

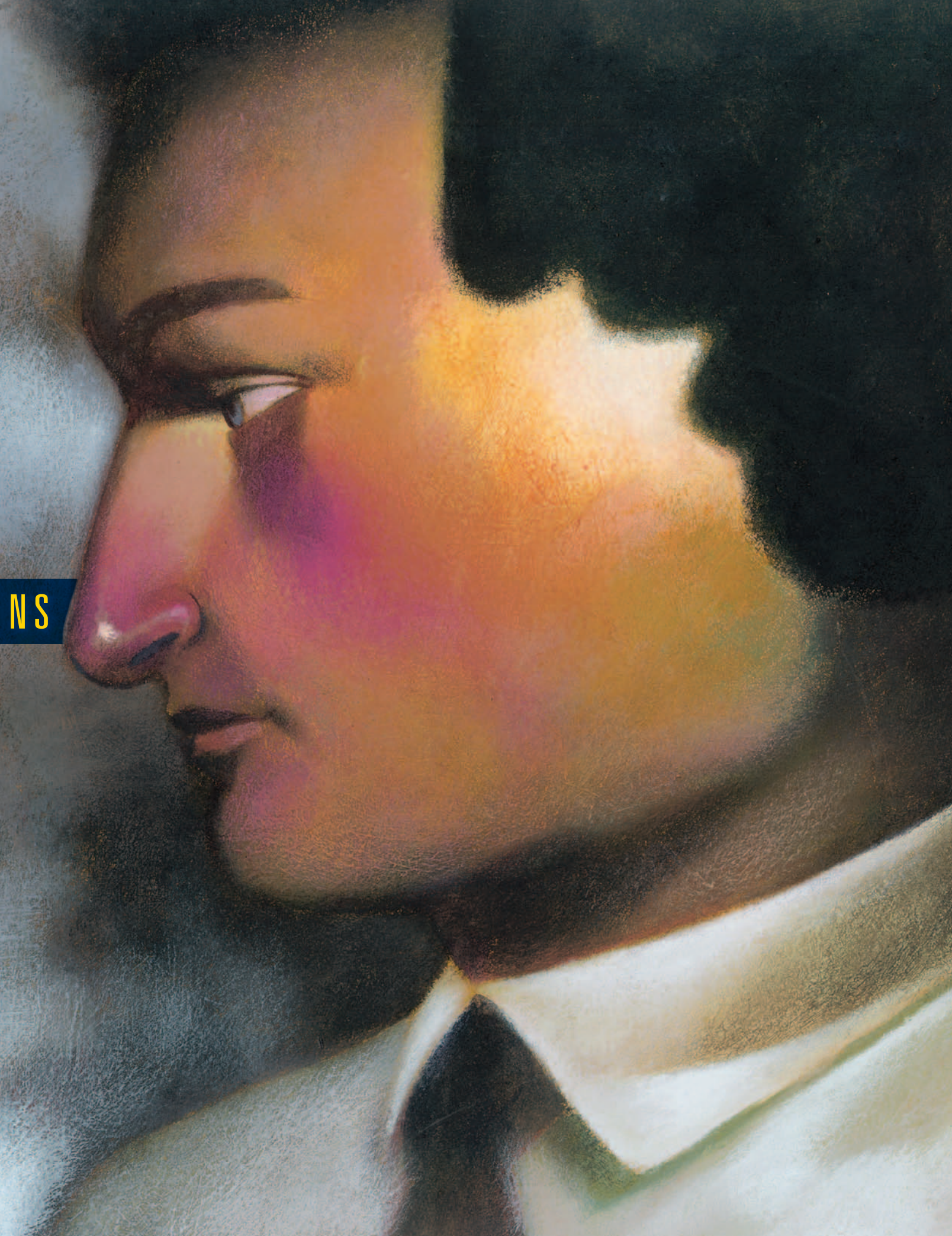
MOST OF US WERE TRAINED TO BELIEVE that we needed to be extremely careful when helping clients face the really difficult truths in their lives—especially their own obnoxious, selfish, or self-defeating actions. Better to err on the side of going slow, creating safety, and remaining neutral than to come across as pushy or disrespectful. Nevertheless, my own experience as a couples therapist has taught me that we aren't doing clients a favor by soft-pedaling difficult issues, despite what my early supervisors tried to instill in me. The approach I've developed, Relationship Life Therapy (RLT), is based on the premise that it's disrespectful to clients *not* to let them in on the truth about what we witness regularly in our offices as they play out their relationships in front of us: the ways they deal with their partners are often self-centered, unfeeling, and counterproductive. ■ In some ways, the guiding principle of RLT is to be able to say to clients

Therapeutic Coaching Tests Our Assumptio

# *Joining Through* *the* **Truth** *by* TERRY REAL



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what we might otherwise say only to our colleagues in our supervision group or around the water cooler after a tough session. Instead of confiding, when they're out of earshot, something like, "I can't believe what a witch she is to him. He's such a Caspar Milquetoast," I believe that's what you need to say—skillfully and respectfully—in the session with the couple.

