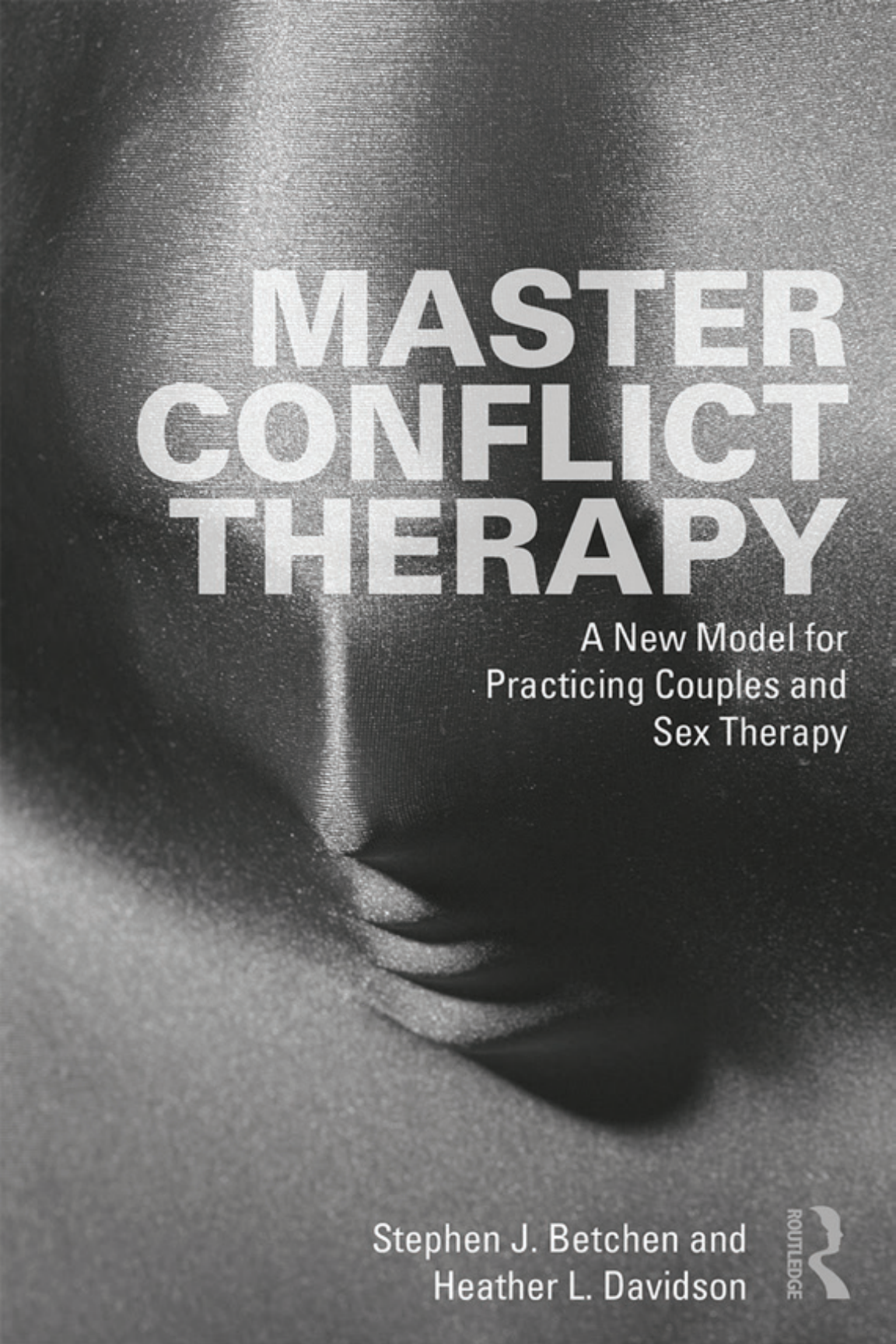
MASTER CONFLICT THERAPY
A New Model for Practicing Couples and Sex Therapy
Stephen J. Betchen and Heather L. Davidson
ROUTLEDGE

Master Conflict Therapy

Illustrated with case studies, this book teaches couples and sex therapists the comprehensive, integrative treatment approach of master conflict therapy (MCT), which combines psychoanalytic conflict theory and Bowen Theory with the basic principles and practices of sex therapy. MCT suggests that each partner has an internal conflict born out of their experiences from their respective families of origin. Partners then choose one another based on these conflicts, and it is only when they are out of balance that the couple experiences symptoms. The authors help clinicians treat couples by providing them with a solid theoretical foundation, a practical assessment procedure, and highly effective treatment techniques to re-balance a couple and, in turn, alleviate their sexual symptoms.

