



Introduction

Dilemmas and Choices in Couple Therapy

Doing couple therapy isn't easy. Even experienced couple therapists generally acknowledge that there are some couples with whom the work takes a serious toll emotionally; and even with less difficult couples, it's a not uncommon experience for therapists to feel at a loss and uncertain about whether anything they are doing is or ever will be helpful. Self-doubt often seems to come with the territory when it comes to doing couple therapy. So, when I sometimes say in conversations that I really *enjoy* working with even highly challenging couples, some of my colleagues look a bit surprised. I quickly clarify that it's not that I never have that stumped, "What do I do now?" feeling, but just that I've developed methods of working that generally seem to keep things moving in a positive direction.

The ideas in this book derive from numerous conversations with numerous people—students, friends, colleagues, my daughter (also a psychologist), and of course my husband, Paul Wachtel, himself a leading integrative therapist—who are curious about the specifics of what I actually do that might be similar or different from their own work. My aim in this book is to share with you in detail the methods that I have developed and my particular integration of theoretical perspectives that seems to make the therapy not only effective, but often actually quite enjoyable for both me and the couple.

I remember how hard doing couple therapy felt in the early years of my practice. To be in the presence of so much despair, frustration, anger, and contempt could leave me feeling as hopeless as the couple. Sometimes sessions seemed to go from bad to worse. After seeing some couples my head would be spinning and I'd wonder if I were really cut out for this work. It seemed so much harder than individual therapy and I'd feel so terrible when the tensions in the session hadn't been resolved and people left the office as upset as or perhaps even angrier than when they came in. Of course, this didn't happen with all the couples I saw or I would, in fact, have called it quits.

But after I had done couple therapy work for several years, I realized that I actually was finding this part of my practice more and more satisfying and that it was now quite rare for me to be so discouraged. In fact, I began to look forward to the sessions with the types of couples whom I had previously regarded as "difficult" because being able to help them turn the relationship around was so rewarding. Some of the change, I'm sure, came from simply having more experience. But I think a good deal of my increasing success in helping couples came from the fact that my work began to be more integrative, as did the work of many others in the couple and family therapy field (E. F. Wachtel, 1992, 2004; Sheinberg & Fraenkel, 2000; Fraenkel & Pincus, 2001; Sheinberg & Brewster, 2014; Nielsen, 2016; Lebow, 1997; Pincus, 1995; Gerson, 2009; Pitta, 2015; Feldman, 1992). Over time I gradually started to incorporate into my systemic orientation more cognitive, behavioral, and psychodynamic thinking and interventions. What I am presenting to you in this book is not a finished product. To this day, my work with couples continues to evolve as I incorporate experiential (Goldman & Greenberg, 2013; Greenberg & Goldman, 2008; Greenberg & Johnson, 1988; Wile, 2002) and attachment approaches (Johnson, 1996; Johnson, Makinen, & Millikin, 2001; Goldner, 2014), as well as information from neuroscience (Fishbane, 2013). My hope is that this book will be helpful to readers in their own efforts to meld new methods and perspectives into their work. It is meant to describe *one way* of working, my *particular* integration, and I by no means claim that this is the only way to be helpful to couples. There is increasing evidence that in couple therapy as in individual therapy, there are a number of "common factors" that cut across the party lines, so to speak, of the various schools of therapy that presently exist (Sprenkle, Davis, & Lebow, 2009). These include such elements as forming a strong therapeutic alliance (Norcross, 2002, 2010; Knobloch-Fedders, Pincus, & Mann, 2007) and finding ways to motivate and instill hope (Howard, Moras, Brill, Martinovitch, & Lutz, 1996). Thus, many of the skills explicated in this book are essential regardless of the particular model from which one approaches the work. The reader doesn't need to adopt my approach in toto—rather, s/he can incorporate almost all the methods I describe into his or her own way of working with couples.

Clearly, interpersonal tensions are at the root of much of the distress that people feel, and a large proportion of people who seek therapy list problems with spouses or significant others as one of their primary complaints. The pros and cons, stresses and pleasures of a committed relationship are a topic of endless fascination both for the general public and for a variety of professional disciplines. There seems to be a voracious audience for the subject, and sociologists, psychologists, biologists, and even neuroscientists are weighing in on the topic and presenting their theories and findings to the general public. And, of course, in addition to the more academic findings, there are journalists, popularizing therapists, clergy, and self-proclaimed relationship experts giving advice on how to get and keep relationships, repair ones that are broken, rid oneself of ones that are destructive and addictive, or learn to enjoy being unattached. In the last year many thousands of books on relationships were published (Amazon had over 14,000 for sale) as well as articles and blogs too numerous to count.