Some would call this approach confrontational, but I think that term is misleadingly adversarial and addresses only half the process. I think the quality of directness I'm talking about is better described as *joining through the truth*.

mentor them into transforming their characters.

### **Coaching a Perfectionist**

David takes a seat on the couch in my office, alongside his wife, Sarah. He fiddles with his yarmulke the way another man might fidget with his tie. At 42, he's handsome and well-built. He radiates strength, self-confidence, trustworthiness. And yet . . . the yarmulke adjustment. As he glances sideways at Sarah, he seems nervous. A month into their therapy, it's become apparent to me that, while it may not have always

feel listened to? I do not."

David shifts on the couch, about to say something, but one look from Sarah is enough to stop him. I decide to let that go and keep listening. "This repeats a few times," Sarah continues. "Wife proposes; husband disposes."

"You know, if you'd only said. . . ." David tries to interject, unable to help himself. Sarah looks pained at the interruption and David settles back down.

"You want to . . . ?" I ask him, but he shakes his head, equal parts gracious and disgusted. Things are heating up.

"OK, so at this point, I'm not happy," Sarah continues. "But I'm not *crazy*

## *A cardinal principle of couples Thou Shalt Not Take Sides, particularly not with a woman But I'd heard enough to convince me that Sarah's*

There are two parts to this approach: the first is to hold a mirror up to our clients to help them see themselves and their role in the dysfunctional dance of their relationship as accurately and fully as possible; the second, which is where the real nuance and clinical skill comes in, is to show them the difficult truths about themselves in a way that leaves them feeling not only that we're on their side, but that we're actually rooting for them.

RLT is an approach that stands somewhere between traditional psychotherapy, with its emphasis on creating a nonjudgmental, accepting, holding environment to bring about change, and the more rough-and-tumble, challenging, psychoeducational discipline of life coaching. For want of a better term, I'd call the approach illustrated in the case I'm about to describe as a form of *therapeutic coaching*. It's based on the idea that we can coach clients toward intimacy, teach them how to be more psychologically evolved, and

been true, at this juncture, David fears his wife—and not without reason.

Sarah is 40 and describes herself as "small but mighty." Petite, blonde, with ice-blue, fiercely intelligent eyes, she can be a force to be reckoned with. Looking at me square in the face, she declares, "We've been having a hard time this week." Pausing to put her story in context, she says, "This is the story of a small thing turning into a big thing, and then turning into a *really big thing*."

"Tell me," I say.

"A few weeks ago, we get an e-mail from our daughter's old school. There's a dinner and they'd like us to come. Our daughter went there for many years; David was on their board. It was an important part of the family. So I tell him, 'I think we should go.' Then he gives me all the reasons why we shouldn't: 'It's just a fundraiser. They just want money.'

"A week later, I bring it up again and say I think it's *really* important to go—and, again, he launches into the same lecture. So now, I'm frustrated. Do I

unhappy," she says, smiling. "Then I do get crazy unhappy when, two days before the dinner, David gets off the phone with our friend Rudi, turns to me and says, 'Hey, Rudi and Joan are going to that dinner, could be fun. Wanna go?' *Wanna go?*" she remembers the phrase, incredulous. "He spoke as if I'd never brought it up. He never remembered talking to me about it." Tears fill her eyes.

"A small thing, a small thing, maybe, but I felt invisible. And as far as I'm concerned, *that's* why we're here—because David hears what David hears, and David does what David does. He's not mean; he doesn't bully. He's the world's nicest guy; ask anyone. But if he woke up in the morning and found me sprawled on the stairs with my throat slit, he'd step over me and ask if I wanted some coffee. There are times when it feels like *I don't even exist*," she says, punctuating each word for emphasis.

"Got it," I tell Sarah, turning to David. "How'd you like to respond?"

"If only she'd said to me 'I,—like you taught us, Terry," David explains—"I want to go.' But that wasn't her phrasing. She said, 'I think we should go.'" He turns to her, "'Should go,'" he repeats, vindicated. "And I didn't think so. So that's all. That's all there is to it."

I squint at David for a minute as he sits back in his chair, looking satisfied, I think. Then I break the first of many rules I'd learned in my training—I take sides.

A cardinal principle of couples therapy as I learned it was: Thou Shalt Not Take Sides, and particularly, you're not to side with a woman against a man.

"Hurt?" I ask.

"And pissed, I suppose," he admits, begrudgingly.

I look at them both. It's time for me to speak.

