

# How to be a Marriage Therapist Without Knowing Practically Anything

Jay Haley\*

*Therapists in training as marriage and family therapists often do not learn techniques for bringing about change. They also do not learn ways to conceal from colleagues and from clients the fact that they do not know how to solve the presenting problems of couples in distress. Both general and specific techniques are reviewed for concealing ignorance as well as ways to make correct excuses for failure. The presentation is designed for therapists who find themselves not knowing what to do with a couple in a particular case and for therapists who do not know what to do with any case.*

During their professional training therapists are taught psychodynamic and other theories of abnormal psychology, learning theory, personality development and the science of diagnosis. Some even learn what medications to give troubled people that will cause the least harm. Yet a surprising number of clinicians graduate from departments of psychology, social work and psychiatry without learning how to solve the presenting problem of a client. In addition, a new generation of marriage and family therapists are appearing who do not know how to solve marriage and family problems. Young marriage therapists by the thousands are in graduate schools for members of the "fourth profession" of marriage and family therapists. They not only learn psychological theories but also systems theory, family development, divorce statistics, and what to say to pass the state licensing examinations. Yet a surprising number have not been taught how to change a marital problem. Not knowing ways to change anyone, they have also not been taught how to conceal that fact. This paper is designed for therapists who find themselves not knowing what to do with a couple in a particular case, as happens to all of us. However, it is primarily for a therapist who is ignorant about how to change a marriage relationship in any case and wishes to sound knowledgeable and appear to know what he, or she,<sup>1</sup> is doing.

The many varieties of marital problems brought to a therapist are all dilemmas to the therapist who does not know what to do to cause a change. The problem might be a husband who is insanely jealous of his wife, or a couple might be using a child to carry on a marital quarrel, or a spouse could have a symptom as part of the marriage contract. A symptomatic spouse could be one who drinks, or is depressed, or who has stomach aches, or is anxious, or has some other distressing problem that maintains the marriage and makes it unfortunate.

[It does not matter what the marital problem might be when a therapist does not know how to solve any problem and can only diagnose, talk about defenses and anxiety, and discuss systems theory. It is incorrect for the therapist to say to a client in distress, "I don't know what on earth to do with a problem like yours." The therapist must pull up his, or her, socks and proceed as if competent enough to be worthy of a fee.

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Jak utajit / skryvat ?

### Concealing Ignorance from Colleagues

There are two problems for the therapist who does not know how to change anyone: how to conceal that fact from colleagues, and how to conceal it from the customers. It is most simple to conceal incompetence from colleagues. Methods have been worked out by several generations of clinicians. To review a few common ones:

1. One should routinely insist on the importance of confidentiality in therapy. All doors and walls of offices should be soundproofed so that a colleague casually leaning against a door will not hear a therapist being ineffectual. If it is suggested that videotapes of interviews be made for training or research purposes, this idea should be banished with a contemptuous comment about unethical practices and a patient's right to privacy.

2. All supervision should be done without recordings or observation. If one takes notes to a supervisor, the notes can emphasize relationship issues. The fact that one floundered ineffectually in the therapy need not be known. Supervisors often prefer to discuss dynamics rather than interventions to cause change since that subject was usually neglected in their supervisory training.

3. Long term therapy should be done so that colleagues who refer people will forget who they referred. In this way people continue to refer marital problems over the years to a therapist without ever discovering that he never changed anyone.

4. At professional meetings one should emphasize the scientific nature of diagnosis, research, systems theory, and family and child development. Therapy should be referred to as a mere "how to do it" matter. When clinical work is denigrated as practical, in contrast to scientific contributions, therapy is made to seem too unimportant for the revelations of incompetence that might be made by scientific research.

5. When accrediting therapists for licensing, and in academic training, one should emphasize the importance of having the correct degree and not skill in therapy. The accredited therapist is a person who has a Ph.D., an M.S.W., an M.D., an Ed.D., an R.N., or a Master's in Marital Therapy. Basing licensing on degrees protects a therapist who does not know how to do therapy. He, or she, only needs to know how to take classes in a university for a number of years. Should there be a public clamor to base licensing on more than an academic degree because of obvious incompetence, it is possible to insist that there must also be one hundred and two hours of supervised therapy experience. This is not a problem since the therapist can see customers alone in a room and later disclose to a supervisor only what he wishes to have known (see #2 above). Attempts to accredit therapists by tests of skill or measures of successful outcome should be ridiculed as impractical. One can say, "After all, who can really define a successful marriage in this complex and changing world? Therefore, how can we say that we succeeded in improving a marriage?"

