

Strategies for Working with a Reluctant Spouse in the Hope Focused Approach

Jill Kays, Katie Maslowe, George Wadzita, and Shannon Crawford

[Regent University Hope Research Project](#)

It is not uncommon to work with a couple in which the commitment to therapy is unbalanced between the spouses. Frequently one spouse is committed to therapy, while the other is resistant and less than willing to invest the time and effort needed for change. Sometimes this happens because one spouse is coerced or forced into therapy for some reason. This can make progress very difficult, frustrating not only the therapist but also the couple, turning into what feels like a tug o' war.

Understanding the reluctance

The first step in working with the reluctant spouse is to understand it's not about you! Often we can get personally frustrated when the couple is not cooperating and progressing along with "our" goals we have set as the therapist. Remember, their hesitancy is towards the therapeutic process and the change that is inevitable, not towards you as the therapist. After all, therapy is for them not you. Often we underestimate how intimidating the therapeutic process and psychotherapy "world" can be for those who are not in it on a daily basis (Willis, 1984). Be aware of any negative reactions you may be having towards the spouse or the couple because of the reluctance, such as resentment, feelings of frustration and anger, unbalanced alliances, or wanting to give up on the couple. This can significantly negatively impact your work with them. Therefore, it is important to first lower any defenses that may be present on the part of you as the therapist so that you can help the couple overcome the reluctance that is holding them back. Taking that stance, the next step is to understand the reluctance. Why is it there and what purpose is it serving?

There are many causes for reluctance or resistance from individuals in therapy. Often this reluctance is based on fears or concerns that may be present (Willis, 1984). If so, the therapist should try and unpack these fears so you can understand what they are truly about. Other times it may be due to a lack of understanding or misunderstanding on behalf of one or both spouses. Resistant clients may just be ill equipped to perform treatment tasks that require inner resources that they don't have or haven't developed. Perhaps there are personality characteristics or differences that are getting in the way of therapy (Eckstein & Ford, 1999). There also may be other factors impacting their progress and commitment, such as cognitive functioning, attachment issues, mental illness, or learned behavior patterns (Sperry, 2004). The key is that the therapist should seek to understand the reasons behind the apparent reluctance. By doing so, the therapist can work to overcome the resistance or work around it in order to help the couple move forward, rather than throwing in the towel or perceiving the couple as "difficult" or uncooperative.

Approaches to helping with reluctance

Once the reason for the reluctance is understood, there are multiple ways the therapist may work to overcome it based on the cause. We have outlined two primary approaches to working with a reluctant spouse that may be suitable for addressing common reasons for reluctance. Each approach will require a different therapeutic stance and relationship.

The first approach is the “buy in” approach. Often spouses come into therapy for different purposes and with different goals. One spouse may be invested in therapy, genuinely seeking help to improve their marriage, while the other spouse may not see the purpose or value of therapy or may not want to change anything. Therefore, they may not see the immediate value in therapy, thus creating the reluctance. McCormack (2002) uses client “types” to explain this process. “Customers” are individuals who acknowledge there is a problem and are willing to work with it. “Visitors” are individuals who do not see a problem and “complainants” are individuals who may see a problem but don’t see it as their problem and do want to change. Reluctant spouses will often be visitors or complainants. Both spouses need to be invested in the therapy process in order for any progress to occur, therefore, both spouses need to become “customers”. The “buy in” approach takes a more “problem solving/working stance” from the therapist to help gain the support of the reluctant spouse. This is accomplished through goal setting. Most spouses in a relationship can find one area they would like to see improvement in their marriage or something more they would like to gain. Using this approach the therapist should work to help the reluctant spouse identify at least one goal they can commit to and use as their “buy in” into therapy. Thus, the therapist is able to get the reluctant spouse to rally around their goal, and commit to the therapy process, overcoming their reluctance and becoming a “customer” (McCormack). Sherman, Oresky, & Rountree (1991) liken a similar approach to “contracting” with the couple or individual for results in therapy, helping them focus on a specific problem throughout therapy, which minimizes resistance. With continued progress in therapy, the spouse will hopefully begin to see the benefits and their goals and commitment will broaden, however, this may not happen (Sherman, Oresky, & Rountree, 1991). If not, the spouse can continue to maintain focus on their goal, maintaining their commitment to therapy. Therefore, by using the “buy in” approach, both spouses become invested in therapy, although the reluctant spouse may have a narrower focus. The following are some general techniques or practical steps to follow when using the “buy in” approach:

