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Feeling Good Together: The Secret to Making Troubled Relationships Work

By David D. Burns M.D.



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Simple, Powerful Techniques that Make Relationships Work

"Why won't my husband *ever* express his feelings?"

"Why won't my wife listen?"

"Why is my sister such a control freak?"

"Why does my ex act like such a total jerk?"

"What's wrong with people?"

We all have someone we can't get along with—whether it's a friend or colleague who complains constantly, a relentlessly critical boss, an obnoxious neighbor, a teenager who pouts and slams doors (all the while insisting she's not upset), or maybe a loving, but irritating spouse.

In his bestselling book, *Feeling Good*, Dr. David Burns introduced Cognitive Behavioral Therapy, a clinically proven, drug-free therapy that has revolutionized the treatment of clinical depression throughout the world. Now, in *Feeling Good Together*, he presents Cognitive Interpersonal Therapy, a radical new approach that will help you transform troubled, conflicted relationships into successful, happy ones.

Dr. Burns' method for improving these relationships is easy and surprisingly effective. In *Feeling Good Together*, you'll learn:


How to stop pointing fingers at everyone else and start looking at yourself.

How to pinpoint the exact cause of the problem with any person you're not getting along with.

How to solve virtually any kind of relationship conflict almost instantly.

Based on twenty-five years of clinical experience and groundbreaking research on more than 1,000 individuals, *Feeling Good Together* presents an entirely new theory of why we have so much trouble getting along with each other. The book is filled with helpful examples and brilliant, user-friendly tools such as the Relationship Satisfaction Test, the Relationship Journal, the Five Secrets of Effective Communication, the Intimacy Exercise, and more, so you can enjoy far more loving and satisfying relationships with the people you care about.

You deserve rewarding, intimate relationships. *Feeling Good Together* will show you how.

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Editorial Review

Review

Praise for *Feeling Good Together* from mental-health professionals:

"This is the finest work of its kind and will stand for generations as *the* relationship book."

--Matthew May, MD, adjunct clinical faculty, Department of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine

"*Feeling Good Together* should be required reading for all couples who want to create a happy, healthy relationship." --Tori Kelley, PhD, LMHC, owner, Central Florida Mental Health, Inc.

"Finally, a relationship repair tool kit without fluff or camouflage. Change is a choice for brave and daring souls. Thank you, Dr. Burns!" --Nancy Ellen Lee, MFT, PhD

"Implementing these ideas has been truly life changing. It works!" --Mischa Routon, MFT

"The relationship strategies in this book are simple but profound. This is Dr. Burns's most seminal work. " --Jan Stanfield, MFT/LCSW

"A powerful set of tools (and even a tool kit) to evaluate, repair, or enhance our relationships. *Feeling Good Together* is destined to become a classic." --Hugh Baras, PhD, adjunct clinical assistant professor, Department of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine

About the Author

David D. Burns, MD, is an adjunct clinical professor of psychiatry emeritus in the Department of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine, and has served as Visiting Scholar at Harvard Medical School. His bestselling book, *Feeling Good*, has sold over four million copies.

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Chapter One

What the Experts Say

We all want friendly, rewarding relationships with other people, but we often end up with the exact opposite—hostility, bitterness, and distrust. Why is this? Why can't we all just get along?

There are two competing theories. Most experts endorse the "deficit theory." According to this theory, we can't get along because we don't know how. In other words, we fight because we lack the skills we need to solve the problems in our relationships. When we were growing up, we learned reading, writing, and arithmetic, but there weren't any classes on how to communicate or solve relationship problems.

Other experts believe that we can't get along because we don't really want to. This is called the "motivational theory." In other words, we fight because we lack the motivation to get close to the people we're at odds with. We end up embroiled in hostility and conflict because with the battle is rewarding.

The Deficit Theory

Most mental health professionals, including clinicians and researchers, endorse the deficit theory. They're convinced that we wage war simply because we don't know how to make love. We desperately want loving, satisfying relationship but lack the skills we need to develop them.

