



The rules of arguing

Recently, a couple have been coming in to see me, and each time they return for a consultation they have had a good go at each other. She unloads a whole lot of hurts from the past that he has inflicted on her, and he retorts with his own repertoire of responses and adds some extra insults, for good measure.

Much of the encounters involves the repetition of old injury scripts that are stuck in grooves in which the needle is firmly embedded. There is usually no forward movement, and I get the impression that they are using my consulting room like the centre court at Wimbledon, and hoping that I will be the umpire.

I have now given them rules for arguing. We have decided that they must determine their own rules. I expect they are going to argue about the rules themselves, but this may be a good thing as they are relatively neutral ground before they start on the real stuff.

The best venue, we decided, was the dining room table, with them sitting alongside each other, or at least diagonally across the corner of the table, rather than directly opposite each other. Each will have a paper pad, and they will write down the rules as they decide them. Long knives or loaded pistols will not be within arm's reach.

They are going to put a timer on the table for 10 minutes in order to take breaks, and each will get up and walk out for five minutes to have a cigarette, take a tranquilliser or to hyperventilate.

General rules include:

- *No insults*: Either party can define the insult received.
- *No criticism*: Avoiding starting a sentence with "you", as generally either an insult or criticism follows this, and rather starting the sentence with "I", which leads to an expression or explanation of how the party feels.
- *His and hers blame box*: All the felonies committed for which the specific party is being blamed can be written down and placed in this box. It is useful to tabulate these, and to keep both lists so that they can be used as agenda and references for the next round. By nailing things down, especially by writing them down, there is some satisfaction in knowing that at least they may have been heard.

My *modus operandi* in these consultations is to lie low during the first few volleys, and forearm and backhand returns, and then identify a major issue of concern expressed by each party. This is sometimes difficult because often there is a lot of tangential flack and irrelevant associations going on. Once identified, I ask the other

party how they feel about their partner's concern, and then proceed as per the Wimbledon centre court.

Often, there are 2-3 main recurring themes for disputes, so firstly, as described, it is important to identify and isolate them. For instance:

Jack: "I don't like you talking to other men in that way, and paying too much attention to them". (Jealousy seems to be a common problem.)

Jill: "You've had too much to drink. I want to go home". (Alcohol use is another.)

I almost always find myself mentally siding with one of the parties owing to the unreasonableness and intransigence of the other narcissistic antisocial partner. I take a few deep breaths, and try not to react or take sides, but just repeat the concerns, almost verbatim, in a Rogerian way, while I furiously think of ways of defusing the impasse. You otherwise find that the two of you want to kill the other party.

One often feels that nothing is being achieved in these situations, but the neutrality of the consulting room and the general practitioner can play a part, and afterwards, during the sword fight at home, one party can reiterate the conditions agreed to in the consultation.

It may also be useful during a consultation to identify the chief manoeuvring tactic of each party by asking the wife to state the husband's main tactic, and vice versa. For instance, a husband will say: "Now you're behaving like your mother". (This is a diversionary tactic called "moving the goal posts".) A wife might then say: "Well if that's all you've got to say, then I'm leaving". (This is probably the most common tactic of all arguments, and comes under the heading of "withdrawal" in the books.)

I often end up with a feeling of dissatisfaction owing to the insolubility of many of these relationships. The rocks in his head may not fit into the holes in her head, but the good news is that if both parties are prepared to come in together, then presumably they want to try and fix the relationship.

In these cases, it is important for the doctor not to expend too much of his or her own emotions trying to live other people's lives for them. As TS Eliot said: "For us, there is only the trying. The rest is not our business".

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