

## THE NO CONCLUSION INTERVENTION FOR COUPLES IN CONFLICT

Lieven Migerode  
University Hospitals Leuven

*Dealing with difference is central to all couple therapy. This article presents an intervention designed to assist couples in handling conflict. Central to this approach is the acceptance that most conflicts cannot be solved. Couples are in need of a different understanding of couples conflict. This understanding is found in the analysis of love in context and in relational dialectics. Couples are guided through different steps: deciding on the valence of the issue as individuals, helping them decide which differences can be resolved and which issues demand new ways of living with the inevitable, and the introduction in the suggested no conclusion dialogue. This article briefly describes the five day intensive couple therapy program, in which the no intervention is embedded. The theoretical foundation of the intervention, followed by the step by step description of the intervention forms the major part of the article. A case vignette illustrates this approach.*

Dealing with differences is central to all couple therapies (Papp, 2000). The current study presents one way of handling differences in couples. Couples have to decide which differences can be resolved and which issues demand ways of living with “perpetual problems” (Gottman, 2011). The intervention is designed to help couples to make that decision, to handle conflict, and to introduce them to a dialogue that promotes life in the couple, especially in conversations about gridlocked issues. The approach presented here is rooted both in extensive clinical practice and in ideas based on the analysis of love in context (Migerode & Hooghe, 2012). This analysis, together with systemic and narrative tradition, led to rethinking aspects of couples therapy (Migerode & Hooghe, 2012). Quite naturally then, this linked the approach to emotionally focused couples therapy (EFT, Johnson, 2004), especially to its combination of systemic and emotional work. Besides this connection with EFT, a deeper reflection on the understanding of love imposed itself. Through analyzing the phrase “I love you/You love me” (Migerode & Hooghe, 2012), our therapeutic theorizing got linked to relational dialectics (Baxter, 2004; Baxter & Montgomery, 1996). Jointly, these three influences—our analysis of love in context (Migerode & Hooghe, 2012), EFT’s focus on “good” bonding (Johnson, 2004), and relational dialectics view on relationships—led us to introduce an approach to couples conflict, called the “no conclusion intervention.” Both relational dialectics and our analysis of love in context form the basis for the theoretical basis of the no conclusion intervention and are summarized below. The ensuing emphasis on dialogue, and its translation in therapeutic attitude, relates our work to the dialogical practices of Rober (2010) and Seikkula (2008).

First, this article describes the context where this approach to couples conflict emerged: a five-day intensive couples therapy program. Second, a theoretical foundation of the approach is presented. This is followed by a step-by-step description of the intervention. Finally, a case vignette illustrates the intervention and its theoretical base.

### FIVE-DAY THERAPY FOR COUPLES

The University Hospital of Leuven has a long tradition in couple and family groups (Lemmens, Eisler, Migerode, Heireman & Demyttenaere, 2007; Notes and comment 1978). A choice to give more valence and space to the concept of love in couples therapy led the author to

---

Lieven Migerode, MA. Psych Context, center for Couple, Family and Sextherapy, University Hospitals Leuven.  
Address correspondence to Lieven Migerode, MA. Psych Context, center for Couple, Family and Sextherapy,  
University Hospitals Leuven, Kapucijnenvoer 33, Leuven 3000, Belgium; E-mail: lieven.migerode@uzleuven.be

construct a new approach to the couple conflict. Both theoretically, as guiding concept, and in conversation with the group, “love” is a major concept in the approach. Couple impasses are presented as failing attempts to save the love relationship. The fear of losing love is thus regarded as the motor of the mutual reactivity so typical for couples in distress.

The therapy group is composed of four to seven couples who meet for 5 days. The meetings are planned with a 1-week or 2-week interval to allow for evolution. The fifth meeting functions as a booster session and is planned within a 2-month interval. Each day is a combination of group work in the morning, a couple session in the afternoon, and a group closing. The couple sessions are strongly influenced by EFT and tend to focus on emotions connected to love. The group sessions encompass work with individual and relational drawings (Rober, 2009), reflecting dialogues (Andersen, 1991) as well as group and subgroup discussions and couple exercises. The days are organized around major themes: (a) motivation and impasse, (b) autonomy and bonding, (c) conflict and difference, (d) connection, and (e) relational and personal growth. The “no conclusion intervention” constitutes the major part of the third day and forms the focus of this article.

### THEORETICAL MOTIVATION: OPPOSING FORCES AND RISK TAKING

Following their analysis of the meaning of love in couples, Migerode and Hooghe (2012) come to understand that the meaning of love is inherently filled with opposing forces. Opposing forces are understood in a relational dialectical way (Baxter, 2004; Baxter & Montgomery, 1996). Relational dialectics states that “relationships are constituted through the communication practices of the parties” (Baxter, 2011, p. 15.).

