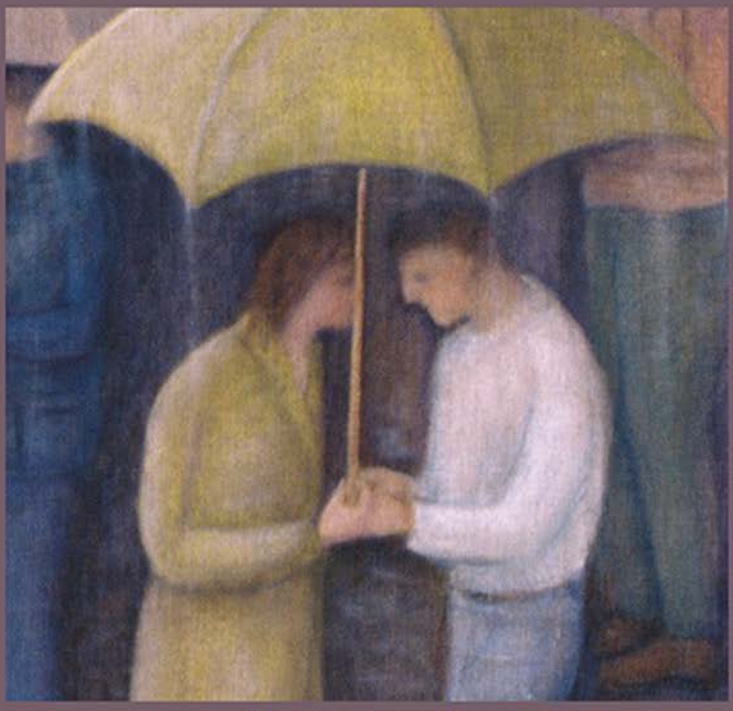
The Disordered Couple



SECOND EDITION

Edited by Len Sperry, Katherine Helm, and Jon Carlson

ROUTLEDGE

THE DISORDERED COUPLE

The Disordered Couple, Second Edition focuses on couples with psychiatric disorders and/or relational disorders that significantly impact their relationship, mental health, and well-being. It is the first and only book to provide mental health professionals and trainees with cutting-edge, culturally sensitive, and evidence-based clinical strategies for working effectively with disordered couples.

While maintaining its focus on disordered couples, this second edition adds several new features and considers key trends that have impacted the structure of couples and families since the original edition appeared, including the influence of social media and technology, legalization of same-sex marriage, increases in the availability of Internet pornography, and changes in societal norms regarding romantic relationships. The disorders covered reflect revisions to the DSM-5 and both psychiatric disorders and relational disorders, and the book highlights clinically relevant and culturally sensitive intervention practices for working with a wide variety of disordered couples. Chapters also include a section on specific multicultural implications for the type of couple discussed.

With proven strategies for effectively assessing, conceptualizing, and implementing treatment with disordered couples, this book is an essential reference for marital, clinical, counseling, and psychiatry professionals, as well as trainees in these areas. *The Disordered Couple*, Second Edition will be of great assistance to mental health professionals in providing disordered couples with the most up-to-date, culturally sensitive, and relevant clinical care.

Len Sperry, M.D., Ph.D., is Professor of Mental Health Counseling and Director of Clinical Training at Florida Atlantic University and Clinical Professor of Psychiatry at the Medical College of Wisconsin, U.S.A. He is an early pioneer in psychotherapy outcome research, a leader in the treatment of personality disorders and disordered couples, and an originator of spiritually oriented psychotherapy. Among his 1000+ publications are six on psychopathology and eight on families and couples.

Katherine Helm, Ph.D., is Professor of Psychology and Director of Graduate Programs in Counseling at Lewis University, Romeoville, IL, U.S.A., and a psychologist and supervisor of clinical training at a university counseling center. She has authored several publications about multicultural issues in mental health, couples and sexuality issues, and pedagogy in multicultural courses. Katherine has also appeared in training videos for counselors and therapists.

Jon Carlson, Psy.D., Ed.D., was, until his death, Distinguished Professor at Adler University in Chicago, U.S.A. He authored 62 books and produced 300 instructional videos used to train the next generation of practitioners. He has received lifetime achievement awards from professional associations including the American Psychological Association, the American Counseling Association, and the North American Society of Adlerian Psychology.

"As couple therapy inevitably leaves the confines of private practice and becomes more and more incorporated into integrated primary care practices, this is the manual for the future. This is the book that will support core training in the helping professions. Couples counselors and marital therapists—in private practice or in agencies—social workers; couple/marital psychologists; psychiatrists and psychiatric nurses; pastoral counselors: get ready. These are the couples we will be serving for the next 25 years."

—from the Foreword by James Robert Bitter, Ed.D.,
Professor of Counseling and Human Development,
East Tennessee State University, U.S.A.

THE DISORDERED COUPLE

Second Edition

Edited by Len Sperry, Katherine Helm, and Jon Carlson

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Dedication

About four years ago, Jon Carlson and I (LS) began talking about revising the first edition of *The Disordered Couple*, which was published in 1998. Because of new and more complex challenges facing couples and their therapists, it was clear to us that that the scope of the revision needed to be broadened considerably. Jon and I were both enthused about the prospect of a new and expanded edition. We also decided that additional editorial help was needed, especially since Jon had begun undergoing a series of medical and surgical procedures. It was fortuitous that Katherine Helm, Ph.D., accepted the invitation to join us as a co-editor. The untimely passing of Dr. Carlson in early 2017 was difficult for us. Nevertheless, we persisted in completing the project that Jon was convinced was so important. Accordingly, Katherine and I want to dedicate this book in honor of our beloved friend and colleague, Jon D. Carlson, Ed.D., Psy.D.

Jon was a significant friend, mentor, teacher, and author. When he asked me (KH) to work with he and Len on this project, I was honored to take part in such an important book. Even when Jon became ill, he was still highly invested in this book and what he thought an updated edition could contribute to the field. He was passionate in his dedication to the fields of psychology and counseling and was always seeking creative ways to teach practitioners and students how to help others in distress—especially couples. We miss you, Jon, and know that you would be happy with the completion of this book.


