FAMILY PROCESS

Love in Action: An Integrative Approach to Last Chance Couple Therapy

PETER FRAENKEL*

This article presents an integrative approach to the special challenges of therapy with couples on the brink of dissolution or divorce—who often describe this therapy as their "last chance." In some, one partner is considering ending the relationship, and in others, both partners are considering ending it. Often, these couples have had prior dissatisfying experiences in couple therapy. Four types of last chance couples are described: high-conflict couples; couples in which partners have differing goals for their lives or different timelines for reaching shared goals; couples in which one or both partners have acted in a manner that violates the values, expectations, emotional comfort, or safety of the other; and couples in which there has been a gradual loss of intimacy. The Therapeutic Palette, a multiperspectival, theoretically eclectic integrative approach, is enlisted as a general framework for selecting and sequencing use of particular theories and their associated practices, based on the three "primary colors" of couple therapy: time frame/focus, level of directiveness, and change entry point. An additional complementary framework, the creative relational movement approach, is proposed to provide an integrative frame encompassing both language-based and action-based practices, suggesting that meaning is held and expressed as much through interaction or "relational motion" as it is through language. Principles of change are described. Due to the couple's level of crisis and desire for immediate evidence of possible improvement, priority is given to action-based interventions in early stages of therapy, by engaging couples in "experiments in possibility." Typical action approaches are described. An extended vignette follows.

Keywords: Integration; Couple Therapy; Brink of Divorce; Therapeutic Palette; Creative Relational Movement Approach; Motivation in Couple Therapy

Fam Proc x:1–26, 2019

No place to hide
And nowhere to run
Nothing you can do because a change must come
From the song, "Love in Action," on the album Oops! Wrong Planet by Todd Rundgren and Utopia[1]

Todd Rundgren's song captures something essential about where many couples land before they enter therapy: One or both partners feel the relationship has become

*Department of Psychology, The City College of New York, New York, NY.
Correspondence regarding this article should be addressed to Peter Fraenkel, Department of Psychology, The City College of New York, Room 7/120, North Academic Center, 160 Convent Ave., New York, NY 10031. E-mail: fraenkelorama@gmail.com

[1]Songwriters: John Wilcox, Kasim Sulton, Roger Powell, & Todd Rundgren, 1977, Warner Bros. Music.

Family Process, Vol. x, No. x, 2019 © 2019 Family Process Institute
doi: 10.1111/famp.12474

untenable and unlivable and that "a change must come" if they are to stay. This is especially true in what the present author has termed "last chance couples"—those in which one or both partners are on the brink of initiating dissolution (if not formally married) or divorce, often after having tried couple therapy one or more times before (Fraenkel, 2017b, 2018). They want to see some observable change happen as soon as possible. Most do not come in ready for a more leisurely exploration of thoughts and feelings, and each partner's respective psychodynamics and family histories, although they understand (often grudgingly) that this will eventually be part of the process. Indeed, in the author's experience as a New York City-based therapist where psychodynamic therapy still has a dominant place in the therapeutic ecology, one or both partners' stated reluctance to engage in couple therapy is often prefaced by some statement to the effect of, "I've been in therapy for years, I really don't want to talk about my issues with my mother (or father) anymore. I need to see something change." Doherty (2002) describes the typical state of affairs with a new couple as follows:

> Couples sessions can be scenes of rapid escalation uncommon in individual therapy, and even in family therapy. Lose control over the process for 15 seconds and you can have the spouses screaming at each other and wondering why they're paying you to watch them mix it up ... even more unnerving is the fact that couples therapy often begins with the threat that the couple will split up. Often, one spouse is coming just to drop off his or her partner at a therapist's doorstep before exiting. Others are *so demoralized that they need an intense infusion of hope before agreeing to a second session*. Therapists who prefer to take their time doing their favorite lengthy assessment instead of intervening immediately may lose couples who arrive in crisis and need a rapid response to stop the bleeding. A laid-back or timid therapist can doom a marriage that requires quick CPR. If couples therapy were a sport, it would resemble wrestling, not baseball—because it can be over in a flash if you don't have your wits about you. (pp. 28–29, italics added)

In a book with the title *Love in Action* (1993), the venerable Vietnamese Buddhist leader Thich Nhat Hanh's heartfelt plea for nonviolent action in political and cultural conflicts speaks to one of the major foci of effective couple therapy: Therapists must introduce early on new skills, or elicit the couple's submerged existing ones, in vigorous but nonoppressive, fair means of dialogue, problem resolution, and other aspects of interaction. This is true for couples in high conflict as well as for conflict-avoidant couples, who often fear any form of engagement will elicit hurtful self-expression by the partner.

This article describes an "action/insight" integrative approach to couple therapy. Although many of the integrative, as well as "pure-form" approaches to couple therapy have emphasized the importance of suggesting intersession activities to promote change, or engage couples in enactments of novel interactional patterns in session, the present article re-emphasizes the importance of privileging action over insight with couples on the brink of relationship dissolution (Fraenkel, 2017a, 2018). As early as the first session, couples need to "experiment with possibility" by initiating novel action. These novel actions, which often feel irrational at the time given partners' sense of hopelessness and negative beliefs and feelings about each other—and which one or both partners might feel little motivation to try—serve to put a significant "wedge" or bifurcation between the past and the present towards the future, which then allows partners to step away from and above their constraining histories and gain further insight into the manner in which their pasts have lived on in thought, feeling, physiological reactivity, and behavior.

Of course, aside from providing instruction in research-based communication and problem-solving skills, most of the time in early sessions must be devoted to creating a holding environment for partners to express their deep dissatisfaction with the relationship, and to have these feelings witnessed and not challenged by the therapist. As suggested by other approaches to couple therapy (Scheinkman & Fishbane, 2004), it is crucial early on to examine the multiple sources of each partner's sense of vulnerability and to help

partners identify the more vulnerable feelings of hurt, fear, shock, disappointment, disrespect, loss of personal integrity, attachment insecurity (Johnson, 2004), and quite importantly, but often not explicitly named, desperate loneliness—that serve as the roiling currents underneath the spitting waves of anger. Through gentle, measured speech and a calm, attentive presence, and a "not-knowing" stance about their future, the therapist creates a slowed-down relational space for expressing these painful feelings, one that modulates the sense of fast-paced emotional urgency arising from partners reaching the point of considering leaving the relationship. Helping partners voice these vulnerable feelings can go a long way toward promoting understanding, empathy, and healing.

Indeed, a common mistake in working with last chance couples is to attempt too quickly to help them identify what narrative therapists call "unique outcomes" (White & Epston, 1990), or in the language of solution-focused therapy, "exceptions" (de Shazer, 1985)—times when the relationship was more satisfying than it is at present, or than it has been for some time. Couples in which at least one if not both partners have essentially given up on the future of the relationship and for whom the "problem-saturated story" (White & Epston, 1990) of their lives together dominates their account of the past and present need first to be fully heard in all their suffering. The therapist's well-intentioned attempt to excavate and highlight more positive moments can backfire, leading partners to sense that the therapist does not quite "get" how bad things are now, and have been for some time. Nevertheless, without challenging these accounts, and along with fully immersing in their considerable suffering, the therapist can encourage couples to "experiment with possibilities" of a more satisfying present towards the future through novel action. And it is these experiments, done mostly between sessions, that will either reveal that a "change can come," or cannot—or at least, that not enough of a change is possible.

Although the current approach recommends waiting until the current crisis of commitment is somewhat tempered and partners are more engaged in therapy before exploring more extensively family- and culture-of-origin sources of dissatisfaction, these issues may also emerge center stage from the very first session. An integrative approach allows the therapist to be nimble, flexible, and responsive, and to move deftly from exploring frustrating patterns of interaction to more family-historical and cultural-contextual sources of difference and dissatisfaction, and then back again to the here-and-now patterns with enlarged understanding.

This article begins by describing four types of last chance couples. It summarizes the author's "Therapeutic Palette" multiperspectival integrative approach to couple therapy (Fraenkel, 1997, 2009, 2017a), and how it guides decisions about sequencing utilization of the various specific couple therapy theoretical foci and their associated practices. It proposes the notion that "stuck couples" need to engage in "creative relational movement," defined below, and that, in the spirit of transparency and collaboration, couples benefit from the therapist sharing the four principles of change that constitute CRM. And it offers short illustrations and one more extensive representative vignette of working with these most challenging of couples—those that describe the therapy as their "last chance."

DEFINITION OF "LAST CHANCE" COUPLES

Fraenkel (2017b, 2018) describes two broad categories and four types of couples who describe themselves (and therapy) as "last chance." The two categories are (a) those in which one partner wants to stay in the relationship, and the other wants to leave—what Doherty and colleagues have termed "mixed agenda couples" (Doherty & Harris, 2017; Doherty, Harris, & Wilde, 2015); (b) those in which both partners are considering ending the relationship. The four types are as follows:

- High-conflict couples, those that have engaged in long-term destructive patterns of communication and negative attributions, well-described in the literature (Bradbury & Fincham, 1990; Driver, Tabares, Shapiro, & Gottman, 2012; Gottman & Gottman, 2018; Markman, Stanley, & Blumberg, 2010).
- Couples in which partners have differences in what Fraenkel (1994, 2011) has called "projected life chronologies"—life plans and goals and when to arrive at them. These are couples that differ on issues and expectations about whether or when to get married (or other formal commitment), to have a child, to reach a particular level of financial stability, to buy a home, to retire, and so on.
- Couples in which the behavior(s) of one or both partners violate the values, expectations, safety, or emotional comfort of the other. Affairs, domestic violence, development of an addiction, or even political differences can prompt one or both partners to consider ending the relationship.
- Couples in which there has been a gradual loss of intimacy often preceded by a period of high conflict leading to mutual withdrawal. These couples are often the most difficult to help, because there is such a low level of passion and connection.