It is thus not surprising that a growing number of therapists end up doing couple therapy, even though they may have very limited or sometimes no training in that modality. Many of the people who have taken my couple therapy courses feel that they *understand* what is going on with a couple but are often at a loss as to how to help the couple *break out* of destructive cycles, much less get what they crave from one another. Therapists who feel quite confident about the quality of their work with individuals can feel “lost” and insecure about their work with couples. This troubling feeling is quite understandable because many of the methods therapists use in working with individuals have to be significantly modified or even jettisoned when working with couples. For instance, psychotherapy outcome research has shown that a strong therapeutic alliance is a predictor of a positive therapy outcome. This is just as true for couple therapy as it is for individual therapy; but how the therapist forms a therapeutic alliance with the *couple* is quite different than forming an alliance with an individual (Pinsof, 1995; Pinsof & Catherall, 1986).

Becoming comfortable working with couples poses *particular* challenges for those therapists whose primary experience is in working with individuals in psychodynamically oriented therapy (E. F. Wachtel, 1979). In individual psychodynamic therapy, a strong transference relationship forms between the therapist and the patient. Working with the nuances of that relationship is regarded by many psychodynamic therapists as a central therapeutic intervention. Therapists who work this way tend to like the intensity of the relationship they develop with the patient and may initially find the significantly different transference configurations in the room in a couple session hard to adjust to. Though couple therapists too must foster a strong therapeutic alliance with the couple, it is nonetheless, in some way, a more distant, less intimate relationship.

Transference reactions toward the therapist do, of course, occur. But their intensity is less, both because of the methods used and because couples generally have strong transference reactions to *one another*. Although, as this book describes, couple therapists can have a great deal of influence on the emotional tone of the work, they do not have as much control over that as they do in individual therapy by virtue of the fact that the couple reacts to each other, not just to the therapist. One of the challenges for psychodynamically oriented individual therapists when they do couple therapy is that they see important unconscious issues that they would want to address with the person if in individual therapy, but which can be difficult to work on productively in the couple therapy modality. In the courses I taught at the Ackerman Institute, the psychoanalytically oriented therapists who were observing my work with a couple would often speculate about deeply buried intrapsychic conflicts that could be influencing the couple's interactions. Often the problem was not that these speculations were incorrect, but rather that issues of context, timing, the lack of a private relationship, and how the other partner would react to interpretations about unconscious motivations often pointed to the wisdom of foregoing that path of inquiry.

Carefully choosing what to attend to when faced with a myriad of choices is fundamental to good work with couples. At the heart of this book is a detailed examination of those choice points, and of the consequences of pursuing—or not pursuing—any particular line of inquiry. But the reader should rest assured that there is a way (and a time) in couple therapy to address many of these deeper issues and to help the partners mitigate the negative effect on the relationship of the issues they brought with them when they met. I will take up these matters periodically throughout the book and will go into detail about this issue in Chapter 8.

Another challenge for therapists originally trained in psychodynamic approaches is that they are often primarily trained to notice deficiencies, emotional damage, and impairment. Frequently these perceptions are accurate and important. But just how they are taken into account in the work—and how they are balanced with perceptions of the equally crucial strengths on which change can be (and must be) grounded—is the question that often is the critical difference between successful and unsuccessful couple therapy. All too often, being a smart, insightful therapist is understood to mean getting at the “underlying truth”—a truth that is almost never a flattering one, but rather one that exposes and uncovers the disavowed dark side of the patient (Havens, 1986; P. L. Wachtel, 2011a; Wile, 1981). One of the gratifying aspects of teaching has been helping students who have been trained in this way to be able to shift figure and ground. My hope is that this book will similarly help the reader learn to notice and work with strengths rather than responding first to deficits. Psychodynamic understanding is very much part of the integrative approach being described in this work, but, as is discussed

further, it is used to understand longings and needs and not in the “gotcha” sense that characterizes so many interpretations (see, e.g., Orbach, 2004).

Focusing on, even seeing, the couple’s strengths when they are in the throes of severe conflict is very difficult, probably considerably more difficult than diagnosing pathology. The latter shouts out to the therapist; the former whispers quietly and can easily be overlooked.

A key feature of this book is that it illustrates in great detail how this strengths-based approach is applied in difficult cases, cases where seeing strengths can, at first, seem at best a Pollyannish gloss on a raging tragedy. But my aim is to show the reader, case by case and example by example, just how this can be done—and how it can be done in a way that is precisely designed to *address* the very worst of what they are experiencing rather than to avoid it.