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Len Sperry: I would be remiss if I did not acknowledge my mentor and cherished colleague and friend, Richard Cox, M.D., Ph.D. Richard trained and supervised me in the practice of couples and family therapy first as a post-doctoral intern at the Marriage and Family Center in La Jolla, California and then in co-teaching graduate courses and weekend seminars to couples and family therapists. I also wish to express my heartfelt appreciation to Dr. James Robert Bitter for his gracious Foreword and to Katherine Helm, my co-editor, for all her efforts in bringing this book to fruition.

Katherine Helm: I would like to acknowledge two very talented graduate assistants at Lewis University, Kiersten Tinkoff and Erin Burns, for their quality work on this important book. I would also like to thank my co-editor, Len Sperry, for his wisdom, guidance, ideas, and hard work. Finally, I would like to thank my husband, Anton Lewis, for his patience, understanding, and support throughout this project.

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FOREWORD

The Disordered Couple: Moving Forward

It is December of 2017, and I am in Anaheim, California, at the Evolution of Psychotherapy Conference, walking out of a clinical demonstration by a master of individual therapy, a therapist I have admired for 30 years. His room has many hundreds of people there to see him, maybe 800–1000 people, which at any other conference would be huge numbers. His audience, however, is dwarfed by the rock star presenters of this convention, the masters of couple therapy!

Walk into almost any presentation, panel, or conversation hour with John and Julie Gottman, Harvelle Hendrix and Helen LaKelly Hunt, Susan Johnson, Esther Perel, or Michele Weiner-Davis, and the room is packed, double the audience of many other presenters. This will not be a surprise to working therapists, and it should be a heads-up to students preparing to enter the helping professions. More and more couples are coming to therapy, seeking help for themselves and their relationship. Accordingly, knowing how to work with couples has become the new "must-have" skill in therapy. Even those presenting for individual therapy often shift immediately into relational issues that make it all but certain a coupled partner should be invited to join the therapy sessions.

It turns out that Adler (1932) was right: we are social beings, whether we like it or not. We are challenged as a result of our evolutionary limitations and restrictions to form into communities, to take care of each other, to form a common bond. As John Dewey (1916) noted:

> *There is more than a verbal tie between the words, common, community, and communication. [People] live in a community in virtue of*

> *the things which they have in common; and communication is the way in which they come to possess things in common.*
>
> (p. 4)

So, we are social beings, and we have to learn to work together, to cooperate, to divide and exchange labor fairly and freely, to make a contribution. In short, we have to find something meaningful to do with the time that we have on earth, and the meaning we achieve, individually or together, is directly related to the contribution we make to the larger whole of humanity. The social task provides the context for answering the question "Who am I?" How we use our time on earth answers the question "What am I worth?" When individuals retreat from the challenge of meeting these tasks, when they turn in upon themselves, let fear overwhelm them, seek isolation, they become disordered, discouraged, disengaged. Distress and impairment in these areas is a fundamental aspect of psychopathology.

The same evolutionary demands for survival and adaptation that require the psychological capacity for friendship (community) and cooperation (work) also build into our very being the desire to couple, to love and be loved by at least one other person, to feel safe and no longer alone, as we make our way in the world and through life. This need for intimacy is, of course, connected to the species requirement for procreation, but the earth has more than enough people on it. Indeed, the world might actually be better off if only about a fourth of earth's population had children for the next few generations. Even so, the need for intimacy would still be present in all of us.

So, we couple. From birth on, at least one parent couples with the child, forming an intimate bond. This is attachment, and the capacity for that child to engage in later bonding is literally set in motion by this relationship. Contact and emotional/physical attunement turn out to be almost everything. If the child has more than one parent, regardless of gender or genders involved, the bond between those parents also creates a model for relational processes, for how get along with ourselves, members of the same sex, members of the other sex, and how to handle the experiences related to race, ethnicity, culture, gender and gender identity, sexual/affectional orientation, and ableness, to name just a few of the challenges and influences that permeate modern life. In short, we learn to love and bond in dyads, to call these coupled relationships *home*, and then to move out into the world, to engage and work there, but always to have this home to which we regularly, if not daily, return.

When these bonds fail to develop in childhood or are ruptured over time, when people are hurt or neglected, abused or violated, or when the adults in a child's life are disordered, the chances that such children will grow into healthy adult bonding are greatly diminished. Indeed, the likelihood of individual psychological disorders increases in these individuals.

Today, people who come for couple therapy can roughly be divided into two groups, as this book notes. There are those who essentially have relational

issues and need to sort through communication and problem-solving processes. The second group involves more severe problems in which one or both partners in the relationship meet criteria for often multiple psychopathologies, as delineated within the DSM-5 (American Psychiatric Association, 2013). Again, as the authors in this book point out, it is not just that these psychiatric disorders get played out in couples, but also that the stress and demands of the coupled relationship can actually exacerbate the individual disturbances. The good news is that the coupled relationship can also be the avenue for therapy, but not if the actual psychiatric disorders are missed, misdiagnosed, or ignored. It is, by the way, this latter group, these more severely disordered couples, which are increasingly walking through our doors.

The authors in this book cover the myriad of ways in which people couple differently. The discussions of cultural differences, same-sex marriages, and developmental stage-of-life relationships, alone, are worth the reading of the book. The heart of the book, however, is the 13 chapters that address psychological disorders in couples ranging from anxiety, depression, and psychosis to personality disorders, addictions, and violence. From my position as a counselor and an academic, I believe that there is no one better at assessment and case conceptualization with couples than Len Sperry. And his model is applied throughout these chapters. Each of the disorders addressed extends biopsychosocial clinical formulations into cultural considerations and the reflexive influence of coupling and psychopathology. Each disorder, properly conceptualized, informs a careful delineation of treatment.