"So," I turn to David. "This is the part, my friend, where I say, 'I can be nice to you right now, or I can work to save your marriage. What's more important to you?'" David sighs, a big sigh. His hand stretches up to his yarmulke. "Bring it," he says grimly.

"Thank you," I answer. "So, take a breath; this might sting a little."

"I'm good. Go ahead," he assures me.

"She's right, David."

he built up enormous credit with my husband. The only problem was that he never spent one penny of it!"

The conventional wisdom of couples therapy aside, I don't believe that partners share 50-50 responsibility for all their issues with each other. Some couples issues are 70-30, some 90-10. One partner can have an untreated bipolar disorder or be an alcoholic rager, while the spouse's major "contribution" is simply being there. An RLT therapist has no problem saying something like, "OK, Mr. Jones, you're a nut. And Mrs. Jones, you're an even bigger nut. Here's why. . . ."

Not always, but often, a couple presents as one "latent" and one "blatant." There's one who's in an enabling position, albeit perhaps angrily so, and another who's more clearly and egregiously anti-relational. If you're sitting with a couple and thinking to yourself, "Yeah, I couldn't be married to that person either!" you're thinking about the blatant partner. The truth is that, many times, one partner (the fed-up latent) drags into therapy the other partner

(the often clueless blatant) because the blatant is relationally insufferable—either withdrawn and giving too little, or abrasive and taking liberties. There's a "dragger" and a "draggee." Most therapists, unwilling to take on the draggee, like David, leave the dragger, like Sarah, to swing in the wind.

While Sarah isn't an angel by any means, the bottom line is that David's lack of relational skill has pushed her to the brink of divorce. She's brought him to one last therapist in the desperate hope that I'll take on the job of teaching him how to be more relational. And I will. As a therapeutic coach who doesn't believe in neutrality in all cases and who does believe in the effectiveness of teaching people how to navigate a territory that many, especially men, find confusing and often terrifying, I think it's important for me to fulfill Sarah's expectation.

"David," I begin. "You're such a good guy." He nods. "You so don't mean any harm."

## *therapy as I learned it was:* **against** *a man.* *complaint had the ring of truth to it.*

Evenhandedness is critical, I learned. If you lost your "therapeutic neutrality," you had to go talk to your supervisor. But I'd heard enough, not just in this moment, but also in others from previous sessions, to convince me that Sarah's complaint had the ring of truth to it. She was right—David didn't listen.

"So," I ask him, "the fact that she brought it up two, three. . . ."

"Five," Sarah offers.

"Five times," I say. "That doesn't tell you something about how important it is to her?"

"But she didn't say. . . ." David tries.

"That," Sarah interjects, "just gets us from small to big. Really big comes when I try to talk to him about it and he just gets defensive and angry."

"Damn it, Sarah! That's ridiculous," David objects, looking . . . well, defensive and angry.

"David, you didn't talk to me for the next *three days!*" she exclaims.

"True?" I ask him.

"I was hurt," he explains.

"About?"

"Your behavior, which would drive most women crazy," I tell him.

"As in?"

"As in rip her hair out." He nods quietly, taking it in, not fighting me for the moment. Next to him, Sarah does what many women do at this juncture—she begins to cry, not from pain, as she later explains, but from relief. She's dragged her husband to three therapists before me. Until this minute in this session, no one has ever taken him on.

### **Taking Sides**

Through the years, I've seen many frustrated wives like Sarah in my office—women who, often at no small cost and courage, manage to drag their difficult, even psychologically abusive, husbands to therapy, only to have the therapist throw them under the bus for the sake of evenhandedness and neutrality. "Our previous therapist never once confronted David," Sarah complained to me in one session. "Over the course of a year,

“That’s true.”

“I know,” I assure him. “But this story with the school, it’s like the skis.”

“Oh.” He turns a shade paler. “The skis.” In a previous session, Sarah had recounted an incident in which she and their four kids, exhausted from a day of skiing, had laid all their skis on top of the car and then had stood aghast as David had driven off without them, with their equipment clattering to the ground. “I was listening to NPR,” he’d explained. “You know the show, *Wait, Wait, Don’t Tell Me?*” Recalling the ski incident now, David seems sheepish. “You mean I can be an absent-minded professor?” he tries.

David isn’t, in fact, an absent-minded professor. That’s minimizing. He can attend very well—when he wants to. Whether or not he listens, it turns out, has everything to do with whether or not he likes what he hears. If Sarah had said she didn’t want to go to the dinner, he admits, he’d have gotten that loud and clear the first time. But because her wishes contradicted his own, he somehow mysteriously tuned out. David, we come to agree, has a kind of selective listening, or in our preferred terminology, selective obtuseness. “I can’t say I agree with all this,” he tells me. “But I can see how you might see it this way.”