Those of you who have ever taken a fiction-writing class know the “show, don’t tell” mantra of creative writing teachers. Though just *showing* what I do without explanation would not make sense, I am hoping that the book will, through numerous clinical examples, re-create the experience of my students who actually got to see me work with couples.

When I am learning a new approach that I want to integrate into my work, I find it useful to look at the exact wording of the therapist’s interventions. To make it easier for the reader to do the same—and to enable the reader to easily see just what I actually said while also following the flow of the dialogue between me and the couple—I have *italicized* the therapist’s statements throughout the book. I’ve tried to reproduce as accurately as possible the way I actually speak, and whenever what I wrote didn’t sound like me, I rewrote it until I felt it rang true.

A different linguistic challenge arises in talking about what is going on in the session or for the couple. The challenge is actually twofold. First, as our understanding of the biases in our language has evolved, it has become clear that many sentences that use the generic “he” or “his” have a problematic gender bias. But sentences with lots of “he or she” and “his or her” become difficult to read, and although people are increasingly solving the problem in informal speech by using “they” or “their” essentially as nonsexist singular words, our written grammar has not yet adapted that convention, and so that solution still reads as ungrammatical. Further compounding the problem in writing about couple therapy in particular is that sentences like “The hurt partner may hide his feelings” or “The hurt partner may hide her feelings” may apply with one gender in one couple and the other in the next, so to make a general statement one can be caught in impossible-to-read sentences like “The hurt partner may hide his or her feelings when he or she finds that he or she is being treated in a way he or she feels evokes the old trauma.” Reading such a sentence is itself a trauma, and one I don’t want to inflict on the reader. Therefore, to make reading

easier, I often will, in making general statements, alternate between “he” or “she” in different examples. Since the person who has an affair, the person who is preoccupied, the person who is uncommunicative, the person who brings excessive sensitivities from childhood, and so on, may be a man or a woman, this alternation also captures the reality that neither gender has exclusive possession of any of these traits or tendencies.

By addressing very specifically and in detail a range of difficulties that couple therapists commonly face, I am hoping that this book will be a little bit like supervision on your cases. In short, this book is intended to be *practical*, to give you the tools to do effective work with couples. What can look simply like good clinical intuition is actually based on principles and methods that enable the couple therapist to respond in ways that motivate and bring out the best in each person. At times what I will be describing may involve modifying or sometimes even completely giving up methods you are accustomed to using in working with individuals. But in my experience with students, when they try some of the methods I will suggest, they frequently see immediate benefits to this approach. For instance, almost every couple I see leaves a first session feeling a little more hopeful and eager to come back for another session. And if, as is often the case, one of the partners has acquiesced to the other and has come reluctantly, he usually feels, at a minimum, that it wasn't as bad as he expected! My aim too is that each individual not only feels heard but, if at all possible, receives some feedback about himself that is both positive and makes him feel known. Though a good first session doesn't necessarily mean that the rest of the work will go well or easily, it is of course an important first step and sets the tone for the work to come. Later in the book I discuss the structure I typically use for a first session and some of the variations on that format that arise from the variety of situations couples present.

Over the years many patients have commented that I'm an unusually positive person, and I respond to this comment by telling them that in my training I *learned* how to see what was going right as readily as to see what was causing problems. And one of my aims in this book is to help the reader learn to do that too. But, of course, the couple wouldn't be seeking help if everything was rosy, and great care must be taken to let the couple know that the fact that there are some, perhaps even many, positives by no means diminishes the seriousness of their unhappiness about what is missing or not going well in the relationship.

Though I try to make each session one in which the couple leaves feeling a little more hopeful than when they came in about ultimately working out their difficulties, this is not always possible. Later in the book I discuss the many reasons that sessions can, from the point of view of at least one of the partners in the relationship, be making things worse. Nonetheless, having the *intention* of facilitating some healing in each and every session is

an important touchstone of my work. This may seem obvious, but unfortunately, all too often, therapists operate on the assumption that things need to get worse before they get better, and however relevant that idea may sometimes be for work with individuals (frankly, I'm skeptical!) it is almost certainly an impediment to good couple work. There is an urgency to couple work. Though couple therapy may at times be long term, couples need to feel that, even if slowly, they are fairly consistently making progress toward resolving the issues between them. Of course, even in individual therapy patients are evaluating the usefulness of the work and making judgments about whether or not to continue based on their assessment of how helpful the sessions seem. But in couple therapy, one person may be highly motivated to give therapy a try while the other is a reluctant or even hostile participant. This adds a level of complication to the evaluations each of them is making about the work. The person who has "dragged in" his or her spouse wants to show the other person that, in fact, talking about their difficulties with a therapist *is* helpful and thus is eager for some signs of progress. And the skeptical person, even if s/he has agreed to participate, needs, in a sense, to be "won over" fairly soon if the work is going to be productive. More so than in individual work, a few consecutive sessions that don't go well can lead to discouragement and withdrawal from therapy.

