

Working In-Vivo with Client Sense of Unlovability

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Abstract

Clients sometimes react negatively when their in-session problem behavior is simply blocked.

This article illustrates how a FAP (Functional Analytic Psychotherapy) therapist can work effectively in session with a client's problem feeling of unlovability by: 1) understanding its antecedents and functions, 2) using therapeutic love to reinforce in-session improvement, and 3) discussing how to generalize improved ways of acting and associated positive feelings resulting from the therapeutic interaction to daily life. A verbatim transcript of an interaction between a therapist and client is provided, along with annotations of the client's clinically relevant behaviors (CRBs) and the therapist's use of FAP's five rules of therapeutic technique. When the client experienced the ways he really mattered to his therapist, he was freer to allow this sense of being cared about, rather than his feeling of unlovability, reinforce loving and caring by others.

Keywords

Functional Analytic Psychotherapy, therapeutic love, in-vivo work, client unlovability

It is important that sessions end on a positive note with clients emitting target behaviors or CRB2s (Clinically Relevant Behavior, type 2, in-session improvements). In fact, when sessions predominantly end with CRB1s (Clinically Relevant Behavior, type 1, in-session problems), clients may drop out of treatment prematurely (Kanter, 2011). In this article, the issue of how to work skillfully with a client's CRB1s of feeling unlovable and also discouraging the expression of caring by the therapist in order to pave the way for the evoking of CRB2s of both reinforcing therapists caring and associated feelings of being lovable is addressed.

Although the definition of a CRB1 is "client problems that occur in session" (Kohlenberg & Tsai, 1991), in the authors' experience, sometimes clients have reported feeling "invalidated" or "broken" when therapeutic interactions have focused solely on the problematic aspects or CRB1s. Although CRB1s may currently be problematic, it is helpful for clients to be validated (Linehan, 1997; Koerner, 2012) for the initially adaptive functions of their CRB1s before attempting to evoke their CRB2s. For example, the CRB1 of acting like one is not important (avoidance of emotion, non-assertion of needs, and reluctance to self-disclose) and its associated feeling of unlovability, may stem from families of origin in which emoting, asserting needs, and self-disclosing were behaviors that were extinguished or punished and thus became unsafe to engage in.

We will explore how to use the five rules of FAP in working with the common issue of a client feeling unlovable. The client, "Gary," is a 50 year old divorced man who has been in weekly therapy with the first author for two and a half years. He has struggled with depression since he was 17. Initially, he presented with the goals of wanting to deal more effectively with his depression and deciding whether to seek a life partner. Since the beginning of therapy, he has been working on connecting better with people, and has made considerable progress. Nearly two years ago, he made the decision to begin online dating, and has

met over 50 women, including one with whom he had an intense relationship of three months duration. Although he has become more effective in dealing with his down periods, and they are shorter and farther in between, he still experiences bouts of depression, many of which are triggered by what he experiences as the vicissitudes of dating and his experiences of not being lovable.

In this verbatim transcript excerpt (edited for clarity), we will describe how the FAP rules (in bold print) were used in working with Gary's sense of unlovability.

T: I feel like what you keep coming back to is the sense of "I'm unlovable."

C: That's where I'm stuck right now.

*T: I would really like for us to find an effective way for us to work with that in session, so that in the moment, you really feel heard, understood, cared about, that you are not feeling invalidated. So that it sinks in that I care about you, and that you are able to make some kind of shift, or get unstuck, or open up a little bit, feel a little more compassion for yourself. That's where I'd like to go because right now you are stuck feeling unlovable. **[Rule 2, therapist is expressing caring feelings that are potentially evocative of CRB.]***

C: I read in Paul Gilbert's book that when people feel unlovable, they've had the experience of being unable to elicit positive emotion from the people they are close to. My feeling unlovable, it sounds like he's saying, is a legitimate feeling. I've had many, many experiences of being unable to elicit positive feelings from people around me. So it makes me feel less broken, to say "I have this long history that way, and that's why I feel unlovable from time to time." It seems to produce some relief in me, that it's not that I'm broken, it's that I have this history, and I can see as a child it wasn't my fault. It seems it's my fault as an adult, but as a child, it wasn't my fault that I

couldn't elicit positive feelings from my mother. [CRB3, client functional analytic interpretation of behavior which is also a CRB2 for this client.]