Grandiose clients bring to therapy the same privilege they bring into their living room and bedrooms—the privilege to blow up or flee. Encountering the threat of such volatility, we’re taught to go gingerly. Under the rubric of “forming an alliance,” or “gaining the client’s trust,” we learn, in essence, to replicate the traditional spousal role: we reason, we cajole, we seduce—we do everything except tell the truth and put our foot down.

As a result, most therapists get about as far with grandiose clients as traditional wives get with stubbornly entitled husbands. Therapists fear that if they push too hard, the client will explode

*For more than 50 years, the mental helping people come up from the one-down position of shame.*  
*helping entitled clients come down from their*

“That’s one way to put it,” I answer.

“Head in the clouds?” This from a razor-sharp businessman.

“Possibly.”

“How would you put it?” he asks.

“My diagnosis?” I hold up my hand, as if reading from a marquee. “I’d say, ‘David Sharpe, *terminally obtuse.*’”

“Ouch,” he says.

“I’m sorry,” I tell him. He looks at his wife, who’s still crying. He seems equal parts abashed and annoyed. “Maybe I’m the one who should be sorry,” he says half-heartedly, clearly unconvinced.

“Maybe so,” I reply.

Calling David obtuse was just the start of getting his attention. It began to offer him a picture of his behavior that’s dramatically at odds with his preferred view of himself. But it was too broad a description to be really helpful. What was needed was much more precision. In therapeutic coaching, the more generic it is, the weaker your intervention; the more specific, the stronger.

“From you, David,” I tell him, “that’s a ticker tape parade down Fifth Avenue.”

“I wouldn’t go overboard,” he replies.

### **Grandiosity and Leverage**

Another way of saying that someone is blatant is that they stride through life feeling superior, looking down their nose at others, or ignoring the rules and feeling entitled. David’s selective obtuseness is a form of what my colleague Jeffrey Kerr has called privileged obliviousness—in other words, a form of entitlement that’s mild, in comparison to many other grandiose people, but enough to endanger his marriage. David’s inattention is the kind of *quality-of-relationship* issue that would have been written off a generation ago, but in today’s world, could steer a marriage toward divorce.

When faced with a difficult or grandiose client, even someone as mild as David, most therapists are intimidated.

or leave treatment—not unreasonable fears—so we play tough clients like fish, alternating between giving them enough line and reeling them in. Therapeutic coaching deals with this issue a little differently. It begins by removing the power of intimidation. Before I reach for an alliance with a difficult client, I know that I first must gather leverage if I’m to have any hope of bringing about positive change.

Leverage means that therapy must offer the grandiose client either the prospect of something he wants—a warmer, sexier wife, for example—or a buffer against negative consequences he distinctly doesn’t want—like losing his marriage or damaging his children in the ways he was damaged by his own parents. Gathering leverage isn’t coercive: it just spells out the negative consequences of the blatant client’s continued dysfunctional behavior. This is a necessary first step with entitled clients because grandiosity

impairs one's sensitivity to others and ability to assess negative consequences. Psychiatrist George Valiant once remarked that there are two kinds of people in the world: a guy who walks into an elevator, gets claustrophobic, and turns green, and a guy who walks into an elevator, lights up a big, fat stogie, and everyone else turns green. That's the difference between shame and grandiosity.

For more than 50 years, the mental health field has focused on helping people come up from the one-down position of shame. But we've done a poor job equipping therapists to help entitled clients come down from their

### Fellow Travelers

I don't believe that our clients have stored within themselves such a rich treasure of inherent wisdom that our primary job is only to guide them gently into finding their own solutions to the difficulties in their lives. In fact, we live in a culture in which few of us learn what intimacy is as we're growing up, or how to create and sustain intimacy in our adult relationships. In our society, intimacy is considered a feminine characteristic, and most men react to the prospect of intimacy with all the enthusiasm of sitting through a chick flick.

means that therapists must face a challenge of their own. If we're going to help people develop the skill set of knowing how to sustain connection, we need to know that struggle inside out from our own lives. We need to have mastered in our own intimate lives the same skills we ask our clients to use, and we need to be transparent about it. On the days my wife, Belinda, and I don't use our tools, I often tell the couples I see, "We look

*health field has focused on*  
*But we've done a **poor** job of*  
*one-up perch in life.*

one-up perch in life. Many current forms of couples therapy invite therapists to listen empathically, reflecting back what we hear, to be nondirective, to serve as a secure attachment figure, a safe holding environment. Such a nurture-based, facilitative therapy can work with a shame-based person because lack of empathy to oneself is central to the disorder. But the guy with the stogie has no problems being empathic toward *himself*. His missing trait is empathy toward *others*—and an appreciation of consequences. In David's case, Sarah had already supplied ample leverage with the consequence of a threatened separation—a risk David was taking seriously. Whatever "attitude" he may have had in the marriage, or in previous therapies, had dissipated in the face of impending loss. If I could convincingly portray myself as someone who could save his marriage, he'd be all ears. That's leverage.