As couple therapy inevitably leaves the confines of private practice and becomes more and more incorporated into mental health agencies and integrated care practices, this is the manual for the future. This is the book that will support core training in the helping professions. Couple counselors and marital therapists—in private practice or in agencies—social workers; couple/marital psychologists; psychiatrists and psychiatric nurses; pastoral counselors: get ready. These are the couples we will be serving for the next 25 years.

James Robert Bitter, Ed.D. Professor of Counseling
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Author: *The Theory and Practice of Family Therapy and Counseling* (2014)

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INTRODUCTION

The Changing Landscape of Couple Therapy Today and Tomorrow

Katherine Helm and Len Sperry

The first edition of this book was published in 1998. It was unique in that it was the only book that addressed psychopathology in one or both partners in committed intimate relationships. Since then, several important trends in the field of mental health and couple therapy have occurred, making a revision of this text timely. Some of these trends include: the influence of social media and technology on one's "couple identity," problems and status, the legalization of same-sex marriage, increases in the availability of Internet pornography and increasing Internet infidelity, changes in the norms regarding romantic relationships (e.g., hook-up culture, cultural trends in the Millennial generation that impact one's commitment to romantic relationships), decreasing marriage rates, and increasing acceptance of non-traditional romantic relationships (e.g., cohabitation).

Other influences on couples work today include: the demonstrated effectiveness of couple therapy; more randomized controlled trials (RCTs) and empirically validated/evidence-based treatments for specific types of couple therapy; current research on the critical importance of the therapeutic alliance with the treating counselor, as well as specific ways it might differ between male and female partners (and the impact this can have on the effectiveness of the couple therapy); increased research on couple therapy where one partner has a comorbid psychological disorder; and a new edition of the *Diagnostic and Statistical Manual*, DSM-5. These and other twenty-first century trends are shaping the structure of couples and families in rapidly changing ways, which impact the mental health and presenting issues of couples.

Couples clinicians are taught how to do couple therapy; however, the majority of therapeutic models still do not adequately address the unique treatment issues that exist when one or both members of a couple present

with psychopathology. The first edition of this text was foundational in the marriage and family field, bringing together critical information about the presentation, treatment, and challenges faced by couples struggling with high levels of psychopathology. There continue to be very few texts available to guide clinicians and counselors-in-training in the treatment of disordered couples.

The second edition maintains this focus on disordered couples; however, new features are added, making it even more timely. The disorders covered in this book reflect DSM-5 categories and language. This edition of *The Disordered Couple* also explores the current literature on how clinicians can effectively work with disordered couples in counseling. It reviews clinically relevant practices, specific intervention strategies, and assessment recommendations for working with different types of disordered couples. Multicultural considerations are integrated into each chapter topic to provide clinicians with specific suggestions for culturally competent practice with couples.

Myths About Couples and Therapy

Despite the increasing research on relationship functioning and the couple therapy approaches and interventions, a number of myths about couples and couple therapy persist.

We have found that addressing these myths directly helps clinicians better conceptualize and contextualize the practice of working therapeutically with couples. Table 1.1 summarizes these myths.

Table 1.1 Myths Involving the Practice of Couple Therapy (Len Sperry)

1. All couples' basic needs are essentially the same irrespective of race, ethnicity, or social class.
2. Communication work has been and should remain the primary focus and intervention in couple therapy irrespective of race, ethnicity, or social class.
3. Couple therapy is a specialized form of family therapy and cannot be ethically and effectively practiced without formal training and supervision.
4. Using the DSM-5 in couples work is not compatible with systemic (systems) thinking.
5. If one partner experiences a DSM-5 disorder, it is best treated in individual therapy rather than in couple therapy.

To the extent to which therapists and trainees hold these myths, this book is unnecessary. Until these myths are relinquished, therapists and trainees cannot be successful in treating the majority of couples that present for conjoint therapy today. This book undercuts these myths and provides the reader with an evidence-based perspective and effective set of interventions for working with a wide range of disordered couples.

Myth 1: All Couples' Basic Needs Are Essentially the Same Irrespective of Race, Ethnicity, or Social Class

Given the current literature on intimate relationships, we know that race, ethnicity, culture, sexual orientation, and many other types of variables significantly shape the couple, their relationship, and even their goals for couples counseling. Previous work with couples did not adequately explore the unique needs and experiences of racially/ethnically diverse couples nor same sex couples. In this edition of *The Disordered Couple*, we have attempted to include much of the updated literature and culturally sensitive approaches that incorporate the critical context of how a couple's background shapes their issues together as a couple.

Dr. Eli Finkel's book *The All or Nothing Marriage* (2017) demonstrates that there are significant differences between three marriage types typically seen in Western cultures: necessity, companionate, and actualization. (1) necessity (marriage out of survival needs or as a cultural expectation or demand); (2) companionate (a marriage of mutual interest and goals and shared social networks); and (3) actualization (a desire for our significant others to help us grow into a better version of ourselves and to reach our full spiritual, intellectual, emotional, and psychological potential through our romantic partners). This has become a modernized Western expectation for many couples entering marriage. Finkel suggests that for marriages that can perform this function, they are likely to be successful, but for other marriages, this expectation may put an unfair burden on the relationship as this may be unattainable and/or unsustainable. A couple's expectation for their relationship is strongly influenced by their culture, race, sexual orientation, level of education, and socioeconomic status, as well as myriad other influences. This edition of *The Disordered Couple* incorporates a socio-cultural lens for effective couples work.

Myth 2: Communication Work Has Been and Should Remain the Primary Focus and Intervention in Couple Therapy Irrespective of Race, Ethnicity, or Social Class

Historically, couples counseling has often focused on improving couples' communication as a hallmark of couples treatment. Although no practitioner working with couples would state that having couples communicate in more effective ways with one another is not a worthy goal, most current successful couples treatments have moved away from this goal as the most important part of couples work (e.g., emotion-focused couple therapy, Gottman's Sound Relationship House approach, cognitive–behavioral couple therapy, etc.). These therapies (reviewed more extensively through this text) instead use empirically validated methods to help couples emotionally connect with one another and use their attachment to each other in emotionally corrective ways (EFCT); explore the most destructive aspects of communication and

relational disconnection and teach them how to reconnect with one another through shared meaning (Gottman's method); and help couples understand ways they influence and shape one another as well as how the context (environment) in which they exist impacts their relationship with one another.