Of course, different experts have different ideas about what the most important interpersonal skill deficits are. Behavior therapists, for example, believe that our problems getting along result from a lack of communication and problem-solving skills. So when someone criticizes us, we may get defensive when we should be listening. We may pout and put the other person down instead of sharing our feelings openly, or we may resort to nagging and coercion in order to get our way. We don't use systematic negotiation or problem-solving skills, so the tensions escalate.

A related theory attributes relationship conflict to the idea that men and women are inherently different. This theory was popularized by Deborah Tannen in her bestselling book, *You Just Don't Understand: Women and Men in Conversation*, and by John Gray in his bestselling book, *Men Are from Mars, Women Are from Venus*. These authors argue that men and women can't get along because they use language so differently. The idea is that women use language to express feelings, whereas men use language to solve problems. So when a woman tells her husband that she's upset, he may automatically try to help her with the problem that's bugging her because that's how his brain is wired. But she simply wants him to listen and acknowledge how she feels, so she gets more upset when he tries to "help" her. They both end up feeling frustrated and misunderstood. You may have observed this pattern in yourself and someone you're not getting along with, like your spouse.

Cognitive therapists have a different idea about the deficits that lead to relationship problems. They emphasize that all of our feelings result from our thoughts and attitudes, or "cognitions." In other words, the things other people do—like being critical or rudely cutting in front of us in traffic—don't actually upset us. Instead, we get upset because of the way we think about these events.

The Ten Distortions that Trigger Conflict

1. All-or-Nothing Thinking

Description: You look at the conflict, or the person you're not getting along with, in absolute, black-and-white categories. Shades of gray do not exist.

Example: You tell yourself that the person you're mad at is a complete zero with no redeeming features. Or, if your relationship breaks up, you may think that it was a total failure.

2. Overgeneralization

Description: You view the current problem as a never-ending pattern of frustration, conflict and defeat.

Example: You tell yourself, "She'll *always* be like that."

3. Mental Filter

Description: You catalogue the other person's faults, dwell on all the negative things she or he has every done or said to you, and filter out or ignore all the other person's good qualities.

Example: You tell your spouse, "This is the tenth time I've told you to carry out the trash." Or, "How many times do I have to remind you not to leave your dirty socks on the floor!?"

4. Discounting the Positive

Description: You insist that the other person's good qualities or actions don't count.

Example: When someone gives you a complement, you may tell yourself that he's just being nice and doesn't really mean it. Or, if someone you're fighting with does something positive, you may tell yourself that he's trying to manipulate you.

5. Jumping to Conclusions

Description: You jump to conclusions that may not be warranted by the facts. There are three common patterns:

Mind-Reading. You assume that you know what makes the other person tick and how they feel about you. You tell yourself that a friend is totally self-centered and only wants to use you.

Reverse Mind-Reading. You may tell yourself that the other person should know what you want and how you feel without having to tell him.

You tell your spouse, "You should have known how I was feeling!"

Fortune-Telling. You tell yourself that the situation is hopeless and that the other person will continue to treat you in a shabby way, no matter what.

Example: You tell yourself that the person you're not getting along with will *never* change.

6. Magnification and Minimization

Description: You blow the other person's faults way out of proportion and shrink the importance of his or her positive qualities.

Example: During an argument, you may blurt out, "I can't believe how *stupid* you are!"

7. Emotional Reasoning

Description: You reason from how you feel.

Example: You may *feel* like the other person is a loser and conclude that she or he really *is* a loser. Or, because you feel hurt, angry, and mistrustful, you conclude that the other person is trying to hurt you or take advantage of you.

8. Should Statements

Description: You criticize yourself or other people with "shoulds," "shouldn'ts," "oughts," "musts," and "have tos." There are two common patterns:

Other-Directed Shoulds. You tell yourself that other people *shouldn't* feel and act the way they do, and that they *should* be the way you expect them to be. Other-Directed Shoulds trigger feelings of anger, resentment, and frustration when things don't go the way you expected..

"You've got *no right* to feel that way!" Or "You shouldn't say that. It's unfair!"

