Dr. Buczynski: How do we help clients who are drowning in a stuck relationship? And what if they don’t know they’re in one?

Esther Perel is a psychotherapist and author who specializes in relationships. And she shares her unique theory about what makes people stuck.

Dr. Perel: There are various ways to think about the word stuck, which is why the word stuck is so good – it encompasses so many things.

One way to think about stuckness is that it is a developmental arrest. I saw a woman who was stuck, earlier today. She is 43; she has invested an enormous amount in her professional life; she is about to have her birthday.

She realizes, “Oh, I’ve put all my energies into one aspect of my life. Where am I at in terms of my relationship – in terms of having a child?”

There is a sudden gap, she can’t cross the gap, and she is experiencing developmentally, existentially, a kind of stuckness – an arrest, like “Oh! What have I done?” That would be one example.

But there’s also stuckness as I just experienced it with another patient I was speaking with, where I could hear the text – it’s a text you hear and you know it’s been repeated over and over again: “I don’t like where I’m living. This is not a place for me. I haven’t made any friends here. You have to always use the car here. You can’t just get out and walk; you have to make plans.” These have become the reasons for being stuck.

Stuckness is a rigid, narrow, repetitive, self-fulfilling confirmation bias kind of narrative, and I know this woman is stuck.

Or there’s a man who has want to leave his work and is not able to make the decision.

While I’m giving three examples of stuckness situations, at the same time I would say that stuckness is more a quality of an interaction with a situation, with oneself, with a person, with a mental belief system than the
specific belief system itself – it’s the rigidity – it’s the unbending nature.

Sometimes when the belief is very stuck, you know that it is being held by forces of the past, that it goes beyond the here and now. What holds it from changing, what holds it into this real tight situation is often because it has resonance with history – personal or relationship history that doesn’t allow the belief to be the opposite of stuck, which is flexible, latitude, bendable, adaptable, changeable – all of those qualities.

Stuck is when stability goes rigid. If you were to think systemically, you would say every system straddles stability and change.

If there is too much stability, you fossilize and you get stuck. If there is too much change, you can go chaotic. Stuck is the extreme version of stable.

Dr. Buczynski: As I mentioned, a lot of Esther’s work centers around couples. She continues now with how she approaches a stuck relationship.

Dr. Perel: So, what is stuckness? You want your partner to make a commitment toward you and that partner keeps saying, “No, not yet. We still need to do this before... I still need to establish my company before... I still need to finish my studies before...” What is the stuckness?

Or is it the stuckness that keeps saying, “Something is missing. Something is missing. I don’t know if this person is the person for me. How do I know that this is the right person?”

Or are you stuck because you suffer from a severe case of FOMO – the fear of missed opportunity, and you keep thinking, “I could do better. I could do better. How do I know that this is the best I’m going to get?”

Or are you stuck because you are used to people mistreating you... and you somehow live with the notion that that’s what you deserve or that’s the best you can do, or that’s how things actually are, because that’s all you have known?

These are four examples of stuckness – it depends...and I will tell you, these are not gender-equal questions.

If I see a man in his late thirties, let’s say, with a woman who is 39, and it’s been four years that he’s been trying to decide what he wants to do, and I see him alone, for that matter, but I know that they are stuck, I
will say to him, “I think it’s time to set her free, because by the time you decide, you will have owned her youth and her fertility years.”

Women are not on an equal playing field here – we have to be very careful to not think that there is biology and somehow our clocks are aligned – to pretend that we are equal, in this moment, is not the case.

So, he may be stuck, but I’m thinking about her stuckness. He can afford a few more years of stuckness – let’s put it like that – developmentally speaking – it won’t change much.

However, generally, when I think about stuckness, I think of it on two levels. One is to change the geography in the couple – if they live together or if they don’t live together – it’s important to change something structural.

I am still a rather systemic thinker in that way – there needs to be a geographic physical move that will intensify things.

““There needs to be a geographic physical move that will intensify things.”

It intensifies the stuckness if you take people who have lived together and you make them move apart, and it intensifies people who have not lived together and you make them move in.

It heightens the stuckness – because otherwise, the most difficult thing when working with stuck single people in relationships, or in dating relationships, is that you can become a homeostatic maintainer.

