# CONFLICT RESOLUTION: A FRAMEWORK FOR INTEGRATION

## SUSAN HEITLER

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*Theoreticians from almost every school of therapy have described psychopathology as emanating from difficulties in resolving conflicts; yet the psychological literature on healthy conflict resolution has been surprisingly sketchy. Based on the resolution literature and clinical experience, this paper suggests three main steps in movement from conflict to resolution. An outline for structuring individual, couple and/or family treatment around resolution of conflicts is proposed. Two cases, one an individual and one a couple, illustrate how an understanding of the steps in healthy resolution guide the therapist's interventions within this framework, enabling an eclectic therapist to work with flexibility, yet clarity.*

In order to help patients resolve their conflicts, a therapist can benefit from a clear understanding of the course of healthy conflict resolution. I once attended a lecture on pathological grief reactions. The speaker believed that in order to diagnose and treat pathological grief, a therapist must first be clear about the course of normal grieving. In this paper that premise is applied to the resolution of conflicts.

Theoreticians from almost every school of therapy have described therapy as an opportunity for people to deal with their conflicts. Freud's battling id and superego provided the first model suggesting that psychopathology emerges from intrapsychic conflict. In review articles, Marmor (1971) points out the psychodynamic assumption that conflict is at the root of the vast majority of neurotic disorders; similarly, Wachtel (1984) emphasizes that the

psychodynamic point of view focuses on intrapsychic conflict as a central element.

Behavioral theorists have also, from time to time, conceptualized conflicting feelings as sources of dysfunction. Mahoney (1984) suggests that conflict is explicit in early drive-reduction behavioral theories. Dollard and Miller (1950) delineate the role of fear in neurotic conflict and elucidate the way conflict could be learned in the course of early feeding situations, cleanliness training, etc. (Wachtel, 1977). Skinner (1969), within operant theory, describes conflict between responses competing for selective retention (Mahoney, 1984). Lazarus (1977) explicitly names conflicting feelings and reactions as a source of dysfunction (Murray, 1986).

The family therapy literature extends the focus from intrapsychic to interpersonal and intrafamilial conflict. Ackerman (1958, 1966) emphasizes the need to include specific family conflicts and the nature and effectiveness of the family's methods of coping with conflict in the initial assessment of the family. Haley (1963) specifies that marital conflict often centers on "(a) disagreements about the rules for living together, (b) disagreements about who is to set those rules, and (c) attempts to enforce rules which are incompatible with each other." Haley (1973) later clarifies the events in the family life cycle and hypothesizes that much family conflict comes from transitions between stages. Minuchin has at times called his work "conflict-resolution family therapy" (Minuchin, 1965). Bowen (1978) adds a multi-generation perspective. Recent research has corroborated the strong relationship between conflict in families and children's emotional difficulties (Dancy & Handal, 1984; Enos & Handal, 1986; Slater & Haber, 1984).

Most of these writings have explored the *content* of conflicts. By contrast, the *process* of conflict resolution has received far less attention. Piecemeal additions from various couple and family therapists have begun, but by no means completed the picture of *how* conflicts become resolved. Madanes (1984), for instance, stresses the importance of a balance of power between spouses. Minuchin (1974) looks for coalitions among family members and notes triangulations in which a conflict between two family members is defused by deflection onto a third.

Social learning and behavioral theorists, as exemplified by Gottman et al. (1976), Ables and Brandsma (1977), Stuart (1980), and Jacobson & Holtz-worth-Munroe (1986), have made the most significant contributions in the psychological literature to understanding conflict resolution. They have delineated a number of specific communication skills, such as asserting and empathic listening, which are essential to the flow of healthy discussion of problems.

Although the above contributions have been helpful for couple and family treatment formats, the process of *intrapsychic* conflict resolution has been virtually ignored. Greenberg and colleagues (Greenberg & Johnson,

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1986; Rice & Greenberg, 1984), who have pioneered task analyses of intra-personal conflict resolution, are a notable exception. Based on gestalt theory and technique their work details many of the behaviors involved in move-ment from conflict to achievement of resolution.

