



Chapter 1

Into the Fray

Theoretical Foundation and Overview

Ellen sits at the edge of her seat, her arms folded across her chest, her coat bunched up against her, and looks directly at you. Her husband, Tom, sits diagonally across from you and her, looking at the floor.

You take a deep breath. “I want to thank you both for coming in,” you say, glancing at each of them. “I know, Ellen, that we talked briefly on the phone on Monday, but didn’t have time to go into details. The only thing I know is that the two of you have been separated about a week.”

“He left! Up and walked out.” Ellen’s eyes are now bulging, her face is getting red, yet you notice tears in the corner of her eyes. “Out of the blue.” She pulls her arms closer to chest.

“It sounds like this was a shock to you,” you say in calm voice. Ellen nods.

Tom is still looking at the floor. “How do you feel about being here, Tom?” You want to connect with him before this goes any further.

“It’s pretty strange.” He looks up at you. His voice is quiet, his tone is restrained, maybe depressed.

“Yes, I bet it is. How long have you been married?” Again, you try to keep your voice calm—calmness is one of the best antidotes to the anxiety that clients bring to therapy.

“Twelve years,” says Tom. He’s back to looking at the floor.

“Do you have any kids?” you ask, looking between them.

“Two beautiful children,” says Ellen, punching out the words. “I just don’t understand why he is doing this.” Her face is getting red again, she’s tearing up. “I don’t understand. How could he do this?” she asks,

her voice getting louder. “How can you walk away from your wife and kids just like that, after 12 years!”

Tom grips the chair tighter and sighs.

Ask any sailor what it takes to navigate a voyage, and he will tell you that you need to have basic sailing skills, know your boat and the waters, be able to read the wind and the weather, and trust your instincts. Whether it’s making the subtle adjustments that keep you on course, or knowing when it’s time to lower your sails and stay put, it’s the ability to bring together all this knowledge that determines success.

Couple therapy is much the same. In order to help Tom and Ellen have a different type of conversation, you need confidence in yourself and your clinical skills. While you need to rely on a theoretical foundation, you also need to understand and manage the specific forces that shape each therapy and journey—the gale of the current crisis, the undertow of the past, the moment-to-moment changes in the emotional climate, or the normal life cycle stresses that can suddenly blow a couple off course. You need to be able to recognize the signs and symptoms of danger and anticipate the challenges in order to make the corrections that will help bring the couple back on track.

A DIFFERENT THERAPY

This is what this book is about—learning to navigate the challenges that make up what we call couple therapy. It’s a different world and skill set from, say, individual or family therapy. Individual therapy is a smaller world—just you and the client. Your focus can be simple and direct. The process seems easier to control. There is one voice to listen to, one side to take. If the client is motivated—“I need help with this problem, this worry, this issue, these emotions”—and even when he is not (“The judge ordered me to come; I don’t know why”), it doesn’t take much effort to determine who has and what is the problem. At its best, individual therapy is like a heartfelt conversation at a coffee shop with someone you know well, one that often goes deeper than ordinary life, which makes the therapy experience profound and rewarding.

Family therapy, in contrast, is that larger world where intimacy, if not lost, at best comes in spurts. Here there are many stories, many points of view, who and what is the problem shift as the conversation moves around the room, and for less experienced clinicians the sheer weight of information can seem overwhelming. But family therapy, once it starts to progress, has its own momentum. Someone in the room, much like the child in the Emperor’s New Clothes, is likely to call some-

one out, to put on the table the real agenda that lies under the Tuesday versus Wednesday argument that everyone else is talking about; there's often a core of common concern about a child even if the parents disagree on the means or even the ends. Rather than being the patient listener, the gentle interpreter, your role is often more like that of a traffic cop—stopping one so another can move forward, making sure someone doesn't get left out or ganged up on, keeping the flow going when it's in danger of getting stalled.