When couples have tried therapy and found it not sufficiently helpful, their accounts of those experiences typically reveal one or more of the following issues, summarized by Doherty (2002): The therapist did not impose a structure for dialogue and may have stated that one or both partners' level of reactivity precluded couple therapy; did not suggest intersession activities designed to try new patterns of interaction; communicated directly in words or through expressed nonverbal affect a belief that the couple cannot improve (sometimes actually recommending divorce), or attributed the problems to one or both partners' psychopathology, and as a result of this assessment, ended couple therapy and referred one or both partners to individual therapy; did not recognize and provide psychoeducation to the couple about the particular, normative, research-documented challenges they are facing (e.g., in the transition to parenthood, in creating a blended family, in dealing with a chronic illness, in moving toward retirement); or presented a stance of "neutrality" about the outcome of their relationship that seemed to reflect not caring, rather than revealing a professional bias toward helping couples stay together if possible but openness to helping them separate amicably if that is what they desired.

There are many excellent integrative approaches to couple therapy (see prominent approaches reviewed by Fraenkel 2009, 2017a and additional approaches by Fishbane, 2013; Gerson, 2010; Nielsen, 2016; Papp & Imber-Black, 1996; Pinsof et al., 2017; Wachtel, 2017), and undoubtably, all have been utilized in working with last chance couples. However, aside from Doherty's (Doherty & Harris, 2017; Doherty et al., 2015) discernment counseling approach to working with mixed agenda couples, there is little literature explicitly detailing the special issues in working with couples at this stage. The present author humbly offers yet another integrative approach that addresses these issues.

THE THERAPEUTIC PALETTE INTEGRATIVE APPROACH TO COUPLE THERAPY

Fraenkel (1997, 2009, 2017a) introduced a multiperspectival or theoretically eclectic integrative approach to couple therapy with couples across the distress spectrum (not solely "last chance") that utilizes the metaphor of a "Therapeutic Palette" with three "primary colors" with which to categorize the variety of existing "pure-form" approaches: time frame/focus, level of directiveness, and change entry point. Regarding time frame, some approaches focus mostly on the present patterns of action, beliefs, or emotions (structural, strategic, experiential, cognitive-behavioral); others address past-to-present or

intergenerational influences (Bowen Intergenerational Systems Theory, psychodynamic approaches); and others focus on the future (solution-focused).

As applied to last chance couples, their crisis of connection and commitment means that the future of the relationship depends on whether new, more preferred experiences can occur in the present. And discouragement about their history often leads them to a rather limited, problem-saturated narrative about their past, making it difficult to access strengths. Furthermore, if previous therapies focused primarily on inviting each partner to express repeatedly and in detail their feelings about their past without proposing possibilities for change; or if the therapies attempted to help partners understand how their respective family-of-origin experiences contributed to the problems in their relationship, partners may clarify rather bluntly their disinterest in such explorations, noting that their sole interest is in seeing if the therapy can promote immediate change, if there is even to be a chance that they will return for a second session. Thus, last chance couple therapy must initially focus on helping couples make at least small but notable changes in the present quality of the relationship—preferably in the first session and certainly between the first and second sessions.

That said, as noted earlier, for some couples, family-of-origin and cultural and social location themes may figure centrally in their conflict, and the therapist should then invite discussion of these issues from the beginning. For instance, in one couple in which the male partner was a White Belgian therapist and the female partner was an African American journalist, what finally prompted them to seek therapy after years of misunderstandings was that the male partner had said, with a sense of pride in what he believed were his progressive views on race, that he did not really see her as Black, "just as a human being." She was shocked and appalled, feeling that she could not be in a marriage with a man who did not see her as Black and who was not interested in her struggles with racism, especially since they now had a biracial son who was encountering microaggressions in his first year at school. In another couple in which both were Jewish but one was raised in England and the other in Israel, both family-of-origin and culturally-based differences in parenting, expression of affect, and attitudes about money, as well as conflict between the female partner and the male partner's mother, meant that these issues needed to be addressed immediately.

Regarding directiveness, some approaches generally engage in suggesting new interactions, often based on research regarding the patterns that predict better or worse outcomes in couples (Fraenkel & Markman, 2002; Gottman & Gottman, 2018), or in suggesting new thoughts, or evoking experiencing and expression of unspoken, more vulnerable emotions underlying anger (Johnson, 2004). Others engage in a less directive "co-researching" of problem and preferred narratives (Dickerson & Crocket, 2010), or "create a dialogical space, a conversational context, that permits the evolution of new meaning, new action, and thus change" (Goolishian & Anderson, 1987, p. 535). In this nondirective approach, the practices of the therapist are designed solely to "maintain the continuance of the conversation ... until the problem disappears" (Goolishian & Anderson, 1987, p. 535). With a strong emphasis on locating and promoting couples' strengths, the TP approach aspires to be less directive in principle, but recognizes that the crisis of connection, compassion, and commitment, and the sense of hopelessness and lack of relationship success last chance couples typically present, requires a more directive approach initially. It moves as quickly as possible to a less directive style and stance once conflict decreases and hope increases through enhanced relational efficacy.

Regarding change entry point, the TP approach suggests that actions, thoughts, and emotions are always co-occurring: Interactions are accompanied and prompted by perceptions of self in relation to other, as well as each partner's more stable beliefs about partners' feelings and intentions toward him or her (Bradbury & Fincham, 1990; Papp &

Imber-Black, 1996). Recent work by Fishbane (2013) indicates the need also to consider neuro-physiological arousal as a therapeutic entry point. Some approaches to couple therapy generally "enter" the couple relationship at the level of action (e.g., structural or strategic, and the behavioral side of CBT), some focus initially more on partners' respective conscious and unconscious or unrecognized beliefs, attitudes, and perceptions (Bowenian, psychodynamic, narrative, constructivist), and some go directly to emotions (experiential, EFT) or physiological arousal (mindfulness and arousal regulation practices), but the premise guiding all couple therapies is that changes in one area will prompt changes in others.

The TP approach suggests that all aspects of couples' lives that represent challenges and strengths eventually need to be explored and understood: present patterns of interaction, especially around the two orthogonal dimensions of power (from symmetrical to asymmetrical), and closeness and connection (from high to low), that characterize most approaches to assessment in couple therapy; feelings, beliefs, and preferences about these interactions and about where the relationship is on these dimensions (for instance, different preferences for distribution of power, or for degree of closeness); beliefs and expectations about relationships in general; the source of these beliefs and preferences in family and cultures of origin; patterns of relationship experienced and observed in the family and culture of origin, and in media representations of the dominant culture, and each partner's desires either to differentiate from those or repeat them in the present relationship; individual psychodynamics, and assessment of their own and the other's mental health; the partners' respective intersectional social locations/placement on dimensions of difference such as gender and gender identity, race, ethnicity, class, education, sexual orientation, immigration history/citizenship status, religion and spirituality, and the degree to which these locations afford privilege or oppression; the couple's sociocultural context and involvement with larger systems; bio-behavioral (affective style, temperament, learning abilities), physiognomic qualities, and each partner's sense of their own and the other's attractiveness; health and disability; as well as the wide range of representations of these aspects of experience, including narratives, visual and musical imagery; and more (see Figure 1).

However, the TP suggests that at any particular moment in therapy, couple partners have greater or lesser access to, and willingness to discuss and address, thoughts, emotions, or behavior, and that as a result, the therapist is presented with different degrees of what perceptual psychologist Gibson (1979) termed "affordances"—the opportunities available to a person for action in her or his environment. In addition to what the environment (in this case, the couple) presents as available, whether something represents an affordance depends on the capabilities of the perceiver. Thus, in the environmental context or social ecology of the therapeutic relationship, if an integrative therapist is equally attuned to and skilled in responding to all these dimensions, she/he can respond more flexibly to what is presented by the couple as available for therapeutic interaction (see Stiles, Honos-Webb, & Surko, 1998, for a discussion of the role of therapist responsiveness in developing the therapeutic alliance in individual psychotherapy). As noted earlier, last chance couple partners, who initially often rigidly adhere to their negative perceptions/beliefs and feelings about each other and the relationship's prospects, and who may have experienced frustrations with previous therapies that attempted to invite expression of more positive emotions and changes in perceptions, may initially provide only the dimension of action as an "affordance" or opportunity for intervention by the therapist. Intervention on the dimension of action can lead to change in beliefs, perceptions, and emotions, but typically, at least in early sessions, not the other way around.

However, once again, principles are meant as guidelines, not rigid rules, and the principle of attending to interaction initially must be balanced with what the couple presents as