Self-Directed Shoulds. You tell yourself that you shouldn't have made that mistake or shouldn't feel the way you do. Self-Directed Shoulds trigger feelings of shame, inadequacy, and depression.

Example: You withdraw and give up instead of solving the problem that's bothering you.

9. Labeling

Description: You label the other person as a "jerk" or worse. You see his or her entire essence as negative, with no redeeming features

Example: "She's such a bitch!" Or, "He's an asshole!"

10. Blame

Description: Instead of pinpointing the cause of a problem, you assign blame. There are two patterns:

Other-Blame. You blame the other person and deny your own role in the problem.

You tell your spouse, "It's all your fault!" Then you get angry, frustrated and resentful.

Self-Blame. You feel guilty and worthless because you blame yourself for the problem, even if it isn't entirely your fault.

Example: You tell yourself, "It's all my fault!" Then you use all your energy beating up on yourself instead of finding out more about how the other person is feeling and trying to solve the problem.

This theory may resonate with your personal experience. When you're mad at someone, you may have noticed that your mind will be flooded with negative thoughts. You tell yourself, "He's such a jerk! He only cares about himself. He *shouldn't* be like that. What a loser!" When you feel upset, these negative thoughts will seem overwhelmingly valid, but they actually contain a variety of thinking errors, or "cognitive distortions," listed on pages 4[d1] – 6.

One of the most interesting things about the cognitive theory is the idea that anger and interpersonal conflict ultimately result from a mental con. In other words, you're telling yourself things that aren't entirely true when you're fighting with someone. However, you don't notice that you're fooling yourself because the distorted thoughts act as self-fulfilling prophecies, so they seem 100% valid. For example, if you tell yourself that the person you're annoyed with is a jerk, you'll treat him like a jerk. As a result, he'll get angry and start acting like a jerk. Then you'll tell yourself that you were right all along and that he really *is* a jerk.

Cognitive therapy is based on the idea that when you change the way you think, you can change the way you feel and behave. In other words, if we can learn to think about other people in a more positive and

realistic way, it will be far easier to resolve conflicts and develop rewarding personal and professional relationships.

This theory sounds great on paper, but it's not that easy to change the thinking patterns that trigger anger and conflict. That's because there's a side of us that clings to these distortions. It can feel good to look down on someone we're angry or annoyed with. It gives us a feeling of moral superiority. We just don't want to see that we're distorting our view of the person we're not getting along with.

Some experts claim that the most important deficit that leads to relationship problems is a lack of self-esteem. In other words, if you don't love and respect yourself, you'll have an awfully hard time loving anyone else because you'll always be trying to get something from the other person that you can only give yourself. This theory has been popular in our schools. The idea is that if we help children develop greater self-esteem when they're growing up, they'll be able to develop warm, trusting relationships with others and won't be so attracted to violence, crime, and gang membership as they get older.

Other experts believe that relationship distress results from a different kind of deficit called relationship burnout. You may have noticed that when you aren't getting along with someone, there's nearly always an escalation of negativity over time. You and your spouse may criticize each other more and more and stop doing all the fun things you did when you first met and began to date. Pretty soon, your marriage becomes a source of constant stress, frustration, and loneliness, and all the joy and caring you once experienced has disappeared. At this point, separation and divorce begin to seem like highly desirable alternatives.

Therapists who endorse the burnout theory will encourage you and your partner to accentuate the positive. For example, you could schedule more fun, rewarding activities together so you can begin to enjoy each other's company again. You might also do several loving, thoughtful things for each other every day, such as calling your partner from work just to say hello, or bringing your partner a cup of coffee in the morning to show you really care.

Many therapists believe that relationship problems ultimately result from a lack of trust and the fear of vulnerability. Let's say that you're ticked off because of something that a colleague or family member said to you. On the surface, you're angry, but underneath the anger, you feel hurt and put down. You're reluctant to let the other person know that you feel hurt because you're afraid of looking weak or foolish. Instead, you lash out, get defensive, and try to put the other person down. Although the tension escalates, your anger protects you because you don't have to make yourself vulnerable or risk rejection. In other words, the basic deficit is a lack of trust—we fight because of our fears of intimacy. Therapists who endorse this theory will encourage you to accept and share the hurt and tender feelings that are hiding underneath all the anger, hostility, and tension.