- Labeling where the spouse is (in terms of resistance) and what their initial goals are (they may not have any goals)
- Goal setting – asking the reluctant spouse what they want to achieve in their relationship, get them to set a specific goal that they can stand behind
- Maintain a focus on that goal to keep them in and attend to their needs, but try and get them to buy into the therapeutic process and greater goals of therapy as they begin to make progress
- Check-in throughout therapy with the spouse to determine how they feel their goal is getting met

An additional approach that can be used with resistance is the “work with it” approach, which seeks to understand and validate the spouse’s reluctance in order to minimize it. This approach takes a more “person-centered/aligning” stance by the therapist. It is vital to understand where the individual’s resistance is coming from. Likely they are expecting you not to be on their side or be empathetic towards their position. However, that may be exactly what needs to happen in order for them to be invested in therapy. For psychologists the entire therapy process is natural, normal, not intimidating. But for clients, especially in the beginning, the process is scary, unknown, and often doubtful. There are often many reasons a person does not want to be in therapy and allowing them to express these feelings will give you insight into the resistance and create an alliance with the spouse. An example would be a spouse that is attending sessions due to the other’s “do it or else I will divorce you” stance. Not surprisingly, this ultimatum creates resistance. Resistance is often natural and needs to be embraced and validated (Willis, 1984). This approach will ease the client’s mind, and often create a

deeper evaluation of desired changes from the reluctant spouse. The following are some general techniques or practical steps to follow when using the “work with it” approach:

- Validating and seeking to understand the resistance, speaking openly and honestly about what you as the therapist are observing, showing empathy and understanding of resistance being a natural response, and allowing the client to feel supported.
- Pointing out honorable intentions, why are you coming to therapy in the first place? Work needs to be done on the relationship, but this is all new and quite possibly scary. Slowing down the process and giving space for the fears.
- Valuing/refusing to devalue. Let the resistant client know that you understand their position and support them in their affect; giving them the ability to see your neutrality.
- Reframing: “Any behavior can have at least two interpretations” (Atwood, p. 167). The interpretation can lead to multiple feelings and reactions. You may find yourself observing one spouse that has interpreted and labeled the other spouse’s behavior in a way that generates resistance, negativity, and an inability to see the potential for change. Helping to reframe the situation or re-label the behavior or events that have occurred may help to increase positive feelings and begin to lower the walls of resistance.
- Metaphors: Men especially do well with the concept of metaphors. It is important to communicate to the spouse in a way they understand. The object of metaphors is to incorporate a concept already appreciated in another area into the couple’s relationship. For example, let’s say a couple is using the “time out” method to help them calm down during an argument, but then after time out the husband no longer will discuss the problem. A sports analogy could be used here. When a basketball team takes a time out, they return to the court to continue the play. If he takes a time out and does not return to finish the discussion it is like he is changing into his street clothes and forfeiting the game. The use of metaphors helps open up the understanding and application of concepts and resistance (Miller, 1998).
- Relationship focus. Often couples come for counseling and are revolving around one specific issue (pornography, intimacy, infidelity). That issue tends to be the main focus and one partner may be labeled as the one with the “problem”. When one partner is being blamed they will likely be resistant. It is helpful to take the focus off the hot issue at hand. Take the individualistic outlooks the couple has and guide them into seeing the relationship as the main focus. “The couple will be more likely to be motivated to change if the emphasis is not on the individual with the problem but on the relationships that maintain the dysfunctional behavior” (Atwood, p. 167).