You (the therapist) straddle the ambivalence with them. One week we talk about “why to stay,” and one week we talk about “why to leave” – “too good to leave/too bad to stay – it’s the How do I know?” kind of thing.

It’s very tricky for me, as a therapist, to not straddle, but to take a position and then to let them react to me so that they can decide, “No, I disagree with you.” But the reaction against me will give them the motivation to take action.

**Dr. Buczynski:** When you say “to take a position” in this kind of ambivalence, you would say, “I think you should leave,” or “I think you should get together. I think you should marry.”

**Dr. Perel:** Yes, I could say all of it. I could say, “Looks to me like something different needs to happen, for you to know more, and that means you need a different experience.”
If every time after a conversation like that you go home and you have three weeks till you see him again, stuff dilutes.

It may be interesting to see what will happen if the relationship gets intensified – more proximity or more distance. Both of them intensify a relationship. They bring things to the fore – they heighten things.” So that’s what I would say.

I have, on very rare occasions, said, “Look, I don’t often say things like this, because I never have to live with the consequences, but I have listened to you very carefully for X amount of time now, and I want you to know, from everything you tell me, this thing is dead on arrival.

I am going to sit with you until you make a decision... I need to be honest with you.”

If I have a single person that is dating – and it’s often in New York City – let’s put it that way – women in their late thirties who are stuck in a relationship and they know that every month is diminishing the chances of having a child, if that’s what they want as well – it’s not always the case, but often it is.

I have said, “Look, freeze your eggs. Then you can think. You don’t have forever here.”

I never used to do that, because I didn’t think it was my place, and then I saw way too many people with whom I literally sat with through the years until the time passed, and I just thought, “This is irresponsible. It’s not OK...”

I began to be more outspoken in the version of the wise old grandmother. I think of it more as speaking in a wise way than in a therapy way: “You don’t have all the time in the world here. I just want you to know.”

They can go, “Hmm, I don’t know about him – the sex is not so good but we get along,” or “the sex is fantastic, but he’s drinking too much,” or “she’s drinking too much.”

All I can say is: “Unfortunately, this is not one of those questions that you’ve got five years to answer – not at this stage. Had you been here at 23, we would have a different conversation, but at 39, we’re having this conversation.”

I’m just very transparent about it – when people are stuck, they forget how long they’ve been stuck!

Or they say it but they don’t even feel it anymore. They say it’s been going on for so long that they are immunized – they actually don’t have a reaction.
But when I feel the reaction in my gut, I’m thinking that what’s happening in my gut should be happening in theirs, and I use my information.

**Dr. Buczynski:** I thought Esther had a very interesting way to look at the idea of stuckness – how it’s stability gone rigid. Esther also brought up the idea of couples needing a geographic change. Here’s another take on that from Bill O’Hanlon.

**Mr. O’Hanlon:** I think of a case that Milton Erickson told me about one time (and I was perplexed when he first told it to me) . . .

He was working with this guy who was depressed and no change was happening. And finally Erickson said to the guy, “I want you to go to the library and be depressed at the public library.” As Erickson told me this story and I was thinking, “What will that do?” But the guy goes to the library; turns out he gets bored while he’s there, and he starts looking at cave-exploring books and magazines. He meets another guy who’s there also researching cave exploring, and they start to go explore caves. He makes a friend; he starts to do something and get out of his funk.

And I was like, “How did Erickson know that he would meet some guy at the library?” And then I realized, of course, he didn’t tell me about the 99 other people he sent to the library who never changed, never met anybody else, never went cave exploring! But the point is, if you’re in the same place, doing the same thing, being around the same people or being alone, being isolated, the same stuff is going to happen.

And we know from brain science that the brain tends to go in grooves unless you can jump into other grooves. And one of the ways to change the grooves - and it’s why we hang mobiles above the baby’s crib - is to stimulate the brain in a new way; to put new input in there.

And so getting into a new environment maybe wouldn’t work all the time, but sometimes, it gives people a new input and they can change and get unstuck.

**Dr. Buczynski:** By changing locations, clients can open themselves up to new experiences. And this, as we already know, fosters positive growth.

