On the Eve of Destruction:
Therapy with Couples on the Brink of Divorce

Citation as published in German:

Fraenkel, P. (2017). The eve of destruction: Therapie mit Paaren am Rande der Trennung. *Familiendynamik: Systemische Praxis und Forschung, 3*, 172-181.

Abstract

This article presents the novel conceptualizations and special techniques required to work with couples on the brink of divorce or its equivalent in unmarried couples. Even such standard procedures as establishing the therapeutic contract and goals, reviewing progress and assigning intersession activities, introducing reframes and other novel ways of viewing the relationship, and working on communication skills, must be approached in different ways with these couples. Ten elements or steps are described: creating a non-binding, non-coercive, low-expectation therapeutic contract, stating one's biases about marriage and the goals of therapy, reviewing the first session and assigning homework, decreasing the sense of emergency and crisis, describing the integrative approach to therapy, envisioning a happy relationship using future-focused "What If" questions, using reframes and other novel ways of looking at problems, improving communication skills, encouraging responsibility for maintenance and prevention, and use of self and self care of the therapist.

Keywords: couple therapy, marriage, divorce, high conflict, communication skills, integrative therapy

Introduction

Most couples, no matter how complicated or how distressed, enter into therapy with the wish that the therapist will be able to help them get along better, and with the sometimes stated, and sometimes unstated, assumption, that they intend to stay together. But what about the couple in which one, or sometimes both partners are strongly considering separation and divorce -- or in couples that are not married, are considering "relationship dissolution?"[1] In this article, I will discuss in detail the challenges and techniques of working with Paaren am Rand. [2] I will also highlight the surprising, unique opportunities that such couples present for real change. Paradoxically, the very things that threaten to end the relationship – the repetitive rigidity of problem patterns, the sense that the relationship has hit "rock bottom" and can't possibly get any worse, the desperate feelings of loneliness, even the sense of

[1] In this article, for ease of writing, I will refer to all couples considering terminating the relationship, married or unmarried, as considering "divorce."
[2] Heretofore, I use the acronym PAR, to refer to these couples.

profound hopelessness – all can provide an impetus to change in profound ways, and a willingness to take creative chances that less distressed couples may be unwilling or unready to try.

Importance of Addressing Work with PAR

In the United States, there has, for decades, been a divorce rate of anywhere between 42 and 50 percent. Yet, only a relatively minor percent of distressed couples are estimated to seek couple therapy. Although there are no firm statistics, it is estimated that even fewer couples considering divorce seek couple therapy. Those who do are usually looking for guidance in how to divorce with the least amount of conflict: they have firmly decided to end the marriage. These couples can be considered "pre-mediation couples" – they are likely to conduct the divorce with the guidance of a divorce mediator (rather than with separate lawyers and the courts), who will help them with such issues as assets division and child custody. By the time they are at that stage of relationship conflict, one or both partners have given up on the chance that therapy can be useful.

However, there is an undetermined percentage of couples who are strongly considering divorce but have not yet decided definitively. They enter couple therapy neither assured that they will remain together, nor assured that they will dissolve the relationship. They are, as we say in English, truly "betwixt and between." To quote the title of a famous (indeed, Number One) pop tune by the English band The Clash – just one tune of many that have centered on this relational dilemma – "Should I Stay or Should I Go?" Indeed, it appears that this question – to stay or to leave in a committed relationship – has been addressed in greater depth by songwriters, novelists (Anna Karenina, Madame Bovary, Middlemarch, and the Age of Innocence come to mind) than by family therapy scholars and researchers. There are a few books written for couples, but again, not for therapists (Kirschenbaum, 1997).

Of course, there is an enormous professional literature on working with distressed couples in general (Fishbane, 2013; Fraenkel, 2009; Gurman, Lebow, & Snyder, 2015; Lebow, 2014; Pinsof,

Breunlin, Lebow, Rampage, & Chambers, 2017; Wachtel, 2017), although not a large literature specifically dealing couples in high conflict. Indeed, some popular approaches, such as Schwartz's Internal Family Systems model, and Johnson's Emotionally Focused Therapy, require the couple to calmly and thoughtfully process their relational maps, family-of-origin experiences, and the vulnerable feelings underlying anger, which at least initially, most high-conflict couples, especially those considering divorce, are unable to do. On the other end of the distress continuum, there is a significant literature on working with nondistressed or mildly-distressed couples using a "divorce prevention," psychoeducational approach (e.g., primary or secondary prevention), rather than the tertiary prevention/treatment approach used with seriously distressed couples (Fraenkel & Markman, 2002; Hahlweg, Grawe-Gerber, & Baucom, 2013; Halford, 2011). There is also a growing literature on working with divorcing couples (Lebow & Rekart, 2007; Lebow, 2015). But there has been relatively little written by couple therapy theorists, researchers, and practitioners on how to work with couples facing the decision, indeed the crisis, of whether to sustain or dissolve the marriage. The work of Bill Doherty and colleagues on discernment counseling for "mixed agendas" couples is a notable exception (Doherty & Harris, 2017; Doherty, Harris, & Wilde, 2015)

From speaking to my couple therapist colleagues, I know that the following scenario from my experience is fairly frequent in the practice of others: Years ago, I had a first session with a couple – the man, a well-known psychoanalyst, the woman, a prominent immigration lawyer – who made an appointment for an assessment, and upon entering the office, before even sitting down, the man, proclaimed, "We're the couple from hell! We fight constantly, can't communicate at all! And you're our last chance!" Turns out, the couple had had two other experiences with couple therapy, neither successful, and were now considering divorce, but wanted to give the relationship "one last shot." They come highly recommended to me, stating in a simultaneously complimentary and challenging way: "We heard that you're the best, and that if anyone can save our marriage, it's you!" I felt both flattered and

nervous – will I fulfill their expectations, and sustain my reputation, or fail as others have, and be taken off the pedestal of collegial approval – not to mention the referral list?