In their analysis, Migerode and Hooghe (2012) show that love is circular in essence. A person loves a specific other and wishes to be loved by the other for who that first person is. Consequentially, deliberately trying to change the loved one does not fit love well. Loving another person and being loved in return accordingly entail that a love relationship necessarily requires two different persons who, at the same time, desire to form a unity. Forming a unity is then possible only when that unity is not reached. This can be understood as the opposing forces of autonomy/connectedness necessarily included in love. Furthermore, Migerode and Hooghe (2012) argue that love presupposes the desire to know that specific other. Only in knowing the other as other can relationship be formed. But, on the other hand, the necessity to remain two individuals presupposes that one never can completely know that one cannot coincide with the other. Lovers open up for each other and discover that opening up completely is impossible. Knowing is furthermore impossible because self and other are formed in the dialogue itself. This dialectic is understood as the given opposing forces of openness/closedness.

Migerode and Hooghe (2012) propose that the partners’ attempts to deliberately change the other, based on the fear of losing the love from or for the other, form an impasse. Accepting the other, paradoxically, results in evolution, in personal and relational change. They understand this as the opposing forces of stability/change (Migerode & Hooghe, 2012). Opposing forces are active in dialogue, and dialogue is what constitutes the relationship.

This analysis of love (Migerode & Hooghe, 2012), together with three basic ideas of relational dialectics, is of major importance to the no conclusion approach. The three basic ideas of relational dialectics are (a) opposing forces are a given, (b) the dialogue between opposing forces keeps a relationship alive, and (c) tension between opposing forces can never be definitively resolved.

This theoretical position shows that a continuing dialogue between opposing forces is essential for reinstalling life in the relationship. Couples who get stuck discussing oppositions, quite naturally, seem to aim for the resolution of the differences. Therapy following the same approach, and focusing on problem solving or conflict resolution, might be endangering for the continuity of the relationship. Hence, the choice made is the “no conclusion intervention”; rather than promoting a dialogue that aims for resolution, agreement, or problem solving, we aim for ongoing dialogue. As we will demonstrate later, this does not mean that agreements reached should be refuted.

Engaging in a dialogue about differences without aiming for a conclusion is not readily acceptable for most couples. After all, words like “contradiction” or “dilemma” appear to suggest that the couple and the therapist aim to overcome this contradiction to solve the dilemma. Moreover, partners tend not to have a dialectical look at relationships and love. More likely, in Western

culture, they uphold a personal, individualistic view. As a consequence, partners do not situate the contradictions in the ongoing relationship but will rather position the opposing forces in persons, for example “I want our relationship to be open, you don’t.” As a consequence, eliminating differences is what couples in impasse strive for. Typically, partners use “power” methods (Gottman, 2011; Solomon, 2009; Sprenkle, Davis & Lebow, 2009) to solve differences. In doing so, they either simplify their own position or try to eliminate the other’s position. This power method stops the dialogue between the forces both in the internal and in the external dialogue. Partners then resort more to forms of communication that can be labeled as monologic (Baxter, 2004). Subsequently, concepts get simple (e.g., “just do what you say”), people get simple (e.g., “that’s just the way I am”), and the relationship gets simple (e.g., “you are always waiting so I have to do all the initiating”). What couples seem to hope for is that eliminating the difference could end the tension involved. It is by eliminating the source of tension that life and love are also lost in the couple. As stated above, this is the paradox that gets couples stuck: out of fear of losing the love in the couple, power methods are used on self and others, trying to “overcome” or “eliminate” differences, sadly resulting in a loveless and death relationship. Thus, if the simultaneous presence of opposing forces is implied in love, solving the contradiction could endanger the love relationship. That is why keeping the dialogue open, and thus the opposing forces present, keeps the connection going. Aiming for difference and complexity becomes the goal of therapy. In this focus on connection (dialogue, bond), our “love” approach also resembles the attachment view (Johnson, 2004) of emotionally focused couples therapy. It is the dialogue that constitutes and forms the relationship (Baxter & Montgomery, 1996). Bonding is essential for relationships (Johnson, 2004). The ongoing dialogue, which has the potential to keep the bond alive, is thus more central than resolving difference.

However, an open dialogue, in the presence of threatening differences, requires partners to tolerate higher levels of tension. The desire to solve the “problem” is tempting due to its promise to lower the tension. This is where therapy can be of help. In a first phase, it will be the therapist and the therapeutic context that need to provide for “the secure base” (Byng-Hall, 1995) to hold the opposing forces. If the therapist wants to be effective, that is, to allow couples to function well without therapeutic help, eventually in a second phase of the process, the therapist must find ways for the partners to develop their own ways of tolerating this tension. Therapeutic relationship and, in the group format, the presence of “other couples in impasse” provide the basic security in therapy. Furthermore, in this approach, we give ample place for work on motivation. In this motivational work during day 1, partners are helped to connect to the emotions associated with their motivation for therapy. This motivational work also introduces the concept of risk taking. Risk taking is an act that a person takes for himself or herself and in this sense opposes the more spontaneous act of changing the other. Risk taking presupposes recognizing the emotions that push for reactivity. Building on the desire to really love and be loved “as one is,” the uniqueness of self and other (Migerode & Hooghe, 2012), the therapist aims to engage the partners in temporarily tolerating a higher level of tension in oneself and between each other. In this sense, work on interrupting the vicious cycle precedes the “no conclusion intervention.”

