A Roadmap for Couple Therapy

Integrating Systemic, Psychodynamic, and Behavioral Approaches

Arthur C. Nielsen, MD

A ROADMAP FOR COUPLE THERAPY

A Roadmap for Couple Therapy offers a comprehensive, flexible, and user-friendly template for conducting couple therapy. Grounded in an in-depth review of the clinical and research literature, and drawing on the author's 40-plus years of experience, it describes the three main approaches to conceptualizing couple distress and treatment—systemic, psychodynamic, and behavioral—and shows how they can be integrated into a model that draws on the best of each. Unlike multi-authored texts in which each chapter presents a distinct brand of couple therapy, this book simultaneously engages multiple viewpoints and synthesizes them into a coherent model. Covering fundamentals and advanced techniques, it speaks to both beginning therapists and experienced clinicians. Therapists will find *A Roadmap for Couple Therapy* an invaluable resource as they help distressed couples repair and revitalize their relationships.

"This is one of the best books ever written about couple therapy. Presenting the most comprehensive and thorough compendium of couple therapy interventions ever assembled, Nielsen integrates the many strands of couple therapy into an invaluable coherent framework. Anchored in the author's deep and encyclopedic knowledge of couple therapy and of individual approaches such as psychoanalytic psychotherapy, this is a marvelous resource for both the beginning couple therapist and the experienced practitioner."

—**Jay Lebow, PhD**, editor, *Family Process*; clinical professor, The Family Institute at Northwestern University; author of *Couple and Family Therapy: An Integrative Map of the Territory*

"Art Nielsen has written a great book on couples' therapy that is also highly integrative. It's delightful to read. Based on a wealth of clinical experience and maturity, with excellent scholarship behind it, this book is an important organization of the complexity of and the challenges in doing couples' therapy. It has many helpful examples. The book is also the finest presentation of a modern psychoanalytic perspective on couples' issues and how to help couples with the vulnerabilities each of us inevitably bring to trying to manage having a stable and satisfying close relationship."

—**John Gottman, PhD**, professor emeritus in Psychology, University of Washington; author of *The Seven Principles for Making Marriage Work*

"A Roadmap for Couple Therapy is simply a great book, generously delivering on the author's promise of usefulness for beginning and experienced therapists alike. Dr. Nielsen's approach is practical and smart. The book is compelling and readable. Nielsen carries off the impressive feat of integrating concepts and techniques from various therapeutic schools into a unified and usable language and therapeutic plan of action. For the psychoanalytically oriented therapist, he shows us where our perspective is especially helpful in couple therapy, but also wisely offers a broader set of tools for more effective outcomes for our couple patients."

—**Prudence Gourguechon, MD**, past president, American Psychoanalytic Association; faculty, Institute for Psychoanalysis, Chicago, Illinois

"Arthur Nielsen's book is well written, richly researched, and ingeniously thought out. I know of no better account of the range of alternative approaches that contemporary couple therapists actually use. But what really strikes me are the verbatim interventions sprinkled throughout the book—the kind that

make you think, 'What a clever way to deal with that particular couple therapy situation. I've got to use that in my own work.'"

—**Dan Wile, PhD**, assistant clinical professor, Clinical Science Program, Department of Psychology, University of California, Berkeley; author of *Couples Therapy: A Nontraditional Approach*

"Drawing upon his vast theoretical knowledge and many years of clinical experience, in this highly readable volume, Nielsen tackles the many knotty problems that couples therapists encounter, navigating us through the sometimes murky waters by providing in-depth, cross-theoretical conceptual understandings of couples' problems and offering a multitude of tremendously practical, creative, and useful exercises and tips to help couples solve problems and change the dance."

—**Rhonda Goldman, PhD**, president, The Society for Psychotherapy Integration; professor, Illinois School of Professional Psychology at Argosy; author with Leslie Greenberg of *Emotion-Focused Couples Therapy: The Dynamics of Emotion, Love, and Power*

"This is a masterful integrative guide to couple therapy. Art Nielsen brings into dialogue psychodynamic, systems, and behavioral approaches, helping the therapist think broadly and deeply. His clinical examples are terrific, his orientation—informed by research and best practices from multiple theories—humane and empowering. A tour de force!"

—**Mona D. Fishbane, PhD**, director, Couple Therapy Training, Chicago Center for Family Health; author, *Loving with the Brain in Mind: Neurobiology and Couple Therapy*

"Even as some portions of our profession succumb to the 'marketplace' strategy of giving their approach a brand label, exaggerating its differences from competing brands, and testing it against an intentionally lame comparison group to get it on spurious lists of 'empirically supported' therapy brands, others, like Arthur Nielsen, aim to improve our service to those we work with in less self-serving and more open-minded fashion. His genuinely integrative approach is to be commended, as is his careful consideration of how each perspective can contribute to the larger effort to help couples change."