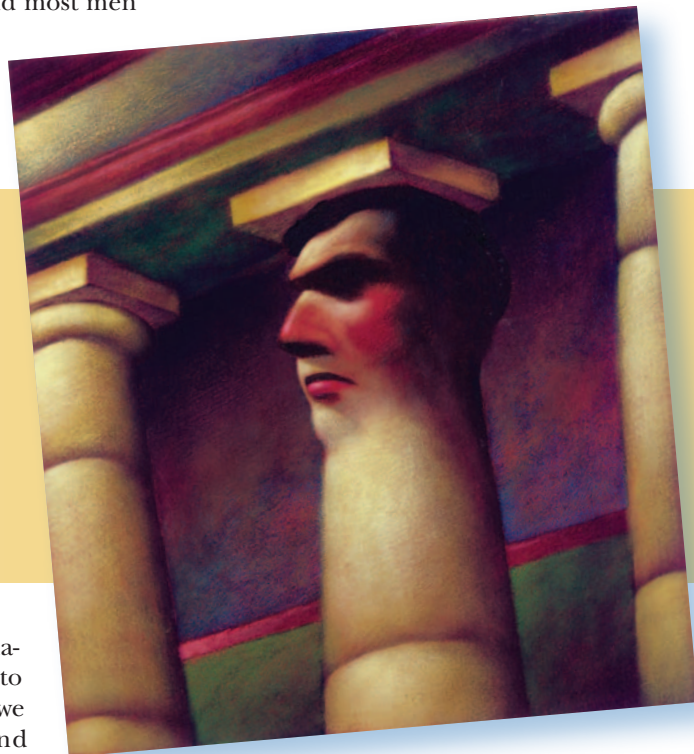
As a culture, we do to relationship what we often do to things deemed feminine: we idealize it in principle and devalue it in fact. Yet we've never wanted more from our long-term relationships. Gone is the tepidly emotional, companionable marriage of the previous century. Today, couples want long walks on the beach holding hands, heart-to-heart talks, and great sex into their fifties, sixties, and beyond. We yearn for a life-long-lover kind of romance. However, our culture is built for production and consumption—not romance, and we simply don't equip our sons and daughters with the skills needed to realize these historically new, psychologically ambitious desires. If you ask clients, "How do you think you should be intimate?" most would honestly say, "We haven't a clue. Please tell us. That's what we're here to find out."

Answering this request for guidance

just as unhappy as you do." My clients love hearing things like that. They love it when we therapists come out from behind our blank screens and are human with them. I believe in communicating to our clients that we're in the mud with them—more like 12-Step sponsors than paragons of traditional therapeutic wisdom.

### Joining through the Truth

In traditional therapy, once we've secured an alliance with our difficult clients (which may take months or even years), we may then finally feel ready to tell them the difficult truths. In RLT, as soon as we've gained the leverage that sets the stage for therapeutic change, we form the therapeutic alliance *by*





telling clients the difficult truths right out of the starting gate.

The organizing principle that drives David's selective obtuseness is easy to see: selfishness. In fact, with this particular couple, the difficult truth isn't something that's hard to acknowledge. When I bring up David's being, at times, selfish, they both warm to this description surprisingly easily. They speak animatedly about the ways he can "suck the air out of any room," the ways he exaggerates and brags, overtalks others, brings the focus of conversation back to him and his interests. They've discussed all this for years,

When my father raged at me in childhood, two things occurred simultaneously. On the receiving end of his anger, I was traumatized and disempowered. But he was also modeling for me, giving me the message each time he raged that when I grew up, to become a man, if I got angry, I had the right to inflict my feelings on others. I was falsely empowered—a different form of trauma and abuse—as proposed by Pia Mellody in *Facing Codependence* and other writings. I went through years of "trauma" work, dealing with my disempowering abuse. But my grandiosity—criticism, selfishness, and con-

magna cum laude. In fact," David muses aloud, "it was murder that I missed being summa cum laude. No really," he pursues, "I was depressed for weeks at that. I mean, I was *vicious* to myself."

"Welcome to the joys of perfection," I tell him. But he's deep in thought, seeing things, learning things quickly. "You know," he says, "I think that's why I get so angry and defensive with Sarah."

"Go on," I say.

"I think I can't stand it that she thinks I'm not perfect. I mean, I can't stand it."

"So, whatever she says must be wrong," I offer.

*Tending to the wounded little person underneath the beliefs, and behaviors isn't enough fall away when such vulnerability surfaces. Grandiosity was*

referring to a bad interaction as one of David's "manic moments."