Yet another scenario: A man has just discovered that his spouse has been having an affair with one of her supervisees at work. She and the junior colleague have mostly carried on the affair during long business trips, but on one occasion, while the male partner was away on business himself, the wife invited the colleague home, they had a few glasses of wine, and then had sex in the couple's bed while the young children were in another room with their au pair. The male spouse discovered this because the recycling bin was uncharacteristically filled with bottles; he asked the au pair if anyone had been over, and she reported, nervously, that the wife had had a friend over the night before. The spouse then checked the video camera record of the lobby from the night before and saw his wife arm in arm with the colleague going into the elevator. He was tempted to leave the relationship immediately, but is concerned about the impact this will have on their two young children, and so is willing to try therapy, despite already having contacted a divorce lawyer.

Yet another "am Rande" version: The female partner calls and describes how she, age 35, desperately wants to get pregnant, but her husband says "I'm not ready," citing as the reasons that he hasn't finished his medical training, and has little income. He, too, wants to have a family, but says, "it's not a good time." And, in a classic "chicken-egg" scenario, he feels that their continued fights about this issue are also a sign that they are not in a good "emotional space" to have a child. She is now about ready to leave the relationship, stating that if he won't have a child now, she needs to quickly find someone else with whom to start a family, or barring that, avail herself of a donor sperm and become a single mother, since her "biological clock is ticking."

And yet another vignette: a man calls, referred by his company's Employee Assistance Program, reporting that he is quite depressed. In a first individual session, he does present as at the least moderately depressed, and says that this is largely due to the marriage. I then suggest a conjoint

session with his wife, and find them essentially completely emotionally isolated from one another: they share no interests, have no sex, barely see each other during the day or evening due to different work shifts, and prefer to spend time alone or with friends or family on the weekend. Asked why they are still together, especially as they have no children (they were unable to conceive, despite years of fertility treatments), they state that they fear criticism or even rejection from their respective families, who highly value long-term commitment and "working it out," partly due to being devout Catholics. And now in their early 50s, neither feels confident of their prospects in meeting someone new or wanting to "deal with the hassles and disappointments" of online dating. Like the other couples described here, they are framing their request for therapy as their "last chance."

Four Types of PARs and Their Respective Challenges

The four scenarios depicted above describe the four types of PARs: high conflict couples; couples in which one partner has violated the values and expectations of the other, or has threatened the other's personal safety; couples with mismatched ideas about what they want to have happening in their lives now and in the future – what I call "mismatched projected life chronologies" or timelines; and low-intensity, low-desire couples. I will briefly discuss the characteristics of each type. Along with the general techniques to be described for working with all PARs, each of these types of couples requires specialized techniques, which are not the focus of this paper.

High conflict couples

As noted earlier, by far the most attention in the literature has been paid to couples in conflict that engage in a limited set of powerful dysfunctional patterns of interaction. These include escalation, withdrawal, invalidation, negative interpretations (Fraenkel, 2011; Markman, Stanley, & Blumberg, 2010), and four negative affects highly predictive of distress and divorce: criticism, contempt, defensiveness, and stonewalling (Driver, Tabares, Shapiro, & Gottman, 2012). In contrast, several positive behaviors are associated with good marital outcomes: responding to a partner's request for

attention, the ability to stay positive even when discussing upsetting; allowing oneself to be influenced or directed by one's partner, frequent statements of admiration, and engaging in interactions that repair the relationship after hurtful interchanges (Driver et al., 2012). Happy partners also identify themselves as part of a joint identity, a"We," and use that word when recounting experiences, whereas distressed partners remain more identified with themselves as they go through joint experiences, using the terms "he" and "she," and "you" and "I" rather than "we."

High conflict PAR couples demonstrate most of these negative, and few of these positive behaviors. As a result, they enter couple therapy with one, if not both partners feeling that they've "had it," that they can't continue to live in such a toxic and unfulfilling relationship. Specialized techniques required to treat such couples include research-based, psychoeducational communication and problem-solving training designed to interrupt negative patterns of interaction and to promote their opposite (see for instance, Halford, 2011; Markman et al., 2010), as well as interventions that assist couples to mobilize the specific relationship-enhancing behaviors listed above -- repair, mutual admiration, taking influence, positive sentiment override and others (Gottman & Gottman, 2015).

Couples Where Values and/or Personal Safety Have Been Violated

These are couples in which there has been one-time or repeated behavior on the part of (typically) one of the partners that has violated the beliefs and integrity of the other partner. Along with the violation of trust, which is a concomitant of all the other violations, the typical values violated are:

1. Fidelity, commitment, and loyalty: affairs, repeatedly taking the side of others, such as in-laws, adult children, or even friends, against the partner; repeated threats to leave, thereby violating the value of commitment to the relationship.
2. Safety: one partner engaging in verbal/emotional or physical abuse/domestic violence against the other; repeated reckless driving or other reckless behavior (for instance, setting large

bonfires in the back yard without proper protection of the home and grounds), often associated with drug or alcohol use; engaging in unsafe financial practices, such as gambling addictions, failing to file taxes.

Once again, as with high conflict couples, some couples that have experienced these values violations have not questioned the commitment to the marriage, whereas others have, and these need the added approaches to working with PARs.