The result of the general neglect of process issues in dealing with psy-chodynamic conflicts has been some fairly egregious notions of what con-stitutes resolution. Wachtel (1977) points out, for instance, that implicit in much psychoanalytic discussion of conflict resolution is the idea of renun-ciation as the means of resolving neurotic conflict. It is assumed that once patients become fully aware of what they have been seeking, they are in a position to give up infantile strivings and turn elsewhere.

Business and political theorists such as Fisher and Ury (1981), rather than psychologists, have taken the lead in clarifying paradigms for resolution of conflictual positions. They would describe the psychoanalytic notion of renunciation as a win-lose, zero-sum game pattern. This pattern might be consistent with Germanic hierarchical notions of decision-making but is incompatible with the win-win bilateral negotiation process that would be considered healthy for conflict resolution in these egalitarian times.

This paper will present a model of conflict resolution which integrates the communication skills literature, Greenberg's gestalt and task analysis studies, the business/political negotiation literature, and the author's clinical experience. Two cases will then be presented to illustrate how an under-standing of healthy conflict resolution can guide and integrate the work of an eclectic therapist. The first case is a couple treatment and the second an individual therapy case.

## THE RESOLUTION PROCESS

An effective "win-win" process of settling conflicts results in the mutual satisfaction of both parties. Such a process generally includes three steps:

1) Expression of wishes
2) Exploration of underlying concerns
3) Selection of mutually satisfying solutions

The distinction between concerns and solutions is critical to an under-standing of this model. Someone might express a wish to go out for dinner. Going to McDonald's is one possible *solution* to this wish; it is a specific behavioral plan.* Some of the *concerns* underlying the McDonald's *solution* might be wanting a fast dinner, wanting minimal expense, and not wanting a long drive. Concerns can also be fears, such as the fear that a better restaurant might tempt the diner to eat a higher caloric meal.

Whereas *concerns* refer to underlying wishes, values, fears or agendas, *solutions* are specific behaviors that can satisfy these concerns. For any given

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*Fisher and Ury (1981) use the word "position" if this first wish is expressed as a specific solution. "I want to go to McDonald's" would be expression of a position.

concern or set of concerns, multiple solutions could suffice. Alternative solutions to the restaurant problem, for instance, could include going to a Vietnamese restaurant, to the local spaghetti shop, or to a friend or relative's house. Similarly, any given solution could be a response to multiple different concerns.

The following example illustrates in further detail the communication skills necessary for each step in the resolution of conflict to be successful. Although the example utilizes an interpersonal conflict, the process of settling intrapsychic conflict follows the same three steps.

## Step 1: Expression of Wishes

Don: Let's take a trip to Alaska. I want to travel and explore.
Beth: I want to stay home for the vacation. I don't want to travel.
Don: You want to stay home? I really want to travel.
Beth: I guess we've got a problem.

The first step consists of both parties saying what is initially on their minds and both parties giving evidence that they hear and take seriously the other's wish. The summarizing statements establish that both saying and listening have been accomplished, and in an atmosphere of cooperation. There should be symmetry, with both voices speaking with more or less equal air time.

If no one, or only one person and not the other, says what they want, the resolution process never gets launched. Many people have difficulty articulating what they want. Expression of wishes is blocked in people who fear that their feelings are not legitimate or acceptable.

Sometimes the message does not get conveyed even though the individual thinks he/she has expressed the wish. For instance, the wish may be spoken in indirect hints or phrased in the negative as a criticism, blame or complaint. These modes will not reliably convey what the speaker wants.

Listening also is critical for the process to move forward. Listening implies taking the other person's perspective seriously. A critical response, a "Yes, but. . . ." response, or any response that focuses on what is wrong with, rather than what is understandable in, what the other says will block further progress.

The communication skills literature primarily addresses the requisites of this first conflict resolution step. "I" messages (rather than attacking "you" statements), paraphrasing and listening skills, and symmetry (evident in equal air time) are sine qua non's for successful completion of this initial phase of the resolution process.