Psychoanalytic and psychodynamic therapists believe that all of these interpersonal deficits and problems loving each other ultimately stem from painful experiences and wounds we endured when we were growing up. The idea is that if you grew up in a dysfunctional family, you may subconsciously recreate the same painful patterns over and over as an adult. For example, if your father constantly criticized you and put you down, you may have felt like you were never quite good enough to earn his love. As an adult, you may be attracted to men who are equally critical of you because you feel like your role in a loving relationship is to be put down to by someone who's powerful and judgmental, and you may still be desperately trying to get the love you never got from your father.

When I first began treating people with relationship problems, I believed all of these deficit theories, so I naturally tried to help my patients correct the deficits that were causing their conflicts. I enthusiastically taught troubled couples how to communicate more skillfully, how to solve their problems more systematically, and how to treat each other in a more loving way. I also taught them how to boost their self-esteem and modify the distorted thoughts and self-defeating behavior patterns that triggered all the anger and resentment. Sometimes we analyzed the past to try to trace the origins of these patterns.

I was surprised to discover that none of these techniques worked very well. It wasn't that they weren't ever effective—individuals who learned to listen, share their feelings more openly, and treat others with greater

love and respect sometimes experienced immediate and dramatic improvements in their relationships with other people. But these individuals were few and far between. Most of the people who complained about their relationships with other people didn't actually seem motivated to use any of these techniques. In fact, many of them didn't seem interested in doing anything whatsoever to develop more loving, satisfying relationships with the people they were at odds with. They claimed that they sincerely wanted a more loving and satisfying relationship, but what they really meant was, "I want you to agree that my wife (or husband) is a loser."

These experiences were quite different from my experiences treating people who were suffering from depression and anxiety. They were also plagued by distorted negative thoughts that constantly flowed across their minds, such as, "I'm no good. I'm such a loser. What's wrong with me? I'll *never* get better." When I showed them how to challenge and dispute their self-critical thoughts, the feelings of depression and anxiety disappeared and they were thrilled. But when I tried to help individuals who were angry and having trouble getting along with others, it was a different kettle of fish entirely. They didn't seem interested in changing the way they thought, communicated, or treated the person they weren't getting along with. They seemed far more interested in bashing each other's heads in! At first, this came as a shock, and I was confused. Before long, I began to question the so-called "deficit" theories, and my understanding of the causes of conflict took a sudden turn in an unexpected direction.

"Why should I have to change?!"

The following is typical of the cases that began to shift my thinking. Mickey was a 45 year-old San Francisco businessman who was referred to me by a colleague for the treatment of depression. Mickey had been treated with every known antidepressant, but none of them had made a dent in his mood. I took Mickey off his medications, since they obviously weren't working, and used cognitive therapy techniques instead. Within a few weeks, his depression disappeared. I thought that he might be done with therapy, since he seemed to be free of symptoms. To my surprise, Mickey asked if he could keep coming to see me "for growth purposes." I said I'd be happy to continue working with him but I needed to know what else he wanted help with.

Mickey explained that he was dissatisfied with his marriage and had a long list of complaints about his wife, Margie. He said that he'd lost all respect for her because:

- She wasn't his equal intellectually and never had anything interesting to say.
- She never read anything challenging. Instead, she wasted time reading fashion magazines and trashy newspapers like the *National Enquirer*.
- She wasn't affectionate and was never in the mood for sex.
- She didn't seem to appreciate all his hard work to earn a good living for their family.
- She constantly nagged and criticized him.
- She never seemed happy to see him when he came home from the office.
- She rarely ever cooked his favorite foods for dinner.
- When she was upset, she got back at him indirectly by charging overpriced jewelry and clothes behind his back. Then he'd get socked with a huge credit card bill at the end of the month.
- They constantly argued about their twin daughters, who were in the sixth grade.