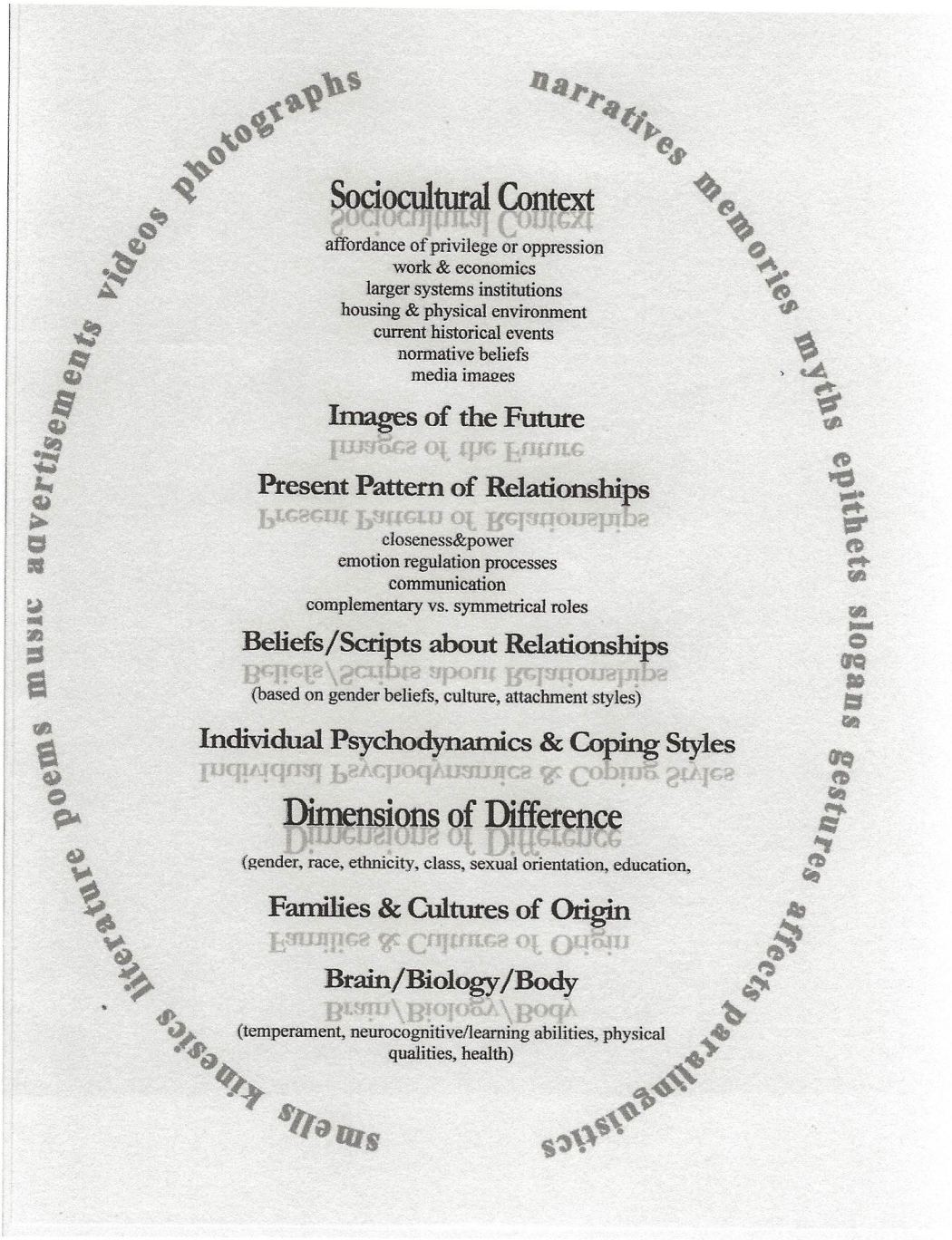

FIGURE 1. Areas for Inquiry in Assessing Couple Challenges and Strengths. Reproduced with Permission from Fraenkel (2009).

an affordance, including their feelings and thoughts. And as noted above, from the beginning, sessions need to invite partners to share their distressed emotions and negative beliefs. The crucial point here is that therapy will in most cases be ineffective and not

valued by the couple (and they will likely quit) if it centers *only* on expression of emotions and beliefs, and neglects partners' desires to see change on the level of interaction.

From a "common factors" integrative perspective that identifies general themes of understanding and intervention across the different schools of couple therapy (Sprenkle, Davis, & Lebow, 2009), the TP suggests that, most simply stated, integrative couple therapy involves learning about—through questions and observations—the patterns of behaviors, thoughts, emotions, and physiological arousal that limit couples and lead to unhappiness, asking questions that elicit couples' existing, underutilized resources, and making suggestions about possible new ways to see and feel about each other, and new ways to interact. What is needed is an integrative, holistic approach.

The approach holds that therapists are "collaborative experts"—not just in asking questions and hosting conversations, but also in making observations, and drawing upon and, as appropriate, sharing with couples in a psychoeducational fashion research on patterns that characterize and predict distress and relationship satisfaction, the particular challenges couples face at certain transitions in the life cycle, the reciprocal impact of individual psycho-behavioral challenges such as depression, trauma, or substance use on relationships, and the empirical basis for suggested new skills or other changes in relational patterns. Even when making observations and sharing expert-based information, the therapist maintains a collaborative, respectful stance, first asking the couple if it is OK to share such information, observations, or to make some suggestions, and sometimes, is responding to their direct requests for such observations and information. Indeed, to deny couples' requests for the therapist's observations and guidance can be construed as hierarchical, disrespectful, and not collaborative.

In sum, the TP approach to working with last chance couples suggests that all three time foci and all four entry points are important, but that directive interventions at the level of present action patterns are more effective initially, with more detailed exploration of the couple's past and each partner's family- and culture-of-origin experiences to follow, unless these figure prominently in the couple's presenting problem and must be addressed immediately, along with suggested changes in interaction; that therapy must be "collaboratively directive" at first but should move as quickly as possible to a less directive approach; and that more extensive exploration and transformation of thoughts and feelings can often quickly follow initial success at changing interaction patterns.

PRINCIPLES OF THE CREATIVE RELATIONAL MOVEMENT APPROACH TO CHANGE: REVEALING AND TRANSFORMING MEANING THROUGH MOTION[2]

"People Gotta Move"

Gino Vanelli[3]

Whereas the principles of the Therapeutic Palette are designed to guide decisions about when and how to draw upon the wide range of theories and associated practices available in the field, this section provides an integrative rationale for privileging the action-oriented practices necessary for initial work with last chance couples. It attempts to integrate verbal and nonverbal approaches to couple therapy, and to dissolve the false dichotomy between meaning-based and action-based approaches, through the concept of "creative

[2]Most of these principles are not entirely novel to the field of couple therapy, but are listed here for emphasis and to distinguish them from approaches to therapy that are not as action oriented.

[3]Song title from the album by Gino Vanelli entitled *Powerful People*, 1974, A&M Records.

relational movement." It also proposes principles of change in working with last chance couples.

The concept of "creative relational movement" (CRM) is proposed as the means by which transformations in the interactional experiences of couples result in transformations in their thoughts and emotions, resulting in a "virtuous spiral" that substitutes for the negative, "vicious cycles" that have captured them. The terms "movement" and "motion" are substituted for the more familiar term "behavior," because, in the present author's experience as a therapist and teacher, that term has accrued an unpleasant set of aesthetic connotations due to the association with other behaviorist concepts such as "extinction," "reinforcement schedules," "operant conditioning," "shaping," and "punishment," which for some clients, conjure up manipulative interventions and experiments with rats and dogs in cages being shocked. The language we use to communicate with clients about how we conceptualize human problems and change processes affects the degree to which clients feel comfortable with our theories and sign on to work with us. "Motion" and "movement" are more positively connoted, with their associations with the solar system, dance, sports, and other pleasurable and expressive activities. The term "creative" is defined as "to make or bring into existence something new" (Merriam-Webster), and as "the ability to transcend traditional ideas, rules, patterns, relationships, or the like, and to create meaningful new ideas, forms, methods, interpretations, etc.; originality, progressiveness, or imagination" (Dictionary.com, 2019). Thus, the phrase "creative relational movement" represents a framework about change that describes the need for couples to try new forms of interactions that transcend and step away from their existing, constraining negative beliefs, and does so in language that is more appealing to couples, thereby capturing their imagination and inspiration better than the rather dry, off-putting term "behavior."

The philosopher Martin Heidegger (1962), whose ideas formed one basis of existentialist therapies such as Frankl's (1969) logotherapy and other existential-humanistic therapies (Schneider & Krug, 2017), proposed the concept of "Dasien," or "Being-in-the-World"—which suggests that consciousness and identity are intimately linked to context. Novel interactions with one's context—in German, entering "und Lichtung," or "clearing," also brings "lighting" (the German word means both), a new sense of meaning and reality. Importantly for the purpose of this article, it is new action—movement that leads us to step briefly away and out from our constructions of our world, as much as possible—that results in surprises, discoveries, and new meaning. A client engaged in recovery from alcohol overuse who attended AA meetings shared a similar idea captured in a simple saying from that program: "You can't think your way into new action, but you can act your way into new thinking."

The postmodern and poststructuralist turn in family therapy has led to a greater focus on the importance of appraising the social construction of meaning between couple partners or among family members, over observation of and intervention upon interactional patterns (see Dickerson, 2016; Goolishian & Anderson, 1987; White, 1995). This has led to therapies that privilege therapeutic dialogue about problem understandings and solutions, expression of problem narratives, and verbal or written "re-authoring" of lives—strongly suggesting that meaning is encapsulated or "held" (and transformed) primarily in and through verbal language and conversation. In contrast, earlier-developed theories and practices of family therapy often drew upon metaphors like the "family dance," the "family orchestra," the "family collage," as well as asking couples to provide "video descriptions" of what happens when their interaction goes poorly or well—all suggesting that meaning can equally be represented, held, and expressed through nonverbal interaction. Techniques like family sculpting pioneered by Virginia Satir and developed by Papp, Scheinkman, and Malpas (2013) were designed to help couples and families express—

through action—feelings and perceptions about relational problems and preferences that often eluded pure verbal description.

Recent work by Palmer (2018) utilizes playing of instruments and recorded music, for the same purpose. Likewise, the present author invites couple partners to bring in music that captures how they feel about the relationship, or shares music that seems to speak to a dilemma or feeling they are struggling with. For instance, a lovely song about a cozy day of intimacy by jazz-pop singer and composer Michael Franks entitled "Living on the Inside" contains a verse that captures the feeling many couples experience once they are doing better – even though the relationship is now satisfying, how can they go on, given their difficult history? Playing the song evokes a heartfelt discussion about this dilemma and seems to provide some reassurance that it is OK to go on together, despite their previous difficulties. Carried by the music, the words engender a more evocative impact than the therapist's words of reassurance would have alone. Using bongo drums to have partners "play how they see the relationship now, and what they wish for instead," and then having the partners play together, also reaches a different level of expression and experience. In one couple that had reached an impasse around their sexual intimacy, especially in their different paces during sex, this exercise was a breakthrough: At a certain point, as the partners started playing together in a naturally occurring, matched rhythm, the husband commented with surprised delight, "wow, we're getting in sync!"