"I can see myself doing it," he complains, "but I can't seem to stop." Sometimes the struggle to confront difficult truths may not come in the present, but in the past, where a particular relationship stance was learned. Professional life coaches aren't trained to pursue family-of-origin or early childhood issues, but therapeutic coaches are. In contrast to current therapies, which focus on the traumatic influence of childhood experience, we stress identification and social learning. For example, we don't see grandiosity as always a defense against traumatic shame, but simply a legacy from childhood. We don't see tending to the wounded little person underneath the child's grandiose attitudes, beliefs, and behaviors as enough to make these personal characteristics simply fall away when such vulnerability surfaces. Grandiosity must be dealt with *per se*: as it was learned, so it must be unlearned.

trol—cost me many relationships over time and came close to costing me my marriage. My couples therapist of many years dealt with neither Belinda's nor my own grandiosity, and our marriage came close to rotting under the corrosive effects of our bad behaviors—despite our exquisite understanding and many moving therapeutic experiences. It took years of floundering on our own with these issues before we managed to convince our therapist to take us on. I didn't want to make the same mistake with David.

### **The Burden of the Golden Child**

"Some families tolerate children who act like they're perfect," David looks at me and smiles. "But in my family, to this day, it's not as *if*—I *am* perfect."

"That's not so easy. . . ." I begin.

"No, listen. I really *was* perfect. I was a straight-A student. I was captain of the football team and the prom king. I graduated from a top-tier college

"Whatever she says is *nuts*," he affirms.

"What a burden," I tell him.

"Excuse me?"

"Your supposed perfection," I respond. "What an incredible burden for you both!"

Before this session, David had never questioned his need to be perfect. He hadn't thought about it one way or another; he'd just acted it out. For the first time in his life, he found himself holding this belief, this self-image, this stance at arm's length. Something that had been perceived as *him*, as an essential aspect of who he was, was now seen at a distance—as a part of him. I call this process "disidentification."

"Why a burden?" David asks.

"Look at what its effects have been." Indeed, as we explore the matter, the bad combination of David's selfishness, perfectionism, and dismissiveness has cost him friendships, business opportunities, his wife's good feelings, and, perhaps most painfully for him, closeness with his own children. As his sad-

ness enters the room, I see an opening and pursue it.

“Tell me what you’re feeling right now,” I ask.

“They love me,” he says. “Down deep and all, my kids respect me. But . . . I don’t know . . . the warmth factor is missing.”

“Yeah, the warmth factor,” I reflect. This is a moment in the therapy I’ve been waiting for. David’s sadness about his children is a heightened appreciation for the negative consequence of his selfishness, a break from his grandiose inattention. We are, for a moment, on the same page. This is the

supplying clients with an emotional experience isn’t enough on its own. The emotion must lead to learning; there must be a paradigm shift. Others have argued that coaching is merely a band-aid—that while David may “white-knuckle” some changes in his behavior through force of will, he must deal directly with his underlying trauma before any meaningful transformation can occur.

I see it the other way around. Because being relational is at the core of who we are as human beings, immersing someone like David in the sustained experience of increased relationality has the

of pushback—this relationality stuff, yeah, maybe; then again, maybe not. But once he set foot outside, something got to him. He sank, day by day, more and more deeply into depression. He couldn’t sleep, had trouble eating, cried unexpectedly.

“Are we playing games here?” he sticks his head out toward me, furious. “This is my *life*.”

“What part got to you?” I ask him.

“I don’t know what you’re talking about.”

“Come on, David,” I tell him, “you’re the one who said no games. What part of the last session got to you?”

“The thing is,” he says, “It’s like, OK, if I’m not perfect, then screw me, what am I?”

“Well, you’re. . . .”

“And screw you, too—no offense. What am I? Some middle-aged guy, who’s losing his hair, who’s got a little belly, who’s not as smart in business as he pretends? What the fuck am I?” And now Sarah cries.

“Why are you crying?” David asks her.

Turning to her husband, Sarah says, “You’re lovable, you stupid lunk. That’s what you are. You’ve never been so lovable!”

The work I was doing with David we call “reconnecting the blatant”—bringing the blatant in from the cold, out of grandiosity, and into connection. This process can be an almost spiritual experience, like watching someone being born.

“Great,” David muses, wiping his face with the back of his hand. “I’ve never felt like such shit and you two are throwing a party.” I hold out a tissue box for him.

“Welcome to the real world,” I say.

David’s depression announces that our work together has entered its next phase. Both empowering the latent and reconnecting the blatant usually entail intense affective shifts in the clients. If you’re used to leading with big, angry emotions, the shift usually involves opening your heart. If you’re used to leading with small, helpless, feelings, it typically means discovering your spine. The weak need to learn how stand up, and the mighty how to melt. Like many of the men I see, David

*Continued on page 60*

*child’s grandiose attitudes,*  
*to make these personal characteristics simply*  
*learned, so it must be **unlearned**.*

mature part of David I want to form an alliance with.