Keeping in mind that my job is to help *heal* often aids me when a session isn't going well. I ask myself what can I say or do that will calm things down, put the tension in perspective, and overcome feelings of discouragement. Subsequent chapters illustrate the kinds of things I say that bring me—as well as the couple—back to more productive work when, despite my best efforts, we've been going through a bad stretch. At the same time, it is also important to note at the outset that our job as couple therapists is *not* to try to keep together every couple who enters our office. In Chapter 10 of this book I discuss some of the ethical and therapeutic dilemmas of working with couples and will elaborate on the ways that my goal of having sessions be healing can encompass a variety of therapeutic goals and is not limited simply to saving the relationship.

Much of my work as a therapist, whether with individuals or with couples, is premised on the idea that understanding, both emotional and cognitive, must translate into change in how the person acts in the world. My task, then, is not only to facilitate new understandings and emotional experiences but to point the way toward new behaviors that follow from those insights. In writing this book, I have that same goal. That is, my intention is to help the reader go from understanding the general principles underlying my work to being able to employ various concrete interventions that derive from these basic tenets. Numerous case vignettes will demonstrate the points I am making. The cases are composites of the types of conflicts and personalities that I've encountered in the thousands of hours I've spent

with distressed couples. I think you will experience the emotional truth of the situations I will be describing and that they will parallel closely what you encounter in your own work.

Many couple therapists, experienced as well as recently minted, feel swept along by the powerful force of the couple's emotions and can be as surprised as the couple about where they all land. We'll be looking later at some basic tenets about good relationships that enable us to have clear goals. But even when goals are clear, sessions can easily go awry. So, perhaps the most important skill of all in terms of being an effective couple therapist is to learn how to keep the session on course.

Taking charge of a session is not a matter of blowing a whistle like a phys ed teacher trying to get rowdy children to settle down and participate in the planned activity. Rather, it is done before there is even a perceived *need* to calm things down and in a manner that is subtle and often hardly noticed by the couple. This is because control and a clear sense of direction are the by-product of the many choices the therapist makes that affect how discussion of a particular topic will actually unfold. It is the accumulation of dozens of small, moment-to-moment choices about what to respond to and what to ignore that keeps the discussion moving in a useful direction and protects the couple from experiencing the session as out of control, hurtful, and little more than the mutual accusations that all too closely resemble what happens at home.

CHOICE POINTS

In order to utilize the suggestions that you will find in this book you first need to become very conscious of the choices you are making minute to minute in your sessions. Virtually everything said presents the therapist with numerous options regarding the direction of the work (Fraenkel, 2009). Even if we *think* we are just "following the couple's lead," how we respond to what is said reflects our assumptions about what we believe will be most helpful at that point in the therapy and contribute to the further direction a session will take. And, of course, what we *don't* respond to equally shapes and structures the course of the session. Implicit beliefs about what are the foundations and nature of a good relationship (see Chapter 2) and about what are the best methods for helping couples to achieve that status (see Chapter 3) underlie almost every word we utter in a session. One of the aims of this book is to heighten your awareness of the many choices you are making and to stimulate your thinking about *why* one would choose to go in one direction rather than another.

The following vignettes will give the reader a better understanding of

what I mean by the moment-to-moment choice points that shape the session and the way they cumulatively effect the overall direction of the work.

Vignette 1: Francine and Mark

Francine and Mark had been separated for 2 months at the time they came to see me. After Mark discovered that he had herpes, he confessed to Francine that at the wedding of a high school classmate that he had attended without Francine, “I did something very stupid . . . I had a one-night stand with an old girlfriend.” Within hours of hearing about this, Francine moved out of the apartment they had shared for the 8 years of their marriage. They had met when they were 20, and within months Francine had moved into Mark’s apartment. They described being “soul mates” and Mark said that though there had been some ups and downs in the relationship they both had been ready to start a family until, as he put it, “I did this really stupid thing.” Francine wondered whether the relationship had been “an illusion.” She would never have imagined that Mark could do such a thing and felt that she didn’t really know him. She questioned whether he really loved her. Recalling a few occasions when he had come home very late and hadn’t called her, she wondered whether his tendency toward substance abuse—she knew that in his teens he had been to rehab—was kept in check by his marriage to her. “I think now that he never really loved me . . . I just served a function.”