The creative relational movement approach therefore suggests that meaning can be represented and transformed both through verbal and nonverbal means—essentially, another form of integration. Nonverbal interaction between partners is "meaning in motion," and new meanings can emerge on the nonverbal level as well as on the verbal. Engaging couple partners to attend to their own and each other's facial expressions, voice tone, and bodily gestures while talking often reveals discrepancies between their words and their nonverbally communicated meanings, a point made long ago by Gregory Bateson and other founders of family therapy and communication theory (Watzlawick, Beavin, & Jackson, 1967). For instance, in one session, the wife was angrily talking about her husband's continued lack of empathy—"uncaring, as usual!"—for the struggles she faced in managing her workload and responding to their children's needs. She spoke rapidly, looking down and occasionally at the therapist, and entirely missed that, rather than the disdainful facial expressions he had made months ago during her complaints when therapy first started, he was now looking at her in a most loving, compassionate manner. The therapist asked her to look at his face, and she was surprised to see his warm, supportive visage. We reflected together on what his changed affect meant about his feelings toward her, and this small but significant moment was a turning point for them.

Based on the ideas presented above, and extensive experience working with last chance couples, there are four useful principles to conceptualize the processes of change. In addition, last chance couples often need an inspiring framework for thinking about how change might be possible. In the absence of much motivation, and because of their high levels of ambivalence about the relationship and therapy, the key to working with last chance couples is engagement in first steps–trying new patterns. Sharing the principles listed below often lowers reluctance to engage in a change process.

Principle One: Insight Does Not Automatically Lead to New Action

Awareness and expression of unconscious or conscious thoughts/beliefs, perceptions, and feelings does not generally lead to spontaneous change in behavior. Doherty writes, "Some therapists act as if insight alone is enough to help couples change intractable patterns of thinking and acting. But we all know that certain dynamics within a relationship have a life of their own" (2002, p. 29). The reverse is more likely: Having tried patterns of

interaction that differ from the problematic ones learned in one's family of origin, or that developed anew in the present relationship, a change in pattern can prompt memories of and comments about what was previously experienced. These comments can then be explored to differentiate the new patterns from the past, which can strengthen resolve to practice the new patterns.

For instance, in learning a new, more structured and equitable research-supported communication technique, such as the Speaker-Listener Technique (Halford, 2011; Markman et al., 2010), one or both partners often comment spontaneously on how different it is from what has developed in their relationship, or how different it is from what they observed in their families of origin, or how it differs from the norms in their cultures of origin. In one couple, the African Kenyan female partner was raised in a "traditional family" (as she described it, meaning strongly aligned with the culture's model of marriage, which prescribes more voice and power for men than for women). After trying the SL Technique, she commented that in her culture, a woman expressing herself might lead to a beating by the husband; and despite much adult exposure to models of more gender-fair relationships and her intention to speak her mind (she was a lawyer, educated in London), she had not realized how those early-learned proscriptions had led her to become fearful and hesitant about doing so with her husband. This technique provided her a chance to distance herself from fears of retribution, which fortunately, her white English male partner supported—especially because his major frustration with her was that he often did not know what she thought and felt, and interpreted her silence and seeming withdrawal as a sign that she did not love him.

Principle Two: Sustained Daily Motivation is Not Necessary for Change

Last chance couples often believe that because one or both partners do not feel motivated to initiate changes, or believe their partner is unmotivated, change cannot occur. The therapist should validate each partner's sense of hopelessness, but must then clarify that change can occur absent initial motivation, and that motivation may increase once each partner sees the other participating in new patterns. It can be helpful to quote, with a little humor, the familiar line from Nike's advertisement campaigns—"Just Do It"—and suggest to the partners that they should see what happens to their level of motivation once a small change occurs. The present author has a replica of an Alexander Calder mobile hanging from his office ceiling, and will often touch just one small panel to demonstrate kinesthetically how a small change in one part can result in movement in other parts of the mobile, as the parts are all connected. The couple can also be asked whether they have ever engaged in learning a new skill—in the arts, writing, sports—and whether their level of motivation for practicing the new techniques was high each time they practiced. Or whether they have high motivation each day to go to work or engage in childcare. The answer is always, "No." Partners will inevitably relate to the experience that once started in an activity, they get engaged, and more motivated.

Interestingly, although it is likely a common belief among therapists that couples' level of motivation, or "readiness for change" (demonstrated to be important in the treatment of substance abuse; Connors, DiClemente, Velasquez, & Donovan, 2015), is an important client variable in determining treatment engagement and outcome, there is no empirical literature on couple therapy yet that supports this assumption. Even in individual treatment of other disorders such as depression, "research is largely absent" on this point, and "there is little evidence to suggest that efforts to alter one's readiness contribute substantially to benefit" (Beutler, Castonguay, & Follette, 2006, p. 642). Of course, at a certain point, the couple needs to become more motivated to sustain improvement efforts. But it is a mistake to strive in the first session to increase a reluctant partner's readiness

for change, because she or he are often much more ready to leave the relationship than to stay. A positive experience with initial attempts to change typically leads the unmotivated partner to at least become motivated to try further preferred interactions, so as to assist in making a more thoughtful decision about whether to stay or go (see below). As the interactions become self-reinforcing, motivation increases naturally. Paradoxically, by fully accepting ambivalent partners' declaration of "no motivation" and their reluctance to "fake it"—but suggesting they nevertheless try some new things—the stage is set for partners to discover, through experience, genuine feelings of motivation.

Principle Three: Change Feels Initially Artificial and Irrational

Because of the extended amount of time couples have engaged in destructive patterns, and because of the associated negative attributions each partner holds about the other's feelings and intentions toward them (Bradbury & Fincham, 1990), couples often feel that it "makes no sense to try," given their long history of "stuckness." Their current beliefs and feelings about each other, themselves, and the relationship do not naturally support trying new patterns. Moreover, when couples first engage in new patterns of communication and other interactions (such as making daily statements of appreciation or admiration: Gottman & Gottman, 2015) that both agree are preferable to the old ways—and that actually feel good—they may note that these behaviors are clearly not spontaneous, feel artificial, and therefore, are not trustworthy and "try-worthy." It is not generally enough only to suggest that these practices make sense because they are designed to correct or avoid the problem patterns, and that research supports their effectiveness. Rather, the therapist can first validate this sense of irrationality and artificiality, and reframe this sense as a sign that they are doing something new—and that if these patterns *did not* feel awkward and irrational, they probably would not be new. Again, drawing on the analogy of how awkward it feels to learn a new movement in sports, music, or dance, to learn a new software app, get used to a new keyboard, or any other activity, and how these new movements become natural and automatic with repetition, encourages partners to continue these practices.

It is also useful to share the research on the power of negative attributions (or, in the language of narrative therapy, "problem-saturated stories"; White & Epston, 1990, or more simply, "the effects the problem is having on their couple relationship"; Dickerson & Crocket, 2010, p. 156), and how these negative attributions and stories create low expectations about alternative positive patterns and submerge recall of "unique outcomes"—times when the couple engaged in preferred, supportive, and loving patterns (White & Epston, 1990). As noted earlier, it has been the present author's experience that with last chance couples, attempts to locate those unique outcomes are frequently met with impatience and disdain—one or both partners either declaring that they cannot recall a time when they got along better ("we fought like this from the beginning," "we were never good at solving problems"). This account may not be simply a result of the "totalizing effects" of the problem, given the repeated finding that even newlywed couples may engage in destructive patterns despite being happy in many respects (Fraenkel & Markman, 2002). Or the couple may say that "it's been so long" since they communicated more effectively and kindly that this history is now irrelevant. Likewise, attempts to locate more appealing models of interaction from each partner's family of origin often come up empty. Rather than press on to attempt to locate such unique outcomes, which may provoke the couple's irritation with the therapist, it often feels more respectful and attuned to where the couple is at presently to suggest that the new suggested practices will feel unfamiliar and awkward at first but possibly lead to better outcomes.

Principle Four: The Importance of Nonbinding Creative Experiments with Possibility

Having shared with the couple the previous three principles of change, the core of last chance couple therapy is to engage couples in "experiments in possibility." Couples are encouraged to enter a "liminal space," a term developed in anthropology (Turner, 1969) and later applied to understanding transitions and the function of rituals in families (Imber-Black, Roberts, & Whiting, 2003). A liminal space signifies a transitional psychosocial period of neither being in one state of existence and identity or another. The therapist can suggest that the couple embrace this liminal space and try these experiments in order to "divorce the old patterns" before deciding to divorce each other. They are encouraged to adopt a scientific attitude in which they observe the "data" from their experiments with change, and to evaluate whether these changes represent improvement that might encourage them to remain in the relationship.

Given that many couples come to therapy believing the larger cultural trope that "marriage (and therapy) are hard work," it is also useful to suggest, instead, the notion of playing with new patterns (see Bava, 2017, for a more language-based approach to play and creativity). This frame encourages a more creative, "what if" attitude that can somewhat serve to "de-emergencize" their present emotional state, and lower the intensity of expectations on any particular experiment (Fraenkel, 2017b, 2018).

However, it is critical in the first session to share that, although the therapist comes to this work with a bias toward helping them explore possibilities of improvement (see Doherty, 2002, for a trenchant discussion about the problems of taking a stance of complete "neutrality" about marital outcomes); and although the therapist believes the best way to determine whether or not to stay together is through evaluating these experiments in possibility, that even if they experience improvement, this does not mean that they must therefore remain together. When one or both partners are highly ambivalent about remaining in the relationship, they may be reluctant to engage in improvement efforts for fear that signs of progress will undermine their determination to leave. To allow them to fully enter the liminal space, or as Turner called it, "the betwixt and between" (Turner, 1967), and to participate in experiments, they need reassurance that they will not become *trapped by progress*. When it is a mixed agenda couple, it is suggested that the partner who wants to keep the marriage together reassure the one considering leaving that she or he will be free to end things even if they both experience improvement. It is also important to invite the couple to state if they are feeling pressured by the therapist to stay in the relationship; the therapist needs to distinguish her or his enthusiasm for helping them conduct experiments in possibility from an intention to keep them together against their inclinations.