—**Paul Wachtel, PhD**, founder and past president of The Society for Psychotherapy Integration; distinguished professor in the doctoral program in clinical psychology, City College of NY and CUNY Graduate Center; author of *Cyclical Psychodynamics and the Contextual Self*

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To the women who sustain me:
Sheila, my astonishing, magnificent wife, and
Jeni, Katy, and Cindy, our amazing daughters.

The power of love is a curious thing.
Make one man weep, make another man sing.
You don't need money, don't take fame,
Don't need no credit card to ride this train.
It's strong and it's sudden and it's cruel sometimes,
But it might just save your life.
That's the power of love.

—Huey Lewis and The News, 1986*

To recognize that the object of our feelings, needs, actions, and thoughts is actually another subject, an equivalent center of being, is the real difficulty.

—Jessica Benjamin, 2004 (p. 92)

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ACKNOWLEDGMENTS

I am indebted to the many colleagues and contributors to the field who have shared their ideas, experience, and research findings; to my students who have helped me clarify my thinking; and to feedback from a study group of senior couple therapists with whom I have been able to share safely not only my successes, but my failures and conundrums. Certain colleagues deserve special thanks for their careful reading and resulting helpful suggestions to drafts of various chapters: James Anderson, Mona Fishbane, Charles Jaffe, Jay Lebow, William Pinsof, and Cheryl Rampage. I was particularly fortunate to have the services of my developmental editor, Chava Casper who, though not an expert in the field of couple therapy, brought to the book both her years of relationship wisdom and her meticulous editorial suggestions.

I also want to give a shout-out to my editors at Routledge, Marta Moldvai and Elizabeth Graber, for their encouragement and assistance throughout the arduous process of bringing this book to print.

To my many clients—some of whose stories appear here, in disguised form—I want to thank you for allowing me into your lives, for trusting me with your deepest concerns, for helping me to hone my craft, and for making it possible for me to pass along to the next generation of therapists what we learned together under considerable duress. I wish you well.

And, finally I want to acknowledge the support of my wife, Sheila, whose devotion to her own writing served as a shining star for me, and who has taught me so much about the joys of married life.

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ABOUT THE AUTHOR

Arthur C. Nielsen, MD is a board-certified psychiatrist, psychoanalyst, and couple therapist. He earned his undergraduate degree at Harvard College and his MD at Johns Hopkins. He completed his psychiatry residency at Yale, did family therapy training at The Philadelphia Child Guidance Clinic, and graduated from the Chicago Institute for Psychoanalysis. Professor Nielsen is Associate Professor of Clinical Psychiatry and Behavioral Sciences at Northwestern's Feinberg School of Medicine; and serves on the faculty of the Chicago Institute for Psychoanalysis, where he teaches couple therapy, and on the faculty of The Family Institute at Northwestern University. For many years, he has coordinated a for-credit course he developed for Northwestern undergraduates, *Marriage 101: Building Loving and Lasting Relationships*. He is a Distinguished Fellow of the American Psychiatric Association, and the author of over 30 papers in the fields of psychiatry, psychoanalysis, and couple therapy. He lives in Winnetka, IL, with his wife, Sheila, and is the proud father of three grown daughters.

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PART I

Conjoint Couple Therapy and Marital Challenges

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1

INTRODUCTION

Why Read This Book?

First, because couple therapy is difficult. It is difficult because:

- Therapists must deal with two clients, often at war with each other, with differing psychologies, histories, agendas, and levels of commitment to therapy.
- It involves a mix of many emotions fundamental to the partners' well-being, emotions that run the gamut between rage and despair.
- The subject matter is often loaded and challenging: concrete issues like money, sex, and childrearing, and abstract ones like love, independence, and power.
- Most psychotherapists have inadequate training in it, and the training they have in individual therapy is insufficient to guide them with couples.
- There are many schools of thought on how best to do couple therapy and relatively little guidance concerning how to choose among them.

Second, precisely because it is complex, deals with life's great challenges, and allows us to help people who are suffering, couple therapy can be deeply gratifying, intellectually interesting, and personally rewarding. My goal is that—after reading this book—you will feel less of the stress and confusion and more of the rewards as you practice this challenging form of therapy.