The “buy in” approach and the “work with it” approach described above are just two ways that the therapist can approach a reluctant spouse to gain their commitment to therapy. They address the most common reasons for reluctance in marriage therapy. However, there may be multiple other causes that the therapist should seek to understand and attend to, which may require slightly different approaches. Also remember that these are approaches designed for the beginning phase of therapy, when the therapist is attempting to gain the support and commitment of the couple. As the therapist develops rapport with the couple and their commitment is more stable, if the reluctance continues, the therapist may be able to be more confrontational with the reluctant spouse, dealing with their resistance in a more direct manner. However, using the Hope approach, it is important that the therapist maintain hope and do so in an encouraging way that does not discourage the couple.

Finally, as the therapist identifies the causes for the reluctance, it is important to keep in mind that some causes may not be appropriate for the Hope Marriage approach, thus requiring a referral to another marriage counselor. Keep in mind the goals and approach of the Hope program and if the hindrances the couple is facing will be feasibly overcome within the program. Some examples of other causes include current infidelity, current substance abuse, physical abuse, or one spouse is not really interested in improving their marriage in the first place (i.e. is seeking separation or a divorce).

Vignette: Case of the Reluctant Spouse

Intro/Overview: Harold and Wilma married after high school and have been married for seven years. They have no children. They have been getting into arguments over seemingly small things lately. When this happens, Harold initially responds in anger to defend himself, then walks away and doesn't want to argue about it any more. He then avoids Wilma for a day and gradually resumes talking about upcoming events or superficial topics. Wilma has decided he needs counseling, but knows he won't go alone. She asks him if he will attend marriage counseling with her. He refuses, but she calls anyway. The conversation goes something like this:

Reluctant Spouse (Husband) Script:

Wilma – My name is Wilma Robinson. Our pastor gave me your number and said you might be able to help. I'm worried about my marriage. My husband just doesn't seem to care about me anymore. We get into arguments over little things all the time and he just walks away before we can talk it through.

Counselor – Mrs. Robinson, I may be able to help you, but I need to meet with you and your husband first to find out more information. Research and my own experience have shown that couples benefit more from counseling when they are seen together. Would your husband be willing to come in with you this week?

Wilma - I don't know. I told him we could go together, but he just says "no" and won't even talk about why. I think he just doesn't want to go because I want him to. He can be stubborn like that.

Counselor – So, it sounds like he isn't willing to come in with you. I usually meet with couples once together and then once with each individually to better assess their situation. That helps me gather enough information from both perspectives to make a recommendation as to whether marriage counseling might be helpful. Sometimes marriage counseling isn't the best approach. At times it doesn't work out to get both spouses here at the same time. I think you should come to the office alone this week for an initial consultation to consider your options. There would be no obligation to continue counseling. Would that work for you?

Wilma – It wasn't what I had in mind, but I just don't know what else to do. I could come in tomorrow at 2 pm.

Counselor – Would it be okay with you if I called Harold and talked to him? Maybe I can answer some of his questions; sometimes that helps.

Wilma – Oh, would you please? I don't think he would listen to me anyway. Our phone number is 123-4567. He'll be home from work after 4 pm. If he is willing to come together, so am I.

The counselor calls Mr. Robinson that evening to explore his reluctance to attend marriage counseling.

Counselor – Mr. Robinson, your wife tells me that she wants marriage counseling but you refuse.

Harold - "It won't do any good."

Counselor - Well, I don't agree with your wife.

Harold- "You don't?"

Counselor – That's right. I don't think marriage counseling is for everyone, even though I think it can be helpful for those couples who need it.

Harold - "So you don't think we need it? That will be a big surprise..."

Counselor - No. That's not what I meant. You see, I don't know whether you might benefit from it. To be fair, you might not know either. Perhaps you have attended marriage counseling before and see yourself back in the same boat?

Harold - "Well, no. Wilma and I went to pre-marriage counseling with our pastor, but we haven't been to marriage counseling. We have some friends who went to counseling, but they got a divorce anyway. It was just a waste of their time and money."

Counselor - That can happen. Many couples who go to marriage counseling don't get better. But your experience could be very different from your friends'.

Harold - "I suppose it could be," he said with a skeptical tone.