She was 95% certain that she wanted to end the marriage and had come to therapy only because it seemed like the responsible thing to do. She said, “I believe Mark that he was drunk and that this is the only time in the years we’ve been together that he did this. He thinks I’m overreacting, since it was just this one time, but I just don’t think he gets it. How could he hurt me this way if he loved me? How could he put me at risk for herpes? And in the 6 weeks since he confessed, the only explanation he gives me is that he was drunk. He says the same things over and over again—it just happened, I don’t know why, it has nothing to do with you, I was stupid.” Francine was frustrated by the superficiality of what Mark was saying, and nothing he said could shake her belief that he didn’t really love her.

In the third session, Mark said at one point. “I’ve been so depressed . . . I can hardly get out of bed. People at work have noticed. I even broke down crying once. My friends are worried about me.” I asked Mark to tell me more about what he was feeling. “*What are you thinking about when you’re depressed? What’s going on inside you?*”

In response, he said the following: “I think about what a disaster of a person I am. How I messed up. How *ucked up I am . . . I’m always shooting myself in the foot. I have to start taking responsibility for my life. I

probably should go to AA. I feel sick about how much I hurt Francine. And I miss her so much.”

Here’s the choice point I want to look at right now. When thinking about Mark’s response to my question, I was aware of my brain sorting through a variety of responses and carefully deciding which I thought would be the most productive one at the moment in the work. Francine had been frustrated that his answers to *why* he had done what he did were not real answers. So, I could have asked him more about what he meant by “shooting himself in the foot” and have him discuss more his understanding of *why* he seemed to have done that to his marriage. But I had also been thinking that neither he nor Francine had been taking seriously enough his problem with drinking, so I could have asked him to elaborate more on his thinking about that. I could also have responded to his feeling “sick about how much I hurt Francine,” because when he told Francine that she was making too much of this one betrayal, he clearly wasn’t understanding and empathizing with her pain. All of these responses would have been fruitful, but I decided instead to ask him more about what he meant when he said he “missed” Francine. I did this because I thought the central impediment to Francine even considering trying to work on the relationship was her belief that Mark didn’t really love her. So I asked Mark, “*What do you mean that you miss her? Could you tell me more about that?*” In response, Mark said, “I miss her when I come home. The house feels so empty. I miss her body next to me in bed. I miss calling her during the day . . . when something funny happens.”

Again, there are numerous options in terms of my response. Missing her in bed or the house feeling empty could be “generic,” so to speak, and could be incorporated into Francine’s narrative that she was just a function. So I responded, “*Oh, you’re missing calling her?*” “Yeah, I used to call her a couple of times a day . . . sometimes to tell her something that I knew she would get a laugh out of . . . sometimes to just check in to see how she was doing. She was my best friend . . . my soul mate. I can’t imagine life without her.”

Francine, who had been quite self-controlled up to then, teared up. His statement had broken through her defenses and it was difficult to just say, “He never loved me.”

Let me make clear that there is no one right answer to deciding which fork in the road to take. My decision was guided by my goal of helping heal Francine’s pain enough so that she was not making her decision to stay or to go reflexively, but instead would be open to examining in depth the nature of their relationship. The choice I made was my best guess about what would accomplish that goal at this moment in time. It is also possible that had I chosen another path, she would still have softened a bit. And the other potential topics I considered all represented topics that would eventually have to be addressed in our work together. My point in discussing this

vignette and the others that follow is to heighten the reader's sense of how one's goals determine one's choices and thus shape the session.

Vignette 2: Luellen and Rosie

After living together for over 15 years, Luellen and Rosie had recently gotten married. They reported that they generally got along quite well—they both agreed that they were each other's best friend as well as spouse—but very occasionally they would have arguments that escalated to the point of viciousness. What concerned them both was that in the 6 months since they were *officially* married—they had considered themselves essentially “married” for many years—they'd been having explosive arguments once or twice a week. Rosie explained that when they argued Luellen would “hit below the belt” and say really hurtful things. Luellen didn't disagree. “I have a bad temper. I've talked about it with my own therapist. I think it's a fight-or-flight kind of thing—a survival mechanism—to deal with my overly controlling father who was a sergeant in the army and ran the house like we were the enlisted men under his command.”