A Roadmap

This book offers a practical roadmap for conducting couple therapy. Covering both fundamentals and advanced techniques, it should prove valuable to both

beginning therapists and experienced clinicians. The model is based on my nearly 40 years of experience with more than 250 couples, on an extensive review of the clinical and research literature, and on interactions with others in the field. The book describes in detail each of the three main approaches to conceptualizing couple distress and treatment—systemic, psychodynamic, and behavioral—and shows how they can be integrated into a flexible model that draws on the best of each. Unlike other texts, in which different authors present their distinct brands of couple therapy in separate chapters, this text does not require readers to create their own synthesis. In addition, this flexible, comprehensive model meets the needs of diverse clinical situations, rather than being a one-size-fits-all treatment. Having a straightforward guidebook, therapists will be better able to avoid the disorientation that often accompanies the complexity and emotional intensity of working with distressed couples. I know that my own results have improved as I have worked to refine my ideas while writing this book; I believe yours will too.

The Importance of Couple Therapy

The following statistics illuminate what is at stake.

- Approximately 80% of American women will marry for the first time by age 40 (Copen, Daniels, Vespa, & Mosher, 2012); about 90% of both men and women will eventually marry (Whitehead & Popenoe, 2002).
- Despite the rise in cohabitating couples and single-parent families, most young people want to marry, marriage having "evolved from a marker of conformity to a marker of prestige . . . a status one builds up to" (Cherlin, 2004, p. 855).
- One in five first marriages will fail within the first five years and 40–50% of first marriages ultimately end in divorce (Copen et al., 2012).
- Twenty percent of married couples report significant marital distress at any point in time (Bradbury, Fincham, & Beach, 2000).
- Among clients seeking treatment for "acute emotional distress," problems with intimate relationships are the most frequently cited causes (Swindel, Heller, Pescosolido, & Kikuzawa, 2000).
- Marital success augments general well-being, physical health, and economic success (Doherty, et al., 2002; Proulx, Helms, & Buehler, 2007; Waite & Gallagher, 2000); and relationship success is probably the best predictor of overall happiness (Lee, Seccombe, & Sheehan, 1991; Lyubomirsky, 2013).
- Marital conflict, unhappiness, and divorce cause declines in all the just-mentioned areas and generate similar problems in the next generation (Booth & Amato, 2001; Cummings & Davies, 1994; Hetherington, 2003; Wallerstein, Lewis, & Blakeslee, 2000).

- Marital distress is associated with broad classifications of anxiety, mood, and substance use disorders, and with all narrow classifications of specific disorders (Whisman & Uebelacker, 2006).
- Half of all psychotherapists in the United States do some couple therapy (Orlinsky & Ronnestad, 2005), though many find it daunting or even frightening (*Psychotherapy Networker*, Nov–Dec, 2011).
- On the positive side, couple therapy has been shown to improve marital success and happiness in approximately two-thirds of unselected distressed couples (Gurman, 2011; Lebow, Chambers, Christensen, & Johnson, 2012), with effectiveness rates that are "vastly superior to control groups not receiving treatment" (Lebow et al., 2012, p. 145).
- There is considerable room for improvement in couple therapy, as less than 50% of couples entering therapy reach levels of marital satisfaction seen in non-clinical couples (Baucom, Hahlweg, & Kuschel, 2003); and many couples who improve in therapy later relapse (Jacobson & Addis, 1993).
- There is no consensus on which of the many forms of couple therapy is most beneficial (Gurman, 2008a).

In summary, relationship success matters greatly, is commonly compromised, and improves with couple therapy, a therapy with room for improvement.

The Importance of Integration

My overall approach to couple therapy is synthetic or "integrative," that is, I borrow from different intellectual sources and show how they can work synergistically. The advantages of this method are many:

- **Integrating vocabularies**. The many approaches to psychotherapy employ different terms to describe similar phenomena. This results in a therapeutic Tower of Babel that makes communication difficult among practitioners who might otherwise learn from each other.
- **Improving cross-fertilization**. Disparate vocabularies are partly the result of the lack of cross-communication between practitioners and researchers favoring different approaches. As noted by Lebow (2014), the current separation of professions, journals, and scientific meetings impedes information sharing. In particular, there is little crosstalk between psychoanalytically informed therapists and those writing from a behavioral or social-psychological perspective.
- **Giving common factors their due**. While schools of therapy emphasize differences, they actually overlap considerably in what they consider helpful (Sprenkle, Davis, & Lebow, 2009). Christensen (2010) has identified activities common to most current forms of couple treatment: (a) challenging the individual problem definition that partners favor and replacing it with

a dyadic conceptualization (*systemic therapy*, in the terminology I will be using); (b) eliciting avoided, private thoughts and feelings so that partners become aware of each other's internal experiences (*psychodynamic therapy*); (c) modifying emotion-driven maladaptive behavior by finding constructive ways to deal with emotions (*psychodynamic and behavioral therapy*); and (d) fostering productive communication (*behavioral therapy*).