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### Concealing Ignorance from the Customers

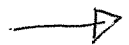
Colleagues need not know what actually happens in a therapy room but clients must. The procedures for concealing from customers the fact that one does not know how to change them can be classed as general and specific.

The general procedure used by most experienced therapists who don't know how to cause change is to encourage the client to talk and talk on the gamble that this will cause improvement. When interviewing a spouse alone, the therapist can use what he learned in academia and from watching television shows and say, "Tell me more about that," and "Have you wondered why that was so important to you?" When seeing the couple together, the therapist can say, "I want you to talk to each other so I can observe your communication." Then he can be quiet and need only encourage them occasionally if their argument sags.

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While encouraging clients to talk, a therapist should say as little as possible to conceal the fact that he does not know what to say. This is called "active listening." Silent behavior also introduces an air of mystery, which makes specific skills less necessary, as high priests have known for centuries. Since the client inevitably attributes significant meanings to silence, the therapist is given a reputation for eloquence when the fact of the matter is he just does not know what to say. To further encourage the couple to talk, the therapist can make occasional interpretations, pointing out that the unfortunate things the couple are saying to each other are examples of their poor interpersonal relationship. It is helpful to say "Isn't that a sexist statement?" at random moments. The couple will begin to prefer the therapist be silent, and then he can be so comfortably without feeling he, or she, should do more.

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(Discussing past history is always welcomed by clients who would rather avoid present issues.) The review of the past might have no relation to change, but it is expected by most people. A phrase to use is, "I see this problem is very distressing to you both. Now tell me what your marriage was like before, and when you first began to notice this problem developing." Unless the clients are mute or retarded, which calls for modifications of the approach, that inquiry will release a deluge of words that can last anywhere from one interview to a whole course of therapy. Married couples enjoy arguing about the past and about who said what and when since they have experience at that. How long the talk will last depends partly upon the eloquaciousness of the customers and also on how skillfully the therapist encourages them by saying, "Can you tell me more about that?" Involved in arguing about the past, the customers do not notice that the therapist does not know what to do about their present problem.

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An unfortunate happening can occur when the therapist encourages a couple to talk freely, express their feelings, and to argue about who caused what in the past. That type of discussion often leads to such anger and disruption in the marriage that the couple decides to separate. The therapist can feel sad about this. However, he soon finds compensation in the fact that a separation makes it possible to do "divorce therapy." The therapist can help the couple in the difficult task of separating. In the process, the therapist can be pleasantly surprised to discover that one customer has become two customers, each paying a separate fee.

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Many therapists who are not able to help couples separate can double their fees by seeing them as a couple in interviews and also placing them in a group with other couples. The therapist does not need skill when doing a couples group because the couples take over the sessions and share and talk and interpret to each other. Everyone feels something important is happening even if they are not changing, and the therapist gains a double fee while needing to know only how to remain silent.

Exploring other problems is something to do either early or late in the therapy. For example, if a couple comes in with a husband who is angry and jealous of his wife who has had an affair, the therapist who does not know what to do should take the focus off the presenting problem as quickly as possible. He can say, "After all, jealousy is just a symptom and we must talk about other matters so we can get at the roots of the symptom in the marriage relationship." Another way to put it is to appear thorough and cautious by saying, "Well now, I would like to put this jealousy problem in perspective. Could you review for me all the different problems about your marriage that have ever distressed you?" Some clients need to be encouraged to bring up other problems, but most of them can think of enough to keep the conversation going. Examples help bring out reminiscences and satisfy the curiosity of the therapist, such as, "After a group sexual orgy do you have special marital conflicts?"

Examining the consequences of the problem will provide clients with the impression that the therapist appreciates how serious it is even if nothing is being accomplished. One can ask how much time is wasted with the problem, what it prevents the couple from

doing, how many inconveniences it causes, how embarrassing it is in relation to children or in-laws, and what would be done if the couple did not have the problem. Often the couple will say they had not realized how many consequences there were, and now they are determined to get over the problem. The therapist can say, "Well, you've taken the first step by coming to therapy; that is the important thing."

If the therapist likes to focus upon interpersonal relations, he can make insightful comments about the client-therapist relationship by saying, "Have you noticed that you treat me as if I am an authority figure who is supposed to solve your problem for you?" This kind of comment encourages the clients not to expect the therapist to be an expert and will also bring out reminiscences about bosses and other authorities. The therapist can also have the spouses not only talk about the ways they relate to each other but to all their relatives and friends.