In the “no conclusion intervention,” partners are encouraged to resist the impulse to react to fear “with rage, flight or dissociation”...and to “...contain the feelings rather than changing them” (Solomon, 2009, p. 252). Allowing the other to speak, while listening as well as possible, despite the disturbing quality of listening, shows a desire to connect and love the other. The method presented here can sustain the couple in keeping the dialogue open (Seikkula, 2008). Staying connected while listening helps the couple to gradually become more of a secure base for each other and for their love.

We propose that listening to the internal dialogue and to the expression of the other, while necessary for a living relationship, forms a major risk to each partner. Taking the risk to listen, not simplifying one’s own internal dialogue and not simplifying the other’s, is an act of love. It connects to “knowing the other” implied in love (Migerode & Hooghe, 2012). The no conclusion dialogue demands risk taking with expression and listening. While partners tend to be aware of the risk of speaking, seldom do they use the concept of risk in listening. For partners, not speaking is one of the major attempts to avoid conflict. To balance this, the approach presented here stresses the risks involved in listening (Hooghe, Neimeyer & Rober, 2011). “Listening too brings worlds into being, not only speaking,” Lipari (2009) says. However, risk taking is different from hubris.

Thus, complete openness is not what is aimed for. Consequently, this allows for therapists and partners alike to appreciate that when one is not ready to understand (hear) what the other is saying, this can be understood as handling risk. Helping or allowing the partners not to take too much risk, also in understanding and listening, is another way the therapists work on securing the relationship. Risk taking is thus appreciated in a dialectic way. Thus, openness and closedness (Baxter & Montgomery, 1996), be it in expression or in listening, can never be absolute.

In our approach of love relationships, emotions are central. Accordingly, so are emotional conversations. Combining both, dialogues and emotions, points to conversations where the hesitations to speak and to listen (Rober, 2002) are subject of conversation (“I’m afraid, you will be disappointed in me if I say...,” “I don’t dare to open up so fast, for fear that I might explode, so I keep quiet to protect myself and you,” “I cannot hear you anymore my mind is too full now with my own ...,” “I get scared of what you might have to say...”). Being aware of this subtle balance, we try to create room for as much speaking as not speaking and as much for listening as not listening. We try to capture this balance for partners in the concept of “risk taking.”

Furthermore, not aiming for a conclusion helps partners to let go of strategic ways of speaking and listening. When dangerous difference is at stake, partners tend to speak in ways heavily influenced by where they want to arrive/avoid. Not allowing for a conclusion avoids this and helps with the second step of the conversation, explaining and listening. We see this speaking/listening as conjoint balancing act (Bavelas, Coates & Johnson, 2000; Baxter, 2004). As a consequence, the couple creates a context that allows for more complexity. In this context, both partners can listen better to their inner dialogue and choose the issues that can be expressed. In listening to self and other, both can be transformed (Lipari, 2009). No conclusion and listening allow for multiple voices to emerge (Seikkula, 2008) and also for multiple ears to be used. Helping the couples to have these kinds of conversations assists them to embrace complexity while caring for the love relationship.

During this exercise, partners sometimes become rather anxious “what to do with our differences while there is no conclusion?” Partners seem to understand the social constructionist (Gergen, 1999) position toward conversation in this statement. They seem to claim that conversation is necessary to know how to go on (rather than for deciding what is). Sadly, deciding how to go on is often sought after through fights and competing monologues. Speaking and listening without forming a conclusion allow for an evolution from monologue to dialogue. In this sense, life returns to the relationship, and new unpredictable ways to advance are opened. Different positions toward each other and toward the conflict issues become possible through this kind of conversation. The relationship can change. In a dialectical way, the relationship is forever formed and reformed in dialogue.

## PRESENTATION OF THE NO CONCLUSION INTERVENTION

The approach presented here is dedicated to conversations about differences that cause conflict. The need for a conversation about such differences is easily introduced to couples. Couples know of differences where compromise seems impossible and where absence of agreement is painful (Rosenblatt & Rieks, 2009). This seems to form a risk for “love.” Differences can give rise to disturbing questions about love: “do you love me as I am, do I love you as you are?” “how can we be (close) together when feeling, thinking, aiming etc. so differently?” Couples in distress do not need more introduction than that. Most, if not all, couples know the agonizing feeling that “conflict” can happen in the relationship. After an introductory focusing exercise, group work on the no conclusion intervention is initiated during the third day of the group program. Together with the group, an entire morning session is dedicated to introduce, and to try out, this approach to relational conflict.