- **More tools in the toolbox**. The most important reason to integrate therapeutic approaches is that particular therapies propose different and sometimes problem-specific methods for effecting change. As argued by Fraenkel (2009), more options should allow better treatment for the wide variety of problems and clients we see. The expectation that using multiple tools yields better outcomes has been confirmed by studies that obtained superior results after adding psychodynamically informed interventions to traditional behavior therapy (Dimidjian, Martell, & Christensen, 2008).
- **Too many options**. The final reason to *integrate* therapies is to generate a decision tree for choosing among myriad competing options. Having multiple tools may cause confusion if one doesn't know how to choose among them. Couple therapy is complex enough without our having to juggle four or five different schools of thought at every turn. Therapists faced with too many choices may cling for dear life to one theory (even when it isn't working) or throw theories to the winds and simply go with the flow—two errors observed frequently by Weeks, Odell, and Methven (2005) in their study of couple therapist mistakes. A worthy integration of therapies should provide guidance both in selecting among interventions and in determining how to sequence them.

Method, Personal Journey, and Approach to Mental Disorders

The recommendations I make here arise from many sources. In part, they grew from an informal review of 67 couple therapy cases I saw between 1993 (when I started keeping computerized records) and 2003 (when I was asked to give a lecture summarizing my experience as a couple therapist). Consistent with the literature, the majority of my clients improved, though some later relapsed and returned for more therapy or chose to divorce. These couples, like the ones I have seen subsequently and most subjects in the research literature (Lebow et al., 2012), were mostly, though not exclusively, white, urban and suburban, college-educated professionals, ranging in age from their late 20s through their 60s. This book also draws on my earlier and subsequent couple work, from marital issues raised by my individual clients, from supervising cases treated by other mental health practitioners (including clients from more diverse and less privileged circumstances), and from the clinical and research literature (see also Nielsen, 2003, 2005). I have treated a relatively small number of same-sex couples, most from the same demographic as my straight couples, who have

presented substantially the same set of problems (see Kurdek, 2004, for a similar conclusion), with some unique challenges, including those due to internalized and societal homophobia. Couples with serious violence, drug, or alcohol issues; some ethnic minorities; and low-income couples have been infrequent in my clinical practice, though less-so for the students I have supervised. Clearly, such couples present unique and challenging complications for therapy. Having said this, many of my clients have grown up in severely impoverished and disadvantaged environments, have suffered from poverty, racism, neglect, and abuse, and now struggle with the scars and mental disorders that follow in their wake.

As argued by Gurman (2008b) and Lebow (2014), two of the most well-respected observers of the field, integrative models can gain epistemological strength from formal research that has demonstrated the efficacy of their various components. Consequently, research reports of success with, for example, Emotionally Focused Therapy and with various forms of skill training should support their value when employed in my more comprehensive treatment model (Lebow et al., 2012). While it is theoretically possible that such mixing might detract from success, this has not been my experience, in keeping with the field as a whole, which appears to be moving to more inclusive approaches, as previously distinct models have been cross-fertilized by their earlier competitors (Lebow, 2014; Gurman, 2013).

Having just asserted my confidence in learning from my own experience, I acknowledge the possible danger lurking there. As a long-time teacher of scientific methods courses, I know it is easy to exaggerate one's knowledge and expertise. (Psychoanalyst Marshal Edelson (1983) has asserted that whenever Freud wrote, "It cannot be doubted that . . ." this reliably flagged Freud's actual uncertainty.) I, therefore, acknowledge upfront that things don't always go as smoothly as I may sometimes imply.

On a more positive note, my conscious awareness of imperfect results has propelled my search for better ways to practice. The "upgrades" I will be describing to the basic format of conjoint couple sessions have all assisted me personally to do better than I was doing before I added them to my repertoire. Just as a new drug that cures a previously incurable illness suggests that that drug, rather than various alternative explanations, led to the cure, so my improved results after adding new interventions have increased my confidence in their value.

This book has been shaped by many additional influences that encouraged my integrative approach. I was fortunate to have begun my psychiatric training at Yale in the early 1970s, where biology, psychology, and social systems were all recognized as important causes of abnormal behavior and mental disorders (Engel, 1980), and where the ideal mental health practitioner assessed all contributions to a problem before suggesting possible treatments. My diverse education and experience continued at some outstanding institutions, including

The National Institute of Mental Health, The Philadelphia Child Guidance Clinic, the Department of Psychiatry and The Family Institute at Northwestern University, and The Chicago Institute for Psychoanalysis.