Counselor – You sound skeptical. Could I make a proposal and see if you think it is reasonable?

Harold - "Alright, I suppose that would be okay – what do you propose?"

Counselor - Instead of starting counseling, would you agree to a three-session assessment of your marriage? You both would see me for three sessions and at the end of that time, I'll have enough information to give you my opinion about whether counseling might help. I would also be able to recommend what you could do on your own even without counseling. You wouldn't be committed to any counseling because of these assessment sessions. After you have my opinion, you and your wife can decide whether you think counseling would help you accomplish your goals for your marriage. What do you think?

Harold – "Hmm, I'll have to think about it."

Counselor – Good. Your wife has already told me that even though it was not exactly what she wanted, it would be okay with her if it was okay with you. Think it over and decide what you want to do. Would it be okay if I call you tomorrow night about this same time? Is that too soon?

Harold - "Nope, that should be okay."

The therapist already conducts the initial screening and has begun the initial dyadic intake. It is clear from the phone conversation and the initial screenings that the husband's reluctance stems from fear and uncertainty about therapy and its effectiveness. In the intake, the therapist begins to overcome the husband's reluctance using the "work with it" approach, trying to understand the husband's fears:

Counselor- "H, tell me more about the concerns or hesitancy you have about marriage counseling. I know you mentioned that your friends didn't have success in counseling, so you are probably uncertain about how counseling is going to help. I can definitely understand that. Help me understand this concern and others you have."

Harold-" Yeah, you're right. I think this is going to be a big waste of time and a big waste of money. I don't really know what all this is about or how you are supposed to help us get any better. Plus, I know I am just going to get blamed for everything. My wife is much better at expressing herself than me and I am afraid I am going to become the target. I don't want to be the made the problem when I know my wife isn't perfect either!"

Counselor- "Well it definitely sounds like you have some real concerns, which is understandable, especially if you have never experienced therapy before and the only example you have is an unsuccessful one. I also hear that maybe you are not sure what to expect which might be causing some fears. Many people who have never been in therapy before have that fear and it's understandable. I promise I am not here to tell you all that you are doing wrong. We are going to work together to improve your marriage, which I know is what both of you want. I think you will find as we continue your fears will subside and it won't be as scary as you think. Plus, I want you to know that I am not here to "blame" anyone for the difficulties in your marriage. I believe that there are two people in a relationship and both likely contribute in different ways. We want to improve your *relationship* and make your marriage a better place for both of you. That means finding ways we can work together to do that, not looking for whom to blame for the problems you are having. Remember, the focus in on the marriage, not on one person or problem. You are a landscaper H, think of it as a separate entity, like a plant. If you do not take care of the plants then they wither and waste away. Just as both of you need to be taking care of your marriage in order for it to survive. So, I hope that helps with some of the hesitancy you have. As we continue, I will check in on these concerns and see if you are feeling any better about them, but right now, how are you feeling about beginning the process?"

Harold- Well, I think I feel a little better. It made sense what you said about focusing on the relationship, which is what I want. I really do want things to be better with my wife; I guess I just am not sure how to do that. But, it sounds like you might and I think I am willing to give it a try.

Counselor- Great. Well I am glad you are feeling a little better about our work here and I hope as we continue you will feel even better about it.

Explanation:

The main goal of the therapist in this scenario was to allow room for the husband's resistance. When the therapist made the initial call to the husband she allowed him to explain his resistance. His thoughts that it was a waste of money and time were closely related to his friends' experience of a failed

marriage after therapy. The therapist reframed this situation by taking the universal component out of it and making way for the husband to see they may not have the same experience. Once the couple was in her office she continued to allow the husband to express his concerns. She validated his fears the counseling process and made it very clear he was not the “problem”. She utilized the technique of relationship focus. Taking the pressure off of the husband as the “problem” and externalizing the marriage as something both of them needed to put work into helped to increase his enthusiasm and devotion to therapy. To really get the husband to understand the importance of working on marriage a metaphor is used. Since the husband is a landscaper he understands the importance of taking care of plants. Referring to marriage as a plant allows him to grasp the concept that it needs to be tended to in order to flourish.