The therapist guides the group through five steps: first, each partner chooses conflict issues; second, each partner decides on qualifications for the chosen issues; third, partners exchange issues and decide on a qualification for the issues received from the other; fourth, together they “read” which conversational method is proposed; and finally, and most importantly, the couples try out these conversations with a coach. Each step is followed by a group conversation during which participants’ questions, fears, and hesitations (Rober, 2002) instigated by the proposed steps are discussed. The steps are summarized in Figure 1.

Step 1	Choose and name a conflict issue
Step 2	Qualify the chosen issue as either 'trivial' or 'important'
Step 3	Exchange issues and qualify the issue received from the partner
Step 4	Look in figure 2 which conversation to follow
Step 5	Try the conversation with a coach.

Figure 1. The proposed steps.

The first step asks the partners to delineate a conflict issue. For didactic reasons, we ask the partners to each “name” three issues. They are instructed to delineate the issue without consulting each other. This instruction to work separately is chosen to help them escape from re-activity as a couple and to promote an active and responsible position for both in the relationship. Framing a conflict issue is already an act of construction and influences what follows. The absence of mutual consultation in this phase of the exercise allows both partners to be responsible for the framing. Hence, this framing helps them to “know” more of self and other.

The second step invites each partner to decide whether they consider the issues at hand as “important” or as “trivial.” Again, without consulting the partner, each of them makes this decision and writes it down next to the three chosen issues. The therapist explains that issues should be classified “important” when it touches either their view of themselves (self-narratives) or their view of their relationship (relational narratives) or their concept of the world (grand narratives, culture). This categorization resembles the one chosen by Rosenblatt and Rieks (2009). Through storytelling, the therapist illustrates that the label “important/trivial” cannot be decided from the issue itself, but depends on each person’s relation to that issue. Collecting examples from the group and discussing them together refines what is meant by “important/trivial.”

“Nicole talks about having to wait for her husband come to the dining table: She qualified this as “trivial.” Denise, with an angry voice, says, “but that means he does not respect your work!” Two participants qualifying the same issue differently allows the author/therapist to validate both positions. This in turn shows the participants that they really can define their own position toward an issue. Furthermore, because Nicole and Denise are two women and are not in a relationship together, making room for their difference allows for more acceptance of different valence of one issue in a couple.”

During the third step, partners are required to exchange issues and to perform the same trivial/important labeling for the issues written down by their partner. Again, partners get told that this is not a negotiation process, nor are they demanded to criticize the categorization chosen by their partner. Conversely, it is important for each partner to decide on the labeling starting from their own point of view. This step results in couples placing the issues in one of the four following categories shown in Figure 2. Again, examples are discussed in group to enhance the understanding of the exercise and to work with the hesitations.

As a fourth step, the therapist proposes and explains the different conversations that “automatically” follow from the bringing together of the labeling of the issues. In Figure 2, these are called conversations 1, 2, and 3. Again, examples from the group are used to refine what is meant to happen in the exercise that follows. As expected, and on more than one occasion, the tension rises in the group when confronted with the proposal of a “no conclusion intervention.” Some stories are told to help contain some of the anxiety. More importantly, however, a try-out of these

	Partner A : Trivial	Partner A: Important
Partner B: trivial	Write here issues that are labeled Trivial (A)/Trivial (B)  Proposed conversation 1	Write here issues that are labeled Important (A)/Trivial (B)  Proposed conversation 2
Partner B: Important	Write here issues that are labeled Trivial (A)/Important (B)  Proposed conversation 2	Write here issues that are labeled Important(A)/Important (B)  Proposed conversation 3

Figure 2. Choosing the proposed conversation.

conversations with the help of a coach (MFT trainees assisting in the group program) reduces anxiety.

In the following section, we will delineate the proposed conversations. Then, we describe the possible evolutions of these conversations. This is also done with the couples in response to their questions. We will enliven the different proposed conversations with clinical vignettes.

## THE DIFFERENT PROPOSED CONVERSATIONS

### *Proposed Conversation 1: Both Partners Decide The Issue is Trivial*

A brief conversation is suggested for these issues. Couples should only take limited time, something like 5 min, and solve the problem quickly (e.g., taking turns, fifty/fifty, and other “cultural” responses to handle scarcity of “goods” and allocation of annoying things). Storytelling, both from the therapist’s relational life and from therapy, is used as a supportive mean. In general, it is argued that life is too short to devote more than limited time to quarreling over trivial issues. Partly, couples respond with relief to this proposal. Partly, this leads to “yes, but...” responses and “what if...” questions. These are answered within the “no conclusion intervention” as showing that they best reconsider the qualifications of this issue. Needing more time or anxious questions probably mean that, at least for one of the partners, the label “important” might be required. We summarize the conversation in outline 1.