Two additional experiences strongly influenced my thinking. At many Tavistock Group Relations Conferences (Bion, 1961; Colman & Bexton, 1975), I studied group process in detail, learned the value of projective identification, and saw how highly educated, well-meaning adults—like most of the couples who are the subject of this book—could regress as a function of group process and their current interactions with others (Wachtel, 2014). And from developing and teaching the *Marriage 101* course to undergraduate students at Northwestern (Nielsen, Pinsof, Rampage, Solomon, & Goldstein, 2004), I encountered important research on success in marriage and learned the value of adding a relationship education component to my clinical work.

Terminology

I have chosen to use *couple therapy*, rather than *couples therapy* or other possible variations, by analogy with *individual therapy* (never termed *individual's therapy*) and also because the leading anthologies in the field use that term (Gurman, 2008a, 2010).

For purely stylistic reasons, I sometimes use the more restrictive terms *marital* and *spouse* interchangeably with the more inclusive terms *couple* and *partner*, with the understanding that, in most situations, it makes little difference whether the individuals are formally married or not; what I am discussing throughout are people in committed, intimate relationships.

Finally, I have chosen *not* to give my specific brand of couple therapy a proprietary name. Such names are currently common in the field and include: Emotion-Focused Couples Therapy, Psychodynamic Couple Therapy, Object Relations Couple Therapy, Narrative Couple Therapy, Behavioral Couple Therapy, Cognitive-Behavioral Couple Therapy, Integrative Behavioral Couple Therapy, and Integrative Problem-Centered Metaframeworks Therapy. Having seen how approaches can be limited by their names, I have resisted the urge to create a new "brand"—even an integrative one—so that others can more easily add to the inclusive scaffolding I am proposing.

Outline of the Book

Part I: Conjoint Couple Therapy and Marital Challenges describes the basic conjoint couple therapy set-up: a three-person group consisting of two clients and a therapist that tries to expose and ameliorate the couple's problems by talking about them. This is the unadorned foundation for all couple treatment, which I have termed the Talk-To-Each-Other Model or Couple Therapy 1.0. Chapter 3 ("What makes marriage challenging") describes many of the

challenges that couples face, challenges that I will be discussing in the remainder of the book.

Upgrades. The sections that follow describe the refinements or "upgrades" I have discovered to be helpful, and frequently necessary, for obtaining better results. I use the metaphor of "upgrades" to call to mind technological improvements that took the car from the original Model T to the modern automobile, and the earliest computer operating systems to their current, ever-evolving versions. In both cases, the essential form and goals are unchanged—the newer model is recognized as in the same class of objects as its predecessors—while added complexity and functionality have improved performance.

The couple therapist in 2016 resembles the couple therapist of 1960 as he or she meets conjointly with two distressed people and tries to help them to talk to each other to work out their problems. Like automotive and computer technology, couple therapy has advanced considerably since 1960, making this work both more complex and more efficacious. This book describes and categorizes the upgrades and improvements now available to the practitioner of this therapeutic art.

Part II: Systems Upgrades. The first crucial upgrade is to focus explicitly on the couple's interpersonal process: their maladaptive dance. What I refer to as "negative interaction cycles"—in which couples do all the wrong things and gradually escalate to increasing levels of distress and incapacity—usually must be addressed before specific problems about finances, children, or sex, for example, can be tackled. This focus is based on a systems view of couples' problems: that the observed dysfunction is the consequence of maladaptive interaction and is greater than the sum of the contributions of each partner. The first chapter in this section discusses this shift in focus generally, and the second goes into detail about some common maladaptive cycles.

Part III: Psychodynamic Upgrades discusses ways to unpack and gain a deeper understanding of maladaptive cycles by exploring their underlying psychodynamics. Here, the therapist helps partners examine their dysfunctional process from the overlapping vantage points of hidden issues, fears, and desires; divergent subjective experiences; transferences; and projective identification. The outcome is a new narrative and an emotional experience that provides hope and understanding, increases intimacy, and is a prerequisite for discussing additional areas of unhappiness and controversy. A psychodynamic understanding also informs another upgrade: shifting the focus to acceptance and forgiveness, so the partners can move on to a more enjoyable future, rather than remaining stuck relentlessly complaining about past offenses or attempting (unsuccessfully) to get each other to change.

Part IV: Behavioral/Educational Upgrades covers interventions that teach empathic listening, emotion regulation, problem solving, and other communication skills. The section also includes a chapter on encouraging couples to cultivate positive experiences. These interventions have been developed and

popularized by behavior therapists, by cognitive behavior therapists, and by therapists focused on "emotion regulation." They share a direct educational approach, as therapists teach clients how best to relate, especially during "difficult conversations" that can turn into maladaptive dances.