Couple therapy can certainly have moments of intimacy like individual therapy and clearly has more of the multiple layers and occasional traffic-cop approach of family work. But it's often analogous to a two-ring circus, with each of the partners doing his or her own act for the therapist, or perhaps more accurately, like a courtroom, with each trying to persuade you that his reality, not the other guy's, is right. And so they stack up facts, and as emotions rise, so does their stack, with both partners pulling up more examples ("What about that time last Christmas when you . . .") or offstage collaborators ("My mother said the same thing just yesterday that you . . ."). Their hope, of course, is that you sift through all this information and angst and judge who is at fault, who is the innocent victim.

And even if they both are passionate about their case, they likely differ in their motivations and goals. While one, like Ellen, is enthusiastically motivated for therapy and saving the relationship, the other, like Tom, is likely to be as enthusiastically unmotivated or at best ambivalent, what William Doherty (2015) calls one "leaning in," the other "leaning out." Ellen wants Tom to change, but Tom wants Ellen to change first, or he doesn't feel he needs to change at all since he's not the one with the problem. Your job is to listen to each partner, but to also step back and look at the interaction between them, to understand them as individuals, but to understand even more their relationship to each other. Rather than relaxing into the conversation as you may do in individual therapy, you're more likely to always be a bit on edge, always looking out of the corner of your eye to see what happens next. You're always engaged in a balancing act.

And this balancing act is what perhaps makes couple therapy most different from individual and family therapy. If you've ever gone out together with two other friends, you know how awkward a threesome can be. In contrast to a dyad or a large group, a threesome often feels cumbersome and messy. There's always the danger of someone feeling left out, someone dominating the other two, two dominating one, someone not getting enough attention or too much.

In the therapy session you're faced with similar juggling—not letting Ellen get too far into a rant or into her despair and pushing Tom

onto the emotional sidelines; not spending too much time with Tom and having Ellen feeling excluded and resentful; not taking over the conversation yourself and shutting them both down, or causing them to join forces and gang up against you. To manage the session well you need to lead and listen, and provide the emotional ballast that allows them to feel a little safer to talk about things that matter to them. By the time they walk out of your office both need to know that their sides have been heard and that their emotions have been respected and understood. Successfully establishing and maintaining the therapeutic alliance within this tricky threesome becomes critical.

And should the emotional intensity and stakes seem high, this all becomes more difficult. When a couple like Tom and Ellen break into a full-tilt argument as soon as they sit down, or a couple announces that coming to see you is their “last chance” (usually they mean this one session) to make it work, even the most seasoned clinician can feel intimidated. And if you happen to be less clinically experienced, are uncoupled yourself (“Are you married?” they ask), are having trouble in your own relationship, or are much younger than your clients (so that it feels like you are looking in on the secret dark side of your parents’ marriage), it can feel emotionally overwhelming. Your own countertransference, always sitting right there, gets stirred.

If all this isn’t enough to make you think twice about taking this on, there is one additional challenge to face, namely, not just simply putting out the emotional fire or referee the fight of the week, but help the couple transform both their relationship and their individual ways of being the relationship. While they’re busy lining up their facts to make their cases, you’re curious about what they do that creates the argument at all and what needs to change so that they have fewer arguments in the future. Ideally, you want to offer them a vision of a different type of relationship, one that is more honest, more intimate, and more organic. You want to help them see and move toward the wider possibility of being more of who they are as individuals, not less, by the combining of their lives; to help them realize that by the intermingling of their lives, they can help each other discover who they are as individuals and as a couple.

LAYING THE FOUNDATION: THEORY

Couple therapy has historically been a stepchild of sorts in the therapy field, in which individual and family therapy models have been adapted and applied to it. Traditionally couples relied on their doctors or their ministers to help them with their relationships. The first professional marriage counseling center wasn’t established until 1930, and for the

next several decades couple work was incorporated into psychoanalytic models. In the late 1950s early family therapists began writing about marital therapy from a communications framework. Over the last 10 to 15 years therapists/researchers such as John Gottman (2007), the developer of the marriage laboratory, and Susan Johnson (2004), the codeveloper of emotionally focused couple therapy, Harville Hendrix (2007), the creator of imago therapy, have looked more closely at the unique dynamics of happy, as well as unhappy couples, applying what they've discovered to the shaping the therapy process.