Outline 1:

Take a limited amount of time

Solve it!

“life is too short”

### *Proposed Conversation 2: One Partner Qualifies The Issue as Trivial, The Other Partner as Important*

This situation needs ample time for conversation. If possible, time pressure is best avoided. The couple should find or construct an environment where there is little distraction and where both of them can give full attention to the inner and the outer dialogue. It is very important that the couple accepts that no agreement can be made during this conversation. “Do not come to a conclusion about the difference,” the therapist demands. We then propose that partner A starts explaining his qualification of the issue as “trivial.” B is invited to listen and try to understand how this can be trivial for the partner. The reason to start with partner A resides in a conversational hazard that the one qualifying the issue as trivial tends to be put on the defensive against the claims of “importance” uttered by the other, never coming to express what the “triviality” of

his or her position means. Afterward, B explains his or her qualification of the same issue as “important,” and A listens and tries to understand how this is linked to either self or couple narratives or to the world view. The more couples dare to assume that their explanations will be handled as a mean to make themselves known, the more these explanations become personal and emotional. Then, touching narratives come to replace arguments (to win the other over). After both explanations and both attempts to listen, the issue is then put aside for a while. In a later stage (next day, next week, next month...), the couple restarts the same conversation, again and again, until something happens. This “something” can be that the qualifications change, possibly indicating that another step can be taken. The “putting aside” of the issue is compared to dough rising. The talking then is compared to kneading of the dough. “Dough,” we say “to be ready for baking needs both: kneading and being left alone to rise.” Sometimes partners ask for more specific instructions on the interval between conversations. Ideally, this would be when there is either something different to say or something different to hear. This however is something no one can predict, as dialogue is something that happens in the moment (Stern, 2004). We summarize the conversation in outline 2.

Outline 2:

Take ample time

Decide not to come to a conclusion

Partner who classified the issue as “trivial” explains classification.

Other partner takes as much risk of listening as possible and shows understanding.

Partner who classified issue as “important” explains classification.

Other partner takes as much risk of listening as possible and shows understanding.

Put issue aside and let it “rise”

Start all over.

*Proposed Conversation 3: Both Partners Qualify The Issue as Important*

This conversation differs only slightly from the previous conversation. Making time and space is an essential condition, as is deciding not to come to a conclusion. Partners in turn explain and listen to what is important in the issue. The conversation is put aside and restarted over and over again. We summarize the conversation in outline 3.

Outline 3:

Take ample time

Decide not to come to a conclusion

Partner A explains “important” classification.

Partner B takes as much risk of listening as possible and shows understanding.

Partner B explains “important” classification.

Partner A takes as much risk of listening as possible and shows understanding.

Put issue aside and let it “rise”

Start all over.

*Possible Evolutions of the Conversations*

We summarize the possible evolutions of the proposed conversations in Figure 3.

A circular figure is chosen to illustrate that most conflicts/differences in couples might never be resolved. As research shows, this is not so exceptional (Gottman, 2011), even for stable and happy couples. Finding a different way to have conversations on difficult subjects with shorter or

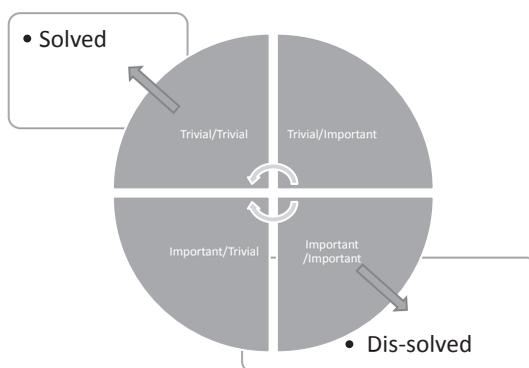


Figure 3. Possible evolutions of the conversation.

longer periods of “rising” and phases of renewed dialogues can be a different option to handling conflict. It can replace the standstill of the impasse. Discovering one’s partner in a different light, learning more about oneself, and discovering new ways to relate with each other can ensue. Following this, the relationship can re-live. This enlivening of the relationship is not necessarily easy to bear. Through this approach, the therapist hopes for personal and relational growth (Skerrett, 2010), through living and ongoing conversations without conclusion.