Part V: Sequencing Interventions and Concluding Remarks completes the book. The first chapter covers some overarching attitudes about doing therapy and then discusses how to sequence the interventions described previously. The final chapter summarizes the roadmap and offers some additional closing remarks.

2

COUPLE THERAPY 1.0

Fred and Beth[1] consult me for chronic marital unhappiness, having been referred by Beth's psychiatrist. They are intelligent people, tastefully dressed, he more casually than she. Fred is an industrial engineer and Beth an architect. They are in their mid-30s, with three young children who they say are doing fine. They have been unhappy for much of their 10-year marriage, especially since the children were born. They have intermittent verbal battles that end with both of them feeling worse about each other, themselves, and their marriage. They have few good times together and their sex life, which has been an on-and-off problem throughout their relationship, is now nearly non-existent. Both feel guilty, hopeless, confused, and frustrated. Beth has been thinking about divorce.

In their first session, Beth goes from anger to anguish to self-rebuke to hopelessness, as she describes how Fred makes her feel that she is not important to him: "I've got to say this stuff. It upsets me . . . even if it seems trivial. But I don't want to be a nag. Maybe I should just accept my situation and not complain." Beth hates the way she can grow increasingly angry at Fred, something that reminds her of how her mother incessantly nagged her father.

Fred looks sheepish, scared, stoical, and innocent, as his body language seems to say, "What could I have done to stir this up?!" He doesn't dispute Beth's descriptions of their problems, but never quite addresses her concerns. He tries to appear level-headed and calm, but he is clearly upset and insecure, as he notes that Beth's criticism makes him feel she doesn't love him and regrets having married him.

Beth says when they are home Fred tells her she is overly insecure and needy, and sometimes even calls her a bitch. Because she also sees herself as excessively insecure, Beth can freeze up when Fred responds to her criticisms

by telling her that she is over-reacting. This "flight" response, coupled with Fred's pervasive avoidance of conflict, leaves them unable to address important external problems in their lives, such as how to spend money, share household tasks, and parent their children.

Beth and Fred are fairly typical of couples who come to me for help. We will return to their therapy as we proceed through this book.

"Just Talk to Each Other"

Had I seen Fred and Beth when I began doing couple therapy as a psychiatric resident in 1975, I would have simply asked them to come to my office and talk to each other while I tried to mediate. I will refer to this unstructured, here-and-now approach as the Talk to Each Other (TTEO) Model or simply Couple Therapy 1.0. It is the Model T of couple therapy, and it still provides the structural scaffold for how I work, even as it lacks crucial modifications that are the subject of later chapters.

The model asks the partners to meet with the therapist *together*, as almost always both of them are part of the couple's problem-maintenance structure. Like psychoanalysis and many other forms of instruction—think piano, dance, or tennis lessons—the model assumes that it won't suffice to just talk about how one interacts or plays to reveal what is going on or to change it. Instead, the therapist, teacher, or pro must observe the client or student in action, sizing up strengths and weaknesses. Such direct observation then informs interventions whose impact on here-and-now action can also be observed by all.[2]

In this chapter, I describe the key elements of the model: what a therapist needs to know in order to get started doing couple therapy, including guidance in getting clients talking, managing the emotional room temperature, and remaining neutral. This should be especially helpful to therapists with experience with individuals, but new to couple therapy. After this nuts-and-bolts beginning, I will discuss the diagnostic and therapeutic utility of this model, while noting its limitations.

The Basics of Couple Therapy 1.0

Let the couple choose problematic topics and attempt to work them out. I begin most therapy sessions by inviting the couple to choose the topic for discussion. This increases the probability of exposing a topic of emotional significance, and correlates with client satisfaction (Bowman & Fine, 2000). Once started on this task, the couple soon reveals not only the topics that give them trouble, but also their maladaptive manner of discussing them.

I do this also in conjoint *diagnostic* sessions. After asking each client to describe his or her concerns, I allow time to observe the couple discussing some problem with as little input from me as possible.

Observe and interrogate the silent partner. The conjoint format allows the therapist to hear and observe spouses' reactions to what their partners say. This means keeping one eye on the body language of the partner who is *not* speaking, which provides a running commentary on the speaker's account. This input is then supplemented by the therapist's eliciting a verbal response from the listener, including his or her emotional reactions to what has been said.

Assist clients who don't want to talk to each other. The first problem therapists encounter when using the TTEO model is that most clients prefer to tell *you* their problems, rather than to talk directly to each other. They want to convey to us how they see things and why their partners are wrong or bad or mentally ill. They rationalize this preference by pointing to the undeniable truth that if they could talk to each other successfully, they wouldn't be here!