Myth 3: Couple Therapy Is a Specialized Form of Family Therapy and Cannot Be Ethically and Effectively Practiced Without Formal Training and Supervision

The reality is that couple therapists come from many different professional backgrounds (e.g., MSW, Ph.D., Psy.D., MFT, M.A., etc.), and many are neither formally trained in family therapy nor licensed as marital and family therapists. While working with couples necessitates a high level of competence and training, that training can come (and often does) when a mental health professional's formal education concludes. For example, competent couple therapists often receive specialized couple training from clinical supervisors, professional workshops, consultation, and other forms of professional development. In short, mental health professionals from diverse training backgrounds can and do work effectively with couples.

Myth 4: Using the DSM-5 in Couples Work Is Not Compatible With Systemic (Systems) Thinking

Like family therapy, couple therapy approaches have traditionally viewed couples from a systemic and contextual perspective. Seldom have couples' disordered presentations been viewed from a psychopathology perspective. Perhaps, this is why the first edition of this text was successful—couple therapists were looking for strategies to more effectively help couples where at least one member was struggling with a disorder. DSM-5, though an imperfect document, is not only empirical but also significantly shaped by current thinking, culture, and social norms—all of which are systemic and contextual. DSM-5 does not exist in an unchanging vacuum and can be useful in couples work, when appropriate. Often, it can be used as a tool for helping couples understand how symptoms manifest, which can better prepare them to cope and recognize how symptoms one partner experiences influence their relationship as a whole. Increasingly, many doing couples work find that the DSM's description of symptoms and criteria can provide couples a common language and understanding of a particular disorder (e.g., depression), especially when utilized within couple therapy with a trained professional.

Myth 5: If One Partner Experiences a DSM-5 Disorder, It Is Best Treated in Individual Therapy Rather Than in Couple Therapy

Many therapists, particularly those formally trained in family therapy, have a conflictual relationship with the DSM 5. As professionals, we recognize

the critical importance of having a diagnostic manual that enables us to effectively recognize symptomatology, clarify a diagnosis, and speak in the common diagnostic language of our profession, but given that clinical work with individuals and couples have emerged as somewhat different modalities, often couple therapists wish to "leave that DSM-5 stuff" for individual therapists working with diagnosable disorders. Our review of the literature in Chapter 1 tells a very different story. Current literature finds that couple therapy is quickly becoming a place where couples work together to not only strengthen their relationship but also develop a greater degree of understanding when one or both of them struggle with a psychological disorder (e.g., depression). Some literature (see Chapter 1) has found that couple therapy can be highly effective in the treatment of certain psychological disorders, and thus couple therapists should be prepared to work with psychopathology of the individual and the couple within couples work. Often when couples are emotionally and/or financially stressed and are pressed to choose between individual and couples work, they frequently choose couples work. Thus, the field has adapted its approaches to working with disordered couples in couple therapy. This book is therefore timely.

Format of the Book and Intended Audience

This book will explore clinically relevant practices for working with different types of disordered couples and include specific intervention strategies and assessment practices. This particular text is intended for practicing clinicians as well as counselors-in-training. We assume the reader has some basic knowledge of couples treatment and psychological theory and uses this text to supplement their knowledge and to directly apply it to work with disordered couples in treatment. Each chapter reviews a different type of disordered couple and provides a basic description of the type of couple being discussed. An overview of relevant literature to specific types of disordered couples is provided. The DSM-5 diagnostic criteria for the disorder experienced by the couple will be reviewed and a couple case conceptualization presented to augment clinicians' understanding of how to apply the interventions discussed in each chapter. Specific assessment recommendations are made and cultural considerations for diverse couples and for operationalizing culturally competent practice will be discussed. Finally, each chapter contains a case example illustrating theoretically grounded interventions and other treatment considerations; a summary of recommendations for each disordered couple is given at the end of each chapter.

The book is divided into four sections. In Part I, "Treating Disordered Couples Today," current issues such as technology's impact on couple relationships, Internet infidelity, and social media are explored. Additionally, the current literature on the alliance between couple therapists and couples, family-of-origin issues, and cultural issues in couple therapy (including

same-sex couples) are reviewed. Part II, "Disordered Couples," discusses disordered presentations in one or both partners in terms of DSM 5 categories. Part III, "Developmental Issues Impacting Couples," reviews developmental and other relevant issues impacting couples today (e.g., the sandwich generation challenges, terminal illness, etc.). Finally, the last section, "Treating Disordered Couples: Retrospective and Prospective," suggests future directions for couples work and a summary of this text's most powerful conclusions for couples' practitioners.

Conclusion

As already noted, several significant trends in the past two decades have necessitated a revision of this text. The most important features of this second edition include its broadened focus on many different types of couples, specific culturally sensitive considerations for providing couple therapy, and its inclusion of updated case studies to include the most current couple therapy practices and considerations in treating couples today. Additionally, this edition incorporates issues for the sandwich generation, how technology impacts couple relationships, and the future directions for couple therapy.

Reference

Finkel, E. J. (2017). *The all-or-nothing marriage: How the best marriages work*. New York, NY: Penguin Random House.

PART I

Treating Disordered Couples Today


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1

ISSUES AND TREATMENT CONSIDERATIONS IN COUPLE THERAPY TODAY

Katherine Helm

Couple Distress and Psychopathology

A review of research on the treatment of couple distress over the last decade demonstrates that couple therapy positively impacts 70% of couples receiving treatment (Lebow, Chambers, Christensen, & Johnson, 2012). These data parallel the success rates for individual therapy. Lebow et al. (2012) found that couple therapy clearly has a significant role in the treatment of several disorders, especially depression and anxiety. Couple practitioners are aware that couple distress has a negative impact on individual mental and physical health. "Evidence is beginning to accrue that couple distress is not only correlated with but also has a causal role in the generation and maintenance of individual psychopathology" (Whisman & Uebelacker, 2006, p. 146 as cited in Lebow et al., 2012; Whisman & Baucom, 2012). Whisman and Uebelacker (2006) examined correlations between marital distress and DSM-IV disorders and found that marital distress had a significant negative impact on anxiety, mood, and substance use disorders (Lebow et al., 2012).