Exploring what has been tried to get over the problem includes discussing previous therapy, if any. One should always explore what advice customers were given in the past. While appearing to explore history, the therapist is actually getting ideas of what he might do with a customer. Therapists communicate about therapy techniques to one another through their clients as they learn what colleagues have done to try to solve a problem.

Before proceeding to more specific tactics, the general ones can be summarized with a case example. Choosing an arbitrary problem, let us suppose that a woman comes to a therapist and says she is failing in her marriage and her career, as well as going out of her mind, because she cannot stop compulsively counting everything she does. When she does housework, walks, plays tennis, has sex, or chairs a board meeting, she must count the numbers of times that everything happens. She reports that a crisis came about when her husband discovered she was counting how many breaths he took when they were having sexual relations. The husband threatened divorce as they entered therapy and said he now looks longingly at women who count less.

What can a therapist do with this problem when he does not know how to change it? In general, he can follow the procedures outlined here. He can keep confidential what happens in the therapy from his colleagues, he can encourage the couple to talk while he actively listens. He can have them explore their past marriage relationship, their past individual histories, and their childhood with their extended families. He can talk about philosophical issues in marriage, including tolerance for weaknesses of mates. Out of the problem he can manage months, perhaps years, of marital therapy without having any idea how to change the couple and without anyone discovering that fact. He might even be able to include the case in a paper or book on the topic of interesting problems in marriage therapy. It should be noted in passing that when a therapist wishes to conceal his, or her, incompetence he should avoid any verbatim transcripts of therapy interviews in a publication. Instead, he should offer summaries of cases. For example, a clinician can say about a woman who has the problem of compulsive counting, "The patient was encouraged to explore the origins of the counting compulsion, and the roots of psychopathology were discovered in childhood experiences." This will sound better than a verbatim transcript which might read, "Therapist: When you were a child, did you refer to different ways of going to the bathroom as number one and number two?"

### Specific Tactics

Within the framework of general principles for concealing ignorance, the therapist can use specific procedures learned at workshops or in the literature. Some are passing fads while others remain classic maneuvers because they help give the customer the impression that the therapist is skillful.

Reflecting back to people whatever they say is a classic tactic which has stood the test of time and generations of inadequate therapists. The procedure conceals like a blanket

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the fact that the therapist does not know what to do to cause change. Most important, it impresses the customer with the idea that the therapist is empathetic and understanding. Reflecting back a person's words gives an illusion of intimacy. A spouse says, "I feel so ashamed of myself because we have this childish marital problem." The therapist replies, "M h m m, you feel so ashamed of yourself because you have this childish marital problem." As far as the couple is concerned, two minds have met and understanding has been achieved. Even a socially withdrawn therapist appears to be warm, empathetic and understanding by just thoughtfully repeating back what people say. The chief merit of the procedure is that it is easy to learn even by people with limited intelligence. Research studies have shown that six-year-old children, both male and female, can master the technique with only one 40-minute training session.

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Getting in touch with feelings is another classic procedure which can be done, and always is, by novice therapists. Whatever customers say, the therapist says, "How do you feel about that?" With experience, or with the help of a particularly inspiring professor in social work school, the therapist risks more complex phrases such as, "How do you really feel about that," or even "I wonder if you could communicate to your husband the depths of your feelings about that." These statements encourage the expression, or the simulation, of feelings and distract the emotionally aroused customer from noticing that nothing is being done about his problem.

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Interpretations, which make connections between this and that are, of course, the trusted tactic of a therapist who does not know how to cause change. A customer with even a rudimentary education enjoys interpretations which connect one thing with another, and so they are easily distracted from noticing that nothing is changing. One can find a similarity between a husband and a boss, or a mother and a wife. Since people do not think randomly, there is always a connection between what a person says about something at one time and what is said at another time.

Relationship games and sensitivity procedures are a way to pass the time and give the customers the illusion that change must be happening because they get upset. One can easily learn confronting games from the group therapy literature and popular self-help books. For example, one can confront the couple with the way they are playing the game "help me." The clients are impressed with the self discovery and do not notice that the therapist does not know how to help. One can point out that the "adult" in one spouse is talking to the "child" in the other, and discuss their games of teasing and rejection, or dependency. Talking about one's own marital difficulties and divorces sometimes helps the therapist and shows that he, or she, is human and that everyone's problem is humanistic.