“You know David,” I say, “we have to stop this. If this were to go on, you’d be one of those guys who, you know, the kids call up and say, ‘Hi, Dad. Lemme talk to Mom.’”

“You don’t get it,” he tells me, looking suddenly deflated, all the bellicosity knocked out of him. “I already *am* that guy. It’s already happened.” Tears fill his eyes.

David has entered a state I call “hyperlearning” For just this moment, he sees it all so clearly, like waking from a dark spell, a dream. His usual stance isn’t so much resolved as dissolved. He’s coming into connection, into relationality. People have argued that therapeutic coaching is merely cognitive, and that, for real change to occur, the client needs to have an emotional experience. But as David shows us, the kind of deep learning I’m shooting for is highly emotional.

Through the years, I’ve found that

power to transform his old wounds and profoundly reshape his character.

With clients like David, I typically offer myself up as a mentor. As a therapist-coach, I believe it’s therapeutically negligent to call clients out on their dysfunction without then offering a vision of what functional looks like.

“David,” I say, “like a lot of men, you’ve been sold a bill of goods. I know this one well from my own life. We’re taught to think that only by being perfect are we worthy of love. But it’s a load of crap. In real life, we connect to each other through our vulnerabilities. It’s precisely our *imperfections* that draw people in through compassion and sharing—that’s what creates the bond you’ve been looking for.”

“That’s really hard to believe,” he tells me.

In their next session, two weeks later, the couple informs me that David has gone through a shocking transformation—and it isn’t for the good. David left my office at our last session full



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is belatedly and reluctantly beginning the work of identifying his feelings, particularly his painful, sad, frightened feelings, and sharing them with his wife. While he still functions in his day-to-day life, his depression feels oppressive and crippling to him.

"All the dreck I've run from my whole life is now in my face. I don't know if I can take it," he tells me in a later session.

"You're in the dark night of the soul," I tell him. "Everything you've ever known, ever lived for, has cracked open. And you're not sure what to replace it with yet, but you will be. Trust me, David, it'll come to you."

"What will come to me?" his voice is full of despair. I glance at Sarah, who, without hesitation, turns to her husband. "For one thing," she tells him, "I'll come. I have come. I've never felt closer to you. I'm right here."

It took David many weeks to let go of his need to be perfect, weeks to accept something he'd seldom allowed himself before: feeling the support from his wife. Along with our concern that clients like David will reject what we're saying, either by blowing up or storming off, there's a fear that, if they take in what we say, they'll move from inflation to deflation and fall apart. And it'll be our fault! But as a therapeutic coach, I've learned to like it when perfect or puffed-up difficult clients fall apart. It's good for someone like David to come unglued; it's been a long time coming, and he needs to. Although it's painful, his collision with his own humanity won't damage him. It'll bring him back to his real, imperfect self. And back to Sarah.

"For over a month now, I've been a shit, but Sarah. . . ."

Sarah interrupts him. "You haven't been a shit, David," she says.

"Fine," he dismisses her. "I've been a total pain in the. . . ."

"Stop it," she exclaims. "I can't stand it when you talk like that. You've been sad, David, that's all, very sad."

"I'm trying to give you a compliment," he tells her. "So, for weeks I've been . . . vulnerable," he grins. "That's a word you both love—vulnerable, OK? And Sarah's been great, really terrific."

"I think she's being terrific right now," I tell him.

"I love how you are now," she tells him. "I'm sorry it's so painful, but, shoot me, I like this guy. I don't need that other guy, the perfect one."

"The new me," David says wryly, "David 2.0."

"Tell me about David 2.0," I ask.

"Well, obviously, he's sadder," he says.

"For the moment," I tell him.

"For a while now," he pushes back.

"Fair enough, then. He's sadder. Is that it?"

David looks at his wife. "No, that's not it," he says, and sighs a big sigh. "Look, I'm not gonna say he's dancing on the furniture."

"OK, that's what you're not gonna say."

Sarah stretches out her arm to the back of the couch, her hand close to his face, but doesn't touch him.

"I'm kinder," he says looking at his wife. "Softer."

"Sweeter," she pipes in.

"Maybe," he says. "Maybe a little."

"David," Sarah goes on. "Face it, admit it. You're becoming a mensch, a true human being."

"Who knew it would feel this good?" David deadpans.

"Don't whine," Sarah deadpans right back.

I look at the two of them as they look at each other. *OK*, I think, *traction*. They're ready for the next phase of change that awaits them.

Although Sarah didn't need much coaching in this case, that's unusual. People ask me about when the latent client's issues emerge, and my usual answer is the minute the blatant starts giving them what they've been asking for; then the latent's issues come to the surface. Most partners don't swoon into their spouse's arms and say, "Thank you," for the changes they've made. I routinely tell latent partners, "There's a world of difference between complaining about not getting something and allowing yourself to open up and receive it." We call this transmission/reception work. Once partner A starts transmitting, the coach often needs to work with partner B to receive it. This is now the time when A, the blatant, gets to address his concerns and wishes for B, the latent—which most often consists of a wish for either

less distance and/or less fighting and, almost always, more warmth.