In addition, whereas in therapy with couples who are not on the brink of relationship dissolution, it is common to assume at the outset that they will engage in at least several sessions, and sessions typically end with therapist and couple taking out their schedules to set a next appointment, the therapeutic contract with last chance couples must at least initially be much more tentative and nonbinding. Likewise, whereas it is regular practice to suggest intersession activities with confidence that both partners wish to engage in them, in this work, it is useful to ask the couple, "What would be one change that you'd need to see today, in this session (or in the next week), that would lead you to think that you might want to return for another session?" These subtle changes in how the therapeutic relationship is co-constructed are critical to potential change.

TYPICAL ACTION-ORIENTED PRACTICES

Communication Skills

In almost all cases, in the first or, at latest, second session, last chance couple therapy begins with some psychoeducation about research on typical communication problems, drawn primarily from the PREP program (Fraenkel, 2011; Fraenkel & Markman, 2002; Markman & Rhoades, 2012; Markman et al., 2010) and Gottman's research (Driver et al., 2012; Gottman & Gottman, 2018), as well as communication skills and other interaction recommendations drawn from those research programs. In particular, from Gottman's research, also mentioned are the importance of taking influence from one's partner—especially, in heterosexual couples, of men taking influence from women—and responding to "bids for attention."

Soothing Practices and Identifying Polarized Emotion Modulation Patterns

Explaining how the sympathetic nervous system gets activated during conflict (Fishbane, 2013) helps couples understand, and normalizes, the often-jarring, discouraging experience of the rapid, intense negative arousal they experience despite their best intentions to remain calm. Partners often report that they do not have reliable methods of self-soothing, or have had difficulty engaging practices they use in other activities, such as yoga or meditation, when upset about the relationship. This provides the rationale for teaching some mindful breathing—breathing in through the nostrils to a count of five, holding the breath, and breathing out to a count of five, and holding the emptiness, with attention to the coolness of the breath coming in and the warmth of the breath going out—and other self-soothing practices, such as Qi Gong (similar to Tai Chi), or encouraging them to use practices they have already established. It is useful to mention to the couple that mindfulness practices have amassed impressive empirical support in decreasing anxiety, depression, stress, and other difficulties and disorders (Gotink et al., 2015), and for those partners who express reluctance about doing something that "seems kinda hippy" (as one corporate leader said), that they do not need to become a Buddhist or wear tie dye scarves to do these practices. It can be suggested that couples practice these skills together daily to begin to create a "culture of calmness and compassion."

Indeed, even short instruction in the first session of these practices sometimes engenders surprise at their effectiveness, as well as smiles, laughter, and warmer gazes toward each other. One male partner, sullenly angry and not communicative so far in the first session, was initially dubious about trying Qi Gong, but after doing it, relaxed markedly and smiled, which led to relief and smiles from the female partner. When texting to set up subsequent appointments, he would write, "When are we 'tree swaying' (one of the Qi Gong moves) next?" Another couple, who only moments before had engaged in a brief, explosive argument, burst out laughing while doing these exercises, with the husband noting, "What are we doing? I didn't expect this to be part of couple therapy!" They gradually incorporated these practices into their time together.

The focus on developing more effective proactive self-soothing and mutual soothing is important in addressing a problem pattern that typically emerges in the first or second sessions as couples describe their interactional sources of conflict. Partners often seem to have "recruited" one another, often without explicit awareness, to regulate their specific emotions or more general states of arousal. A highly emotional partner who sometimes becomes uncomfortably overaroused may implicitly depend on the calmer, more affectively-restrained partner to calm him down, and the calmer, more restrained partner may rely on the more highly-arousable partner to energize or activate her. These affective differences often intersect with temporal differences, or differences in how partners inhabit

time (Fraenkel, 1994, 2011). For instance, the more highly-arousable, energetic partner is often faster paced, whereas the calmer, more restrained partner is often slower paced.

Research in the area of emotion regulation has established individual differences in persons' ability to upregulate or downregulate their own emotions, and these abilities have been linked to early-developed attachment styles (John & Gross, 2007; Jurist, 2018). Jurist (2018) has suggested substituting the term emotion "modulation," associated both with variations in tone, volume, and key in music, and with the science of sound waves, for "regulation," which connotes an emphasis on cognitive control. There is also a link between these capacities and individual temperament (Kagan, 2010), and it is not uncommon for couple partners to have quite different basic temperaments. Although there is not a body of research examining these mutual emotion regulation/modulation processes in adult couples, and the degree to which polarization and conflict occurs around these processes, Jurist (2018) notes that "... most research on emotion regulation uses the paradigm of a single individual, whereas in real life, it is more likely that emotions are regulated in relation to others" (p. 37). Clinical-anecdotal evidence suggests that these differences in emotional arousal levels and temperament are often an initial source of attraction, but over time, become polarized and a source of conflict, wherein the more emotional/arousable partner resents the control she senses the other partner is exerting on her emotional expressions and excitement or upset, and the more restrained, less expressive/arousable partner resents the other's attempts to get him more excited or upset. In early sessions, questions and observations that draw out this pattern can help couples make sense of a central frustrating aspect of their interactions, can help them recover and "revalue" (Fraenkel, 2011) the positive aspects of these differences if less extreme, and can support the suggestion of using mindfulness practices for both self-soothing and mutual soothing. Later sessions can explore the family- and culture-of-origin influences on each partner's emotion modulation styles.

In one couple described earlier, the woman described herself as having an anxiety disorder, and the man described himself as depressed. When they met, she was attracted to his calmness and restraint, and slowness, and found him soothing. In turn, he enjoyed her vivacity, high energy, and fast pace, and found her enlivening. Although both Jewish, she was raised in London in a highly emotionally expressive family, which she at times found unbearable. He was raised in Israel, with highly restrained, intellectual parents, and found that at times deadening. When they met, neither carried their respective diagnoses. Over time, their affective styles became quite polarized, and each resented the other's seeming attempts to control their emotions and arousal levels. Therapy was effective in revealing these differences in affective style linked to differences in life pace that cropped up no matter what the topic; and helped them revalue the differences, which formed a major source of their initial attraction, and could once again become enjoyable if less polarized.

Implementing Research-Based Solutions to Common Problems

Other research-based information shared to help couples feel "in good company" with many other couples regarding their challenges depends upon the couple's particular issues. Sharing research about the challenges of work/relationship balance in dual earner couples (Fraenkel & Capstick, 2012), and as noted earlier, the transition to parenthood, remarriage and blended families, adoption, chronic illness, and others (see Walsh, 2012, for many useful chapters, as well as Fishel, 2018, for an integrative approach across the couple's life cycle), all can provide couples a sense of the broader issues with which they are struggling, and some practical, research-supported steps for handling them.

Far from feeling pathologized by the therapist taking an "expert position" and sharing research-based and clinically-supported information and practices, couples inevitably respond with a sense of relief and increased hope that they are not the only ones struggling with these issues, that the therapist is familiar with their types of challenges, and appreciate the usefulness of the skills as an alternative to their usual ways of speaking about problems and managing distress. However, it is important to note that although last chance couples appreciate learning this information and skills, they often do not immediately put them into practice at home. Nevertheless, learning them provides a sense of a pathway out of their distress, which provides a sense of credibility about the therapy (see discussion of this issue, below), which is crucial to their engagement in future sessions.

Practices to Experiment with Pleasure

Another point made in the first session is the importance of eventually—that is, not necessarily in the week after the first session, when couples may feel too distressed, but soon—experimenting with restoring pleasure and affirming connection. With a touch of humor, the therapist notes that, as with most couples, it sounded like their primary initial attraction to one another did not center on the sense that they would be good at dealing with conflict and solving problems together, but rather, shared passions, interests, and values, physical attraction, sex, and other sources of pleasure. Indeed, the one common concern shared by all four of the different types of last chance couples, no matter what specific areas about which they conflict, the loss of pleasurable connection and intimacy in all its forms has resulted in a pervasive sense of boredom and loneliness that is often at the heart of partners' alienation from one another.

The therapist acknowledges that their negative feelings about each other might make it seem difficult if not irrational to try, early on, to "restart the Bunsen burner of pleasure and connection," but that these experiments will be important in order to generate data to help with their decision about staying together or separating. Small moments of connection work better at this point than the proverbial "date night," which last chance couples may have little motivation for because these have often led to arguments and frustration. Typical suggestions that most couples will try include:

- Sixty-second pleasure points (Fraenkel, 1998b, 2011): a pleasurable activity with the partner that lasts sixty seconds or less; if possible, doing two in the morning before they depart from one another, two when apart, and two when back together at day's end, with each partner initiating one of the activities in each of the three time periods. These can include a hug, tousling or stroking the partner's hair, telling a joke or reading a poem, listening to music, telling a funny story from work, and so on. If this still seems like too much pleasure at first, reducing the number of pleasure points even to two per day can start to create a shift.
- The decompression chamber (Fraenkel, 1998a, 2011): creating a daily routine of connecting briefly by talking about the events of the day and providing friendly support, especially given the finding regarding the importance of friendship in long-term relationships (Gottman & Gottman, 2015, 2018; Markman et al., 2010).
- Daily statements of admiration and appreciation (Gottman & Gottman, 2015), as well as noticing things about one's partner—how they interact with others, his or her style choices, voice tone—that one enjoys but that have nothing to do directly with the relationship—just aspects of the other that one "gets a kick" out of (Fraenkel, 2001).
- A silent walk in a new place: for those up for trying a longer encounter but who often argue at dinner dates, pick a city neighborhood they have not been to, or a park or

botanical garden, walk around, and direct the partner's attention to things of interest or beauty, but without talking.