The model that we will be using is an integrative one drawn from five major perspectives. At its heart we will look at couple therapy from a family systems perspective, with its notion that problems arise from the interaction between the partners, rather than just from within the individuals themselves, and are held in place by the behavioral patterns that they jointly create. This perspective assumes that the patterns are often more powerful than personalities, and that by interrupting dysfunctional patterns, and helping the couple recognize them, more functional communication and behavior replace what is simply not working.

A subset of such systems thinking is Murray Bowen's useful notion of *differentiation*—moving away from the reactivity and blame of undifferentiated relationships and toward the increased individual responsibility and proactivity of differentiated relationships (Bowen, 1993).

The aim is to help both partners put their heads down and worry less about what the other is or is not doing and instead focus on their own openness and honesty. If they can do this, not only are the dysfunctional patterns broken, but interactions become less defensive, more genuine.

Our model is also behavioral and action-oriented. In contrast to the insight-oriented approaches of the psychodynamic tradition, couples are encouraged to change their relationships by *doing* something different—in their communication and in their physical behavior at home and in the session. There are a couple of reasons for taking this stance. One is that behavior, unlike emotions and even thoughts, is the one aspect of ourselves that we can truly control. If you continue doing what you are doing, you will likely continue feeling the same way; change what you do—break old dysfunctional patterns, create new ones—and your emotions will change as well. In line with such thinking is the role of education and development of new skills. This is what Gottman does by spending time in sessions teaching couples how to communicate more effectively and encouraging them to change their behavioral patterns at home.

But the other reason for this behavioral approach is that it better fits what clients are expecting and willing to do. Statistics tell us

that most clients simply do not engage in long-term therapy, with most coming just once (Phillips, 1985) and the average treatment lasting five to eight sessions (Cooper, 2011). In an age of immediacy and limited services due to inadequate insurance or community resources, many clients are looking for rapid assessment and change. The active focus of a behavioral approach is more time efficient than an insight-oriented approach and meets most clients' expectations of therapy.

But as Susan Johnson has pointed out in her research on couple therapy, new behaviors and skills can often only go so far. Therapy also needs to be experiential. In order to truly propel couples out of the dysfunctional patterns and help them solidify behavioral change, they need to have a new emotional experience. This experience happens in the room through the clinical process. As we will be discussing throughout, one of the jobs of the therapist is to stop the dysfunctional patterns and change behaviors, but another crucial one is to change the emotional climate—by asking the difficult questions, moving the couple into areas that, because of their own anxiety, they stay away from. This requires courage on your part, a sensitive but unflinching willingness to bring underlying problems and emotions into the open.

While our model is primarily present- and action-oriented and experientially focused, it does acknowledge the power of the past, specifically reactivation of old childhood wounds in the present. These are what often create the sticking points in the change process, instances where couples, in spite of your efforts to push them out of their behavioral ruts, continue to fall back. Rather than approaching history as a psychodynamically based therapist might, by developing insight and making this work the focus of the treatment, our approach is more pragmatic—breaking through behavioral impasses by seeing them as signals that it is time to dig deeper and unearth the childhood wounds that may be holding the behaviors in place.

Again we're not looking at the excavation project that a psychodynamic therapist might. We dig down only enough to help the individuals step back and separate the past from the present and then ask for and behaviorally receive now what they could not before. By giving each other what each most needs, the partners stop the rewounding process, help each other heal, and move the relationship onto a new and healthier path.