Once the couple's dance shifts from a recursive loop that's negative to one that's positive, from a vicious cycle to a virtuous cycle, the therapeutic use of self shifts to one of amplification. "You were able to do *what?* Oh my word, how were you able to do that?" In this phase, we look not unlike a solution-focused or narrative therapist. One particularly useful amplification technique that underscores and feeds progress is demarcation: that was the old (antirelational) you; this is the new (relational) you, or in David's words, "David 2.0." I'll often speak to clients about the "new empowered" or conversely "the new, softer and gentler" versions of themselves.

## From Therapy to Therapeutic Coaching

Some clinicians resonate easily with this way of working—being themselves, telling the truth as they see it, sharing experiences they've had in their own lives, being direct. In fact, they may say that they're already doing many of these things by the seat of their pants. For others, this way of working may make sense, but it requires an expressive style that's too foreign to their temperament or clinical belief system. More than adopting any particular methodology of change, therapeutic coaching is founded on the belief that we can be far more direct and challenging to the clients who come to us than we've previously acknowledged. I operate with the assumption that, by and large, people are neither fragile nor stupid. If you show them how they're getting in their own way and what behaving more skillfully looks like, they'll be grateful. Rather than the expectation that telling tough truths will send clients out of the room screaming, I've seen over and over that, if done with love, grace, skill, and even an occasional dose of real wisdom, therapeutic coaching brings clients back for more.

To be sure, the approach I'm describing requires therapists to move beyond their comfort zone and step out from behind a veneer of calm neutrality. But I believe that in order to teach our clients how to be authentic and

connected, we must be real with them ourselves. If our work with troubled couples is to move to a new level of effectiveness, we need to consider how well our traditional assumptions about relationship, change, and our own roles are serving us and our clients. I've found that the couples I see are ready to meet the challenge of examining themselves, of becoming explorers in what is, for them, uncharted territory. The question for the field of psychotherapy is whether we're ready to meet that challenge ourselves. ■

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*Terry Real, L.I.C.S.W., Good Morning, America's relationship expert, founded the Relational Life Institute. His books include The New Rules of Marriage: What You Need to Make Love Work and the best-seller I Don't Want to Talk about It: Overcoming the Secret Legacy of Male Depression. Contact: lsullivan@relational life.com. Tell us what you think about this article by e-mail at letters@psychnetworker.org, or at www.psychtherapynetworker.org. Log in and you'll find the comment section on every page of the online Magazine.*

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## Assistant or Associate Professor of Marriage & Family Therapy, Tenure Track

The Department of Marriage and Family Therapy in the Graduate School of Education and Allied Professions at Fairfield University invites applications for a tenure-track position (open rank) to begin September 2013.

### Responsibilities:

- Teaching in the Department of Marriage and Family Therapy
- Supervising Marriage and Family Therapy graduate students
- Pursuing research related to Marriage and Family Therapy
- Advising and mentoring Marriage and Family Therapy graduate students
- Supporting and maintaining the clinical training component of the program including work with the MFT Advisory Board, contributing to the development and expansion of services provided at the Koslow Center for Marriage and Family Therapy
- Contributing to the program's accreditation including program review and data collection
- Service to the program, the GSEAP, the wider university and the profession of Marriage and Family Therapy

### Required qualifications:

- Doctorate in Marriage and Family Therapy preferred
- Clinical and supervisory experience in Marriage and Family Therapy
- Approved Supervisor status preferred or eligibility and willingness to obtain the credential
- Experience in a COAMFTE accredited program
- State license in Marriage and Family Therapy or license eligible
- Evidence of commitment and service to diverse populations and social justice
- Clear systemic model of therapy and supervision. Structural or Strategic clinical expertise preferred
- Demonstrated teaching ability on the graduate level
- A clear research agenda and publication record in the field

Review of applicants will begin on November 15, 2012 and continue until the position is filled. Qualified applicants should send a letter of application, three letters of reference, curriculum vitae, copy of transcript(s) and statements of their research agenda and teaching philosophy to: **Dr. Rona Preli, Department Chair, Marriage and Family Therapy, Graduate School of Education and Allied Professions, Fairfield University, Canisius Hall, Room 121, 1073 North Benson Road, Fairfield, CT 06824.**

Fairfield University is an Equal Opportunity / Affirmative Action employer, committed to excellence through diversity, and, in this spirit, particularly welcomes applications from women, persons of color, Veterans, Jesuits and members of historically underrepresented groups. The University will provide reasonable accommodations to all qualified individuals with a disability.