Chronic relational distress in the couple relationship can have devastating consequences. Whisman and Baucom (2012) explored the impact relational distress has on psychopathology and found strong possibilities that a bidirectional relationship between couple discord and mental health issues exists. That is, relational discord can act as an interpersonal stressor, increasing the likelihood of a person developing mental health problems and/or mental health problems experienced by one or both members of the couple and contributing to or exacerbating relational discord. From either direction, it is clear that problems in one's romantic relationship have a negative impact on one's mental health. "With respect to co-occurrence between relationship discord and psychiatric symptoms, the most common disorder that has been

studied is depression" (Whisman & Baucom, 2012, p. 5), and the severity of depressive symptoms is greater when individuals report lower relationship adjustment. Whisman and Baucom point to an increasing body of literature that relationship discord is associated with not only psychiatric symptoms but also psychiatric disorders; the results are highly generalizable. In large population-based samples conducted with people across the 48 contiguous United States, marital discord was associated with broad-band categories of mood, anxiety, and substance use disorders as well as with specific narrow-band diagnoses of specific disorders in DSM-IV (Whisman & Baucom, 2012).

A review of the literature finds that the association between relationship discord and psychopathology does not appear to be limited to any single disorder or class of disorders and that it may be a general risk factor for several mental health problems (Whisman & Baucom, 2012; Lebow et al., 2012). Thus, improving couple relationships could go a long way in improving one's individual mental health issues. In fact, there is some evidence to suggest that the traditional practice of referring one partner for individual therapy when he/she has a psychological disorder may not be as effective as originally thought. Research has demonstrated that when couples have significant relationship discord, the individual with a disorder is far less likely to respond to individual therapy and pharmacological treatments (Whisman & Baucom, 2012). Additionally, couples have limited time and resources for counseling, so often couple therapists are called to do treatment with one partner for a psychological disorder within the couples counseling sessions. This approach has obvious pros and cons. One pro might be that each partner is provided psychoeducation about the disorder one partner is experiencing, which can provide both with a deeper understanding of how their relationship is impacted by a partner's disorder. Another pro might be that the collaborative effort of the counselor and the couple in addressing one partner's disorder could bring the couple closer together and help them to develop a mutual sense of empathy. A skilled couple therapist can help the couple both understand the impact mental health issues can have on both partners and externalize and contextualize some of the impact of the disorder. Together, the couple and therapist can work to reduce any blaming and shaming either member has about having or experiencing the effects of a psychological disorder within the couple relationship. This might serve to increase the couple's sense of togetherness. Two of the biggest cons, in theory, are that the couple therapist may focus on one individual more than the other and the idea that the "disorder" takes away attention from working on the couple's relational difficulties. Additionally, taking this approach might increase blaming and shaming among the couple if their relational discord does not allow the couple therapist to help establish common ground between them.

Although some of these points may be true, practitioners are aware that it is simply unrealistic at times to refer an individual due to limited financial

resources and time that the couple has to give to therapy. Additionally, couple counselors understand the importance of capitalizing on the couple's current motivation for seeking help for their relational difficulties. To further this point,

> *Poorer marital adjustment has been demonstrated to predict increased likelihood of relapse. Individual-based treatment may be less effective for individuals with relationship problems because these treatments do not address the very problems (i.e. relationship problems) that may be contributing to the maintenance of their mental health issue. Thus ignoring relationship problems may impede treatment of individual pathology.*
> (Whisman & Baucom, 2012, p. 8)

Just as the disorder exists in the couple's daily life, it exists within the couple's counseling sessions as well, and thus separating out the individual suffering from the disorder is often unrealistic and in some cases contraindicated.

Research indicates that disordered-specific interventions should focus on creating essential changes in the couple's relationship that will persist in the long-term and that are specific to the client's disorder. Whisman and Baucom (2012) suggest that couple therapists can assist couples in identifying specific ways to use or modify their relationship to encourage changes the partner with the disorder needs to make in order to address specific psychological difficulties/disorders. In other words, along with utilizing certain skills the couple learns in therapy to improve their relationship, the couple themselves, working in concert with the therapist, can develop ways that their relationship can support the potential reduction of symptoms of one partner's psychological disorder. This might involve some lifestyle changes for the couple. An example supported by the literature was in the treatment for Agoraphobia and Obsessive–Compulsive Disorder (OCD), where the partner without the disorder can participate in assisting in social experiments (for Agoraphobia) or in exposure-response prevention strategies (for OCD) (Whisman & Baucom, 2012). These partner-assisted strategies can be very helpful and go a long way in supporting the couple's relationship and mutual skill building strategies. Lebow et al. (2012) concludes that when couples present for therapy, therapists need to assess and respond to comorbid psychotherapy that is critical to the success of overall couple treatment.

