 'Well', Arnie said, 'I saw someone who may be in need of help. That perhaps someone was trapped inside the car. At least I assumed so, but I can't say for sure.' 'Okay, what do you think that Ana may have seen?' 'I don't know, the same thing I did, I guess. We were both looking at the same thing. That is what I don't understand.' What else might Ana have been thinking about? Arnie stared at me completely perplexed. 'I don't know what you're getting at', he said sardonically. I responded, 'Ask Ana what she saw'. Arnie turned to her, 'What did you see?' She started to cry uncontrollably.

After a few minutes had passed, I said to Arnie, 'I wonder if Ana didn't see your son in that car and, maybe, part of the reason for her not wanting to stop was that she feared what she might see — a young person,

perhaps, someone who might remind her of your son? This was probably very painful for her.' 'I never really thought about it that way', Arnie said, 'I guess I'm the insensitive one'. 'Well, that is sort of my point', I answered. 'Not that you are necessarily insensitive, but because your communication with each other has deteriorated to the point of alienating each other, you have lost touch with each other's feelings. You may not be in touch with what is going on in each other's mind. I probed a little more: 'Now, does having this new information change your thinking and emotional reaction any?' Arnie acknowledged that it put things in a much different perspective for him. 'I can see now how this might have been upsetting to her', he stated.

This was a very important breakthrough in the treatment because, for the first time, Arnie reframed his thinking in a major way, which in turn was the start of a positive interactional exchange between them. It was also important for Ana to witness Arnie's emerging revelation and to begin to understand how he misperceived her intentions. It was especially helpful for her to see that he was taking a step toward experiencing her on a more emotional level. As a homework assignment, Arnie was asked to begin to think about Ana's emotional expression and the ways in which her behaviour differed from his, and consider whether or not there might be an explanation other than the one that he usually assigned to her actions. This would open him up to new beliefs and possibly serve to reduce some of the tension between them.

The same process was carried out with Ana. In helping her to explore some possible explanations for why Arnie might fail to display affection towards her, apart from simply being selfish or uncaring, I suggested to Ana that we brainstorm together other potential reasons for Arnie's actions. I told her the story of a couple whom I once treated in which the wife was afraid of being rejected by her husband if she made any sexual overtures because he had once criticised her harshly. Ana refused to accept that this was a possibility in her case, since Arnie had been affectionate in the past. I tried to push her a bit to expand her thinking:

'What is left then, if we discount the theory that Arnie is "selfish" or "couldn't be bothered"?' 'Well, he's probably getting back at me', Ana suggested. 'Why would he punish you in that way?' I prodded. 'Well, maybe he feels that I haven't always been very nice to him, and — he's right, I haven't been. It's just my way at times.' 'Well, I think we need to investigate more because we don't know for sure what is behind Arnie's actions. Let's try this, would you be willing to do some homework, a little investigative work on your own to attempt to answer this question? What I would like you

to do is to observe Arnie, particularly when you think he is trying to punish you in some way. Let's see how much evidence exists to support your contention. Keep track of the signs that indicate to you that punishment is his intention.' The assignment involved having Ana record the thoughts and emotions that led to her beliefs about Arnie's behaviours. It was a new way to Ana to gather information. In addition, I requested that she keep a journal of her thoughts. Aside from data collecting, the idea of the homework was that, perhaps, writing would serve as a cathartic exercise to help her release tension and achieve a broader focus (Dattilio, 2004).

Therapy lasted approximately six months, with sessions occurring every ten days to two weeks. An additional eight sessions were conducted over the course of three months as a follow-up.

A substantial amount of therapy focused on helping Ana and Arnie to intervene in their automatic thoughts and consider some alternatives in attempt to alter their interaction with each other. A major emphasis was placed on encouraging them to challenge what were determined in therapy to be dysfunctional thoughts, and weighing new evidence. This couple was rather difficult to persuade since their beliefs were so ingrained. As in many cases, restructuring required a great deal of challenge because they had become quite resistant to it.