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To Bonnie, Jennifer, and Melanie with abiding love

– SJB

To Antonio, with love always

– HLD

"No body, but he who has felt it, can conceive what a plaguing thing it is to have a man's mind torn asunder by two projects of equal strength, both obstinately pulling in a contrary direction at the same time."

– Laurence Sterne, *The Life and Opinions of Tristram Shandy, Gentleman*

Contents

Preface

Not all therapists who practice couples therapy are comfortable discussing sexual issues with their clients; and there are a fair share of clients who are quite happy about this. Nevertheless, therapists who fail to inquire about a couple's sex life, even if they are not presented with a sexual disorder, may be ignoring information that could lead to a deeper understanding of the couple—a miscue that may rob the couple of a healthier level of functioning. We have witnessed time and again that a couple's sexual dynamics can tell the therapist a great deal about their non-sexual dynamics and *vice versa*. For example, a man who reports with delayed ejaculation—a form of control or the inability to let go—may also withhold affection and positive reinforcement from his mate; he may even be financially stingy. Perhaps this individual was raised in a family of origin that exerted control over his life and his withholding is an effort to maintain a sense of self; it might also be a form of retaliation. All this to say that a couples therapist without sex therapy training is partially trained, and a sex therapist with little to no training in systems is at a similar disadvantage. This is the primary reason we went back for more training in sex therapy.

The call for more training is not without its challengers. Graduate and postgraduate students as well as some colleagues have begged the question: Why do we need to endure extra training and expense if we can refer when a sexual problem is evident? We find this perspective plausible. It was not long ago that couples therapy training was offered exclusively as a postgraduate experience. For most, sex therapy was an additional training, but by this time many therapists were emotionally and financially exhausted. Our response has always been in favor of "one-stop shopping." Couples can "fall through the cracks" when two therapists are working separately on these two issues, especially if the therapists fail to communicate regularly—an all-too-common practice. And what if the therapists follow incompatible treatment models, or possess vastly different skill sets? One of the major challenges of the couples and sex therapist is to discern which symptom—sexual or nonsexual—serves as the trigger point

for the relational difficulty. It is usually easier to accomplish this with one therapist on the job.

We are offering a unique, integrative model specifically designed to treat a diverse group of couples who present with a wide variety of relational and sexual problems. The model, master conflict therapy (MCT), has been referred to by those who have studied it as a "counterintuitive" approach that offers therapists a unique way to understand their clients. Some have found it particularly useful in its ability to explain how and why couples get stuck, and how to free them from their destructive dynamics. It was also called a "seamless" approach to treating couples with sexual problems—perhaps the highest compliment that could be paid to the architects of an integrative model. It has without a doubt instilled a confidence in us as we continue to negotiate a demanding specialization. By presenting MCT, we hope to help our readers achieve the same.

The book consists of three major sections and several associated chapters. While time and space have limited us from covering every sexual disorder that an unbalanced conflict can generate in a couple, we have done our best to be as comprehensive as possible. Our main objective is to encourage the reader to think "conflict" when analyzing couples and their symptoms. This, in and of itself, would be quite an accomplishment.

- Section I: Understanding Master Conflicts – In *Chapter 1 Introduction: Definitions, History, and Influences*, a case is made for integrating couples and sex therapy, and the MCT model is offered as a viable approach. An historical analysis of the master conflict is presented beginning with the pre-Socratics and their influence on Freudian psychoanalysis and MCT. How specific symptoms develop and how people choose their life partners are prominent issues. *Chapter 2 Key Features of a Master Conflict* presents several prominent characteristics of the concept. It also addresses both the evolution and strength of the master conflict from both an internal (emotional) and external (environmental) perspective. *Chapter 3 Master Conflicts* lists 19 master conflicts and provides several case examples for each.
- Section II: Assessment and Treatment – *Chapter 4 Assessment* details the evaluation process. The genogram is utilized to determine the origin of the master conflict and its associated symptoms. When and how to ask "focus questions," which will help couples to link non-sexual and sexual problems, is illustrated. This chapter will also address the concept of diversity and how it is incorporated in the MCT model. The objective of this chapter is to demonstrate a relatively quick and accurate way to diagnose a wide variety of couples who suffer from sexual problems. In *Chapter 5 Treatment*, the 5-stage MCT treatment process is examined with the aid of case examples. How to balance a couple, set effective

boundaries and maintain neutrality, evaluate the treatment progress, and negotiate termination are detailed.