A related problem is that we therapists, unconsciously wanting to keep things under control, may collude with the couple and allow them just to talk to us about how they talk to teach other. As we shall see shortly, sometimes there is a legitimate need for such control. Nonetheless, keeping the observational and therapeutic advantages of the TTEO model in mind, the therapist should more often persist in encouraging couples to interact with each other.

To counter the couple's desire to talk only to the therapist, give them a rationale: Explain that, "As with music, tennis, or dance lessons, I need to see you doing what you do, so I can help you do it better. My goal is to make myself obsolete as soon as possible." This phrase "obsolete as soon as possible" also helps solidify an alliance with reluctant or cost-conscious clients.

Manage the emotional room temperature. The ideal session has the couple engaging emotionally significant issues, and doing so in a respectful manner. In this regard, exposing feelings is necessary, but risks being only destructive. Think of Goldilocks and the porridge: A session should be neither too hot nor too cold. In the early history of couple therapy, these poles were represented by Virginia Satir (1967), who encouraged clients to disclose their authentic feelings in the service of creating intimacy, contrasted with Jay Haley (1976) and the early behavioral couple therapists (see Baucom, Epstein, Taillade, & Kirby, 2008), who taught that strong feelings regularly interfered with couple collaboration. Both sides are right: We will need some interventions that heat things up and some that cool things down. Therapy must be safe, but not too safe.

Some couples will find a workable emotional temperature on their own. Such couples are rare in my experience. More common are those whose exchanges become increasingly loud and intense, but no more effective. Without intervention, these encounters spin out of control, exacerbating the pain the couple hoped to alleviate. Other couples, understandably fearful of such escalation, play it too safe. Our illustrative couple, Fred and Beth, did both. Often Beth would angrily guilt-trip Fred into silent, sullen submission. Other times, sessions would go nowhere as neither partner wanted to risk rocking the boat.

Several interventions are especially helpful for adjusting the emotional room temperature. I present the basics here; more techniques are provided later in the book.

Calm things down by putting yourself in the middle. According to a recent issue of *The Psychotherapy Networker* devoted to the subject, "Who's Afraid of Couples Therapy?: Stretching Your Comfort Zone" (Jan–Feb, 2011), therapists identified calming things down when emotions ran high as the biggest challenge when working with couples. This is the individual therapist's nightmare, when you wish for only one client in the room at a time. So what can we do when things are too hot and the partners are trading increasingly extreme insults?

First, you must deal with yourself: *You must be comfortable breaking into an ongoing discussion (or tirade or yelling match)*, and *you must be comfortable taking action, even before you know exactly what to say*.

One particularly useful way to cool things down is a corollary to the fact that clients generally prefer to talk to the therapist: *When things are spiraling out of control and the room's emotional temperature is too high, the therapist must step between the clients and return to an individual therapy model, where the clients talk to an empathic therapist or, more soothing still, listen as the empathic therapist talks to them*.

Sometimes, to interrupt the pathological process, I have to call a time-out by literally making the T-sign with my arms. In extreme situations, I will make this "louder" by standing up and getting physically between the partners. More often, I interrupt the process with words alone. Here, my empathy offers the partners what they aren't giving each other and helps to calm them.

Having stopped the escalation, rather than talking to *both* partners about what I see, *I find it more effective to talk to each person separately*. Of course, both will hear everything I am saying, but it is still more powerful to address them in turn. As concerns content, there are two options. In one, *I speak to one partner about his or her distress*, making an effort to validate it and convey empathy. This is nearly identical to how I might provide empathy to a client in individual therapy. But as I do this, the partner will be "listening in" and will hear the issues stated by me with less anger and more insight. After doing this for one partner, I switch and do the same for the other.

The other option is to *speak directly to one spouse and explain what I see as the other's message or distress*. As I will discuss in detail later, Dan Wile (2002) has made this central to his "doubling" technique, but it is something most experienced couple therapists seem to have learned to do. Susan Johnson (2008), another master therapist, calls it "talking through the therapist" (p. 79). When I do this, I am acting as a model, a more articulate, less inflammatory spokesperson for one partner (who can feel my empathy), with the hope that the other partner can listen better as I talk respectfully to him or her. I can then hear any rebuttal or distress and relay it back to the first partner—like an interpreter translating what each would otherwise fail to understand. At the same

time, I am modeling a less reactive, more differentiated stance toward each other's distress.