Finally, overarching these clinical perspectives is a developmental one. As couples, we are shaped not only by our individual pasts and current interactions, but also by the personal challenges of adjusting to the life cycle, as well as the challenges of adjusting to the family life cycle. New parents, for example, need to navigate the shift from focusing on themselves as a couple to absorbing the roles and responsibilities

of child-rearing, just as many older, empty-nest couples are forced in the opposite direction, that of making the transition from being largely preoccupied as parents to once again rediscovering and refocusing on themselves as a couple. If you can anticipate the challenges and recognize the common problems of each stage, you can help the couple do the same: understand better the terrain around and before them, see the larger context, be less reactive and blaming, and more proactive and self-responsible.

This eclectic mix forms our theoretical foundation, which in turn forms the basis for assessment and treatment goals—looking for dysfunctional patterns and ways to stop and change them; assessing communication skills and teaching ways of making them more effective; closely tracking the process and shaping it in order to draw out new emotions and challenge old perspectives; uncovering old wounds that stop progress and signal a need for healing, and placing all these elements within a developmental context. We can think of couple therapy as moving through layers—from the presenting problem to the underlying issues, from the surface emotions to those that lie below, from the present to the past and back again. This is an active form of therapy built upon clarity, action, and responsibility.

THE GOALS OF THIS BOOK

Doing couple therapy is not for the timid, the quiet listener, the head-nodding, but-how-do-you-feel clinician. Couples who come in emotionally burned-out or mired in ambivalence need your energy and direction to get them out of their sluggishness; without them you all will end up psychologically napping. Couples who come in in crisis, who are angry, or who have strong personalities need you to be the powerful counterforce. If you aren't, the couple will wind up doing exactly what they do at home and leave feeling angry, frustrated, or lonely. They will quite rightfully think that they could have stayed home and done the same thing for free.

So you need to step up and be the leader the couple expects you to be. You're the one sailing the ship that is couple therapy, and if you fail to take the helm, therapy will quickly go adrift. One of the goals of this book is to help you know how to navigate a course through this therapy's often choppy waters. We'll discuss the basic skills you need to steer the session process and stay balanced, help you recognize the signs and symptoms of upcoming emotional turmoil and power struggles, and explore the developmental currents that can push even the most stable relationships off course.

But this is just part of the picture. Good therapy is also creative and flexible, a pragmatic journey where one-size-doesn't-fit-all, and recognizes that with any one couple there are many forks along the therapeutic road. Successful couple therapy is that which best fits the expectations, needs, and personalities of the couple. But it needs to fit you as well. The biggest variable determining therapeutic success is, in fact, you: you working at your best, defining and following an approach that fits your personality and therapeutic philosophy, using yourself creatively, energetically, and honestly so that your clients can learn to do the same.

This is the other goal of this book—to stimulate your thinking about what you do and how you work best; to make you curious not only about the dynamics of the couple, but also about yourself, and you as part of those dynamics. The model that we will discuss can provide a foundation upon which to build, but it hopefully will also serve as a template against which you can compare your own thinking. The questions and exercises at the end of each chapter offer you an opportunity to reflect on your own values and theories and the influence of your own past and discover how they all entwine into a therapeutic process that is uniquely your own.

As Buckminster Fuller, the visionary architect, once asked, “What is it that you need to do that no one else can do because of who you are?” This question is probably one of the most important ones you can ask yourself as you begin and evolve into your work. It is an excellent starting point for building a therapeutic style, as well as for helping couples define who they are as individuals and as a couple. Long-term success in therapy and in relationships is not necessarily about the ability to hold tight to one path, but rather the courage and flexibility to shift gears and explore others that can take you where you want and need to go.

STARTING POINTS

All this brings us to a set of clinical assumptions that will serve as a starting point for our voyage together. As you read through this list, compare and contrast these concepts against your own. See if you can begin to identify your own core beliefs.