Mickey was so annoyed that he'd kept a journal documenting all of Margie's faults for the past 15 years. Each day, he'd record all the things she'd said or done that had frustrated him. He started bringing the journal to his therapy sessions so he could read lengthy excerpts out loud, giving me blow-by-blow accounts of this or that argument. For example, eleven years earlier, while he and Margie were driving to Big Sur, they'd had an argument about whether to keep the car windows open or use the air conditioning. While he was reading his account of the argument, Mickey would look up from his journal every now and then and mutter "Isn't that terrible?" or "Don't I deserve better?" or "Can you believe she'd say something as ridiculous as that?" During our sessions, Mickey seemed perfectly content just to read from his journal and tell me about all of Margie's shortcomings, but after several weeks of listening, I began to wonder where the therapy was going.

What were we trying to accomplish? I pointed out that Mickey had three options:

- If he was unhappy about his marriage, and felt like things were hopeless, he might want to consider a trial separation or even file for divorce.
- If he still loved Margie and wanted to make his marriage better, we could try couple's therapy.
- He could maintain the status quo and make sure that nothing changed.

Mickey definitely wasn't interested in the first option. Separation was out of the question. He explained that he felt obligated to live at home until their daughters had graduated from high school. He didn't trust Margie's mothering skills and felt like the girls needed to have their father at home until they were safely off to college.

Mickey also rejected the second option. He said that he definitely wasn't interested in marital therapy because he was convinced that Margie could never change. In addition, he didn't see any reason why *he* should have to change, given how poorly she'd treated him over the years.

Mickey seemed committed to the third option—maintaining the status quo. It struck me as odd that someone would complain so bitterly about his marriage and still choose to maintain the status quo. However, this choice is common. In fact, of the three options I described—leaving the relationship, working to make the relationship better, or making sure that nothing changes—the third option is by far the most popular.

I told Mickey that I wanted him to do a thought experiment. I said to imagine that we could wave a magic wand and make all his problems vanish in the blink of an eye. Suddenly, Margie has become the woman of his dreams. She's loving, thoughtful, sexy, and admiring. Every evening when he comes home from work, she greets him with a smile and a kiss, asks about his day, and has a wonderful dinner waiting for him. She's also a super mother and brags about what a great father and husband he is whenever they're out with friends.

One day, a member of the local Mafia approaches Mickey with an unusual business proposal. He tells Mickey that he and his associates will give Mickey \$50,000. All he has to do is to turn his wonderful, loving wife into a nagging, whiney, hostile bitch within one month. If Mickey succeeds, they'll give him the money. But if he fails, they'll put out a contract on his life and give the \$50,000 to a hit man who will break his kneecaps and put a bullet through his head.

I told Mickey that between now and our next session, I wanted him to list at least five things he could do during that month to ruin his marriage and save his life. Mickey seemed excited about the assignment and promised to bring his list to the next session.

The following week, Mickey enthusiastically read the list he'd prepared. He explained:

"First, I could stop at a bar on the way home from work every night and have several drinks. If I came home drunk and smelling of alcohol, it would really upset Margie. She *hates* alcohol because her father was an alcoholic who got violent and ugly whenever he was drunk. If Margie protested that there was alcohol on my breath, I could just pour myself another drink right in front of her and tell her she was being uptight.

"Second, I could have affairs with women when I'm traveling on business trips around the country. I could have a girlfriend in Denver, a girlfriend in Cleveland, and another in Nashville. Then I could come home with lipstick on my collar or leave the stubs of show tickets on the dresser so Margie would discover them and catch on that I was having affairs behind her back. That would devastate her.

"Third, Margie feels inferior because she never finished college. When we're out with friends, she always comments on current events and tries to sound intelligent. When she tries to make conversation, I could make sarcastic comments and point out that she gets her information from real scholarly sources like the *National Enquirer*. That would humiliate her in front of our friends.

"Fourth, whenever Margie tries to discipline our daughters, I could sabotage her by saying, 'Don't listen to your mother. You girls can do whatever you want.'