Heat things up by moving out of the middle. At the other extreme, the "porridge is too cold," the emotional heat is too low, and the defenses are too high. When this happens, it helps to employ interventions used in psychodynamic individual therapy for dealing with anxiety and resistance (self-protection). These interventions aim to create greater safety so that clients can risk more authentic emotional exposure. They consist of gentle encouragement coupled with inquiries about the calamities clients fear would occur should they become more emotionally present and forthcoming. Once clients begin to open up, the therapist must help prevent those dreaded outcomes from materializing.

Almost all clients in the throes of marital unhappiness and conflict fear that opening up will only make a bad situation worse, and most have experienced just that! Clients will periodically slow things down and retreat behind defensive walls of their own design.

As David Shapiro noted in his wonderful book, *Neurotic Styles* (1965), therapists should customize their approach to each client's individual defensive style. Following Shapiro, constricted clients should be encouraged to identify their *feelings*, and emotional, histrionic ones should be encouraged to express their *thoughts*. This is usually a stretch for both types, but it tends to advance the therapeutic process, which always requires a healthy combination of both feeling and thinking.

Most couples try to avoid the intensity of interacting with each other directly, hoping that the therapist will do the work for them. So, in addition to using psychoanalytically informed methods for dealing with resistance, the couple therapist can also move out of the middle and instruct the partners to interact more directly with each other. *The directive to "talk to each other" will have to be repeated frequently and persistently. One of the most important skills for the individual therapist beginning couple work is to learn how, literally, to point the partners toward each other,* virtually forcing them to make eye contact and speak to each other, rather than referring to each other in the third person.

Therapists must learn how to forcefully encourage such here-and-now encounters, which are central to the TTEO model. "*Can you say/repeat that to your partner?" is one of the most common and most powerful interventions that I use.* When clients say the very same words to their partners that they have just said to the therapist, they have a far greater chance of having an emotionally significant encounter. Many spouses feel relieved, almost instantly, when the fear that their partner will not listen turns out to be false. And if they *are* rebuffed, the work continues.

The therapist needs judgment, based on experience, to know when and how much to press a particular couple to talk directly to each other. He or she must continuously monitor and facilitate a workable emotional ambience positioned somewhere between too much safety and too much danger.

In general, work to stay neutral. Another essential role requirement of the basic TTEO model is that the therapist not be perceived as consistently biased in favor of one of the partners, a situation that correlates with poor outcomes (Lebow, Chambers, Christensen, & Johnson, 2012). Paradoxically, partners *fear* that the therapist will take sides, but simultaneously hope the therapist will side with *them*! When asked at the close of successful therapies what made for success, my clients—in keeping with those in large-scale studies (Sparks, 2015)—almost universally mention my ability, over time, to remain neutral.

Early fears about therapist bias are often related to transference assumptions and should be addressed directly. Sometimes I find the wife believes that I, as a man, will side with her husband; or the husband may think that I, as someone in the intimacy business, will side with his wife, who is complaining that he is not communicating more deeply with her. One partner may assume I will side with the other because we have similar professional degrees, or because we are from the same hometown, or because of some detail concerning the manner of referral. Therapists may also be suspect based on their appearance or demographics, and need to be familiar with likely scenarios. While the details will vary, anxieties about therapist bias are common, and must be addressed explicitly and early . . . and usually later, as well. They cannot be dispensed with once and for all because their true source is each partner's sense of culpability or inadequacy, attributes they fear the therapist will confirm in their nightmare fantasy of therapy as marital court.

In individual therapy, it is far easier to convey empathy and a sense of shared purpose with the client, but *couple therapy provides the constant challenge of conveying to the partners that you are working for the interests of both*. In individual therapy, when the therapist asks a client to examine some less-than-admirable trait, there is a risk the client will see the therapist as more critical than helpful. In the couple setting, there is the additional danger that such scrutiny will heighten one partner's shame or guilt because it supports the accusations of the other. This can be made still worse if the partner "piles on" by agreeing with the therapist ("See, that's just what I've been telling you all these years, you jerk!").

Another difficulty unique to couple treatment is that if the therapist spends too much time and too many consecutive sessions focusing on the symptoms or defenses of one spouse, he or she may feel (understandably) that the therapy has become too tilted against him or her. In such cases, the therapist may have to sacrifice thematic continuity in order to sustain a neutral position and the therapeutic alliance.

Take sides when necessary. Remaining neutral does not mean that the therapist does not challenge clients' views or side with one or the other from time to time. Partly through my training at the Philadelphia Child Guidance Clinic, I came to appreciate the power of sometimes taking sides and shifting alliances, of "unbalancing," as it was termed there (Minuchin & Fishman, 1981). So I have often found myself challenging partners, questioning them,