The Alliance in Couple Therapy

From the time graduate students enter counseling and psychology training programs, they are told of the importance of the therapeutic alliance between the therapist and client. Practitioners understand that without an adequate alliance, counseling will not be successful, and clients are most likely to drop out of therapy. Recent research on the alliance in couple therapy has

highlighted how the alliance between couples and therapist, and individuals and therapist, differs (Knerr et al., 2012; Lebow et al., 2012). Knerr et al. (2012) found that the therapeutic alliance has been shown to predict outcomes in marital therapy, while Symonds and Horvath (2004) found a weak relation between alliance and outcome, though this correlation was much stronger when the partners agreed about the strength of the alliance (low or high). When teasing out the literature on alliance for heterosexual couples based on gender, the data are more illustrative. Symonds and Horvath (2004) found that the male partner's alliance was more predictive of positive outcome than the female's alliance and that when males' alliance was greater than females' (and when the alliance was improving over time), correlations between alliance and outcome were strong. The importance of the male alliance with the couple therapist is well documented in the literature (Knerr et al., 2012; Brown & O'Leary, 2000), and it is safe to conclude that men's alliance with the couple therapist is a better predictor of outcome than the alliance for women. Conversely, Knobloch-Fedders, Pinsof, and Mann (2004) found that alliance did not predict changes in individual functioning but did predict 5–22% of improvement in marital distress. Knerr et al. (2012) questioned whether alliance develops in the same way when there is one client in the room vs. two and what factors are associated with variability in the development of alliance. This question is still being studied. The literature supports developing an alliance with a couple as being more complex than with an individual; the alliance for couples is more therapist-driven, while in individual therapy it is more client-driven (Knerr et al., 2012). Lebow et al. (2012) conclude that split alliances, especially when the male's alliance is lower, present special challenges for couple therapy. Male engagement in heterosexual couple therapy may be the strongest predictor of good outcome for couple therapy. One take-away from this area of research is that couple counselors should look to continually assess alliance in both partners throughout treatment so that if the alliance is unbalanced or weak, it can be addressed early and often in treatment, which should help counseling be more successful.

Couple's Agreement on Presenting Problems

Another area of exploration has been examining the degree to which couples agree on their presenting issues when they come to couple counseling and whether their level of agreement impacts the process and outcome of counseling. In a study investigating both brief and long-term couples counseling, Biesen and Doss (2013) determined that pretreatment agreement on relationship problems was unrelated to treatment course or outcome for longer-term integrative treatments; however, when couples received brief treatment, agreement predicted greater engagement in the therapeutic process and more positive treatment outcomes. Their findings indicate that greater agreement in a briefer therapy model meant that couples were more

likely to attend the minimum number of sessions and report more clinically significant changes during therapy. The authors of this study draw some noteworthy conclusions regarding couple agreement on presenting issue. They assert that level of agreement might be associated with how severe the couple's presenting issues are.

> *Different presenting problems may reflect more severe relationship distress that, like an advanced cancer, has metastasized from the original problem area to various parts of the relationship. Therefore couples who agree in their presenting problem may be seeking help for their relationship in an earlier, less severe stage of distress.*
>
> (p. 659)

This assertion supports the work of Whisman, Beach, and Snyder (2008; Whisman, Snyder, & Beach, 2009 as cited in Lebow et al., 2012) that distressed marriages may be able to be separated into two populations who seek couple counseling and that they should be treated as distinct: those that are beyond the threshold for distressed marriages with all the factors that accompany distressed marriages, including high risk for divorces; and those seeking counseling for more minor issues and for preventative purposes. Thus, early and appropriate assessment of into which category a couple may fall is warranted and likely to increase couple treatment's overall effectiveness.

Types of Couple Therapy

A comprehensive review of couple treatments developed and refined since the first edition of this book is beyond the scope of this text. Instead, this section will focus on some of the latest developments in evidenced-based couple treatments. Individual chapters will incorporate a broader focus on some of the most current treatment approaches. Over the last decade, there has been a significant increase in the development of randomized clinical trials (RCTs) to explore the effects of certain types of couple treatment. Outcome research has increased, but there continues to be a lack of process research (Gurman, 2011). Gurman (2011) asserts that it is often the case that couple therapy research has little impact on the day-to-day practice of couple therapists, which could be due to the focus on treatment packages, use of manuals, and researchers' tendency to ignore therapist-specific factors (i.e., factors about those who actually perform the therapy).

Several couple therapies have demonstrated effectiveness as evidenced-based treatments, including: emotion focused couple therapy (EFCT) (Johnson, 2007) and Behavioral Couple Therapy (BCT), which has three forms: Traditional Behavioral Marital Therapy (Jacobson & Margolin, 1979), Cognitive–BCT (Epstein & Baucom, 2002), and Integrative-BCT

(Jacobson & Christensen, 1998). Additionally, the application of interpersonal neurobiology and the exploration of core marital interaction patterns (Gottman, 1998a, 1998b) have demonstrated effectiveness (Gurman, 2011) in multiple RCTs. Briefly, EFCT is a couple intervention that views attachment orientation and emotional ways of relating as key components of how couples perceive, interact, and feel within their couple relationship. Lebow et al. (2012) describe EFCT as incorporating a humanistic, experiential perspective that values emotion as an agent of change and applies an attachment orientation lens to adult love relationships.

Research demonstrates that key effectiveness components of the theory include the depth of emotional experiencing in sessions and the shaping of new interactions where partners are able to clearly express attachment fears and emotions and are taught to respond to one another's emotional needs in the moment. The focus on affect regulation and developing a stable and secure emotional connection with one's partner are other key elements. Christensen and Jacobson (2000) explore the types of behavioral treatments for couples, including Traditional Behavioral Couple Therapy (TBCT, also known as Behavioral Marital Therapy, BMT), and Integrative Behavioral Couple Therapy (IBCT). As summarized by Christensen and Jacobson, IBCT is defined as including aspects of private experience such as emotions and emphasizes concepts such as acceptance and mindfulness in addition to typical cognitive–behavioral strategies. It focuses on broad themes in partners' concerns and puts a renewed emphasis on functional analysis of behavior, all while underscoring emotional acceptance, behavioral change, and emotional distance from problematic patterns. TBCT focuses more squarely on changing couples' problematic behavior. Additionally, TBCT concentrates on the ratio of positive to negative interpersonal exchanges and emphasizes operant conditioning (DeLoach, 2012). "A traditional behavioral model posits that behaviors of both members of a couple are shaped, strengthened, weakened, and can be modified in therapy by consequences provided by environmental events, particularly those involving the other partner" (Baucom, Epstein, LaTaillade, & Kirby, 2008, p. 32). Lebow et al. (2012) find that the literature presents substantial evidence that couple therapy (in most cases variants of TBCT) is helpful in the treatment of disorders conceived through the lens of individual diagnosis.