It is also quite possible to combine techniques from both the “buy-in” approach and the “work with it” approach. If the husband continues to show resistance it may help to take into his specific goals for the marriage. He has already indicated he wants to work on the marriage but pulling out his exact goals may allow him to feel part of the entire process. Be aware that resistance may subside and resurface further into therapy. So at any point these techniques can be utilized.

Annotated Bibliography

Belcher, J.R. (2004). Treating resistant couples: The use of forgiveness in conservative Christian and Jewish traditions. *Family Therapy, 31*, 71-85.

This article discusses the usefulness of forgiveness work as a concept embedded in most religious doctrine and specifically in conservative Christian and Jewish faith traditions where forgiveness is more literally interpreted from the Scriptures. Potential religious origins of resistance are discussed as well as techniques for how forgiveness may be applied in conservative Christian and Jewish traditions. Sections of the article discuss spousal anger, repairing damage to the emotional bond as a result of marital conflict, and creating a sense of community within marriage.

Brothers, B.J. (1997). *When one partner is willing and the other is not*. New York: Hawthorn Press.

Provides a variety of insightful perspectives on resistance in couples' therapy. Provides a range of explanations for the many ways in which the course of progress can break down. Learn ways to turn these roadblocks into valuable learning experiences for the client. Not a 'one size fits all' explanation, but a sound basis for flexible, individualized assessments and treatment strategies.

Crane, D.R. (1996). Client Resistance and Performance Problems, In *Fundamentals of Marital Therapy* (pp. 125-133). New York: Brunner/Mazel.

This is a basic primer on marital therapy. Among other topics, the following are addressed: when marital therapy is and is not appropriate; comparative approaches to marital therapy; research from couple therapy; common errors in effective marital therapy; client resistance and performance problems; and what to do with severely distressed cases. Also included are examples of marital satisfaction scales.

Dienhart, A., & Avis, J.M. (1994). Working with men in family therapy: An exploratory study. *Journal of Marital and Family Therapy, 20*, 397-417.

Provides results of an exploratory study with a panel of 36 therapists who endorsed 131 interventions in six categories as appropriate and effective ways for working with men. The results indicate that therapist awareness of gender issues and socialization of men is important as well as interventions in the categories of therapist conceptual and perceptual skills regarding gender, promoting mutual responsibility, and challenging stereotypical behaviors and attitudes. Structuring treatment and encouraging affective expression in men were two categories that did not have a consensus of support.

McCormack, J.R. (2002). There is no such thing as a resistant client. *Marriage & Family: A Christian Journal*, 5, 39-45.

This article explores the contributions that brief solution focused therapy can make to the treatment of "resistant" clients. In brief therapy's view, the "resistant" client is a misdiagnosed client. Once the therapist correctly categorizes the client as a visitor, complainant, or customer, the therapist then introduces visitors and complainants into therapy as a customer by negotiating goals that are more consistent with their own perspective. For example, while a wife's goal may be for her husband to engage more, his goal may be to reduce her nagging.

Sherman, R., Oresky, P., & Rountree, Y. (1991). Taking on the opposition: Resistance. In *Solving Problems in Couples and Family Therapy: Techniques and Tactics* (pp. 71-92). New York: Brunner/Mazel.

This book provides multidisciplinary strength-based techniques to help accomplish a wide variety of therapeutic tasks in couples and family therapy. The chapter on resistance presents strategies and structures for dealing with resistance, including contracting for results, establishing a positive response set, call-me-when-you're-ready, and bestowing chivalries or honorable intentions. Each approach is presented in terms of rationale, procedure, case example, and uses. A section on tips and tactics describes specific interventions and tactics that can be used with the various types of resistance.

Additional References

Eckstein, D., & Ford, R. M. (1999). The role of temperament in understanding couples' personality preferences. *The Family Journal: Counseling and Therapy for Couples and Families*, 7, 3.

Sperry, L. (2004). Effective couples therapy and psych 101: You can't have one without the other. *The American Journal of Family Therapy*, 32, 325-335.