- Section III: Case Studies – Chapters 6–8 present detailed case examples of couples suffering from any one of the 19 master conflicts and associated sexual symptoms. *Chapter 6 Female Sexual Disorders* includes: Female Orgasmic Disorder, Genito-Pelvic Pain/Penetration Disorder (GPPPD), and Female Sexual Interest/Arousal Disorder (SAID). *Chapter 7 Male Sexual Disorders* includes: Premature (Early) Ejaculation (PE), Erectile Disorder (ED), and Delayed Ejaculation. *Chapter 8 Selected Sexual Issues* includes: Open Marriage (Swingers), Online Infidelity, and Sexual Abuse. Genograms for each case are provided and used for gathering data, analyzing relational patterns and conflicts, and to aid in the treatment process.

Acknowledgments

We would like to sincerely thank the many couples who have shared their lives with us over the years. Facing one's flaws and attempting to correct them requires a great deal of courage, perseverance, and tenacity. Sadly, for some the price is too steep to pay.

Our gratitude also goes to George Zimmar, Nina Guttapalle, and all others affiliated with Taylor & Francis that have made the publication of this book possible, and to Rachel Cook of Deanta Global Publishing for her expert copyediting. Also deserving of thanks are the administration, staff, and students of the Council for Relationships (formerly the Marriage Council of Philadelphia), where we both trained, but not in the same decade. We also thank those in the Department of Couple and Family Therapy, Jefferson College of Health Professions, Thomas Jefferson University.

Last, we pay homage to our mentors and supervisors who have prepared us to take on a therapeutic model of such scope. We are blessed to have been afforded such diverse guidance and training throughout the course of our careers.

– SJB
– HLD

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Section I

Understanding Master Conflict Therapy (MCT)

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Chapter 1

Introduction

Definitions, History, and Influences

The Call for Integration

Many couples who present for treatment—even if they initially report with a nonsexual problem such as "poor communication"—also tend to experience some form of sexual dysfunction. The latest research indicates that approximately 40% to 50% of women suffer from a sexual disorder (McCabe *et al.*, 2016), compared to 31% of men (Cleveland Clinic, 2016). Given the obvious connection between couples and sexual issues, it is somewhat bewildering that couples therapy has been more closely linked to family therapy than to sex therapy.

In contrast, some scholars believe that sex therapy has become too associated with the medical establishment (Tiefer, 2004, 1996). It is certainly hard to turn on your television set without being confronted with a commercial advertisement for the medical treatment of Erectile Disorder (ED). And the pressure to develop a drug for Female Sexual Interest/Arousal Disorder, such as flibanserin (Addyi), was quite intense—almost rushed. Vernon (2010) claimed that pharmaceutical companies around the world were obsessed with finding a treatment ever since Pfizer gained FDA approval for sildenafil citrate (Viagra), a billion-dollar-generating drug effective for treating ED.

Advocates for the integration of couples and sex therapy have long called for therapeutic models that join the two specialties (Betchen, 2015, 2010, 2006, 2005, 2001a, 2001b; Hertlein, Weeks, & Gambescia, 2015; Leif, 1977; McCarthy, 2015; McCarthy & McCarthy, 2003; Sager, 1976; Scharff & Scharff, 1991; Schnarch, 1991; Weeks & Hof, 1987). Weeks, Gambescia, and Hertlein (2016) wrote "it is absolutely essential [that] the fields of couple and sex therapy be fully integrated theoretically and pragmatically" (p. 1). Nevertheless, the response has been limited. The major purpose of this book is to teach therapists who practice, or wish to practice couples and sex therapy, the MCT approach (Davidson & Betchen, 2017). MCT contends that in most cases, the sexual symptoms that couples present in treatment are intricately linked to their relationship dynamics and *vice versa*. The therapist must therefore possess sufficient knowledge and skill in both areas,

and in many cases, deem them equally important to provide a balanced and effective treatment. MCT is unique in part because it borrows from certain aspects of what is often referred to as psychoanalytic conflict theory (Freud, 1910/1957), the psychodynamic systems approach of Bowen Theory (Bowen, 1978), and basic principles and practice of sex therapy (Kaplan, 1983, 1974).