Despite a good start, if the couple in this example had tried to make a decision on their vacation plan at this point their solution would probably have been less than optimal. Fisher and Ury (1981) term attempts to form a resolution at the end of this first stage of the process "positional bargaining." The outcome is likely to be a win-lose solution with one person acquiescing and giving up on his/her wishes, a compromise in which both

sides give up some of what they want, a fight as both sides struggle to get what they want, or abandonment of the attempt at settlement.

## Step 2: Exploration of Underlying Concerns

Beth: I guess we have a problem with finding a vacation plan we'll both like. Why do you want to go to Alaska?

Don: I was thinking of an exploring vacation because I want to be physically active. At work I sit at my desk all day. I'm yearning to move around, walk long distances, meet new people, see new sights.

Beth: That's funny because I'm reacting also to work. I'm constantly on the move there, and I guess that's why doing nothing sounds so appealing. I just want to relax, to slow down and recuperate from all this business. I also want time to read; it feels like years since I've read a whole novel.

Don and Beth redefine their problems in "we" terms and begin to deal with it as a team. Whereas in the prior step they seemed antagonists, now they have begun working as allies against a common challenge, the vacation. A patient once described this attitude as like two people sitting on the *same* side of a table, with the problem on the table in front of them. Rice and Greenberg (1984) use the term "softening" to describe the listening stance of compassion, caring and understanding that enables a cooperative atmosphere to emerge.

Exploring concerns requires the ability to delve below the surface into underlying aspects of a problem. If people leap too quickly for closure, they are likely to grab on to initial or old solutions and short-circuit the vital prior discovery of what agendas these solutions need to meet.

Concerns may exist at any depth. Depth refers to variation on two dimensions, an awareness (consciousness) continuum and a historical continuum (Norcross, 1986). That is, concerns may exist on a continuum from easily accessible to awareness to deeply buried in unconscious thinking. The historical continuum may range from current reality concerns to concerns arising from early family of origin experiences. The above example illustrates concerns on the conscious and contemporary ends of the awareness and historical continua. The exploration could be pursued further at deeper levels.

Don: When I was a kid we never had enough money, so travel was out of the question. Now we have at least some extra money in the bank. The sign for me that we're really secure is to splurge on a big trip.

Beth: For me the ultimate luxury is freedom to do nothing. When we had school vacations as kids my parents were so intent on giving us "quality time" that they used to supersaturate our free time. By the end of a week of running here and running there I was exhausted, and mad at them for taking my vacation away from me. When you suggest traveling to Alaska I can feel the old resentment building in me. It's that old pattern of having to follow their agendas, of what I want not seeming to count.

Exploring at a deeper level of underlying concerns, Don realizes that he wants a big trip to make his financial success feel real. Beth discovers that her key issue is whether Don considers her preferences in holiday planning.

## Step 3: Selection of Mutually Satisfying Solutions

Don: I want to be able to move around a lot, to meet new people and see new places, and to splurge financially. You want to be able to sit still, read and relax, and for me to heed what you want. How about if we fly to a foreign seacoast? You could sit and relax on the beach; I can swim, hike and explore.
Beth: Sounds great.

The final step was launched by one person summarizing the concerns on both sides. Note that Don's summary gives equal weight to both his and her concerns. The eventual solution was different from either side's initial wishes, but because the solution incorporated the concerns of both people, both ended up feeling they had "won."

Beth: Are there any pieces of the plan that don't feel quite right to you? Any pieces of the problem that feel unfinished?
Don: The only question left for me is where we go. I'd love to go to Mexico, since I've never been there and I hear the coastline is beautiful.
Beth: Sounds good to me, except I don't want to have to hassle the details of finding a nice beach or deciding on the hotel. Would you be willing to handle all the arrangements?
Don: Settled. We did it.

After the couple had settled upon a mutually agreeable solution one further step remained. Checking for unfinished pieces of the problem prevents later dissatisfactions and regrets. Once this last question has been addressed both Don and Beth feel a sense of closure; their conflict has been resolved.