Apology Rituals

Especially in cases where one partner has violated the values, comfort, or safety of the other through intimidation (the issue of working with couple violence is beyond the scope of this article: see Stith, McCollum, & Rosen, 2011), frequent secret flirting, visiting dating sites, or actual affairs (the details of working with affairs are also beyond this article's scope; see Perel, 2017), substance abuse, or other behaviors, the partner thinking of leaving the marriage, before committing to a next session, often wants some recognition of the hurt caused, wants the other to acknowledge and take responsibility for the behavior, and wants a statement of dedication by the other partner that he or she will not repeat this behavior, and will take steps to prevent it. If that partner seems truly remorseful about their behavior and dedicated not to repeat it, a daily apology ritual is useful, in which that partner apologizes for his or her behavior; recognizes that during the day, the other partner is likely to have thoughts and feelings (sometimes, at the level of traumatic intrusions), and apologizes for these effects in advance; and states his or her dedication not to repeat the behavior (Fraenkel, 2011). The partner tries the apology in session, it is refined with feedback from the other, and then commits to repeating it daily, until the other partner says it is no longer needed.

RESEARCH SUPPORT

The CRM/TP integrative approach presented here has not been tested through outcome studies. However, as noted above, many of the practices used in the approach target couple interactional risk factors long identified by research, and several of the interventions have received substantial empirical support in others' empirically tested treatment approaches (Gottman & Gottman, 2018) or are drawn from evidence-based relationship education (see review by Markman & Rhoades, 2012). As Wachtel (2010) notes, treatments can be viewed as "evidence-based" and based on "respect for evidence" (p. 251) without necessarily meeting the more stringent criteria to be considered "empirically validated" or "empirically supported." Sexton et al. (2011) make a similar point, noting several levels of evidence-based practice, with Level One ("evidence informed") being therapies supported by research that demonstrates the effectiveness of component interventions, and that target aspects of couple or family functioning identified through research as areas of risk, without the full therapy approach having been subjected to empirical testing through open or randomized clinical trials.

Furthermore, findings about the broader issue of predictors of treatment outcome also provide support for the approach. A recent meta-analysis demonstrates that patients' perceptions of the credibility of the treatment proffered to them have an impact on treatment outcomes (Constantino, Coyne, Boswell, Iles, & Visla, 2018). When patients perceive a treatment to be logical, suitable, and efficacious (Constantino et al., 2018, p. 487; see also Devilly & Borkovec, 2000), treatment outcomes are better than when they perceive the treatment as not making sense for them, or a poor match for the issues they present. As noted above, given that last chance couples typically come to therapy in crisis and hope that the therapist can relieve their suffering rapidly, often explicitly ask for "techniques" or "tools" that promote change, and frequently state hesitance about engaging in long-term therapy that will primarily examine each partner's psychodynamics and family history, a therapy that starts with action-based interventions seems more likely to be viewed as credible than an approach that suggests the *initial* need for extensive exploration of

each partner's respective family of origin, or repeated, open-ended, and unstructured recitation of the prior week's specific conflicts. One client with extensive experience in long-term individual and group therapy said to the present author, "I don't want to do some kind of 'belly-up' therapy (alluding to a dead fish floating in water) where I talk again about my issues with my mother and father." This man had engaged in repetitive dominating and intimidating behavior with his wife; she no longer felt safe in the marriage, and although defensive about it, he reluctantly recognized that something had to change dramatically in their interactions and in his behavior specifically (Fraenkel, 2009, 2017a).

However, as has been described above, the TP approach allows the therapist to move from action- to insight-oriented interventions once couple partners have changed their relationship to their respective pasts by enacting behaviors that distinguish what they can now do with each other from what they did in the past and saw parents or others do in intimate relationships. Insight about the impact of family- and culture-of-origin imagery and beliefs on present behavior not only helps to confirm the couple's dedication to sustaining new patterns and cement change. Exploration of each partner's past also serves to sustain treatment credibility over the course of therapy; because despite their initial entreaties not to focus on family history, there remains a deeply-held belief about psychotherapy, that it must go "deep" and address early family experiences to be complete. The present author has frequently heard, in initial phone calls prior to the first session, this mixed feeling about insight-oriented work: On the one hand, prospective clients generally state they want action-oriented techniques, but become nervous about completely abandoning a focus on insight, such that the therapist needs to reassure them that both sorts of work will be done. Constantino et al. (2018) note, "Patients' treatment credibility belief is an empirically supported correlate of treatment outcome that therapists would do well to assess *throughout treatment*..." (p. 486, italics added). Research on treatment credibility needs to test this hypothesis about the importance of sequencing action-oriented interventions early (in a first session) and of following these interventions with a focus on insight-oriented work, and then back again to action-oriented work in a virtuous spiral that maintains clients' sense of treatment credibility. The technology for this research is already available: Pinsof and colleagues (Pinsof, Breunlin, Chambers, Solomon, & Russell, 2015; Pinsof, Goldsmith, & Latta, 2012) have pioneered use of a self-report instrument (the STIC) in assessing session-by-session change on various dimensions of the couple's functioning as well as their level of engagement in therapy.

For instance, in the couple mentioned above (described in detail in Fraenkel, 2009, 2017a), in which the male partner, Rob, was reluctant to engage in explorative therapy, after a first session in which they aired their feelings, the partners agreed to spend two sessions learning communication and problem-solving skills. However, at the fourth session, the female partner, Jill, reported that Rob had said he wanted to "close out" on the therapy, because now that they'd learn these skills, they could read more about them and practice them at home. Jill stated that she did not want to terminate, that she'd found the sessions helpful ("it's helpful to have a 'third eye' looking at the relationship"), and that she was finally "out of a depression." Although the therapist sensed that the reason Rob wanted to terminate was because the communication skills had finally provided Jill an equal voice and created an opportunity for noncoercive interaction, he did not directly address this—because it likely would have generated further resistance from Rob, who spoke about how Jill did not understand "archetypal male power" (he was an adherent to an interpretation of Robert Bly's "Men's Movement" ideology).

Rob had also noted that, "when we spend a lot of time separately, demons sort of appear that, it's really easy ... for me ... to take Jill's negative inventory as long as I'm not in daily contact with her—like if I'm not in daily contact with her, the demons appear

saying ... you know, taking her negative inventory in some way" (Fraenkel, 2009, p. 241). From the perspective of "affordances" or opportunities for engagement offered by couple partners in the microprocesses of therapeutic dialogue, Rob's spontaneous allusion to "demons," and the couple's shared sense of humor and imaginativeness, suggested to the therapist the possibility of introducing the narrative therapy practice of externalizing. The therapist suggested externalizing the shame that Rob described as driving his oppressive behavior. This practice caught Rob's interest, and he called his shame "The Dark Knight," who pierced him with a huge medieval lance and threw him into the air, helplessly. We then explored the family-of-origin roots of his shame and controlling behavior (physical abuse by his father as a child and teen).

These practices reengaged Rob. Jill also described abusive family-of-origin experiences with her mother—the partners had bonded in part over their similarly abusive family histories—and she also came up spontaneously with an externalization of that experience, calling it Rotunda, a huge creature that crushed and silenced her. Rob agreed to have Jill tell him when she "sensed the presence of the Dark Knight," which would result in him calming down and reconnecting gently, and Jill agreed to having Rob point out when she seemed to be squashed by Rotunda, which would reinforce his need to step away from tendencies to be pushy and domineering, and for her to speak up. By the end of that session, it was clear that treatment credibility had been restored, and the couple continued in therapy.

CASE VIGNETTE

Ana, 38, born and raised in a low-income single-mother Catholic household in Puerto Rico, and Michael, 39, adopted by Jewish, upper-middle class parents in New Jersey, were referred by Michael's addictions psychiatrist. Michael worked in finance, and Ana worked in public relations, and both were highly successful in demanding jobs. Together 12 years and married for 10, with 4-year-old fraternal twin sons, both partners were considering divorce, and declared this therapy to be their "last chance." Indeed, they represented three of the types of last chance couples: high conflict, low connection, and one partner engaging in behavior that violated the values and comfort of the other—in this case, Michael's return after 7 years of sobriety to active alcohol overuse 3 months earlier, when he spent 3 weeks in bed continuously drunk, often angrily denying drinking, and hid his vodka bottles, which Ana would find and confront him about, leading to conflict. In the weeks prior to calling, they had several sessions with another therapist, and quit because, as Michael recounted, "the therapist just let us argue in the session and talk about how messed up our relationship is, like we do at home. We weren't getting anywhere with that." Neither had been in individual therapy, although Michael's psychiatrist attempted to explore his childhood along with prescribing him antidepressants and anti-anxiety medication. Michael said he did not see what his childhood had to do with his feelings of anger and depression, which he attributed solely to his sense that Ana did not support him around his highly stressful job, or appreciate "what I go through for this family." When asked about his treatment with the addictions psychiatrist, and his issues with alcohol more generally, Michael became defensive, saying he was able years ago to stop drinking and that he would be able to stop on his own. He said he had no interest in joining AA, seeing that as a "program for losers."

The couple said they had decided to try therapy one last time because they would prefer not to "break up the family" for their sons' sake, but both reported little real motivation, due to their anger and sense of hopelessness. Neither partner believed couple therapy could really help with their issues, which had begun shortly after the birth of their sons, when Michael felt Ana only cared about the children, and Ana felt Michael's resentment

led him not to help her with the household chores and childcare. He countered that he tried to participate, especially around disciplining the boys, saying bitterly, "We're not on the same page—when we decide on a strategy, Ana eventually doesn't follow it, and is too indulgent of the kids." Ana frowned and shrugged, saying she was often uncomfortable being punitive in the style Michael preferred, saying she had been raised with harsh discipline and did not want to treat her children that way. The therapist noted briefly that research shows many couples lose connection and have difficulty dividing up tasks during the transition to parenthood, and that perhaps we could work on these issues.

The therapist asked about how they met and what attracted each to the other initially. They met in business school, and were strongly attracted physically. Ana said she found Michael's strong work ethic, intellect, organizational abilities (which she said she lacked) and "rationality" appealing; Michael said he was drawn to Ana's liveliness and spontaneity, as well as her intellect and determination. They traveled a lot and enjoyed exploring restaurants and art museums together in the early years. But whereas with less distressed couples, this question about the beginnings of the relationship typically results in a positive shift in affect and connectedness in the session, Ana and Michael remained taciturn and detached, with Ana explaining, "that all seems so long ago, and there's been so much bad water under the bridge, and we're in crisis."