Couples with Mismatched Projected Life Chronologies

These couples may also present as high conflict, but usually do not. Rather, these couples often get along fairly well in general: They don't engage in destructive conflict, they share common values, and they have a fair degree of love and respect for one another (although these feelings are starting to diminish, rapidly), but they have a high degree of tension surrounding the one (or sometimes two) major life goals about which they differ in terms of *when* these should take place. These goals may include when to move the relationship to the next level of commitment (from dating to moving in, engagement, marriage), when to have a child, when to achieve a certain level of income, financial security, and in some more economically-fortunate cases, a certain degree of wealth, when to move from one geographic location or type of housing to another.

Couples in which partners don't even agree on WHAT they want in their lives often dissolve more quickly than these couples, who agree on the WHAT but disagree on the WHEN. There remains a persistent sense that they *should* be able to make a life together, if they could only get their timing in sync. If the couple can get engaged in wanting to try to stay together, these temporal issues can potentially be resolved: but as with the other types of PARs, the first step is to decide whether to give the relationship another try by engaging in therapy.

Disengaged/Low Desire Couples

These are, in many ways, the most difficult of all types of PAR couples to engage and work with. They present with so little energy, passion, and motivation that the therapist can easily end up, in Minuchin's language, "inducted," or in Bowen's terminology, "triangulated" into the relationship in the role of "cheerleader." Although these couples present as emotionally disengaged, they were often at some point high-conflict couples, who have become hopeless and use distance to stay emotionally safe (Driver et al., 2012). ,

Despite their profound disengagement, they may present to therapist as PARs, still considering staying together, rather than simply as couples seeking guidance for an amicable divorce. Life constraints keep them married, such as the desire not to upset the children, the complexity of disentangling and fairly distributing shared property and other assets; a religious proscriptions against divorce, fears of the negative approbation of extended family members and community, and concerns about their respective prospects of finding a new partner. Therapy needs to first establish whether they are interested in stepping back from the brink of divorce in order to then utilize the tools that will potentially renew their more loving commitment and passion.

Elements/Steps of Working with PARs

Element One must also be Step One, because it deals with setting up the therapeutic contract. Element Two, stating one's biases about treatment and couple commitment, must closely follow as Step Two. And Element Three, as it is located at the end of the first session, must follow Steps One and Two. The other elements are necessary but can occur in a variety of sequences.

Before launching into a description of the steps, is must be noted that at any point along the way, the couple may decide to end therapy, or without explanation, may simply not return for a next session. The therapist should engage in standard procedures of termination and closing of a case; these procedures will not be discussed here. Also not discussed are procedures for assisting couples with divorce (Lebow & Rekart, 2007; Lebow, 2015).

Element/Step 1: Creating a Non-binding, Non-Coercive, Low-Expectation Therapeutic Contract

With couples who are not raising the question of whether they will stay together or not, the therapist can, in the first session, simply discuss with them the logistics of therapy (frequency and scheduling of sessions, payment, confidentiality), the type of therapeutic approach to be used, and work with the couple to translate their complaints into initial goals. Not so with PARs. The focus of the first session must center on the following questions: "What would need to happen in a first session that would make you possibly want to return for a second session? And what would need to NOT happen in order for you to return for a second session?" The therapist should state that the goal of this session is to determine, with them, whether he/she (the therapist) "might be useful" to them. Very often, the ambivalent partner will immediately let it be known (and may have already, in the initial phone call or email to the therapist when requesting and setting up the appointment) that she[3] is highly mixed about being in the session, doesn't know if she will return, is seriously considering leaving the marriage. She may also state that she doesn't really believe in therapy, or believes in individual therapy but not couple therapy, or believes therapy may work for some couples but won't work for their relationship, which is by now too "far gone" to be helped. The questions about the goal for the first session are therefore typically posed first to the one partner who is highly ambivalent about the therapy – essentially, to deliberately privilege her concerns as a means of diffusing a bit of her anxiety and reluctance, but in some cases, may be addressed to both, equally-ambivalent partners.

To be specific: the therapist should state that s/he would like each of them to answer these questions, but if there's clearly one partner who is more ambivalent, the therapist should invite that partner to speak first, because she may want to make her concerns quite clear from the outset: her stated concerns then provide the context for the other's statement. For instance, the less ambivalent

[3] For the purposes of clear exposition, to avoid the confusion of writing "s/he" (to be "gender neutral," or rather, "gender inclusive") and thereby losing track of which partner is the more and which the less ambivalent, the more ambivalent partner in this illustration is referred to as "she" and the less or non-ambivalent partner is referred to as "he." The combined pronoun "s/he" and him/her is used to refer to the therapist.

partner, upon hearing the other's limited goal (see below for some typical, ambivalent-partner's first-session goals), may cast his first session goals more tentatively (even though his urge is to exclaim some version of "please don't leave me!"), so as to avoid further convincing the ambivalent partner through his passionate desire to save the marriage, that they are not on the "same page." Or the less ambivalent partner might try, through avoiding a demanding or pleading tone, to assuage the ambivalent partner's fear that he will somehow force her, through threats or invoking guilt, to abandon her stated plan to leave the marriage – as he may have already done at home.