T: That makes a lot of sense. I hear you saying that this interpretation makes you feel less broken, that it certainly not your fault you couldn't elicit positive feelings from your mother, and therefore you labeled that as "I'm unlovable." It also makes sense that's the feeling you'd go back to and that's the belief or self-statement you'd make. Cause I notice when you go back to this in your log, when you are feeling unlovable, it's because somebody wasn't reacting to you positively. [Rule 3, naturally reinforce CRB2.] So we're talking about it sort of intellectually, and I'd like us to move to feeling with our hearts around this. [Rule 2, evoke feelings occurring in the moment in relation to therapist.]

C: I'm sure it will pass, but at this moment I am, I can't really see beyond my being unlovable in this moment. I've known in the pattern of the past couple years when I have some experiences I've had in the last couple weeks, I'll feel this way, and then they'll pass, I'll have some positive experiences, and I don't think I'll be stuck here for a long time, but at this particular moment, I feel like I could argue I'm unlovable. I know I won't feel this way for long, but I feel this way now. [CRB2, stating that his feelings of unlovability are temporary.]

T: I'm just going to be here with you, with your feelings of being unlovable. I feel sad you've had this long history of feeling like you can't get positive feelings, the regard you want. Cause I know you tried so hard, especially in the dating world. Sometimes you have good weeks, and this has been a disappointing week in terms of dating. I can see how it can trigger these feelings of this isn't working, I'm not able to get where I want, I'm unlovable. [Rule 3, naturally reinforcing his more reasonable statements about knowing he won't stay stuck for long; Rule 2, therapist's natural reinforcement can also be evocative.]

C: [is quiet.] [CRB1, not acknowledging and reinforcing caring by therapist.]

T: You know what I feel saddest about? It's that I imagine you felt this way so much as a little boy, and you had no one to comfort you around it. [blocking CRB1, Rule 2 expressing and re-presenting caring.]

C: My thought is that as a little boy I didn't know there was anything different.

T: You didn't know there was any other way to be or to feel. Is that what you're saying?

C: Yeah.

T: I want to check in to see what's happening between us as we talk about this. Cause last time we talked about it, you felt like I wasn't paying attention to this feeling, and I thought I was. I'm really being with you around it. What is that like for you? [Rule 4. Observe the Potentially Reinforcing Effects of Therapist Behavior in Relation to Client CRBs. One way of assessing therapist impact is to ask the client directly about it. This question can also be evocative, Rule 2.]

C: I don't feel very much. [CRB1]

T: What do you notice about not feeling very much? You know

how we started the session talking about how you wanted to make the most of every moment? So in this moment, I'm telling you that I feel really sad that you have this long history of feeling unlovable, of often feeling you like you were unable to evoke caring and positive regard from others. I'm just being with you around it. Is there a way you are shutting me out? [Rule 2, blocking avoidance of therapist caring, and re-presenting it]

C: Well my thought, partly I'm shutting you out with the thought "I AM unlovable" to a degree. I don't know why it's so important to me to be liked or loved by other people. Seems like it'd be simpler if it wasn't so important to me. It's something I'm not very good at. [CRB1, not accepting (reinforcing) therapist care and concern.]

T: So what you're thinking is I don't get it, that you are unlovable?

C: Yeah. [CRB1]

T: What if that doesn't match my experience? That I like you and I love you. Do you want me to define what I mean when I say I love you? Have I done that before? I think I have. What have I said about what it means? [Rule 2, re-presenting caring and love]

C: You care about me, you always have my best interests at heart, you think about me in between sessions and wonder how this and that is going in my life. [CRB2, acknowledges (reinforces) therapist caring.]

T: There's also a very visceral feeling in my heart, really tender, and there's a place in my heart that's just for you, and if anything happened to you, I'd feel really, really sad. Can you see that in my eyes? That time you were late on your bike and I was really worried? [Rule 3, a strong natural reinforcement for his acknowledgement; Rule 2, saliently re-presenting therapist caring,]

C: [quiet, then nods] [CRB2]

T: What do you notice now, are you making the most of this moment right now? [Rule 4, Rule 2]

C: I was trying to take in what you said, and how you said it, the expression on your face, and your eyes. I felt like you really meant it. I was trying to take that in. [CRB2] And the same time I try to reconcile that with my other experiences in the world. Maybe it's more painful now because in the last couple years I have been in my view more of a likable/lovable person but I keep getting the same result. It can be one thing to say you're not likable and lovable and to recognize you are isolating, cold to people, you're behaving in a way you can imagine others wouldn't like or feel close to, that's one thing. But in the last couple years, to see myself change, and be getting similar results, that's harder to understand. [CRB1]