## CONFLICT RESOLUTION IN THERAPY

Most therapy begins with engagement and concludes with some form of termination (Beitman, 1987). Engaging refers to the initial therapy tasks of forming a therapeutic alliance and gathering enough history to give the therapist basic data for treatment planning. Termination at the end of treatment involves wrap-up summarizing and good-byes. The conflict resolution model provides a framework for the intervening phases that constitute the bulk of therapeutic work. Beitman describes these as pattern identification and pattern change.

In the two cases below, patients' conflicts and their resolution patterns guide both the overall course of therapy and work within a given therapy hour. Therapy guided by a focus on conflict resolution follows the same

structure irrespective of whether the patient is an individual, a couple, or a family. Similarly, therapeutic content and techniques may vary broadly from case to case but the underlying structure for resolving conflicts remains the same.

Because interpersonal conflicts are more easily observable than intrapsychic conflicts, the first example is a couple therapy case. The second case illustrates the same framework for treatment and the same principles of conflict resolution in the context of individual therapy.

## THE LAWYERS: A COUPLE THERAPY CASE

Margaret, a lawyer in her twenties, called for treatment, referred by her internist because of episodes of rage. During the last and most severe episode Margaret had yelled hysterically at her husband Michael (also a lawyer), locked herself, shrieking, in the bathroom, contemplated suicide, and then hunted for a knife. She "came to" when Michael shouted at her, "Stop!"

On the telephone the therapist advised Margaret to invite her husband to come with her to their first session and for the course of treatment.

Margaret had telephoned for help assuming the rages were her personal problem. The therapist structures treatment to include both spouses. Therapy then can address both intrapsychic and interpersonal elements of the problem, and can implement both individual and couple solutions. A given person seems to utilize the same conflict processing patterns for both intrapsychic and interpersonal problems. Margaret rages at herself and at Michael. Conflict resolution theory offers a single conceptual framework for working within both the individual and the couple realms.

### Symptom Relief

In their initial session the couple and the therapist agreed that their first order of business was to be prepared for future rage outbursts. The therapist asked the couple to reflect upon past episodes to recall what had brought Margaret's rage to an end. Margaret observed that Michael's firm and loud "Stop!" had shocked her into immediate submission, like an obedient little girl. Her childlike helplessness had then triggered a nurturing response in Michael. Both spouses agreed that a strong response from Michael followed by mutual soothing was an effective way to end the frightening episodes.

The danger of suicide requires immediate intervention. The therapist chooses a behavioral role rehearsal approach. Even without a potentially lethal situation like this one, addressing the presenting problem and offering some form of immediate symptom relief is important. Responding to a patient's specific call for help establishes that the therapist listens and re-

sponds to, rather than conflicts with, the patient. The therapeutic alliance is contingent upon healthy conflict resolution processes between therapist and patient.

Symptom relief also can clear away excessive emotion. Overly intense feeling states can interfere with the patient's ability to deal with conflicts from a thoughtful problem-solving perspective.

> Margaret's rages were reframed as smoke and fire indicating burning issues in the marriage that must be settled.

Healthy conflict resolution proceeds most comfortably when both parties are operating from equal power bases. The reframe of Margaret's rages takes Margaret out of the low-prestige role of patient, and places her in the role of helpful spouse.

> The therapist told Margaret and Michael that therapy in subsequent sessions would focus on identifying and then resolving the problems underlying the rages.

Patients as well as their therapists seem to benefit from clarity about the therapeutic path they are taking. Once adequate symptom relief has been obtained, the next treatment objectives are generation of a list of the specific conflicts between the spouses and delineation of the existing patterns for dealing with conflicts.

## Clarification of the Conflicts and the Resolution Patterns

Margaret and Michael enumerated the following list of topics that generate tension and lead to rages.

1) Money: Margaret was conservative; Michael liked a higher spending lifestyle.
2) Sexual activity: Both wanted more, but they never wanted it at the same time. Actual sexual contacts had diminished to less than once a month, which they knew was unusual for a young, newly married couple.
3) Involvement with extended families: Margaret wanted more; Michael wanted less.
4) Household responsibilities: Margaret resented doing the bulk of the household work when they were both employed full time; Michael complained that he was glad to do his part but that she never gave him a chance.
5) Michael's long work hours: Margaret wanted him home by suppertime; Michael wanted freedom to work until his own judgment told him he felt finished.
6) Margaret complained that Michael never listened to her; Michael complained that he could do nothing right in Margaret's eyes.