On the other hand, the ambivalent partner may choose *not* to speak first, wishing instead to sit back (often with arms defensively folded) and see what the other partner is going to say about his goals, before answering the questions herself – sometimes even saying something to the effect of, "I want HIM to answer first, because if he says something stupid, that I don't like or agree with, I'm outta here!" To add to the complexity of this moment, she may be testing her partner to see either if he is going to state his strong desire to keep the relationship, which may lead her to feel constrained and to want to "get outta here" -- in other words, not return for another session; *or*, in contrast, she may be testing her partner to see if he is going to *fail* to express a strong desire to keep the relationship, in which case, she might decide not to return to the therapy, stating, "what's the point, since he doesn't seem to really want to save the marriage anyway!" Prepared for any reaction on the part of the highly ambivalent spouse, the therapist must be ready to be quite validating of that partner's high arousal and mistrust in the event that the other partner does say something that troubles her. The therapist needs to say something to the effect of, "I guess it's upsetting to hear Ted say that he still wants to try to save the marriage. That's OK, I can understand that this might be not what you want to hear, because you're pretty sure you want "out;" we're here right now just to hear each of your desires for this session, nothing more for today. It seems too soon to talk about where you each want to see things go for you as a couple."

The key point is that the therapist should take direction from the ambivalent client; give her "the reins" so to speak, rather than the typical procedure of the therapist deciding him/her self who to invite to speak first. Doing so also models "taking influence" for the other partner – as discussed above, one of the interactional predictors of healthy relationships.

Notice that the therapist at this point avoids the question of, "What would you need to see change in your partner's behavior in order for you to want to stay in the marriage?" Such a question is too threatening at this point to the partner who has little hope that her partner can change at all, and more importantly, who is not sure they want to stay even if her partner does change. In fact, this is one of the most powerful paradoxes the couple therapist must face in working with PARs: The partner who does want to stay in the marriage (and who usually initiated the therapy, even if the other has been demanding therapy for years) is now, even if he wasn't before she threatened to leave, willing to do almost anything to keep her in the marriage. But the highly ambivalent partner may almost be afraid to see him change in line with her repeated requests, because she's already basically decided that the relationship is done, and she doesn't want any "new data" to threaten her conclusions. In other words, as it stands, she doesn't want anything to happen in the therapy that challenges her decision to leave; but on the other hand, if nothing changes, how will she decide that things have improved enough to stay? The therapist wisely avoids this paradox altogether at this point (unless it is explicitly raised by the couple) by sticking with the question only of what each wants (and doesn't want) to have happen in the session.

Typical answers to the question of what would need to happen and not happen in the session in order for the ambivalent partner to return are: Wanting to be heard "for once," and for the other partner just to listen; wanting the partner to tell the truth, when it's suspected that he is harboring a secret; wanting the partner to promise he will not try to keep her in the relationship through cajoling or invoking guilt about disrupting the children's and family's life; wanting the partner to take responsibility

for his part in a negative event or circumstance; and wanting the therapist not to try to persuade her to do therapy.

Note that in order to respect these wishes for a rather "one-sided" interaction, the therapist must suspend everything s/he learned in couple therapy training about eliciting each partners' points of view, giving equal floor time to each partner to share his or her complaints. However, it is not helpful for the therapist to cede all control of the process to the angry spouse; the therapist must still, as always, provide the basic temporal and interactive structure of the session, and must monitor and if necessary, intercede if the style of communication becomes destructive. Despite initial objections to having been "cut-off" by the therapist, the partner speaking in these problematic ways usually will accept the therapist's guidance to calm down, and later, often will thank the therapist for interrupting the negative process, which she feels at times she can't control because of her intense rage.

Element/Step 2: Stating Biases about Marriage and the Goals of Therapy

It is quite common that the highly ambivalent partner comes to the first session afraid that the therapist will, in direct or indirect ways, try to convince her to abandon her emerging or almost definite plans to leave the marriage. She worries that the therapist will take the side of the partner who wants to preserve the marriage, that her anger, frustration, and hopelessness will not be heard and validated, and that her desire to end things will be ignored or dismissed. If the therapist truly holds a completely neutral position about the preferable outcome of couple therapy – that it is fine either for it to result in renewed commitment, or to result in the decision to divorce – then the therapist should state this position. However, it can be confidently assumed that most couple therapists have at least a slight bias towards trying to help couples stay together if they can, through the therapeutic process, improve the relationship. Rather than hide this bias in a cloak of false neutrality, it is crucial in a first session that the therapist openly state her/his bias towards helping couples stay together. That said, the therapist should invite the couple to let her/him know if she/he

seems to be unwittingly pushing them towards staying together. This quality of transparency and collaboration, and of, once again, being willing to "take influence" from clients just as partners should take influence from each other, is crucial to gaining the trust of the couple, especially the highly ambivalent partner.

Element/Step 3: Reviewing the First Session and Assigning Homework

At the end of the session, the therapist should ask the couple for feedback: "Did we stay mindful of the goals and guidelines you stated at the beginning of the session?" Note that this request for feedback deliberately avoids the phrase, "Did we *achieve* your goals?" The word "achieve" is a bit too strong for this stage of building the therapeutic alliance. The highly ambivalent partner may be wary of any assessment by the therapist that they are already "making progress," implying that the therapy already has goals, which, given the therapist's stated bias towards helping couples mend the relationship and stay together, might feel frighteningly constraining to the ambivalent partner.

The next question should ask, "How do you feel right now, as we prepare to wrap up for today?" This lets the couple know that the therapist is serious about his/her desire to hear from them how they experience the therapy, and that the therapist is open to receiving their negative feedback. Hopefully, both partners, especially the wary, ambivalent partner, are feeling more comfortable than when the session started, but if not, the therapist needs to nondefensively hear their concerns, and attempt to assuage them, but not too forcefully, lest the partner(s) feel pressured to feel better about the session.