“Paul and Katrien are a couple for over 10 years. Both have children out of a previous marriage. At the start of their relationship, it seemed natural to live mostly at his home in town, while spending days at her country cottage. In the original dream, both loathed to live in a city environment and awaited Paul’s children leaving home to live together at the cottage. This is precisely where they got stuck in an impasse. Kenny, Paul’s eldest son, got sick; he suffers from an autoimmune disease which keeps him in a dependent position. The disease comes and goes, and Paul postpones and promises coming to the countryside to the rhythm of Kenny’s disease. When they met, their conversations are repetitive and stuck. Katrien complains of the lost years, the lost investment, the years of waiting she invested in the “future” dream of living together at the cottage. Paul feels she asks him to abandon a sick, be it a 26-year-old. These and other arguments are repeated over and over again in emotional and hurtful discussions. The relationship seems reduced to the question: Can you really promise me we will live together soon? A yes or no topic. An impossible dilemma. The loss of good moments brings them to therapy “as a last resort.” Soon it becomes clear that the conversations are repetitive, everything has been said over and over again. Paul gets easily emotional and overpowered in the conversation. Katrien keeps a seemingly rational discourse, filled with hidden anger and despair. Katrien wonders whether she has to stop the relationship and live in the country on her own, missing Paul.”

“In therapy, Paul more easily follows the outline of the proposed alternative approach. Understanding impasse, looking for his motivation for the couple, and working on alternative positions for him in the dilemma are steps that bring him hope. Katrien takes a critical position in the group. She complains the therapy does not pay enough attention to the “real” dilemma: Kenny’s disease. When invited to exercise the no conclusion intervention on the third day of the program, both decide to tackle the central topic, which is labeled “important/important.” At first, during the exercise and during the afternoon couple session, most of the work goes to stop the run-aways into power discussions. Small pieces of dialogue start to look different. Some of Paul’s inner struggles, not being able to keep his promise to Katrien, his fear of losing Kenny to the disease, his anger on the disease which seems to take away his chance of being happy with Katrien, emerge in his expression when freed from the obligation to “answer” the logical questions of Katrien. She keeps somehow the same discourse but seems to be able to hear some of Paul’s dilemma. To Paul, this feels like getting some air; to Katrien, this feels as more despair.”

The absence of a conclusion does not mean that there is no evolution possible. Both the content and the valence of the issues can change through telling and especially through listening (Penn, 2007). A person feeling free to explain the triviality of an issue can sometimes change his or her

view through the mere telling of his or her perspective to an “accepting” partner. In other occasions, we notice that aspects of a larger issue become named as “trivial” and then find a quick solution (Figure 2). Also, following the conversation, the valence of an issue can change so that either another type of proposed conversation is aimed for or the difference loses its threatening valence to both partners and dissolves (Anderson & Goolishian, 1988).

“Katrien and Paul decided not to meet in between sessions. During the two-week interval, Katrien took long walks in the woods, which, for her, bring a soothing and a “sacred” experience of connection to the whole. While walking, she cried a lot and one Sunday got lost. Sitting alone in rainy woods, lost, she gets vivid images of her youth, of the fights between her parents. She relives the suicide of her mother, just after Katrien visited her in the psychiatric hospital, where mother was taken after a first suicide attempt. In the hospital, she confronted her mother drinking and philandering. The next day, the hospital called her to inform her that mother hung herself on the door knob. As a seventeen-year-old, oldest of two, she felt guilty and isolated. There in the woods, lost, crying, she felt like dying herself. Would she go on and look for a way out, or would she lie there and wait for death to come? Not knowing why, she started walking again and soon found a way out of the woods. After coming home, she decided to drive to the city and ask Paul for forgiveness, having caused him pain through her persistent arguing. However, the first person she meets is Kenny, who seeing her cry, takes Katrien in his arms. At this moment, Paul enters the room. Seeing his son in an embrace with Katrien melts his heart. All their bickering, all the times Katrien pushed Kenny to take charge of his healthcare, all the fights between them over Kenny and moving to the countryside seems to evaporate in the sight of the embrace.”

“Back in therapy, this is the story they tell. All are moved and connected. The conversation is different now: it is easier to come back from roads leading to standstill and to speak of even more elements and emotions that were hidden before. Katrien talks of her fear of fights. For her, fighting is connected to dying. She fails at trying to avoid fights with reason. Paul speaks of more dilemmas concerning Kenny and of his old pain, having failed as a parentified child in taking care of a depressed father. Kenny took a different position too, they tell: although he hates the countryside, he offers to stay over there for a while allowing his father to be together with Katrien.”

Is this opening up a different dialogue connected to therapy and to the no conclusion intervention? Of course, we do not know for sure. What we see is a different dialogue emerging. First, it seems only in the words of Paul, when he is able, we hope as a consequence of the intervention, to show more complex thoughts and feelings concerning his son. Probably the change can be seen in the listening of Katrien, who can now hear more complex information. What ensues is a different dialogue, in which the dilemma is not solved, but all participants seem to be able to talk and listen differently. And in doing so, they form a different connection. The author chose a case example, in which the process in between sessions is important. Therapy also has its phases of kneading and of letting the dough rise.