The Power Is in the Process

Harville Hendrix (2007) once said that most marriages are doomed to fail in the way most of us think about them. At the start of our own relationships, we tend to create a vision that is based on outcome

goals—we want to have that three-bedroom house with the white picket fence, we'll have 2.3 kids, we'll have sex twice a week, and we'll visit my mother on Sundays. But in the real world, while we may strive to successfully reach our goals, the outcomes are never guaranteed. The house, for example, may be suddenly and unexpectedly destroyed in a hurricane; we find out we are infertile and can't have our own kids; one of us is in a car accident and becomes a quadriplegic; my mother remarries and moves to Florida. We have no absolute control over the product of our labors; the content of our lives is ever-changing.

What we can control, however, and set successful goals about, says Hendrix, is the process—what we do when the house is lost, how we talk about the changes we face, how we respond when we are sexually frustrated, how we support each other when we face a loss. If we have the means to listen, support, discuss, and decide, we can successfully negotiate the challenges that life brings to our relationship. This, after all, is where life lives. Here in the moment, here in our response.

This content versus process split slams at you at the beginning of therapy because you and the couple are essentially speaking two different languages. As mentioned, most couples are focused on the language of content, arguing over whether the bill was paid on Tuesday or Wednesday, who said what when. They falsely believe that settling differences means somehow determining whose story is true. If you wade into those waters and see your job as sorting through all the information, or falsely believe you can control what happens outside your office, you are likely to mentally and emotionally drown.

Instead you want to focus on the process. You are curious about and want to focus on why they are sitting on your couch at all: What prevents them from solving these problems on their own? This is about helping them recognize that the problem they were talking about right now in your office has gone out the window and is replaced by the fire of emotions, that the conversation is turning into a power struggle and ultimately getting nowhere, and that heaping on content only fuels the fire more. They need to calm themselves to bring their shut-down prefrontal lobes back online, and change what they do in the present so both can feel safe rather than angry and defensive. If they can master this, and learn to see the dysfunctional patterns that you see as they arise, they can learn to transform their relationship. This is a difficult shift for couples, and even some clinicians, to make, but a necessary one.

But as we'll talk about more fully in subsequent chapters, what you see played out in your office is often just a concentrated form of a dynamic that the individual partners play out in other relationships in their lives. Here we are talking about stuck points: Where do they each get stuck in running their lives? Why can they typically act reasonably

and focused in their workaday lives, but fill their intimate relationships with drama and piles of unsolved problems? Here we think of explosive anger, emotional cutoffs, feeling intimidated, withdrawing, getting anxious, walking on eggshells, and automatically accommodating others, all of which are generally tied to childhood wounds and childhood ways of coping that no longer fit the larger world. If you can determine where each partner gets stuck, uncover what they can't do, and help them to do it through skill building and support, the path to their successfully navigating their relationships and solving future problems is cleared, and much of the work of therapy is completed.

The Solutions Are in the Holes

You probably have met parents who feel frustrated with their children when their ways of parenting seem to no longer work. The father, for example, who picked up his 7-year-old and plopped him in his room when his child began to melt down, suddenly finds himself hamstrung when the same child 9 years later is 6 feet, 2 inches and weighs 180 pounds and refuses to go anywhere. Similarly, the couple is handicapped when one spouse only deals with conflict by withdrawing or giving in or the other masks his hurt by getting enraged. Their coping styles, like the skills of the father, lack the flexibility that life and relationships often demand.

To say that the solutions are in the holes is to say that creating that flexibility usually comes by taking the risk of going where you are not inclined to go—outside your comfort zone, against your grain, doing what is different and feels difficult. It is here that untapped parts of oneself are found, and where the solutions lie. Only by learning to take such risks can couples become more emotionally and psychologically able to weather the stresses and strains of life. Only by tolerating the discomfort and anxiety of behaving in new ways can they change their mindsets and their perspectives and truly have choices in how they act.

Your job is to help the couple move in this direction. You start by surveying the emotional and verbal landscape, looking for what is not in the room—topics never talked about, emotions not expressed, or sides of personalities never shown. You raise the subjects, you draw out the emotions, and with your encouragement and support, encourage them to become more curious than afraid. By your own role modeling you show them that the new and unknown has something valuable to offer.