It is often at this juncture that one or both partners may express one of two concerns: (1) that therapy will be long-term; (2) that therapy will center on them talking repeatedly about their feelings, with little direct guidance from the therapist about what to do to solve their problems. These questions are important to address with PARs, given that the ambivalent partner may be looking for any reason not to continue. Unless the therapist is committed outright to a long-term, exploratory form of therapy the therapist can state that she/he will strive to make therapy as brief as possible, but that the duration

will depend on a number of factors, especially how complex their issues are, and how motivated they are to work on the relationship and attend regular sessions. In response to the question of what will be the content of sessions and how active the therapy will be, this depends on the therapist's theory and approach to doing therapy. However, the therapist can state that at this stage, therapy will focus on actively resolving the question about whether to stay together, and will suggest small steps that may help them make that decision.

The next question should be, "How are you feeling about scheduling a next appointment?" Again, subtle issues of phrasing are critical: stating the question this way asks the partners to reflect on all their feelings about moving forward, before asking the more directive question, "Shall we schedule a next appointment?" In other words, if one or both partners are not feeling comfortable scheduling an appointment, at least yet, it would be too pressuring to open one's datebook and ask "Shall we…?" or "Let's schedule our next appointment." The answer given by the PAR couple still feeling uncomfortable about committing to therapy is likely to be, "No, we shall NOT schedule a next appointment!" In that case, the therapist can suggest that they think about it and talk about it this week, and get back to him/her. Alternatively, the couple might be ready to tentatively schedule an appointment, with the option to cancel.

The therapist should invite the couple to contact him/her during the week if they would like to discuss their feelings about having a next appointment, or to discuss any further feelings they had about the session and concerns they have about what the therapy would entail were it to proceed. Once again, this is a deviation from what might be regular practice for many couple therapists – namely, to limit between-session contact, because inevitably that contact would involve attending to one partner to the exclusion, at that moment, of the other. If one partner does contact the therapist between sessions, the therapist should say that he/she will reach out to the other partner to offer to speak briefly. It is critical that when inviting the couple to contact the therapist between sessions, that they be

told that anything discussed in individual phone calls, or individual face-to-face meetings, will be treated as confidential, unless a partner expresses the desire or plan to harm the other partner or anyone else (the standard "duty to warn" disclosure). The couple should be told that this means one partner might disclose that he or she is doing something that the other might strongly disapprove of, but that the therapist will not disclose it to the other partner, nor force the partner to disclose it in order for the therapy is to continue. The issue of how therapists should respond if a partner discloses an affair is well described by Perel (2017).

Most models of couple therapy suggest ending each session by prescribing some form of "homework," actions to take between sessions to make progress on the therapeutic goals. However, once again, this common practice must be adapted to the ambivalence of one or both partners about coming back for a next session, and about working to improve the relationship at this moment.

The ambivalent partner may indeed protest: "I thought you were not going to guide us towards improving the marriage! Won't homework activities be designed to make things better and renew our commitment? I'm still not sure I want to do that!" This is the perfect moment to introduce to the couple a crucial idea that will guide the rest of the therapy: Namely, that in order for them to accurately evaluate whether this marriage is worth saving, once they commit to trying the therapy, they will need to engage in activities that show them what the relationship *could* be like if they work to improve it. They will not figure out if they want to stay in the marriage if all they do in the therapy is go over and over the problematic patterns and painful moments of the past, rehashing them repeatedly session after session. Therapy will not be successful if all it does is review what DIDN'T WORK: it must help the couple see what the relationship could be like if they engage in interactions that DO WORK. In that vein, they will need to learn some skills to see if they can develop the ability to communicate and problem-solve effectively and without destructive conflict -- skills which will serve them well even if they do divorce, especially if they have children and need to continue to be co-parents (see Element/Step 8).

They need to see if they can have pleasure together – why save a marriage if it is empty of fun and enjoyment, and sensuality? They need to see if they can respect their differences and live in harmony. In short, the homework activities you will suggest will be designed to help them find out what the relationship would look and feel like if things improved. Cast it as a "therapeutic experiment in improving the relationship:" it is meant to provide them more experiential, concrete "data" with which to accurately evaluate what the relationship could be like if improved – that is, whether it is capable of growing and eventually thriving.

However, it is important to reassure the ambivalent partner that even if the "experiment" demonstrates that they could have a good marriage, even if they learn to communicate and start having pleasure together again, she can still decide to leave the marriage. The therapist should make sure that the ambivalent partner does not feel trapped by the progress they are making in therapy. This is also important for the non-ambivalent partner to understand – he needs to be careful not to increase the pressure on the ambivalent partner as the relationship starts to improve. He should just observe and enjoy the improvement, stay in the moment.

A useful activity that even the most ambivalent partners are often willing to do is to write for ten minutes each day, in a journal, their thoughts, feelings, wishes, and fantasies, both negative and positive, about the relationship. Among other things, this activity allows partners to see that their thoughts and feelings, and intention to leave or stay, may shift even slightly in intensity, leading them perhaps to be more open to considering a range of possible outcomes for the marriage.

Another low-risk intersession activity is to reflect on what would be the smallest significant change they would need from their partners in order to think that they might want to return for a next session, or that would lead them to consider thinking about what it would look like to have the relationship improve, or to think about staying in the marriage.