### SOME FINAL REFLECTIONS

The fact that not all dilemmas and conflicts can be “solved” may be a shock for couples. Nevertheless, partners often come to therapy with this hope: “help us to solve the unsolvable, take the pain away.” When help in this sense is possible, it should, of course, be offered. Cultural methods of conflict resolution and logical steps in problem solving can be of value here. However “solving” all differences is impossible in love relationships, and as our analysis of love in context showed, it could even be unfavorable for the survival of the couple relationship. Promoting ongoing dialogue, where partners can continue conversation about the important issues, including the unsolvable ones, is a better road to help the relationship stay alive. During those conversations, chunks and pieces will get solved, others will change valence, and other issues will be there for as long as one stays in close connection to that other.

Nonetheless, acceptance of difference will be important. Cordova, Jacobson and Christensen (1998) were among the first to introduce acceptance as an essential step toward improving couples’ relationship. Through nonblaming discussions, their approach, IBFT, aims at increasing understanding and compassion and at building intimacy. The nonblaming discussions are promoted

from the start of therapy. Following EFT (Johnson, 2004), we think that the “no conclusion intervention” is best preceded by working on safety in the therapeutic and couple relationship and by de-escalation of the cycle. This forms a better basis for some “listening” to occur. Listening is more difficult when the listener feels under attack. In the no conclusion intervention, we also give more weight to lived emotion. While IBFT helps partners to create some emotional distance from their problems (Cordova et al., 1998; p. 440), we stress the importance of emotions and the lived experience present in the dialogue. This means being mindfully present with the emotions (Gehart & McCollum, 2007), finding ways to express them in their complexity (Migerode & Hooghe, 2012) and to share and form this complexity in dialogue with the partner. Hence, the importance of acceptance in the no conclusion intervention also links with the work of Gehart and McCollum (2007) who introduce partner acceptance from a Buddhist tradition. They focus on acceptance of suffering, because suffering is a part of life. Migerode and Hooghe (2012) showed opposing forces to be a given in any love relationship. Therefore, the author agrees with Harris (2009, p. 2) who writes, “...if you build an intimate relationship, you’re guaranteed to have a certain amount of pain and stress.” Thus, a love relationship needs some acceptance of suffering. This can also be found in our definition of risk taking and opening up for the stress included in listening to the other. Listening to the other with acceptance can shake “our attachment to ideas, objects and constructs, particularly self-constructs” (Gehart & McCollum, 2007; p. 217). Furthermore, as Migerode and Hooghe (2012) showed, a love relationship will necessarily have to deal with opposing forces.

The suffering that brings couples to therapy, in a way, hinders the partners from coping with the stress accompanying the dilemma. Therefore, creating a “secure base” in therapy always precedes the intervention presented in this article. In the group, we support the secure base via relational, temporal, and cognitive pathways. The therapeutic alliance (Rober, 2010), like in every therapy, is the utmost important relational pathway to form secure base. In a group approach, the presence of fellow travelers, couples suffering similar pain, offers escape from loneliness and promotes the sharing of experiences (Hellemans et al., 2011). Furthermore, in our approach, the motivational work and the emotional focus aim to reconnect partners to emotions connected to the love relationship. Together with the view on love offered, this helps couples to feel and understand the impasse they are in and to freely choose for an alternative road, even if this road demands more pain and stress. In a temporal way, the no conclusion intervention fits the therapeutic process after building therapeutic alliance and after the first phase of couples therapy where the vicious circle is recognized and somehow interrupted. Here, we join EFT (Johnson, 2004) and the underlying principle that the more securely attached we are, the more separate and different we can be. Our clinical experience shows that group work reduces the amount of sessions needed. However, in both circumstances, that is, single-couple therapy and a couple group, building a safe therapeutic relationship precedes the no conclusion intervention.

The necessity to withstand more intense emotions also points to a major limitation for this approach. When a safe environment cannot (yet) be reached, it is too soon for the no conclusion intervention to be presented. This implies that working with high-conflict couples or trauma couples takes more time. This also means that for these couples, even more than for couples in general, the repeated warning against hubris is doubly important. Occasionally, the necessary safety cannot be achieved, and therapy remains too dangerous to speak and listen.

If, however, enough initial security can be found, the intervention itself and the underlying analysis of love (Migerode & Hooghe, 2012) offer a scaffold to couple and therapist. As Gottman (2011, p. 34) writes, “To live with perpetual problems couples need to turn their focus away from attempts at solutions and instead learn how to ‘dialogue’ about their different subjective realities.” Both the couple and the therapist can find support in the steps of the intervention. This in turn helps to withstand more tension while listening to inner and outer dialogues in the dilemma. The therapist keeps in mind that what is aimed for is not to solve the dilemma, but to find a way to go on as a couple. We believe that this dialogue opens opportunities for different personal and couple stories to emerge and eventually to personal and couple growth (Skerett, 2010). The intervention aspires to guide the couples from conflict to compassion and to love each other while being different. Therefore, giving full attention and listening are so important. Content devoid of relationship becomes less important to the love relationship as content.