"Finally, I could come home late without calling to let her know I was delayed. That would definitely make her feel rejected and upset."

I asked Mickey if he thought these activities would be enough to ruin his marriage and save his life. He replied, "Oh, absolutely! Any *one* of them would be enough. I'm sure of it!"

Then I asked Mickey how many of these things he was already doing. His chest puffed up with pride and

he exclaimed, "All of them, doctor!"

So here's a man who's convinced that he's the victim of a bad marriage. He feels sorry for himself and tells himself that he's stuck with a cold, unloving wife, and he's been documenting all the things that she's been doing wrong for the past 15 years, almost like an attorney preparing a case for court. He blames her for their problems and his own unhappiness. But he's been knowingly treating his wife in a shabby way and intentionally doing things that are certain to demoralize her and ruin their marriage the entire time that he's been complaining about her.

What are we to make of a man like Mickey? It would be easy to put him down, claiming that he's a rare case of stubbornness or ignorance. But far from being an isolated example, Mickey was actually fairly typical of what I was seeing in my office every day. Though many individuals and couples came in complaining of frustration in their marriages, very few of them seemed ready, willing or able to do anything about it. This resistance to change had nothing to do with gender. Men and women were equally likely to protest and say, "Why should I have to change? It's all his (or her) fault!"

Can Couples Therapy Help?

Research studies began to confirm what I was seeing clinically. Dr. Don Baucom, from the University of North Carolina, is one of the most highly regarded marital therapy researchers in the United States. In fact, he's conducted more couple's therapy studies than any other living researcher. Dr. Baucom also reviews the results of all the studies on couple's therapy that are published in scientific journals throughout the world and publishes reviews in scholarly journals and textbooks. Every year he comes to the same startling conclusion: there is no truly effective form of marital therapy in the world at this time.[1]

These findings aren't limited to any particular type of therapy. It makes no difference whether your therapist emphasizes communication training, cognitive therapy, problem-solving training, venting your feelings, exploring the roots of your problems in your childhood experiences, boosting your self-esteem, or scheduling more loving and rewarding activities with your partner. None of these approaches, alone or in combination, seems to be especially effective. In other words, correcting the so-called "deficits" that seem to cause relationship problems will *not* reliably lead to satisfying, loving relationships.

That doesn't mean that no one can be helped with these treatment methods. In most studies, roughly 50% of the couples report some improvement in the short-term, but that's not an impressive success rate. A fair number of them would have improved without treatment, either because of their own efforts or simply because of the passage of time. The long-term results are even less encouraging. Many of the couples who initially report some improvement eventually end up in separation or divorce.

There's definitely something missing—something important. We're just not hitting any home runs when it comes to the treatment of people with troubled relationships. Most marital therapists will privately acknowledge that what I'm saying rings true. They're painfully aware that many troubled couples, as well as angry individuals who can't get along with others, are tremendously resistant to change and almost impossible to treat.

Negative research studies can be unsettling because they indicate that our treatment methods aren't nearly as effective as we'd hoped, and that our theories may not be valid, either. At the same time, negative studies can be exciting because they mean that we've probably been looking for the solutions in the wrong places and overlooking something tremendously important. If we simply listen to what our research studies and clinical experiences are trying to tell us, it can trigger new discoveries and lead to the development of far more effective treatment methods.

When we fight, there's no doubt that we *do* think about the person we're at odds with in a negative, illogical, and self-defeating way, and we *do* get defensive and frustrated and make demands that drive the other person further away. But what if these distorted thinking patterns and dysfunctional behaviors are just the symptoms, and not the true causes, of conflict? After all, people with pneumonia cough like crazy, but coughing doesn't cause pneumonia. And you can't cure pneumonia by telling the patient to stop the coughing. You have to kill the bacteria that have invaded the lungs.

[1] Epstein, N. B., & Baucom, D. (2002). *Enhanced Cognitive-Behavioral Therapy for Couples: A Contextual Approach*. Washington, DC: American Psychological Association.

[d1]Your note indicates that you want this page reference changed to page 7, but the list appears on pages 4 and 5.

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