There are many other between-session activities which can be tried with PARs (Fraenkel, 2011). Be mindful that an activity meant to increase intimacy – such as the classic recommendation to have a date night -- can backfire, if the ambivalent partner is not at all ready to experiment with improving the relationship. However, couples may be willing to try doing a few one-minute pleasurable activities across the day, such as a hug, looking out the window, telling a joke, sending a nice email, and so on. These simple short moments of connection can start to allow couples to test if they still want to share pleasure with one another. A crucial lesson for PARs is that they can begin to experience pleasure with each other once again even as they struggle with significant difficulties and with the decision of whether to recommit to the marriage. The desire for pleasure and the enjoyment of one another is what brought them together in the first place: Becoming a couple that can successfully handle problems and conflict is not sufficient to sustain a relationship. To most thoroughly assess whether they should stay or go, they must experiment with having fun, at first in limited ways. Therefore, it is important at some point in the therapy, as early as they can tolerate taking the chance, for the couple to try pleasurable activities. Many PARs hold the mistaken belief that they can only -- or even "should only," as it if were a moral issue – enjoy time together when their problems have been solved. Yet if they wait to solve all their problems before initiating enjoyable forms of fun and intimacy, they will wait a long time. Problems and pleasure co-exist in healthy marriage.

Element/Step 4: Decreasing the Sense of Emergency and Crisis

In almost all cases, when PARs present for therapy, they describe their situation as an urgent "crisis," or an "emergency," that must be resolved immediately. This construction of the situation should be accepted in the first session, because the therapist should not be challenging any beliefs or feelings of the partners, only hearing and validating. However, except when their remains the risk of domestic violence – which is a true emergency that must be dealt with, possibly by involving law enforcement and a women's shelter – the therapist should state that, even though they are

understandably viewing their situation as urgent, she/he will not be able to resolve their complex issues in one session. If being together feels too emotionally risky, suggest that one partner move out until the next session. Starting in the second session, the therapist should look for an opportunity to gently challenge the languaging of their situation as an urgent crisis or emergency. Validate again that it certainly feels like an emergency, but that in fact, there is no risk of physical harm, which is a true emergency. Instead, it is a perceived "emotional emergency," a situation that feels dangerous, but in fact is not, albeit quite anxiety-provoking and unpleasant. Note also that, from their account of the history of the problem, it appears that their issues have existed for some time, at least for a matter of days or weeks, and more likely, months or even many years, and now these issues have "come to a head." It is important at this stage for them, with the therapist's help, to "de-emergensize" their situation (a neologism, but one that couples respond well to), and to slow the pace of dialogue and decisions so that the issues can be approached in the most thoughtful, collaborative manner possible.

Element/Step 5: Describing the Integrative Approach to Therapy

Fraenkel (2011, 2017) described an integrative approach to couple therapy called the Therapeutic Palette, which addresses three key aspects (metaphorically speaking, three "primary colors") of couple therapy, and their associated choice points:

1. Time Frame Focus: *present-oriented* therapy models that focus on present-day thoughts feelings, and actions; *past-to-present-oriented* models that examine the relationship between past experiences and present thoughts, feelings, and interaction patterns, and that involve processing painful experiences from childhood; and *future-oriented* models, that focus on establishing couples' vision of their preferred future actions, narratives, and life together.
2. Degree of Directiveness: some approaches to couple therapy strive to be non-hierarchical and non-directive, focusing mostly on hosting a client-directed conversation about problems and solutions, while on the other end of the continuum are therapy approaches that provide

psychoeducation in communication, problem-solving, and other skills, encourage enactments of more positive interactions in the room, have the couple sculpt their problems and solutions, and actively identify and express the vulnerable feelings of hurt and attachment underlying anger.

3. Change Entry Point: Some models of couple therapy begin assessing the couple and promoting change at the level of behavior, some primarily address thoughts, perceptions, constructions, and narratives, some focus on identification and expression of feelings, and some directly attempt to help partners modulate their physiological arousal.

Because all PARs, even the disengaged, low-intensity couple, enter therapy in a "crisis of connection," facing an important decision about the future of the relationship -- highly distressed, yet ambivalent about moving forward in the relationship and in therapy -- it is recommended that therapy begin primarily focusing on present-moment thoughts, feelings, and actions. Once the couple's ambivalence decreases to the point that they are willing to entertain the possibility of staying together, the therapy can adopt the future focus entailed in envisioning what each partner hopes the relationship can become. But until things settle down and the couple is comfortable with the idea of regular sessions, avoid too much exploration of the past, except of course for exploring the painful moments and events of the couple's past that linger on and cause present-day suffering.

Remember, too, that, as noted earlier, many PAR couples have concerns about engaging in a lengthy therapy that will focus on exploration of their childhood family relationships, or have had experiences with individual or couple therapy that haven't been terribly effective and that may have focused unduly on family-of-origin explorations, when the couple really needed practical guidance in improving their interactional style. To be viewed as credible and useful to the couple, the therapist must from the outset work actively to lower their anxiety and level of conflict.

In other words, it is crucial to stay present focused and highly directive in the initial stages. This is not the moment to turn the therapeutic process over to the clients, because they usually feel

unskilled in communication, hopeless, and confused about how to sort through their conflicting feelings about the relationship. Couples that come to a new therapist to give therapy one more try, and who were unhappy with their previous experience of couple therapy, typically report that their greatest dissatisfaction with the previous therapist was that he/she let them talk in their usual unproductive, or even destructive manner, and didn't provide any guidance about how to interact differently or lead them through next steps for deciding whether or not to end the relationship.