The Freudian Influence

Couples therapy is perhaps the hardest psychotherapy (Doherty, 2002), and studies have long reported poor results (Christensen, Atkins, & Baucom, 2010; Gottman, 1999; Snyder, Wills, & Grady-Fletcher, 1991). Frustrated with the limitations of our family-of-origin treatment with couples, we looked to add Freudian conflict theory to delve deeper into the psyche of each partner of a couple. The objective was to determine how their internalized conflicts impacted their relational interactions and led to a wide variety of symptoms, especially those of a sexual nature.

Freud (1923/1961) believed that neurosis was the result of an inner conflict between an instinctual sexual drive or impulse—the demands of the libido—and opposing forces in the form of the ego. He wrote:

> By thus getting hold of the libido from the object-cathexes, setting itself up as sole love-object, and desexualizing or sublimating the libido of the id, the ego is working in opposition to the purposes of Eros and placing itself at the service of the opposing instinctual impulses.
>
> (p. 46)

Freud (1933/1964) found that the ego, besieged by this impulse, could only control it—as best as possible—by way of repression. Symptoms developed in disguised form because the repression rendered the conflict unconscious but failed to eliminate it. Waelder (1960) described the pattern: "inner conflict—unsuccessful repression—return of the repressed" (p. 37).

When most couples therapists hear the word conflict, they conjure a disagreement "between" two partners. This is referred to as an external conflict. In tune with Freud, a conflict herein is defined as two conflicting opposites or opposing forces "within" the individual—an internal duality or conflict. One side needs something that the other side opposes. In a previous work (Betchen, 2010), it was likened to having two politicians sitting on opposite sides of a seesaw, each trying to convince you to see their point of view. The arguments are so convincing that the process can paralyze one's ability to choose one side of the conflict over the other, or to negotiate a compromise between the two. For example, a female client said that she was finally in position to achieve her dream of pursuing a law degree from an Ivy League university. She wavered, however, because she found it to be too expensive

and time-consuming. "They'll work me to death, and cut into my free time to travel," she said. As an alternative, she considered attending a cheaper, less prestigious law school, but once again she wavered because she considered it an inferior degree. "It will be more manageable, but my dream is to get an Ivy League degree." For several months, the young woman could not decide which degree to pursue. She continued to suffer in the hope that by some miracle a perfect solution to her dilemma would appear. You could see the agony and frustration on her face as the politicians inside of her played point/counterpoint. How specific symptoms emanate from conflicts, sexual and otherwise, will be discussed in the following chapter.

MCT is not psychoanalysis, nor does it pretend to be. It is not specifically concerned with sexual impulses, nor is the origin of the struggle believed to emanate from poorly negotiated conflicts in an individual's psychosexual stages. But it does reflect the dilemma Freud (1923/1961) presented in his use of the Oedipus Complex. Freud coined the term from the Sophocles play, *Oedipus Rex*, to determine the seat of neurosis: A child wants the opposite-sex parent but fears retribution—a conflict, to be sure. MCT borrows the concept of "internalized conflict" and applies it to couples work by viewing it as a struggle between what individuals want or desire and what they can allow themselves to have. This is the dilemma presented by the woman who wanted an Ivy League degree but feared the consequences.

MCT contends that master conflicts largely begin in the family of origin as a child is besieged with contradictory messages that are eventually internalized. These messages can be presented verbally, behaviorally, or both. For example, a man with what we refer to as a *power vs. passivity* master conflict may want power and control in his relationship but simultaneously be averse to responsibility. Perhaps in his youth he experienced his successful father working himself to death; or he may have repeatedly heard his mother complain that his father, albeit successful, was never home. Notice the double messages about taking control in these examples.

If a woman has a *trust vs. distrust* master conflict, a part of her wants to trust her partner, but the other part is very wary. She may have been told repeatedly by her mother that she shouldn't trust anyone—that they will always let her down; or the parent she was closest to or idolized might have disappointed her by having an extramarital affair. The double message here is that the people you trusted were either distrusting or distrustful.

As will be discussed in the following chapter, the extent to which the individual was enlisted in parental conflicts as a child will, in part, determine the intensity or power of their internalized master conflict. Eldest and only children are commonly triangulated into their parents' dynamics and therefore seem to possess their fair share of entrenched conflicts (Toman, 1976); these individuals are referred to as "players." Middle siblings, especially those from large families, are better able to escape direct triangulation or hide from the family dynamics, but this does not exempt them from

impact. We refer to these individuals as "witnesses." Given the genesis of the conflict, the process of negotiating with it is a difficult one. Seemingly unrelated symptoms derive from the difficulty people have in making a choice or negotiating a compromise between the two sides.