The therapist asked if they had a history of better communication about problems, and they said they did not, even during the early, happier years of their relationship. Nor did either have positive models of problem-solving from their families of origin. Ana's mother had ejected her father from the household when she was 5 because of his drinking, affairs, and violence. Michael reported that his parents had always seemed distant from one another, rarely affectionate, and he had never seen them talk about issues. The therapist briefly described his action/insight approach to couple therapy, and given what they had described so far, offered to teach them research-based communication and problem-solving skills as a first step toward reducing their level of conflict, noting that even if they did get divorced, these skills would be helpful as they continued on as coparents. The therapist reflected that indeed, what they seemed to want at this moment, if anything, was a therapy that would demonstrate some possible effectiveness on directly improving their interactions, rather than simply reiterating their painful feelings. They said this seemed like a sensible idea, but neither expressed excitement about it. Referring to the CRM principles of change described above, the therapist also noted that it was not necessary that they be highly motivated for now, just that they experiment with some new possibilities—to try to "step out" of the old patterns. He noted that, given how unsure they were about staying together, even if they experienced improvement, they might still decide to divorce, but that the best way to make that decision was to see whether things even could get better at all.

The therapist reviewed briefly the major findings on problematic patterns of communication (noting that he would send some readings to have them review the patterns in more detail if they wished to), and for the first time, they smiled slightly at each other, albeit with a touch of embarrassed chagrin, saying that they engaged in all of these patterns. He taught them the skills, had them try them briefly, and both said these were much preferable to their typical ways of arguing—although they felt rather artificial and awkward. The therapist validated that sense, and noted that like all new skills, these would become more fluid with practice. He added that he would not be surprised if the skills felt not only awkward, but when trying to do them at home in a moment of anger, it might almost feel irrational to try, given how upset and mistrusting each was of the other's intentions. They nodded and said they could absolutely imagine feeling this way. The therapist suggested that if those feelings occur, just to recognize them as a normal part of changing from one

set of feelings and beliefs about each other to more positive ones that might follow from repeated success in doing the skills.

With their assent, after determining that neither had reliable practices of self-soothing, he also taught them mindful breathing and two Qi Gong movements, which he described as "movement meditations," to help with reducing negative physiological arousal in general and prior to or during use of the communication skills. He described briefly the manner in which the sympathetic, "fight-or-flight" side of the autonomic nervous system activates rapidly before and during conflict. Both found the mindfulness techniques calming, and the "neuro-education" interesting.

They reminded the therapist that one of their major issues was differences in how to handle their sons—one in particular—who was sometimes overactive and oppositional, and asked if the therapist could see them with their sons next time and then offer suggestions. In that second session with the kids, the therapist introduced some playful child-oriented mindfulness practices to help with calming down, suggesting that the whole family could do them together; and offered some ideas about how to reinforce better behavior.

The couple got busy with the end of the year and holidays, but during that time, Michael called one morning because he had again spent a weekend drinking heavily, and overnight had experienced frightening withdrawal symptoms. The therapist urged him to contact his psychiatrist, and to go to the ER, explaining how unpredictable and dangerous withdrawal could be. Michael said he would call the psychiatrist but was reluctant to go to the ER, and said he now recognized he had a more serious problem.

The therapist was on holiday for 2 weeks, and toward the end of that time, Ana contacted him, saying she was "at the end of (her) rope," as Michael had again drank through a weekend. Saying that she knew how the therapist appreciated music, she sent the therapist the names of two songs capturing her feelings: Puerto Rican salsa and pop singer Marc Anthony's "Vivir Mi Vida," a song expressing a desperate desire to escape adversity and live one's life; and Kesha's "Prayin'," a song about leaving one's abusive partner. She requested to see the therapist individually, saying Michael was fine with it. When the therapist returned, we had two sessions where she reported that they had been fighting less and talking more with the aid of the communication skills. But she expressed her fears and frustrations about Michael's drinking, and how he blamed her entirely for their problems. She described how her mother had thrown her father's clothes and other possessions out the window after yet another night of carousing with alcohol and other women, and wondered why she did not have the strength to leave Michael. The therapist commented that she might indeed have that strength, but clearly, was trying to see if Michael could stay sober and they could still make a life together. She cried and said, "I still love him, I just hate how he blames me for his problems. He says I'm so cold, so maybe it is my fault." The therapist affirmed that she is not at fault for Michael's drinking, that Michael would need to take responsibility for it. And that her emotional withdrawal from him was understandable, given his drinking, depression, and blaming of her for it all. There might be things that she does in the relationship that could change for the better, but these did not excuse drinking—he would have to stop and that would allow us better to determine what role each of them plays in their difficulties aside from the alcohol. She seemed relieved and reassured by this empathic explanation.

In the next session with both partners, Michael, who had not had a drink since the last episode, was nevertheless sullen and resentful, saying "no one gives me a break, not Ana, not my work colleagues, no one. No one appreciates me." Gentle attempts, through questions, to have him recognize how his behavior led to others' feelings and behavior toward him fell flat. With Ana's permission, the therapist reiterated what he had told Ana in their individual session; that surely there were things each did (and did not do, on the positive side) that contributed to their difficulties, but said, "and I know this might make you

angry, Michael, and I'm sorry for that, but your drinking is scary and upsetting to Ana, and confusing for the kids (who had repeatedly asked Ana, 'What's wrong with Daddy, is he sick?')." The therapist said, "Ana is not to blame for your drinking—there are other ways to deal with your dissatisfaction in the relationship, and with work pressures, and only you can stop the drinking and remove the effects it's having on your family." Michael listened pensively, and in the next week, decided to enter an intensive outpatient program where he learned DBT skills, how to identify triggers, and participated in recovery groups. Luckily, after initial reluctance, he found the program useful, and the DBT materials interesting, and had resumed practicing the mindfulness skills the therapist had taught the couple, which fit with some of the practices he was learning in DBT. On his own initiative, he also started reading books on mindfulness and on coping with career challenges.

In a following session, Michael still angrily complained that Ana did not appreciate him, including now, all his efforts to get help for his drinking. He said he was frustrated that she did not share her feelings, and seemed withdrawn from him, a problem he said had been occurring even before his drinking restarted. Ana was clearly hurt and angry hearing this, but acknowledged that in her family and culture more generally, children were taught not to express their negative feelings. She realized she could do better with this, but found it hard to express herself to Michael. The therapist wondered aloud whether Ana's explanation helped Michael understand her reserve, and he said, "Yes, I know about her family history, but it's still difficult when I don't know what she's feeling about me." The therapist again noted that what he was about to say might anger Michael, but it was the therapist's sense that in addition to Ana's upbringing, her reluctance to talk about negative feelings had to do with his intense rage and resentment toward her, which created a wall, that the therapist could also feel at times between himself and Michael. Michael, who was 6 foot 3 inches tall and well-built, could be rather loud and intimidating when he got angry. The therapist wondered if Michael could "dial it down a bit," using the mindfulness skills he liked, and that perhaps, the Speaker-Listener Technique could also help. Michael looked thoughtful, and said that this made sense. Ana seemed relieved that the therapist gently pointed this out to Michael.

As the session was about to end, the therapist suggested that because they each felt unappreciated by the other, it might be helpful to try something that research by John Gottman found characterizes happy couples—daily statements of appreciation and admiration. The therapist noted that this might be extremely challenging given their negative feelings, but that if they could try their best to experiment with this practice once a day, it might start to soften things between them. They tried it in the session, and said this might be a good thing to do.

The turning point came 2 weeks later. The couple had gone on holiday to the Caribbean, and had not fought, but still felt distant from one another. Once again, Michael launched into his feelings about not being appreciated, and being pushed away by Ana. This greatly upset her, because, in an effort to be kind and understanding of his stress, Ana had taken the kids for 2 days so that he could go scuba diving. She was outraged that he still saw her as being inconsiderate, and she felt her efforts were unappreciated. Michael countered that he had thanked her for this break (she did not remember him doing so), but that what upset him was that on a few occasions, he'd tried to help more with the kids—for instance, helping them get dressed—and she had rejected his offer, saying she could do it herself. In those moments, he felt unappreciated and excluded.

The therapist noted that they each seemed to be trying to take care of the other, and that the other was not letting them do so. Michael's angry narrative of "you don't appreciate me" still made it difficult for Ana to reach out and listen to his suffering. And noting tentatively that, based in part on what the therapist, as a non-Latino man, had learned from his Latinx colleagues and their writings, he wondered if Ana might be enacting a

script learned from her mother, and her culture, of the "strong Latina woman," who when things are hard, handles them herself, as captured in part by the term "Marianismo." Ana said, "Absolutely! When things are tough in our families, and we don't feel men are helping, we learn to just do everything ourselves." Michael seemed genuinely moved by this, and said, gently, "I really want to help you, I want to help you feel less stressed." Ana looked unsure, but said she would welcome that. Michael suggested he could take over breakfast duties, and on the weekend, take the kids for a few hours so that Ana could get back to the gym.

The following week, the couple arrived smiling and relaxed. Michael said, "After that session, we both realized how silly we'd been with each other, and decided to stop being hurtful to each other. We have so much good between us." Ana smiled broadly and agreed. Michael had bought her a gift that she felt was very thoughtful—starfish earrings and a starfish necklace, which she was wearing that day. He explained with a warm smile: "A starfish can regenerate an arm that gets cut off—in fact, it can regenerate its entire body from just one arm. I think our relationship can be like that, we need to grow it back." They spoke of how they were now more ready to use the various practices they'd learned in therapy. There followed a lot of laughter among us on various topics, not all having to do with them specifically.