Follow-up

There were certainly other areas of the relationship dysfunction that needed to be addressed, specifically the bereavement. Both Arnie and Ana admitted that they had not dealt very well with the death of their son and that they avoided the topic whenever it was broached. Both had experienced some long-term depression over the loss and I suggested that perhaps their depression and fear of additional loss had caused them to become alienated from each other instead of drawing them closer together.

Differences in the manner in which Arnie and Ana were raised played a major role in their conflict, as well as the long-held but unfulfilled expectations that each had about marriage in general. For example, Arnie had anticipated that Ana would idolise him for being a good provider, as his mother and sisters had. Ana always believed that Arnie would show her endless physical affection and be the lover he had been when they were dating. Dealing with these major disappointments was essential to treatment. Certainly, such thwarted assumptions were tied to distorted schemas associated with individual change over the course of time and how relationships take on a life of their own. For example, one of the distorted beliefs that Arnie maintained was that both

spouses would change very little with regard to their thinking over time, and that even major traumas, such as the death of their son, would not cause either of them to be much different from before. As we began to address how the impact of loss, and not grieving more openly together, affected them, they were both able to realise how it contributed to bitterness and tension between them. The preceding interventions, which paved the way for improved communication and a more fluid exchange between Ana and Arnie also helped to ensure that these difficult issues were addressed in follow-up sessions.

Discussion

This case illustrates how cognitive-behavioural techniques can be applied to couples against the backdrop of conjoint treatment. Most notable is the use of cognitive restructuring in the reframing of schemas that contribute so much to the dysfunction and conflict. Many paradigms, such as emotionally focused therapy (Johnson, 1998) and the straight behavioural approach (Forgatch & Patterson, 1998), tend to place less emphasis on the use of cognitive strategies and techniques. Often, it is these beliefs that contribute to the dynamics that block a couple's ability to change.

Cognitive-behavioural interventions also provide a valuable reminder of the importance of an individual's inherent characteristics, as well as offering therapeutic strategies for addressing these properties. In focusing on each schema that the couple brings to the relationship, the therapist can broaden the avenues for intervention and gain a truly 'systemic' picture of the multiple levels of influence and causation in the relationship (Leslie, 1988).

In this case study, the therapist helped Ana and Arnie to expand their perspectives by introducing ways to slow down their thinking and to generate new evidence to support changes in their thinking. In this respect, the role of therapist was fairly directive.

Aside from the many positive attributes that cognitive-behavioural techniques can lend to the treatment process, there are, of course, some caveats. Individuals with serious intellectual impairment, severe psychopathology, or those who hail from certain cultural backgrounds that discourage alternative thinking styles are not ideal candidates for this approach. Because some models, such as emotionally focused therapy or behaviour therapy do not believe that intellectual understanding is important, they focus more on changing the interactional sequences among family members than on furthering the family's insight. The cognitive-behavioural viewpoint, however, holds that gaining insight into how cognitions influence the

problem is an important treatment component. In this respect, cognitive-behavioural strategies take responsibility for seeing that each member *understands* how schemas develop within the relationship. This approach may sometimes prove to be too intrusive, actually inhibiting the process of change rather than balancing it, depending on the couple.

I believe that systems theory offers cognitive therapists a degree of flexibility to expand their approach so that they may be more reflective on their role and its potential impact. Minuchin and Nichols (1998) underscore this aspect very clearly in their recent chapter in a popular casebook. Furthermore, the systemic model of therapy may help family therapists using cognitive-behavioural techniques to become more aware of attending to a couple's needs, placing more focus on altering interactional patterns within the relationship. A fine example of this is outlined in an article by Margolin (1981), who offers a model of circular influence and regulation similar to the feedback cycles described in systems theory.

If cognitive-behavioural techniques are used in too rigid a fashion, they can be rather intrusive, and thus incompatible with less directive approaches. The therapist's manner and use of techniques play an important part in treatment choices and their implementation. However, cognitive-behavioral techniques may serve as an effective adjunct to the treatment of mainstream couples, particularly those who struggle with ingrained belief systems, like Arnie and Ana.

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