In the months that we had been working together, Luellen and Rosie came to understand why they had been arguing more frequently. Though in reality they interacted much the same way as they did prior to getting married—each had some separate friends whom they saw alone, each generally visited her elderly parents by herself—their *expectations* of one another since getting married had altered slightly. Rosie was more inclined to feel hurt when Luellen socialized without her. And Luellen was bothered by Rosie “becoming controlling” and “not letting me be my own person.”

As their sensitivities became clearer and the pattern that led to escalations was identified, the arguments they had been having diminished greatly. Minor disagreements no longer escalated into emotional conflagrations. Rosie commented, however, that “Luellen still can be *mean* sometimes, but I try to let it go, and she cools off pretty quickly.” Earlier in our work Rosie had alluded to, but didn't want to elaborate on “cruel things—things I can never get over—that have come out when Luellen's mad.” But when I picked up on that comment, Rosie made clear that she didn't want to revisit what she referred to as “traumatic” memories for fear it would “set them back.”

Rosie started the 10th session with the following statement:

“I can't take Luellen's temper. I've really had it! We had one of those autonomy issue arguments, but this time it was like it was before we came here. Luellen screamed and cursed at me. Then she acted like nothing has happened. She went out for a walk and when she came back, she didn't want to talk about it. I'm sick of this! She thinks it's okay to say horrible things to me and then just because she said ‘Sorry,

I didn't really mean what I said, I'm supposed to forget about it. She's used to that approach. In her family you wouldn't dare talk about some horrible fight that had happened. Not that my family was so great, but at least they talked about things instead of sweeping them under the rug. Since that fight we've hardly spoken. I've really had it with all this."

First of all, I had to deal with my own personal reaction to what Rosie said. Though I "know" that couple therapy often has its setbacks, I nonetheless was aware of feeling disappointed. I thought I had been so helpful, and now this! Awareness of my feelings was very important, because it allowed me to not automatically follow my instinct and say "*Tell me what happened. What went on? How did this happen*" or "*It seems like a repetition of a familiar pattern . . . let's look at that again to see what happened.*" Though of course it was important to know these things, it would not necessarily be the most productive direction to initially explore.

Knowing from prior sessions that Luellen felt terrible about what she called her "demonic temper," I thought that perhaps I should start by exploring with her such questions as "*How did she understand the loss of the self-control she had been working so hard to achieve?*" And though of course it is essential to eventually understand this issue, I decided not to ask that question at this point, because I felt that Rosie could experience that as yet another instance of "excusing" Luellen. I thought also of inquiring why Luellen didn't want to talk about the argument after it occurred, asking, for instance, such questions as "*What's your feeling after an argument? What's going on for you inside?*" Perhaps she felt ashamed of the things she had said, and a discussion of that would help heal the emotional wounds she had inflicted. But she could also not want to talk after an argument because she still felt angry about the dispute that had preceded the argument and was concerned that it would re-evolve her anger.

I could have chosen to focus on Rosie's statement that she "can't take it anymore" and ask her to explain more about what that means. I wondered to myself if she has been thinking of separating from Luellen. But since she had never expressed anything like that before, and they had only recently gotten married, I decided to leave that statement alone.

Though in prior sessions Rosie had explicitly said that she did not want to discuss the content of the hurtful things that Luellen had said in arguments in years past, I felt that she was making it clear now that she needed and wanted to talk more about how she had been hurt in this argument as well as in others. For this reason the choice I made was to respond to the part of her statement that indicated she'd been badly wounded by Luellen's words. I said, "*It sounds like you were very hurt by some of the things Luellen said and wanted to talk about it after the argument. Can we do that*

now?” I asked Rosie to turn to Luellen and tell her about the things said that had pained her. After she had spoken directly to Luellen, I asked about how seriously she had taken Luellen’s accusations. For instance: “*When Luellen said, ‘You are a user—lazy—it’s the “Latina” in you, just like your mother,’ did it feel like Luellen’s true feelings about you? Or that she really had prejudiced attitudes? Do you believe she really feels that way about you? About Puerto Ricans? Or did it feel like she didn’t mean what she said and was just lashing out?*” Rosie responded that she had trouble believing that Luellen didn’t actually feel that way about *her*, but didn’t think Luellen was truly a bigoted racist. “She actually loves visiting my family and sometimes wishes she could be more ‘Latina’ herself.” This led to a discussion of what in Luellen’s history would make her prone to making that kind of accusation and what, if anything, would help Rosie believe Luellen’s assertion that she actually didn’t think Rosie was “a user” at all. The reader will see in Chapters 7 and 8 how to explore and work with the issues from each person’s past that can so powerfully negatively affect relationships.