Element/Step 6: Envisioning a Happy Relationship Using Future-Focused "What If" Questions

Once the ambivalent partner has made at least a tentative, session-by-session commitment to the therapy, rather than immediately suggesting behavioral changes, engage the future-oriented approach by using the Miracle Question, or by using the following types of "what if" questions: What if you (the couple) were able to communicate and problem-solve without conflict? What if your partner were able to be consistently loving and attentive? What if you two were able to share power over the finances (children, housework, or whatever their power struggle is about)? What if your partner were to be faithful from now on, and respond to your requests for safeguarding the relationship?" Imagining the potential effects of these changes is the first step towards enacting new patterns. For instance, in the case of the affair couple mentioned at the opening of the article, once the two of them envisioned a trusting, caring relationship in the future, she and her supervisee no longer took business trips together, she transferred him to another team (with his acquiescence), she reduced the number of client dinners she attended and limited her drinking to one glass of wine, the couple touched base once a day, and she engaged in a daily apology ritual (see Fraenkel, 2011.)

Element/Step 7: Using Reframes and Other Novel Ways of Looking at Problems

Reframing has long been used in systemic therapy to radically and rapidly shift couples' perspectives on their problematic behavior or concerns, seeing these as representing powerful positive assets of their relationship. Other sorts of new ways of looking at problems (not exactly

reframes per se) can provide a sense of perspective and hope. Here's a few that have been helpful in working with PARs:

1. Conflict is a sign of passion
2. Sensitivity to criticism is a sign of still caring how the partner views you
3. Expressions of criticism and contempt are signs that the partner thinks you can do better than you do at something

(In using these reframes, the therapist should emphasize that he/she will help the couple find other ways to experience passion and to express confidence in one another's capacities)

4. As a first step in the divorce process, first try to "divorce the problem patterns," not each other
5. Different perspectives on a problem are an asset not a liability: differing points of view, just like the two different retinal images provided to the brain by the eyes, create binocular vision, essential to depth perception. In the same way, when partners bring different points of view to problems, these can create a deeper, more usefully complex perspective which leads to more resourceful problem-solving
6. Finding balance between partners' respective needs and points of view is never perfect; the act of balancing always involves some degree of tension and adjustment, just as it does for a gymnast on a balance beam. When trying to balance how much time to spend with each set of in-laws, whether to save money for the future or spend more now, whether to reward a child for good behavior or punish him for bad behavior, to balance time for work versus time for family, and so on, it is normal to experience some tension around whatever compromise solution is arrived at. Healthy tension can be the stimulus for innovation and growth
7. Trying new behaviors always feels awkward: they take practice to feel more natural, just like learning new dance moves, a new way to swing a golf club, and so on. In many ways, a

successful marriage is a motor skill: good habits of interaction breed positive feelings, and the more you practice, the more effortless the motor skill of marriage becomes

8. Trying something new also always feels irrational in light of the seriousness of the problems. Generally speaking, new behavior leads to new thoughts and feelings, not the other way around

Element/Step 8: Improving Communication Skills

All PARs need assistance improving communication skills. These are obviously needed for high conflict couples, but as Gottman has found (Driver et al., 2012), low engagement couples often had a previous history of high conflict and now are resigned to avoiding communication, and need help learning to communicate with emotional safety. Couples in which a partner has violated a value resulting in mistrust may have had seemingly excellent communication skills before the explosive event, but now find that they can barely talk because of the intensity of the traumatic affect experienced by the partner who was cheated on or harmed in some other way. Additionally, an affair may have been partly due to the longstanding, but unspoken discomfort of the partner who cheated with the nature of the couple's communication and interactions more generally. In one couple in which the husband, a dentist, had an affair with one of his dental hygienists, he had always been quite loving towards his wife. But he described the wife as often very critical of him, and as a result, he started to withdraw, not express his opinions and desires, and eventually created a secret life with the affair partner -- who was a very passive, accommodating woman, in contrast to his highly assertive, highly vocal wife -- all while maintaining a façade of pleasantness. This problem with their communication was a partial explanation for the affair, but of course, not an excuse. Likewise, the couple with mismatched expectations and desires for achieving important goals in their lives may find themselves unable to talk productively about the issue, despite having had good communication about everything else.

Couples who have a history of good communication and/or models from family of origin can be encouraged to apply their existing skills to the problem that is threatening their relationship's continuance. Couples who do not have a history of good communication, or models of good communication from family of origin, will need to be taught these skills. This psychoeducational approach, of which there are several versions, has been demonstrated in many studies to promote happy and long-lasting marriages (Halford, 2011; Markman et al., 2010; Hahlweg et al., 2013). Gottman's approach (2015; also at https://www.gottman.com/professionals/training/), focuses less directly on teaching communication skills, and more on enhancing other important aspects of couple interaction, which when learned, improve communication.

Work on communication skills makes sense from the perspective of every school of couple therapy. For cognitive-behavioral therapy, it provides partners a means of validating and positively-reinforcing each other, and creates enough safety to identify and address unspoken expectations and feelings. For structural family therapy, guiding couples to communicate effectively provides a powerful positive enactment. From a family-of-origin or psychodynamic perspective, learning communication skills that far exceed those witnessed in parents' communications provides a reparative, corrective emotional experience that helps partners differentiate themselves from those families of origin. From a narrative perspective, a couple with the story that "we just can't communicate, we're failures because we're terrible communicators" can rapidly substitute a new dominant narrative of skill and success to strengthen their positive, preferred identity. And from a feminist perspective, communication skills provide equal opportunity to speak for male and female partners, thereby eliminating gendered power patterns in talking about problems and solutions.

Most importantly, encouraging and teaching communication skills helps couples see that with relatively simple tools, they can substitute highly destructive ways of being with each other with

powerful, effective, and even enjoyable ways to communicate. This is one of the most effective ways to dramatically increase a couple's sense of hope for a healthy relationship.