The above list provides a general outline for treatment. Additions can be, and almost always are, made to the list as arguments and new life circumstances arise in the course of treatment. The list, however, provides a starting outline, and clarifies when treatment will be complete, i.e., when all the issues have been settled and a new process learned.

The issues enumerated by Margaret and Michael include content that could be seen as oral, anal and oedipal; as intimacy and power issues; as values conflicts; as structural problems in the family system around boundaries, enmeshment/disengagement, and division of labor; as problems with immature defenses such as splitting, raging and withdrawal; as communication skill deficits; and as dysfunctional cognitions. All of these content areas can be explored within the conflict resolution framework. A conflict resolution focus enables a therapist to explore these diverse areas utilizing one integrating framework.

The last item on the list is a process issue. Margaret and Michael say that their biggest problem is how they handle their conflicts. Many couples intuitively know that their process of settling disputes is a central problem, that if they could discuss conflicts more effectively they could settle most of their problems without a therapist.

> The therapist asked Margaret and Michael to face their chairs toward one another and together to discuss one of the problems on their list. They willingly turned the chairs, then looked at each other in silence. Turning to the therapist they explained that they tried not to discuss these issues since they knew that such discussions only ignited fights.

The therapist now is gathering process data. What is the typical sequence of behaviors when Michael and Margaret attempt to discuss their conflicts? Their first pattern is mutual avoidance; although silence does not result in solutions, it at least prevents fights.

> With further therapist encouragement Michael turned to Margaret saying, "You first." Margaret responded in a loud and agitated voice, "You're never home until 9:00 at night. I throw food at you and you gobble it up. You put your arm on my shoulder and go to sleep. You have no time for me, no interest in me." Michael responded with silence.

Margaret tries to express her wishes, but her loud and angry voice, focused on what she dislikes rather than what she wants, and the "You. . . ." form of her communication are counterproductive. In response Michael is immobilized; his silence intensifies Margaret's upset.

> The therapist asked, "Is this how it goes at home?" Both spouses laughed, affirming the pattern and momentarily breaking the tension. They then continued. Margaret complained more about Michael's long work hours, and this time Michael did re-

spond, defensively. Each response began, "Yes, but. . . ." The more Michael defended himself the more furious Margaret became, working up into a frenzied elaboration of the many ways that Michael ignored her, didn't listen to her, and had no time for her. Margaret's anger in turn fueled Michael's defensiveness.

When pushed, either by the therapist or, at home, by the internal pressure of unsatisfied needs, Margaret and Michael slip into a reciprocal pattern of attack/defense. The more angrily Margaret attacks Michael with her complaints the more he defends himself. His silent and/or defensive responses provoke Margaret to feel all the more invalidated and furious. Framing the pattern as cyclic (Wachtel & Wachtel, 1986) with reciprocal causation (Beitman, 1987) begins to clarify the conflict process.

This reciprocal pattern can be analyzed in more detail by comparing it with healthy conflict-resolving behaviors. By this standard Michael and Margaret's conflict pattern shows glaring inadequacies. Neither of them expresses wishes. Michael is silent; Margaret only speaks in the negative, angrily describing what she does *not* want. Margaret's intense criticisms yield silences or defensive responses from Michael, so she never gets validation, evidence that he has heard her concerns and is taking them seriously. And since Michael never expresses his wishes he also never gets validation for his perspective. The resolution process is halted in the first move toward the first step, expression of wishes. There is no exploration of concerns and no attempt to find solutions.

## Resolving the Conflicts and Improving the Resolution Patterns

Having gathered both content and process data the therapist now has an outline for the remainder of treatment. The issues on the list of conflicts need to be resolved one by one. Of equal importance, an improved process for addressing conflicts needs to be developed. The conflicts on the list offer opportunities to practice a new way of talking over problems.