All of the discussion thus far did not address the differences in family background regarding talking about issues that Rosie had angrily highlighted in the beginning of the session. Thus, after we had discussed Rosie’s feelings about the hurtful comments that had been hurled at her, I said, “*When you said earlier that you don’t get over big arguments that quickly, I heard underneath that you had a wish to get over the hurt and that you know that if you talk more about it you’ll be able to put this behind you.*” I am attributing to Rosie *knowledge* about what will help her forgive Luellen. This is an example of an attributional statement, a method further discussed in Chapter 5. Because the session had focused on her hurt and Luellen’s wish to repair the damage done, this statement resonated with how Rosie was currently feeling.

Vignette 3: Veronica and Tom

Veronica and Tom had been together on and off for 8 years. On numerous occasions they had broken up, but after a few months they missed one another and found themselves getting back together. They had great sexual chemistry and they both said they were “best friends.” Around 6 months after getting back together, Veronica would feel that Tom was not as attentive or committed as he had been before. She would notice that he “checked out” other women—which he denied—and when she expressed her insecurity, Tom would at first be reassuring and then would start to feel annoyed by how “stifling” her insecurities were. When he responded with annoyance, she would become emotionally distant and this would in turn lead once again to their separating. They came to therapy to resolve their ambivalence once and for all. The therapy had been going well. Both

of them felt that they were making progress and were not falling into the repetitive patterns that had previously led to their breaking up.

But one day Veronica called and asked if we could schedule an emergency session. Here's Veronica's account of what had led to their need for an earlier meeting:

"I thought things were getting better between us. I really was beginning to trust him and thought I might even be ready to go ahead with the wedding plans that we had talked about. Ever since we started couple therapy, Tom was being so sweet and caring—acting the way I always wanted. I felt like these sessions really helped him understand my feelings and he wanted to make me feel secure. But yesterday he left his email open. I wasn't intending to snoop, but a familiar name caught my eye—an old girlfriend of his—and I found myself opening up the email. It was devastating.

"They'd been communicating for months, and she sent pictures of herself practically naked. And the more I read, the worse I felt. In an email from 2 months ago, Tom told her we were in couple therapy and he might be available again soon. I just can't understand how he could do that. I feel so betrayed. To be fair, the last email I read was one where he was breaking it off. But still, for months he's been having an emotional affair."

Perhaps, at first glance, you will think that there aren't many choices here in terms of how to respond, because, of course, the topic is clear and Veronica's boyfriend needs to respond. But what I say next is important in shaping the direction of the session. There are again many options and subtle differences in wording that influence where the session will go. I could, for instance, ask Veronica more about the email that broke it off. "*What did he say in the email? How do you understand Tom's breaking it off?*" Inquiring about this last email starts with a question that has the potential to produce something positive to build on. Perhaps Veronica will say that he felt guilty, or didn't want to hurt her, or was feeling closer to her, or was ready to commit. But it won't necessarily go that way. For instance, Veronica *might* think that his cutting off the communication had nothing to do with their relationship. But by asking that question, there is a *chance* that some positive direction might emerge.

Or, I could pick up on her statement that she just doesn't understand, and say, "*You're so upset, but I sense that you really want to understand.*" This is another example of an attributional statement. If I responded this way, it would be a decision to initially emphasize Veronica's wish to understand rather than her feelings of hurt and anger.

On the assumption Veronica needs to feel that Tom is truly remorseful, I could ask her to tell Tom how deeply hurt she feels. I'm less inclined to

take this option because it seems too much like what they have done in the past—Veronica talking about her insecurity and Tom empathizing and then becoming tired of dealing with her feelings. Though the facts here are quite different than mere suspicions, I'm concerned that too much guilt and blame leads Tom to be defensive.

I decide to start by turning to Veronica, and reflect back that it was so devastating because things had been going so well. "*What do you mean that he was so sweet and caring? How? In what ways?*" I do this because it is a reminder of how good it can be between them and because it starts the conversation with Tom being appreciated rather than blamed. This, of course, is counterintuitive. I, like Veronica, am disappointed, and in a much more limited way feel that he has betrayed my trust too. Was his participation in therapy a charade? Was he just going through the motions? But, though I feel this way, I want to respond in a manner that will not make him feel attacked and will help him be as open and nondefensive as possible. After Veronica elaborates on how sweet he'd been, I turn to Tom and ask him to help Veronica understand what was going on for him.