## REFERENCES

- Andersen, T. (1991). *The reflecting team: Dialogues and dialogues about dialogues*. New York: W.W.Norton & Co.
- Anderson, H., & Goolishian, H. (1988). Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. *Family Process*, 27(4), 371–393.
- Bavelas, J. B., Coates, L., & Johnson, T. (2000). Listeners as co-narrators. *Journal of Personality and Social Psychology*, 79(6), 941–952.
- Baxter, L. A. (2004). Relationships as dialogues. *Personal Relationships*, 11, 1–22.
- Baxter, L. A. (2011). *Voicing relationships: A dialogical perspective*. London: Sage Publications.
- Baxter, L. A., & Montgomery, B. M.. (1996). *Relating: Dialogues and dialectics*. New York, NY: Guilford press.
- Byng-Hall, J. (1995). Creating a secure family base: Some implications from attachment theory for family therapy. *Family Process*, 34(1), 45–58.
- Cordova, J., Jacobson, N., & Christensen, A. (1998). Acceptance versus change interventions in behavioral couple therapy: Impact on couples' in-session communication. *Journal of Marital and Family Therapy*, 24(4), 437–455.
- Gehart, D., & McCollum, E. (2007). Engaging suffering: Towards a mindful re-visioning of family therapy practice. *Journal of Marital and Family Therapy*, 33(2), 214–226.
- Gergen, K. J. (1999). *An invitation to social construction*. London: Sage.
- Gottman, J. M.. (2011). *The science of trust. Emotional attunement for couples*. New York: W.W. Norton & Co.
- Harris, R. (2009). *ACT with love*. Oakland: New Harbinger Publications.
- Hellemans, S., De Mol, J., Buysse, A., Eisler, I., Demyttenaere, K., & Lemmens, G. (2011). Therapeutic processes in multi-family groups for major depression: Results of an interpretative phenomenological study. *Journal of Affective Disorders*, 134(1), 226–234.
- Hooghe, A., Neimeyer, R. A., & Rober, P. (2011). The complexity of couple communication in bereavement, an illustrative case study. *Death Studies*, 35, 905–924.
- Johnson, S. M.. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nd ed.). New York: Brunner Routledge.
- Lemmens, G., Eisler, I., Migerode, L., Heireman, M., & Demyttenaere, K. (2007). Family discussion group therapy for major depression: A brief systemic multi-family group intervention for hospitalized patients and their family members. *Journal of Family Therapy*, 29(1), 49–68.
- Lipari, L. (2009). Listening otherwise: The voices of ethics. *The international Journal of Listening*, 23(1), 44–59.
- Migerode, L., & Hooghe, A.. (2012). “I love you” How to understand love in couple therapy? Exploring love in context. *Journal of Family Therapy*, 34, 371–386. doi: 10.1111/j.1467-6427.2011.00557.x
- Notes and comment (1978). Notes and comment. *Family Process*, 17, 239–246.
- Papp, P.. (2000). New directions for therapists. In P. Papp (ed.), *Couples on the fault line: new directions for therapists* (pp. 1–28). New York: the Guilford Press.
- Penn, P.. (2007). Listening voices. In H. Anderson & D. Gehart (Eds.), (2009). *Collaborative therapy: Relationships and conversations that make a difference* (pp. 99–108). New York: Routledge.
- Rober, P. (2002). Some hypotheses about hesitations and their nonverbal expression in the family therapy session. *Journal of Family Therapy*, 24(2), 187–204.
- Rober, P. (2009). Relational drawings in couple therapy. *Family Process*, 48(1), 117–133.
- Rober, P.. (2010). The therapist's experiencing in family therapy practice. *Journal of Family Therapy*, 33(3), 233–255.
- Rosenblatt, P. C., & Rieks, S. J.. (2009). No compromise: Couples dealing with issues for which they do not see a compromise. *The American Journal of Family Therapy*, 37(3), 196–208.
- Seikkula, J.. (2008). Inner and outer voices in the present moment of family and network therapy. *Journal of Family Therapy*, 30(4), 478–491.
- Skerett, K.. (2010). “Good enough stories”: Helping couples invest in one another's growth. *Family Process*, 49(4), 503–516.
- Solomon, M. F.. (2009). Emotion in romantic partners: Intimacy found, intimacy lost, intimacy reclaimed. In D. Fosha, D.J. Siegel & M.F. Solomon (Eds.), *The healing power of emotion: Affective neuroscience, development & clinical practice* (pp. 232–256). New York: W.W.Norton & Co.
- Sprenkle, H. D., Davis, S. D., & Lebow, J.. (eds.) (2009). *Common factors in couple and family therapy: The overlooked foundation for effective practice*. New York: The Guilford Press.
- Stern, D. (2004). *The present moment in psychotherapy and everyday life*. New York: W.W.Norton & Co.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.