These two agendas, content and process, can be interwoven in various patterns. The question of when to work on content, on the resolution of specific conflicts, and when to direct the focus to process, seems to be a matter of art rather than science. Clarification of difficulties in the existing process seems to be helpful and reassuring to patients early in treatment. On the other hand, too much attention to process at the expense of content early in treatment makes patients feel that their pressing issues are being neglected. In general, my own preference is to walk the couple through to successful resolution of several conflicts before attempting a more didactic approach.

The following example from a session midway in treatment illustrates the therapist's use of healthy resolution processes as a baseline against which to monitor Margaret and Michael's handling of a conflict. Knowing what resolution step is necessary at each point, the therapist can utilize a multiplicity of techniques to get there.

## Step 1. Expression of Wishes

The therapist suggested to Margaret, "Let's begin by you explaining to Michael when you would like him to come home from work." Margaret responds, "You always. . . ."

Allowing dialogue with poor communication skills to continue can be helpful if the goal is to explore process. At this point in the session however the goal is to resolve a specific issue, so the therapist needs to block Margaret's attacking you-statement.

The therapist interrupted Margaret, pointing her attention to Michael's body cues in response to the attacking you-statements. Thinking that additional structure may help, the therapist suggested, "This time try to tell him again what you want, but with the focus on what *you* want rather than on what Michael is doing. It may help to start with the words 'I want'."
Margaret responded, "I want you to be home at 6:00 and you always. . . ."

The therapist sees that the additional structure is still not keeping Margaret on track and cuts off the ensuing attack, deciding to augment shaping procedures with a paradoxical intervention.

The therapist instructed Margaret to attack, starting every sentence with "You always. . . ." Margaret suddenly became aware of how critical and blaming her attempts to express her wants have been and felt remorseful.

Margaret's expression of emotion suggests an opening for a constructive family-of-origin exploration.

The therapist asked Margaret to close her eyes and to associate back to a time in her past when she had heard a similar angry, blaming voice. Margaret immediately pictured and heard her mother. The therapist and Margaret discussed why her mother used to use that voice, and what kind of impact it had had on the children.
With six children and a distant and demanding husband, Margaret's mother had felt chronically overwhelmed. She continuously shouted at the children in an attempt to maintain order and keep the household functioning. Margaret had taught herself not to have any wants, both to protect her already overwhelmed mother and to adapt to her father who wanted children seen but never heard.
The therapist reassured Margaret that, as a child, silence and screaming had seemed to be the only options for dealing with feelings and wants. In this context her overlearning of these so-

lutions was understandable. Margaret looked relieved, saying, "I guess it's not the best way now though."

This family-of-origin exploration is a diversion from the direct path of resolving the issue at hand. The therapist chooses to take this side path to explore a process issue, to explore why Margaret shouts instead of saying what she wants. The therapist wants to help the couple understand sympathetically why simply saying what she wants is so difficult for Margaret. The interweaving of work on process and on content can make for a lush, but sometimes too confusing, therapy design.

Fortunately, all essential behaviors in the conflict process do not turn out to be as complex to evoke as Margaret's first "I want." At times the therapist can sit back and let the couple dialogue on their own. Intervention becomes necessary only when patients are deviating from constructive process. With minimal coaching Michael was able to say that he wanted to be able to exercise his own judgment about when to come home. Both Margaret and Michael were able to paraphrase the other's wishes, and they were ready for the second step.

## Step 2: Exploration of Underlying Concerns

Margaret told Michael, "I would like you home by suppertime so that we can have several hours together before we get too tired. Otherwise we're only together when we're exhausted and grumpy."

Michael added his perspective, "Until the current court case is finished, I just have to put in longer work hours. I don't feel like I have any options about that."

Most issues have present day realities as underlying concerns. Patients can usually express these with relatively little therapist assistance once they have been guided from initial wishes to underlying agendas.

The discussion continued and became more emotional. The therapist asked Margaret and Michael to close their eyes and associate to times in their pasts when similar feelings have arisen.