Now, another point Esther made was about the practitioner taking a position in the session. For some different insights on this, let’s hear from Dr. Ron Siegel and Dr. Kelly McGonigal.
Dr. Siegel: I find that sometimes as a clinician I go in the direction of taking a relatively strong stance - and it can backfire. And other times I go in the direction of being very receptive and attentive but not take a strong stance - and sometimes that backfires as well. So I started thinking about precisely this question: when is one more called for than the other?

Well, one way in which it can backfire if you take a strong stance is if we don’t already have a good therapeutic alliance established. Strong stances stir up a lot of feeling and they can bring up a lot of shame in the part of the person we’re taking the stance with, because almost always the stance suggests, “You need to do something differently here if you want to get a different result.” And given that, unless a person already feels held, accepted deeply and basically loved by us, chances are that the strong stance is going to be felt as aggressive in some way, threatening in some way, and they’re just going to defend against it. So that’s one area in which it can be problematic - if it’s done without the proper basis yet.

I think one of the other things that can help with this is if we take a strong stance in a way that normalizes what we’re talking about. So sometimes I’ll use self-disclosure for this: if I’m about to tell somebody, “I really think if you continue down that road, you’re going to get into this kind of trouble.” I’ll often do it with some kind of parallel from my own life in which I have continued down a road like that and it has created a difficulty, because that cuts the shaming part; people don’t feel judged so much - they feel like, “Oh, we’re in this together as human beings. This is a pitfall or a pathway that we can all fall into and here he is as a pal pointing out that, ‘Woops - this can cause this problem.’”

On the other hand, sometimes timidity becomes problematic - you know, where we’re afraid to call something by its real name. You know, somebody’s really involved in domestic violence or they’re really involved in substance abuse or something like this, which has no chance of turning out well if we continue down this pathway. I think having the guts to call it as it is can be very useful, particularly if we don’t do it all the time, because then people notice it as, “Oh, this is interesting. He’s not just listening, reflecting, being with me but is really highlighting this behavior. Maybe I need to pay closer attention to it.”

Dr. McGonigal: I think that’s very wise: this idea that there are moments where you really need to call it like it is. When I think about some of the most helpful advice or wisdom I’ve ever received, it’s often come not from a psychologist from a Zen teacher who has a habit of being very nonjudgmental or reflective. Yet, if
something comes out of your mouth that reflects a belief or an assumption that really is enhancing your suffering, she will just be like, “Look, what you just said is not only not true but it reflects whatever you are in this belief system and is creating suffering in your life.” And she just does not let that go. I think that, in my own work, that’s often the only time I’ll feel comfortable taking a similar really strong stand.

I remember a time about a year and a half ago when I was teaching at a yoga retreat at a wonderful retreat and wellness center - but, as you know, even when you’re teaching in wellness retreats, people show up with a great deal of suffering and mental health challenges.

One woman was having OCD attacks; she was convinced that there was blood on the floor of the yoga studio because there were these little tiny stains and her contamination fears were coming up. I remember spending some time with her and saying, “Look; I’m going to give you my point of view on this: your fear is very real. I understand what it feels like. I know exactly what you’re afraid of and how hard it is to ignore what feels so threatening. I also know that you are safe and that this is not a real threat in this moment. And I know that some part of you knows that too.”

That ability to sort of at certain moments come in and name what you see, and try to help people hold the truth that you feel pretty confident about that they may not be directing their attention to - probably the only time I would come in and make that sort of strong statement.

**Dr. Siegel:** Another thing I would add to this is we need to be very open and responsive ourselves, so that if after we’ve made such a statement, we realize, “This is not working,” we’re able to not backtrack on the statement but to address what may be experienced as an empathic failure.

Sometimes we see a reality which the person we’re working with is not yet ready to see, and then speaking this reality can feel like a terrible empathic failure: “You’re living in a different universe than I am.” And if we can notice that and be able to say, “Oh, you know, clearly my saying this is really upsetting. Tell me, how did you hear it?” and to really work with the breach I think can be also very important when we’re taking a strong stance.

**Dr. Buczynski:** Ron made a good point about the flip side of taking a stance. A client might not be ready for the heavy dose of reality you’re about to give to them.

In the next video, we’ll learn how to find the deep issues hiding inside a stuck relationship.