I also highlight the point that Veronica had been developing trust, and ask her what she would need to develop that trust again. By this statement, I let her know that it *may* be possible to build trust again and that there are specific actions that can help that.

Of course I am concerned about what happened and wonder if Tom has not been forthright about his ambivalence or his "complaints" about Veronica. I scheduled a separate meeting with him to go into this concern in more depth.

In these three vignettes, we have looked at only a few of the possible responses to these statements. Many more paths could be taken. But I think the point is clear: the choices one makes initially and one's response to the comments that follow are what set the agenda for a session. Like driving a car, we are constantly making small adjustments or the car will swerve and possibly crash. Each sentence the therapist utters is a mini-intervention and it is the accumulation of these small decisions that keep the session on course.

The choice points I have been illustrating are not limited to couple therapy. The communication skills that are explicated and demonstrated in this book are as applicable to individual therapy as they are to couple work. Too often, in both individual and couple therapy, patients can feel that the therapist's goal is to get at deep, unconscious, or unacknowledged feelings that reveal something bad or weak about the person. What the therapist may think of as simply descriptive often has accusatory implications, and feeling "unmasked," the patient becomes defensive and resistant (P. L. Wachtel, 2011a; Wile, 1984). Throughout this book, the reader will be exposed to ways of saying things that get at underlying issues without inducing feelings of shame and the concomitant resistance that results from that feeling.

How one says things can make an enormous difference in the progress of the work. The numerous case vignettes you will find throughout the book highlight the wording that I think best invites the patient to give serious thought to the therapist's comments, interpretations, and suggestions (see also P. L. Wachtel, 2011a).

A LOOK AHEAD

The next two chapters present some basic assumptions and fundamental principles that underlie the chapters that follow. In Chapter 2, I present my own assumptions about the nature of a good relationship. These assumptions inform our decisions about what directions would be most fruitful to pursue. Equally important in our choices are some fundamental principles that underlie the work. Chapter 3 discusses some of these foundational principles regarding therapeutic method, procedure, and what I think is helpful overall and at different stages of the work. Chapter 4 describes my typical way of conducting a first couples session, including how I structure the session, assess the couple, and find strengths in the relationship. Most couples come to therapy with the goal of wanting their partners to change, but I start with the assumption that it is generally easier to change oneself than to get someone else to change. That's why in the first session I usually ask each person to think about "What makes you not the easiest person in the world to live with?" Chapter 5 discusses how to build on that question in Session 2 and the sessions that follow by using methods that foster self-reflection, humility, and the motivation to change oneself. Also in Session 2, the work of addressing the couple's difficulties begins. Chapter 6 overviews some of the issues that tend to underlie most relationship problems with suggestions for how they might be addressed. Then in Chapter 7, through case examples, I show how the methods covered in Chapters 5 and 6 can play out within the early sessions. The next two chapters discuss the influence on the couple of their families of origin and how to work with those issues. Chapter 8 describes how the process of doing genograms with the couple can itself be therapeutic, fostering empathy and elucidating aspects of each individual that the partner may not know. Given a more complete understanding of what each person carries into the relationship, Chapter 9 describes how to collaboratively move the couple from insight to action through new emotionally resonant experiences. Chapter 10 focuses on improving communication skills to work through a variety of issues and includes a section on the therapist's communication skills. Chapter 11 discusses how to handle seemingly intractable difficulties around affairs, emotional challenges faced by couple therapists, and knowing when it's time to end couple therapy.

SOME CLOSING COMMENTS

All couples need to find a balance between the “I” and the “we” (Lerner, 2012; Fishbane, 2001; Greenberg & Goldman, 2008). Maintaining one’s individuality while being open to being influenced by one’s partner is something that is not resolved once and for all by couples but rather is an ongoing challenge throughout the developmental stages of long-term relationships. Perhaps this issue is even more in the forefront when a couple’s worklife overlaps, as it does for me and my husband, Paul, also a psychologist. Like all couples, we work to maintain our individuality while at the same time joining and intertwining our lives much of the time. Our thinking overlaps a good deal, though there are definite differences—for instance, he’s a psychoanalyst and I am not—but one of the pleasures of a long marriage is to wonder whether we influenced one another or if we would have thought similarly regardless of how the other viewed things. The combination of similarities and differences to which I have just alluded is also what ultimately led me to ask him to write the Epilogue to this book.

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