The therapist utilizes a gestalt principle, to go with the feelings, in order to uncover deeper concerns. Closing eyes intensifies feelings and enables the patient to associate more easily to childhood situations that had evoked similar feelings.

Margaret's eyes teared as she recalled, "In my family no one had time for me. My mother had too many children; my father was always at work. I can remember sitting on my bed, unhappy about something from school, but with no one I could tell."

Michael recalled, "We were each separate islands in my family, each busy proving to ourselves how good we could be at

sports and school. In a way it was great to be free to do whatever I wanted. But I also used to wish sometimes that we were more of a family. Probably our self-absorbed lifestyles contributed to my mother's suicide attempt and to my parents' divorce. I think the family worked out for my Dad and me, but not for my Mom. I hate seeing Margaret and me repeating my parents' mistakes."

Margaret's wish that Michael be home by suppertime is rooted in a long-standing longing for a supportive and attentive relationship. When her husband returns late from work, she interprets his lateness as evidence that he, like her parents in her childhood, is too preoccupied with his own life to respond to her needs.

As Michael explores his underlying concerns he realizes that he shares with his wife a wish for intimacy. He discovers the family roots of his tendency to work excessive hours and reappraises this pattern.

Historical exploration adds depth to the understanding of concerns. A focused dive into the past for relevant information can unlock present emotional dilemmas. By seeing the origins of their current wishes and behaviors patients can understand underlying concerns more clearly and more sympathetically. They then can choose more constructive options for solving these concerns as adults.

## Step 3: Selection of Mutually Satisfying Solutions

Michael and Margaret agreed that a phone call from Michael on late days at work would enable him to complete necessary work and yet relieve her fears of being ignored. Once the court case was over Michael would cut back on his hours.

Mutually comfortable solutions emerge spontaneously in this case. Both Margaret and Michael are touched by their new understandings of their own and their partner's emotional concerns. They are eager to find ways to respond.

This third step completes the resolution process. Michael and Margaret feel finished on the question of what time Michael will return from work. The solutions are not what either had asked for when their discussion began, but feel satisfying to both of them at the end. In addition Margaret and Michael are beginning to learn a new pattern for discussing conflicts productively.

## HOLDING ON AND LETTING GO:
## AN INDIVIDUAL THERAPY CASE

Todd is an attractive and intelligent unmarried young man in his late twenties. His presenting problem was depression. This is now his fifth treatment session.

The overall structure of therapy is identical to that for the couple case described above. The *presenting symptom*, depression, had been alleviated

in the first several sessions. Todd was then asked to *generate a list of problem areas.* These included career conflicts, conflicting feelings toward his parents, and conflicting feelings about having ended a 2-year intimate relationship. Assessment of Todd's *conflict resolution patterns* yielded two types. At work Todd could utilize a businesslike negotiation-format style. In his personal relationships he tended to give up what he wanted in favor of maintaining peace in the relationship, a dominant-submissive pattern characteristic of people who are prone to depression.

In this specific session, Todd wants to resolve his ambivalent responses to advances from his former girlfriend. Should he hold on to his hopes that the relationship might somehow be salvaged, or should he let go?

A key technique that enables a therapist to observe intrapsychic conflict patterns is the gestalt empty chair (Fagan, 1974). Two chairs are placed facing each other. Todd is instructed to conduct his inner dialogue by sitting in one chair when he is speaking from the voice that wants to hold on to hopes for the relationship, and to speak from the other chair when he wants to let go. These chairs represent the *initial expressed wishes* on both sides of the conflict.

From the side that wants to hold on, Todd emitted a weak, "But I love her. . . ." From the other chair, Todd confidently listed a number of compelling and sensible reasons for giving up on the relationship. He noted his girlfriend's emotional instability, her insistence on blaming him for all difficulties and refusal to discuss differences insightfully, their fundamental religious differences, and their sexual incompatibility. The discussion ended with Todd convinced to let go, but feeling resigned and emotionally distraught.