It might be easy to conclude that EFT and variants of TBCT are the most effective types of evidence-based counseling; however, given that few research studies have compared multiple therapeutic approaches against one another in the same study, as well as the lack of process research for most theories, this would not be a safe conclusion. Gurman (2011) asserts that we are quite unable to answer specific questions about *how* therapy works but can now more assertively answer the question *that* it works. This might be part of the disconnect between research and practice, which is a critical area of future research in the field of couple therapy.

Family–of-Origin Issues Impacting Couples

There has been extensive research on the impact of family-of-origin (FOO) issues on individuals and couples. Family-of-origin issues have been found to have significant effects on: marital satisfaction and marital quality, positive or negative attributions about one's partner (Martinson, Holman, Larson, & Jackson, 2010: Sprenkle, 2012; Knapp, Norton, & Sandberg, 2015a; Topham, Larson, & Holman, 2005; Knapp, Sandberg, Novak, & Larson, 2015b; Hardy, Soloski, Ratcliffe, Anderson, & Willoughby, 2015; Gardner, Busby, Burr, & Lyon, 2011), and the ability of partners to self-regulate (i.e., the aptitude of romantic partners to observe relationship activity patterns and actively engage in sustaining a healthy romantic relationship (Halford, Lizzio, Wilson, & Occhipinti, 2007 as cited in Knapp et al., 2015b)). Additionally, utilizing self-regulation leads to increased marital satisfaction, higher levels of commitment within the marriage, and increased marital stability and quality (Knapp et al., 2015b). Early patterns of attachment within one's families of origin have been found to be predictive of and influential in marital quality and satisfaction.

> *Longitudinally, adult romantic attachment has been linked to previous negative experiences in family background settings. Negative life experiences within one's FOO context are significantly related to attachment style. In other words, attachment styles developed in childhood significantly relate to adult attachment style.*
>
> (Waters, Merrick, Treboux, Crowell, & Albershei, 2000 as cited in Knapp et al. 2015b, p. 132)

These findings have significant implications for couple therapy. Obviously, couple therapists need to assess for attachment style and FOO issues early in couple therapy. Individuals who did not grow up with secure attachments can find comfort in that developing a secure attachment in one's romantic relationships can have a healing quality, and marital attachment patterns in couple therapy can be changed. EFT is especially well-suited to do this, given that its works with adult attachment style and emotional understanding from both members of the couple.

Cultural Issues in Couple Therapy

Multicultural counseling is often referred to as the fourth force of counseling. This deeply important lens with which to view all clients who present to counseling cannot be understated. Culture can be broadly defined as the customary beliefs, social forms, and material traits of a racial/ethnic, religious, or social group that impacts one's worldview, self-and-other identity, values, behavior, and the very way in which we live our lives. Utilizing a multicultural lens can help couple counselors acknowledge and understand the

myriad intersectionalities (e.g., a middle-class African American lesbian) that occur within each individual as well as each couple. Fully integrating a multicultural perspective allows couple counselors to practice culturally competent and sensitive couple therapy. This perspective necessitates counselors' examination of their own assumptions and values and encourages the development of an acute awareness of how cultural issues impact their views of their clients, their clients' views of them, and the complex interaction between all of these variables. Over the last two decades, couple therapy has improved its efforts to include the study of more diverse couples within the literature.

Poulsen and Thomas (2007) conclude that family and couple therapy has undergone a powerful transformation that encourages couple therapists' understanding of how social constructivism (i.e., the ways we make meaning and interpret the world based on the social context in which we exist) impacts a particular couple's issues. Couple counselors bring their culture, values, and beliefs to the therapy setting, and counselors have an ethical obligation to acknowledge how these factors impact the counseling process (Wylie & Perrett, 1999). Although culture incorporates so many variables (e.g., race, ethnicity, identity, age, ability status, socioeconomic status, sexual orientation, gender identity, geographical locale, nationality, etc.), this book will narrowly focus on couple counseling with heterosexual, gay, lesbian, bisexual, African American, Latino/a, Asian American, interracial/intercultural, and religious/spiritual couples, as well as on how socioeconomic status can impact the couple counseling process. This by no means represents the full spectrum of diversity among couples. Obviously, most clinicians know that taking into account all of the cultural variables that exist is impossible and often overwhelming; however, being respectful of cultural differences as well as of how various cultural variables can impact the couple counseling process (for the couple and the counselor) is imperative to the success of couple counseling. Couple counselors who bring with them an awareness of how cultural context impacts couples' relationships and the process of couple therapy may be able to more effectively build an alliance with these couples. Bhugra and De Silva (2000) acknowledge that cultural differences are especially challenging in couple therapy because of the multitude of ways they can manifest. They caution couple therapists to be aware of how cultural differences can shape the power dynamic in therapy (e.g., if the counselor is from a majority cultural background and the couple is Latino/a). Much of the literature recommends that couple therapists address cultural differences early and often throughout the relationship, which serves to build trust between the couple and counselor and models for couples that challenging and sensitive issues within the setting can be discussed (Poulsen & Thomas, 2007; Bhugra & De Silva, 2000). Mirkin and Geib (1999) encourage the use of inquiring questions that explore meaning rather than imposing meaning on couples, which can help establish a collaborative working alliance.

The downside to grouping all cultural groups together under the umbrella of "multiculturalism" is that counselors can get lulled into: (1) underestimating the cultural distinctiveness of each group from other groups; (2) believe that "being culturally sensitive" and "open" is enough to work with any group instead of relying upon one's own individual research about group values and other variables specific to each group; (3) making broad generalizations about certain groups without recognizing and respecting the significant heterogeneity of each individual and couple, even if the counselor him/herself is a member of a similar diverse group as the couple; (4) not exploring the distinctiveness within European American groups and not considering this group to have a valid culture when they present for couple counseling; and (5) becoming overwhelmed by all of the knowledge needed to work with diverse groups. Couple counselors should guard against these temptations and recognize that attaining cultural competence as a counselor is a lifelong process and a continual effort.