T: I have two responses to that, one is really wanting you to stay with what's happening between us. I think you left it pretty quickly, it seems hard for you to stay with what our connection feels like. [Rule 4, Rule 2] And then the other response matches you in wanting to discuss what's not happened, but I can easily focus on what has happened, all the progress you've made, and all the people who do like you and care about you. The most important thing that happened is you felt belief in what I said and reinforced me, and then you moved away

from it [Rule 4, Rule 2]. *That's one thing we've been working on lately, your staying with your feelings. You're feeling kind of tender and connected, and you left. You went off into your head "how do I compare this with what's happening in my outside life?"* [Rule 5, Provide Functional Analytically Informed Interpretations and Implement Generalization Strategies. Therapist is providing an interpretation that is an "out-to-in parallel" (see p. 93 in Tsai et al. 2009) where daily life events correspond to in-session situations, suggesting that Gary leaves moments of connection by going into his head instead. This is also evocative for Gary, Rule 2.]

C: [quiet]

T: *Remember that day you came in 15 minutes late, and I was really worried. What do you remember about that?* [Rule 2]

C: *I remember you looked really worried that something bad had happened to me. That you went and looked out and you didn't see my bicycle. And it was raining and stormy.* [CRB2, acting in a way consistent with being lovable]

T: [quiet]. *So how do you respond to yourself evoking such intense caring from me? That's an example of me loving you cause I was worried. There are lots of examples of me loving you and just being so happy and proud of what you're doing, how you're being. I wonder if you can hold your positive experiences starting with me, along with your "I'm unlovable", to find room for both.* [Rule 2, Rule 3. This is also an example of Rule 5, suggesting an in-to-out parallel, to deliberately practice a CRB2 with the therapist and then implement it in daily life.]

C: [nods and smiles] [CRB2]

T: *I like seeing you nod like that.* [Rule 3]

C: *I think I can.* [CRB2]

T: *I feel really proud of you for being open to that.* [Rule 3] *So what's a good homework assignment for you given that we talked about these feelings of being unlovable and you were open to feeling loved by me, actually connecting with that feeling, and then reinforced me for loving you. What's a good homework assignment?* [Rule 5]

C: *well, one might be that when I'm feeling particularly unlovable that I think about how you care about me and love me and try to make room for both.* [CRB2]

T: *Does that feel validating, caring and compassionate for yourself?* [Rule 2]

C: *I think I can feel even compassionate for myself even feeling unlovable.* [CRB2]

T: *To me that's a really big shift, cause when you start feeling compassion for yourself, that's starting to love yourself, and the more you love yourself, the more others will be drawn to you, and the more you focus on and acknowledge how others do love you, the more you love yourself. It's this cycle that feeds on itself.* [Rule 3, Rule 5]

C: *I think the unlovable feelings are not as predominant or overwhelming, as convincing as they were at the beginning of the session.* [CRB2]

In conclusion, this brief report describes how a client's sense of unlovability and punishing expressions of love and caring from others was shifted in a FAP session. The transcript provides an

example of a logical framework for turn-by-turn interactions (Weeks, Kanter, Bonow, Landes, & Busch, 2011) that can inform the practice of FAP. Through a weaving of the FAP rules, there were three major emphases.

First, rather than just blocking or extinguishing Gary's CRB1 of expressing unlovability, he needed to have a sense of understanding or validation of this feeling. A functional analysis of the antecedents and reinforcers maintaining the behavior is important. In this case, Gary had repeated experiences of not being able to elicit/evoke positive feelings from close others, starting with his mother. He understood that this was not his fault as a child. Although not discussed in the excerpt, this feeling of unlovability is probably maintained by a protective function. That is, it protects him by providing a cocoon so that he does not have to interact more with others and risk rejection or punishment when he is feeling down.

Second, the positive reinforcement within the therapeutic relationship--the genuine caring, deep connection and therapeutic love that the therapist feels for Gary is expressed in a way that he can truly let it in and experience in the moment and enabled him to reinforce the therapist for her caring.

Third, there is discussion on what Gary can do in the future when the feeling of unlovability comes up outside of session--to be compassionate towards himself the way his therapist was compassionate with him, to recall the genuinely loving interaction in session, to practice his new repertoire of evoking positive behaviors (not in transcript, but includes being open-hearted and showing interest in others) and to focus on how others do care about him and increase (reinforce) their caring. This is the sacred work of therapeutic love, where a client's healing begins in the session by experiencing the ways he really matters to his therapist, and to let this, rather than his sense of unlovability, guide his behavior towards his therapist and others.

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