Element/Step 9: Encouraging Responsibility for Maintenance and Prevention

Once the couple's negative interaction styles have been supplanted by positive styles, once their expectations for the relationship have become more realistic and aligned with one another, and once they have begun to restore pleasure in the relationship, the therapist must be clear that these changes will not be sustained automatically: like any new skill, they require practice, and monitoring of tendencies to slip back into old routines. The couple can be told, quite directly: "You've resolved, for now, the crisis of commitment that brought you here. You have acquired some powerful new tools and ways of thinking about each other and your relationship that bode well for your future together. You now have a choice: You can continue to grow the relationship in the direction you've started to do, or you can return to the old ways. It's up to you."

Element/Step 10: Use of Self and Self Care of the Therapist

Much has been written about effective use of self in couple therapy, and space does not permit review of these practices. The main thing to consider is that working with Paaren am Rande can be extremely stressful. It is somewhat akin to doing open heart surgery – very active, very involved, placing the healing professional deeply "inside" the patient, and risky, with somewhat uncertain outcomes. This work can evoke, in the therapist, memories of and feelings about one's own parents' conflicts and divorces, or of one's own marital problems – powerful sources of potential countertransference and bias that must be recognized and monitored, possibly with the help of a supervisor or close colleague. Aside from personal associations to the couples in such crisis, it is impossible not to find oneself at least somewhat invested in the hope that they will make it. When they don't, the therapist may find him/herself disappointed, self-critical, and even a bit frustrated with the couple. These are normal reactions and the therapist must provide the same quality of

care and understanding to him/herself that he/she provides the couple. Master couple therapist Ellen Wachtel (2017) writes, “Even experienced couple therapists generally acknowledge that there are some couples with whom the work takes a serious toll emotionally.” Paaren am Rande are those kinds of couples. But the work can also provide joy, hope, and a sense of usefulness if the therapist is willing to meet the challenge.

References

Doherty, W. J., & Harris, S. M. (2017). Helping couples on the brink of divorce: Discernment counseling for troubled relationships. D.C.: American Psychological Association.

Doherty, W. J., Harris, S. M., & Wilde, J. L. (2015). Discernment counseling for "mixed-agenda" couples. Journal of Marital and Family Therapy, 42, 246-255.

Driver, J., Tabares, A., Shapiro, A. F., and Gottman, J. M. (2012). Couple interaction in happy and unhappy marriages: Gottman laboratory studies. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (4th Ed) (57-77). New York, Guilford Press.

Fishbane, M. D. (2013). *Loving with the brain in mind: Neurobiology and couple therapy*. New York: W. W. Norton & Company.

Fraenkel, P. (2011). Die Therapeutische Palette: Ein Leitfaden für die Weichenstellungen in der integrativen Paartherapie. *Familiendynamik, 36*, 52-69.

Fraenkel, P. (2017). Integration in couple and family therapy. In J. Lebow, A. Chambers, and D. C. Breunlin (Eds.), *Encyclopedia of Couple and Family Therapy*. Springer International Publishing AG 2016. 10.1007/978-3-319-15877-8_534-1

Fraenkel, P., & Markman, H. J. (2002). Prevention of marital disorders. In D. S. Glenwick & L. A. Jason (Eds.), *Innovative strategies for promoting health and mental health across the life span* (pp. 245-271). New York: Springer.

Gottman, J.M. (2015). *The seven principles for making marriage work: A practical guide from the country's foremost relationship expert*. New York: Harmony Books.

Gottman, J. S., & Gottman, J . M. (2015). *10 principles for doing effective couples therapy*. New York: W. W. Norton & Company.

Gurman, A. S., Lebow, J. L., and Snyder, D. K. (Eds.), *Clinical handbook of couple therapy* (5th Ed.). New York: Guilford Press.

Hahlweg, K., Grawe-Gerber, M., & Baucom, D. H. (2013). *Enhancing couples: The shape of couple therapy to come*. Boston: Hogrefe Publishing.

Halford, K. (2011). *Marriage and relationship education: What works and how to provide it*. New York: Guilford Press.

Kirschenbuam, M. (1997). *Too good to leave, too bad to stay: A step-by-step guide to help you decide whether to stay in or get out of your relationship*. New York: Penguin.

Lebow, J. L. (2014). *Couple and family therapy: An integrative map of the territory*. Washington, DC: American Psychological Association.

Lebow, J., & Rekart, K. N. (2007). Integrative family therapy for high-conflict divorce with disputes over child custody and visitation. *Family Process, 46(1),* 79-91.

Lebow, J. L. (2015). Separation and divorce issues in couple therapy. In A. S. Gurman, J. L. Lebow, D. K. Snyder, A. S. Gurman, J. L. Lebow, & D. K. Snyder (Eds.), *Clinical handbook of couple therapy* (5th ed.). (pp. 445-463). New York, NY, US: Guilford Press.

Markman, H.J., Stanley, S., & Blumberg, S.L. (2010). *Fighting for your marriage* (3rd ed.) San Francisco: Jossey-Bass.

Perel, E. (2017). *The state of affairs: Rethinking infidelity*. New York: Harper Collins.

Pinsof, W. M., Breunlin, D. C., Lebow, J. L., Rampage, C., & Chambers, A. L. (2017). *Integrative systemic therapy: Metaframeworks for problem solving with individuals, couples, and families*. Washington, DC: American Psychological Association.

Wachtel, E. F. (2017). *The heart of couple therapy: Knowing what to do and how to do it*. New York: Guilford Press.