While some people are aware of one side of their conflict, the other side is usually beyond their grasp. This is often evident when a couple first present for treatment. Contradictions or irrational comments and behaviors can lead the therapist to the specific conflict. For example, if a woman complains that her husband does not speak to her but stops him the minute he tries, the woman might be demonstrating a conflict about what she truly wants from him. But if you tell her that only part of her wants him to engage, she'll vehemently disagree. If the husband complains about her dominance but fails to intervene, he might be in conflict about giving his power away. But if you suggest that he is in conflict about holding onto his power, he may consider you crazy.

The Problem with Choice

Freud (1910/1957) believed the solution of a conflict between instinctual drives and opposing forces can be in favor of negotiating a compromise between the two, or via sublimation of the drive. The solution requires the frustration of one of these forces at the expense of the other, and in our experience clients do not readily appreciate this sacrifice. Growing means change, and deep change can be painful. Confronted with choice, most individuals must give up something or suffer a loss; but they usually gain something in return. What seems to stop people from choosing is the potential loss that change may bring. This loss may result in deep sadness, a temporary state of depression, or significant anxiety. Waelder (1960) likens it to "all weaning processes and to the process of mourning" (p. 226).

To rebalance a master conflict, each partner may also have to challenge the anchored dynamics of their respective families of origin, which gives their conflicts meaning. For example, in a *success vs. sabotage (big vs. small)* master conflict, being "bigger" or eclipsing the success of a parent might be perceived as risking the wrath of that parent. People therefore "want it all," and they may spend years in treatment trying to find a way to accomplish this. Most people prefer to "stay the same without the pain," even at the expense of maintaining their symptoms. Philosopher Sir Isiah Berlin (1958) described this dilemma as "the necessity and agony of choice" (p. 54).

Master conflicts exist even in the healthiest of couples. Some people can better tolerate the anxiety and depression that often comes with change. Problematic relationships can be salvageable, however, if each partner can agree which side of the conflict to choose, or to "integrate" the two comfortably—which most tend to attempt. Their internalized conflicts will then be

under control, and symptoms may dissipate. On the other hand, if a conflict is unbalanced for too long, symptoms often ensue and thrive.

Choosing a Life Partner

An important tenet of MCT is that individuals seek out a mate with the same master conflict: their "twin-in-conflict." Albeit unconscious, this choice helps to avert change and the sacrifice it often entails. For example, if an ambitious woman is in conflict about achieving financial success (e.g., one side of her wants to reach her economic goals; the other side feels a need to sabotage them), she would likely feed her conflict by choosing a partner who can serve both sides of her conflict. This individual would need to possess the ability to vacillate between achieving and failing. Typical of a conflict, as the woman neared her goals, she, her partner, or both, would balance their shared conflict by sabotaging the success. The partner would fail as well. In contrast, if either partner was skewed too far toward failure, both would mobilize to avert a disaster. If this woman was not in conflict about achieving success, she would then partner up with someone who couldn't or wouldn't sabotage her. She would not need someone like her to balance her conflict.

As a fail-safe against change, couples may unconsciously put their conflicts on "pause" or temporarily appear to have them under control. While this may prove positive in certain situations, such as avoiding a fight at a social event, they may inadvertently convince themselves that they are no longer in need of treatment. A couple with a *giving vs. withholding* conflict may be intimate on vacation—taking turns meeting one another's needs. But because their conflict remains in their unconscious, a fight might break out on the plane ride home or as soon as they return to familiar surroundings. One couple were so convinced that more vacations were the answer to their relational woes that they prematurely terminated treatment and proceeded to travel the world. The couple did indeed travel, but they apparently fought all throughout Europe. Once they made travel the "constant" in their lives, the conflict flared up again. Master conflicts travel; they go wherever we go. People who think a solution lies in the external world are only trying to solve an internal problem with an external solution—and it usually does not work. No vacation, new car, or cross-country move will escape a master conflict; it has both a visa and a passport (Betchen, 2010).

There is no cure for a master conflict; only management and control via an appropriate balance of conflicting sides. In most cases, this alleviates the symptoms presented in treatment. As mentioned, to "maintain" a balanced-shared conflict and a symptom-free relationship, each partner of a couple must give up something to get something. In those couples with an unbalanced *power vs. passivity* conflict, for example, one partner may have to balance his or her own conflict by giving up a little power or taking less responsibility. This will allow the corresponding mate to take more