African American Couples

There is a paucity of literature on the unique experiences and struggles of Black couples. To provide therapy to African American couples as though they are the same as couples from other backgrounds will lead to ongoing treatment failure (Helm & Carlson, 2013). African American families are far more likely than European American families to have a non-traditional family structure (e.g., female-led, three generations living together, non-related family members helping to raise children). Helm and Carlson (2013) find that the literature suggests that Blacks highly value marriage, and many report a desire to be married; however, Blacks, independent of educational level, tend to marry at later ages than their white counterparts (28.6 for Black men and 28.1 for Black women versus 27.2 for white men and 26.6 for white women), and many Blacks are simply declining marriage overall. Married, non-or-never married, and remarried Black couples are likely to present for couple counseling. Blackman, Clayton, Glenn, Malone-Colon, and Roberts (2005) produced a groundbreaking review, *The Consequences of Marriage for African Americans: A Comprehensive Literature Review*, that found that many of the reasons Black couples come to counseling include that they recognize the economic, psychological, intimacy, and social benefits of marriage and long-term romantic relationships and also see this as important to raising children. Couple counselors should be aware that African American couples report lower marital satisfaction than their white counterparts. The myriad reasons that contribute to this are beyond the scope of this book; however, in working with African American couples, couple counselors should keep the following general principles in mind: (1) the legacy of slavery, oppression, racism, and discrimination continues to negatively impact the lives of Black couples, and couples may unconsciously take out daily racialized stressors

on one another; (2) Black couples may be more religious than majority couples and may prefer to receive guidance from religious personnel; (3) some Black couples may have a distrust of mental health professionals because of the history of these systems pathologizing them; (4) Black couples may have been socialized to "keep the family business" within the family and may not wish to share "family secrets" with the couple therapist; (5) therapist "joining" with the couple is critical to the success of couple counseling; and (6) Black couples have been found to respond best to strength-based approaches in couple counseling (Helm & Carlson, 2013)

Latino/a Couples

Many Latino/a couples face unique challenges that can impact their romantic relationships. Some of those challenges may include: immigration status and potential loss of emotional resources (Perez, Brown, Whiting, & Harris, 2013), SES, level of acculturation, racism, discrimination, and microaggressions. Obviously, how a couple copes with these stressors can impact the health of the couple relationship and its very survival. Latino couples can come from many different cultural backgrounds (e.g., Columbian and Mexican); thus, culturally competent practice encourages couple counselors to assess and understand the many cultural differences that may be operating within the relationship. Perez et al. (2013) studied Latino couples' response to relationship education programs and found that programs taking into account specific cultural values were important. The program was offered in Spanish. Cultural values that were found to affect the couple relationship in this study included: *familismo* (the importance of family and children); *cultural obligation* (collectivism and obligation to one's cultural group; the desire to bring their knowledge about healthy marriages into the wider community); *machismo* (often referred to as excessive maleness and values and behaviors extending from this gender identity)/*marianismo* (feminine identity and values and behaviors extending from this, including purity, strength, and being more subdued—as if imitating the Virgin Mary)—both refer to gender roles and/or differences in some Latino couples; and *fatalism* (how fate impacts individuals; i.e., things happen for a reason and/or there is a greater power at work in one's life) (Perez et al., 2013). Couples in this study also benefitted from the social support provided by other couples.

Asian/Asian American Couples

As with other couples of color, Asian/Asian American couples may have different values that couple counselors need to be aware of that may be different from majority couples. Similar to Latino couples, Asian/Asian American couples may be impacted by immigration status and potential loss of emotional resources, SES, level of acculturation, racism, discrimination, and microaggressions. Western and Asian/Asian American couples may differ in

certain cultural values, such as the dimension of individualism–collectivism, which "describes the extent to which a culture encourages individual needs, wishes, desires, and values versus group and collective ones" (Masumoto, 1991 as cited in Hiew, Halford, van de Vijver, & Liu, 2015). These differences can shape a couple's relationship beliefs and behavior and expectations for love and psychological intimacy, which may be less important for Asian American couples higher on collectivism. For Chinese couples, the self may be defined by relationships with others, and self-worth may be tied closely to "face" (positive social image; Gao & Ting-Toomey, 1998). Values such as the maintenance of harmonious relationships, dependence on family, and multigenerational familial relationship obligations are often more important to marital satisfaction than emotional intimacy with one's partner, as is the case with Western couples (G.M. Chen, 2001). Many of these values differences may depend on how highly acculturated the couple is, and couple counselors should remember that members of a couple can have different levels of acculturation. Asian American couples may endorse a more traditional gender-role ideology than Western cultures. In their study comparing Chinese, Western, and Chinese–Western intercultural couples, Hiew et al. (2015) found that compared to Western couples, who endorsed relationship standards based on individualistic ideals of romantic love and psychological intimacy (defined as couple bond), Chinese couples more strongly endorsed relationship standards based on collectivistic and embedded ideals regarding relations with extended family, face, relationship harmony, and traditional gender roles (defined as family responsibility). When working with Asian/Asian American couples, counselors should keep several things in mind: (1) level of acculturation of each member of the couple; (2) where couples sit on the individualism–collectivism value continuum; (3) cultural identity of each member of the couple; (4) common values specific to Asian cultural groups; and (5) the immense diversity of Asian cultures and cultural values distinctions. Unfortunately, there continues to be limited research about Asian/Asian American couples.

Interracial and Intercultural Couples

Though it is true that there are more interracial couples today than in previous decades, Leslie and Young (2015) report that studies of marital satisfaction and longevity suggest that, in general, interracial couples experience lower marital satisfaction and stability than same-race couples (Bratter & King, 2008; Hohmann-Marriott & Amato, 2008). There are many reasons interracial couples may experience unique challenges, including: lack of family, peer, and societal support for the relationship; internalized stereotypes about specific racial groups that can unconsciously impact the relationship; differential racialized privilege in society that impacts the couple as a unit and both members of the couple individually in different ways; experiencing