Problems Are Bad Solutions

It's a well-used image of the self, the endlessly layered onion, where an aspect of our emotional and cognitive selves is always below the surface, out of awareness or reach. The notion that problems are bad solu-

tions transfers this image to relationships where what we often see as a problem in others is really for them just a bad solution to something else below. The most obvious example, perhaps, is addiction, where the dependence on alcohol, work, or sex is a bad solution to feelings of depression, impotence, or rage. But it's also true for affairs or violence or passivity—ways of coping with underlying emotions too difficult to tackle directly. When a couple presents the problem that is driving them crazy (Maria's nagging, Luis's criticism and control), the next question you want to ask yourself is: How is this a bad solution to an underlying problem? What is the problem under the problem? Here you turn their attention to the unacknowledged emotional problem—their underlying anxiety, fear, hurt—that is the real concern. This doesn't mean you don't help them change their behavior—you do—but you also help them realize that what seems simple or uncaring is really more complex.

A corollary of this perspective is that people are usually doing the best they can. Yes, there are evil people in the world, but by and large, we assume that people are not by nature malicious. When someone seems to be manipulative or critical, she is not struggling with you, you say to yourself, but more with herself. If you can adopt this point of view as a therapist—and help couples to do the same—you and they are likely to be more compassionate than defensive. You and they can set boundaries without engaging in power struggles.

People Naturally Grow and Change

“We must give up the life we planned,” said Joseph Campbell, the world-famous mythologist, “so as to have the life that is waiting for us.” Rather than building a life, we discover it. Rather than the hold-steady march to outcomes, life is a gentler unfolding of growth and change. The challenge that every couple faces is that of remaining open to both individual and relationship change, and successfully adjusting the relationship to accommodate it. Your job, as a clinician and outsider, is to get the subject of change on the table. You not only want to help couples articulate the changes they see within themselves and within their relationships, but help them see these changes as an opportunity for growth rather than as a threat.

At a base level the real underlying issue for many couples coming to therapy is some form of individuation. Sue has bitten her tongue and accommodated her husband for many years but is fed up and wants her ideas acknowledged. Ryan resents being back-burnered to the children, or, like his father, resents all he has told himself that he “should” do. Rather than being clear and bold, they've mumbled, given in or gone along, only to have their resentment leak out later in less functional

ways. Or they have tried to stand up for themselves but found that their assertiveness goes nowhere. They show up because in many ways the routines and rules established over the years for each no longer fit.

Relationships get stuck because the people do. The good relationship is one in which both people can be who they are, can speak up honestly and clearly when their individual needs change, and can feel that the other person has their back—supporting their dreams, accepting their idiosyncrasies; both individuals are committed to their growth as individuals and as a couple. When they don't, when they give up important parts of either person for the relationship, or give up important parts of the relationship for either one, the relationship becomes strewn with too many the emotional potholes that both will invariably fall into. Part of their struggle, of course, and your challenge, is helping them decide which of those parts are most important and helping them define their own priorities and needs.

Advocate for the Relationship

Our cultural values shape what we do, and they, like our relationships themselves, change over time. In the late 1970s and early 1980s, for example, divorce reached an all-time high. The needs of the individual were seen as more important than the relationship: If you could be all you could be and be in the relationship, fine; if not, move on. Now the tides have shifted, divorce rates have steadied, and there is talk about the marriage preservation movement and making the relationship the priority. You don't need to go with the flow, nor be rigid, but instead be clear in your own mind and with the couple about your and their values in order to help them to do the same.