In the second stage of conflict resolution, Todd voices *underlying concerns,* but the exploration is asymmetrical. Todd explores his impulse to let go, but not those underlying the impulse to hold on. When one voice speaks up, the other becomes silent. This intrapsychic pattern is consistent with Todd's characteristic way of dealing with interpersonal conflicts with intimate women. Whenever his girlfriend had said she wanted something, Todd had feebly expressed his own wishes and then did what she wanted.

The therapist pointed out the lack of symmetry in Todd's exploration of underlying concerns and noted the depressive resignation that Todd seemed to experience at the end of his dialogue. The therapist asked Todd to return to the holding-on chair, and to explore in greater depth the concerns of the holding-on impulses. Todd complied with changing chairs, and then was silent.

Todd's silence suggests that his concerns lie at a level of consciousness not easily accessible to awareness, and possibly also that his concerns arise from earlier, not contemporary, experience. The therapist needs a technique for exploring at a greater depth.

"Close your eyes," the therapist suggested. "What do you picture when you think of holding on to the hope of returning to your girl friend?" Todd was surprised to see an image of salvaging the impossible. He realized that a similar theme characterized the professional work he most enjoyed, namely, rescuing public agencies from mismanagement. It was not the girlfriend per se that appealed to him; it was the exciting challenge of reviving an ailing relationship.

Holding on to hope in a hopeless situation is a solution for Todd to a concern for excitement and challenge. In fact, Todd's current job and lifestyle are boring and understimulating, barely tapping his high levels of energy and intelligence. He has known for several years that he has outgrown his work and needs to make a change.

The therapist asked Todd again to close his eyes and visualize and feel himself holding on tightly. This time the therapist suggested, "What moments from your youth does this feeling remind you of?" Todd recalled holding intensely on to his parents hands. He was about five years old and traveling with them in Mexico. They had told him, "Hold on tight or the people here will steal you away!" Todd had felt terrified, and reexperienced that sense of terror in the therapy room.

The therapist wants to check out if there are other concerns, perhaps from family-of-origin issues, and therefore asks Todd again to explore from the holding-on chair. The image that emerges suggests that Todd has internalized the idea that holding on tightly makes a scary world a safer place. Clarifying this concern frees him to find more appropriate adult solutions for keeping his world secure.

In sum, Todd's holding-on wishes come from two apparently contradictory concerns—concerns for challenge and excitement and concerns for security. His wishes to let go come from a loss of interest in a woman whom he experiences as ill-matched for his needs. With this greater understanding of the multiple concerns underlying his wishes, Todd is ready for *new solutions*, that is, for the third stage in the resolution process.

Todd decided to indulge his love of rescue and danger in realms other than relationships with women. Toward this end he planned to launch a daring next career step that could more than satisfy his love of adventure. By seeking to satisfy his love of adventure in the career realm he would be free in his personal life to marry. Marriage could give him the security he longed for in a relationship. If he no longer needed to find excitement by pursuing unsuitable women, he could find a woman whose cultural and personal traits matched better with his own.

In sum, the therapist observes a truncated and asymmetrical conflict

resolution pattern and then encourages Todd to listen more fully to the suppressed voice. With the underlying concerns of both sides on the table, solutions that fit the full range of Todd's concerns emerge. By the end of the session Todd feels resolved about his conflict. In addition, Todd is learning to identify the shortcomings in his habitual resolution pattern, and is learning to build a healthier resolution process.

## CONCLUSION

In the above examples Margaret and Michael, and then Todd, resolve their backlog of conflicts and learn more constructive ways to deal with future challenges. Treatment consists of:

an intervention to control presenting symptomatology;
clarification of the content areas of conflicts;
clarification of the characteristic patterns of processing these conflicts;
resolution, one by one, of the backlog of conflicts; and
development of healthier resolution patterns.

The steps which serve as guideposts along the route to resolution of each issue include expression of wishes, exploration of underlying concerns, and selection of mutually satisfying solutions.

Conflict resolution patterns provide an integrating structure within which eclectic therapists can utilize multiple theoretical perspectives on content and diverse techniques as exploration and change tools. This integrative framework enables an eclectic therapist to work with flexibility without sacrificing clarity.

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