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Another modern technique is "sculpting." One can bring action into the room by having the couple sculpt their problem instead of just talking about it. The husband can lean on his wife to show his dependence on her, and she can hover over him as he leans on her to show how she is burdened with protecting him. The therapist can say things like, "Now we're getting to the basic kinesics and not merely intellectualizing." Couples enjoy this kind of action, and the therapist can learn the technique in an afternoon workshop. Some experience in amateur theatricals helps. With a dramatic type couple one can have them do genograms of everyone in their family networks and then do simulations of their relationships with all their relatives. They might not get over their marital problem, but they benefit from therapy by having lots more to talk about with their relatives and friends.

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### Excusing Failure

Therapists who do not know what to do will fail, but not in all cases because of the high rate of spontaneous remission. It is spontaneous change which keeps referral sources providing clients and gives the therapist the illusion that perhaps, after all, he

really knew what to do even if he did not realize it. Still, failures often occur and the therapist must be able to conceal the fact that failure happened because he did not know what to do.

There are two audiences to be concerned about when failing: fellow professionals, and the customers. Colleagues are the least problem since one can avoid observation and not be involved with outcome studies. There are various ways to avoid outcome studies ranging from the concern with confidentiality through arguments about complexity to the emphasis upon growth as not a measurable issue. One can also use the classic argument originated by Freud where he said that each case is unique and, therefore, cannot be classed with another in any percentage measurement.

Dealing with the disappointed customer is the main problem. Let us suppose that a couple says indignantly that no change has taken place. After months of therapy they are still miserable and their only marital agreement is that the therapist failed with them. There are several standard defenses to follow. (Showing one's state license, or listing one's degrees and naming the famous universities where one trained might be useful early in therapy but not at this point. The customer will not be impressed, and the *alma mater* is given a poor reputation.) The correct procedures fall into two categories: blaming the customer, and saying that more change has taken place than was realized.

1. Blaming the client can be done in many ways. When the couple says they are disappointed at the failure by the therapist, they can be asked whether they have noticed that there might be a life pattern here of finding helpers disappointing. This topic becomes a subject to "work on." The therapist has turned an awkward moment into a reason for continuing therapy so they can discuss their past disappointments in people back through their lifetimes.

Another way to blame the customer is more subtle. One can imply that the couple has gone about as far as they can go right now, given the material they are made of. Even with the masterful skills of the therapist nothing more can be done. The implication is that the customers have reached a plateau, not the therapist. Sometimes this can be done by suggesting that a new stage of social development needs to be achieved, like getting older, before the couple can solve the problem. A good word to use is "integrate." One can say that the couple needs to "integrate" their insight into the meaning of the emotional experiences achieved in therapy before it is possible to go further with the problem.

If the customer has not done everything asked, the therapist can imply that more cooperation would have solved the problem, and perhaps the couple isn't quite ready yet to get over it.

2. An amiable way to end without admitting that one did not know what to do is to say that the customer does not really know how much change has taken place. "The way you talk about your marital problems now, and the way you talked about them when you first came in—well, the change is remarkable." In the case of the woman's counting, the therapist can say, "You might not remember it now, but when you first came in you counted every word I said and every breath your husband took. Now it's only occasional." This kind of statement prepares the way for the classic ending of the incompetent therapist—the customers say they still have the problem but do not mind it so much.

The therapist can also review all the gains made in self-expression, in insight and self-understanding, in resolving problems with distant relatives, and point out that after all these are more important than the trivial presenting problem the customer once thought was so important.

This list of ways to deal with failure is not meant to be all-inclusive, and each therapist has his own favorite way. One way (becoming popular recently) is to refer to someone in your own group of therapists when you have failed with a couple. That colleague supports whatever you said to the clients and also proceeds just as you did so it appears that all therapists do that and what you did was correct even if it failed. (Some therapy groups of colleagues of this kind are small, and some are quite large.)

In general, dealing gracefully with failure means offering an ending that is pleasing. Termination should leave the customers feeling a bit guilty about not having done all that they should, believing they have gone as far as they are capable of progressing in their marriage at this time and no therapist could have done more, and sorry to have put the therapist to so much trouble when more severe problems are undoubtedly waiting at the door. The customer should also be pleased that the problem, even if it is still there, is really more of an irritation than the misfortune it once was. With these simple techniques a therapist can do therapy for months, even years, with customers who fail to change and they never discover that the therapist knew no more than a plumber about how to get them over the problem they presented when they came in the door. L

#### NOTES

<sup>1</sup>The author uses the pronoun *he* for convenience and acknowledges the inequity of the traditional use of the masculine pronoun since ignorance about how to do therapy occurs in both sexes.