Here is a shorthand way of looking at various types of relationships.

$$\frac{1}{2} + \frac{1}{2} = 1$$

$$1 + \frac{1}{2} = 1\frac{1}{2}$$

$$1 + 1 = 1 + 1$$

$$1 + 1 = 1 + 1 + 1$$

What does this shorthand mean? In the first line $\frac{1}{2} + \frac{1}{2}$ refers to two people who may be deficient in various ways but lean on each other's strengths. Together, by working together and complementing each other's weaknesses, they become a stronger unit and are able to create a stable life. Next, $1 + \frac{1}{2}$ refers to couples in which one person is psycho-

logically stronger, the other less so, and in their coming together reflect the unbalanced combination of the two. The concern here is that the strong one gets tired of carrying the load; she may collapse or eventually leave. The third sum, $1 + 1$, refers to two people with similar psychological strengths who come together and essentially stay the same, that is, two people living together who remain individually strong but share little within the relationship. They often have parallel lives and build their relationship around kids. There is little conflict but little intimacy. Finally, the last sum refers to two people who are balanced and individually strong but have also created something else: the two have become three, and the third is the relationship. Like a baby, the relationship is what they both take responsibility for sharing and nurturing.

One way of looking at couple therapy, in contrast, for example, to individual therapy, is this last formula—the third client always in the room is the relationship itself. You become an advocate in the way that you might advocate for a child in family therapy. Like a child, the relationship is an offspring of both of them. Your job is to help them appreciate the relationship's needs and personality, realize their responsibility to nurture it, give it voice when one or both of the partners are blinded in the moment by their individual needs. Whether or not they decide to stay together, by understanding how the relationship has unfolded through their mutual contributions, they are able to have a more balanced view of the relationship process.

We'll be returning to these principles and assumptions throughout our voyage together. Again, compare and contrast these principles with your own. By being clear you have a foundation that you can return to, a sense of direction that keeps you moving forward rather than getting lost in the maelstrom of the couple's dynamics.

CHARTING THE COURSE

This book is divided into four sections. In the first section (Chapters 2–4) we look at the foundational structure of couple therapy, the basic skills and concepts that you need to successfully navigate doing couple therapy. In Chapter 2 we map out the core concepts that form your assessment and treatment planning, including the three primary obstacles to relationships: communication, emotional wounds, and vision. In Chapters 3 and 4 we further delineate these obstacles and talk about their implications for treatment.

In our second section, Chapters 5–8, we'll walk through the actual navigating of the opening sessions, looking at goals, conducting the session process of those first critical sessions, and looking at middle and

end stages and their challenges. In Chapter 9 we'll look at the ways developmental changes shape the therapy landscape. In Chapters 10, 11, and 12, our third section, we present treatment maps for common couple and then child-related presenting problems. While the map is not the terrain, by knowing how to think about and approach common presenting problems, you can hit the ground running and make the most of your therapy sessions.

Finally, in our last section we'll shift gears. In Chapter 13 we look at working with individuals in couple therapy from two different perspectives—that of helping one partner become a change agent for the couple system and helping two partners support the one who is struggling. In Chapter 14, our final chapter, we'll step back and look at the broader landscape of doing the work of therapy and discuss common counter-transference issues and tips on managing your practice, as well as how to market yourself.

At the end of each chapter are questions and exercises relevant to that chapter. They are ways of helping you connect to the material personally—by considering your own history and experience, your own values, your ways of approaching problems, your own vulnerabilities and strengths. Please try them, especially those that seem more difficult, to see what you may discover about yourself and to become more aware of how your personal self shapes your professional work.

LOOKING WITHIN: CHAPTER 1 EXERCISES

1. Write out your own theoretical orientation regarding couple therapy. What do you change in couple therapy? How, specifically, do you bring about change? What is your role? How is it in line with or different from other therapeutic work that you do?
2. What are your own assumptions about clinical work? What personal values influence your work?
3. Think back to times that you have been involved in a three-person triangle. What role do you tend to take—leader, follower, or mediator? How may that experience carry over to your clinical work?
4. What intimidates you most about doing couple work? Why? What types of support do you need to feel less anxious, more secure?
5. What biases about gender might you bring with you to couple therapy—that women complain too much, for example, or that men are too cold or silent?