The following 3 weeks were similar in emotional tone. We returned to their differences in parenting beliefs, and found a workable compromise. We briefly touched on the emotion style differences between them that had attracted them initially (he as more "rational" and more contained, she as more expressive and spontaneous), but that had become polarized and then largely reversed, albeit in a distorted, unpleasant manner, through the impact of Michael's drinking, depression, and rage, leading Ana to become emotionally shut down in a desperate attempt to calm him down and not provoke him. They recognized the virtue of them each being able to be rational and expressive, and they demonstrated this greater flexibility in the sessions. We were also able to return to Michael's feelings of being displaced when the boys were born, which although not uncommon in the transition to parenthood, were accentuated by attachment issues due to his having been adopted (it was not an open adoption, and he never learned exactly why his biological mother had given him up). Michael continued to be engaged in his outpatient addictions treatment, now quite enthusiastically, giving advice to men just starting in the program, and had remained sober, and Ana was now freer to express both genuine warmth toward him and upset feelings. One year later, the couple contacted the therapist to report they were doing well.

SUMMARY

Couple therapy is never a linear process of steady progress, especially with couples in great distress and on the brink of relationship dissolution. Couples learn new practices but do not necessarily put them fully into practice. But a therapy that offers such practices early on plants the seeds of renewed capacity, a possible path forward, demonstrates the therapist's responsiveness to their concerns, and thereby, provides a sense of credibility to the approach. Specific interventions are important, but in the end, it is also the research-demonstrated nonspecific factors of the therapeutic relationship—a therapist who is caring, genuine, warm, structuring yet collaborative, flexible by virtue of having an integrative approach, willing to take chances and "get in there" with their feelings of pain and the process of change, and who invites and supports the couple to courageously experiment with new possibilities. This respectful, responsive, flexible approach can help last chance couples turn things around.

REFERENCES

Bava, S. (2017). Creativity in couple and family therapy. In J. Lebow, A. Chambers & D. Breunlin (Eds.), *Encyclopedia of couple and family therapy*. New York: Springer International Publishing.

Beutler, L. E., Castonguay, L. G., & Follette, W. C. (2006). Therapeutic factors in dysphoric disorders. *Journal of Clinical Psychology, 62*, 639–647.

Bradbury, T. N., & Fincham, F. D. (1990). Attributions in marriage: Review and critique. *Psychological Bulletin, 107*, 3–33.

Connors, G. J., DiClemente, C. C., Velasquez, M. M., & Donovan, D. M. (2015). *Substance abuse treatment and the stages of change: Selecting and planning interventions* (2nd ed.). New York: Guilford Press.

Constantino, M. J., Coyne, A. E., Boswell, J. F., Iles, B. R., & Visla, A. (2018). A meta-analysis of the association between patients' early perception of treatment credibility and their posttreatment outcomes. *Psychotherapy, 55*, 486–495. https://doi.org/10.1037/pst000168.

de Shazer, S. (1985). *Keys to solution in brief therapy*. New York: W. W. Norton.

Devilly, G. J., & Borkovec, T. D. (2000). Psychometric properties of the credibility/expectancy questionnaire. *Journal of Behavior Therapy and Experimental Psychiatry, 31*, 73–86. https://doi.org/10.1016/S0005-7916(00)00012-4.

Dickerson, V. C. (2016). What is narrative therapy? Poststructural and narrative thinking in family therapy practice. In V. C. Dickerson (Ed.), *Poststructural and narrative thinking in family therapy* (pp. 1–8). New York: AFTA SpringerBriefs in Family Therapy.

Dickerson, V. C., & Crocket, K. (2010). El tigre, el tigre: A story of narrative practice. In A. S. Gurman (Ed.), *Clinical casebook of couple therapy* (pp. 153–180). New York: Guilford Press.

Dictionary.com (2019). *Definition of creativity*. Retrieved from https://www.dictionary.com/browse/creativity

Doherty, W. (2002). Bad couples therapy: Getting past the myth of therapist neutrality. *Psychotherapy Networker, 26*(6), 26–33.

Doherty, W. J., & Harris, S. M. (2017). *Helping couples on the brink of divorce: Discernment counseling for troubled relationships*. Washington, DC: 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. https://doi.org/10.1111/jmft.12132.

Driver, J., Tabares, A., Shapiro, A. F., & 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., pp. 57–77). New York: Guilford Press.

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

Fishel, A. K. (2018). *A life-cycle approach to treating couples: From dating to death*. New York: Momentum Press.

Fraenkel, P. (1994). Time and rhythm in couples. *Family Process, 33*, 37–51.

Fraenkel, P. (1997). Systems approaches to couple therapy. In W. K. Halford & H. Markman (Eds.), *Clinical handbook of marriage and couples interventions* (pp. 379–413). London: John Wiley.

Fraenkel, P. (1998a). Time and couples, part I: The decompression chamber. In T. Nelson & T. Trepper (Eds.), *101 interventions in family therapy, volume II* (pp. 140–144). West Hazleton, PA: Haworth Press.

Fraenkel, P. (1998b). Time and couples, part II: The sixty-second pleasure point. In T. Nelson & T. Trepper (Eds.), *101 interventions in family therapy, volume II* (pp. 145–149). West Hazleton, PA: Haworth Press.

Fraenkel, P. (2001). Getting a kick out of you: The jazz Taoist key to love. In J. Levine & H. Markman (Eds.), *Why do fools fall in love?* (pp. 61–66). San Francisco, CA: Jossey-Bass.

Fraenkel, P. (2009). The therapeutic palette: A guide to choice points in integrative couple therapy. *Clinical Social Work Journal, 37*, 234–247. Springer Springer Science+Business Media, LLC 2009. https://doi.org/10.1007/s10615-009-0207-3

Fraenkel, P. (2011). *Sync your relationship, save your marriage: Four steps to getting back on track*. New York: Palgrave-Macmillan.

Fraenkel, P. (2017a). Integration in couple and family therapy. In J. Lebow, A. Chambers & D. Breunlin (Eds.), *Encyclopedia of couple and family therapy*. New York: Springer International Publishing. https://doi.org/10.1007/978-3-319-15877-8_534-1

Fraenkel, P. (2017b). The eve of destruction: Therapie mit Paaren am Rande der Trennung (Therapy with partners on the edge of separation and divorce). *Familiendynamik: Systemische praxis und forschung, 3*, 172–181.

Fraenkel, P. (2018). Therapie mit Paaren am Rande der Treunnung (Therapy with partners on the edge of separation and divorce). In U. Borst & K. von Sydow (Eds.), *Systemische Therapie in der Praxis* (pp. 649–661). Weinheim: Beltz & Gelburg Publishers.

Fraenkel, P., & Capstick, C. (2012). Contemporary two-parent families: Navigating work and family challenges. In F. Walsh (Ed.), *Normal family processes* (4th ed., pp. 78–101). New York: Guilford.

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.

Frankl, V. E. (1969). *The will to meaning: Foundations and applications of logotherapy*. New York: Plume.
Gerson, M. J. (2010). *The embedded self: An integrative psychodynamic and systemic perspective on couples and family therapy*, 2nd ed. New York: Routledge.
Gibson, J. J. (1979). *The ecological approach to visual perception*. Boston, MA: Houghton Mifflin Harcourt.
Goolishian, H., & Anderson, H. (1987). Language systems and therapy: An evolving idea. *Psychotherapy, 24*, 529–538.
Gotink, R. A., Chu, P., Busschbach, J. J. V., Benson, H., Fricchione, G. L., & Hunink, M. G. M. (2015). Standardised mindfulness-based interventions in healthcare: An overview of systematic reviews and meta-analyses of RCTs. *PLoS ONE, 10*(1), 1–17. https://doi.org/10.1371/journal.pone.0124344
Gottman, J. M., & Gottman, J. S. (2018). *The science of couples and family therapy: Behind the scenes at the "Love Lab"*. New York: W.W. Norton & Company.
Gottman, J. S., & Gottman, J. M. (2015). *10 principles for doing effective couples therapy*. New York: W. W. Norton & Company.
Halford, W. K. (2011). *Marriage and relationship education: What works and how to provide it*. New York: Guilford Press.
Heidegger, M. (1962). *Being and time*. New York: Harper & Row.
Imber-Black, E., Roberts, J., & Whiting, R. A. (Eds.) (2003). *Rituals in families and family therapy* (2nd ed.). New York: W. W. Norton & Co.
John, O. P., & Gross, J. J. (2007). Individual differences in emotion regulation. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 351–372). New York: Guilford Press.
Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nd ed.). New York: Brunner-Routledge.
Jurist, E. (2018). *Minding emotions: Cultivating mentalization in psychotherapy*. New York: Guilford Press.
Kagan, J. (2010). *The temperamental thread: How genes, culture, time, and luck make us who we are*. New York: Dana Press.
Markman, H. J., & Rhoades, G. K. (2012). Relationship education research: Current status and future directions. *Journal of Marital and Family Therapy, 38*, 169–200. https://doi.org/10.1111/j.1752-0606.2011.00247.x
Markman, H. J., Stanley, S., & Blumberg, S. L. (2010). *Fighting for your marriage* (Deluxe 3rd ed.) San Francisco, CA: Jossey-Bass.
Nhat Hanh, T. (1993). *Love in action: Writings on nonviolent social change*. Berkeley, CA: Parallax Press.
Nielsen, A. C. (2016). *A roadmap for couple therapy: Integrating systemic, psychodynamic, and behavioral approaches*. New York: Routledge.
Palmer, H. A. (2018). *The heart of the matter: Music and art in family therapy*. New York: Routledge.
Papp, P., & Imber-Black, E. (1996). Family themes: Transmission and transformation. *Family Process, 35*, 5–20.
Papp, P., Scheinkman, M., & Malpas, J. (2013). Breaking the mold: Sculpting impasses in couples' therapy. *Family Process, 52*, 33–45. https://doi.org/10.1111/famp.12022.
Perel, E. (2017). *The state of affairs: Rethinking infidelity*. New York: Harper.
Pinsof, W. M., Breunlin, D. C., Chambers, A. L., Solomon, A. H., & Russell, W. P. (2015). Integrative problem-centered metaframeworks approach. In A. S. Gurman, J. L. Lebow & D. K. Snyder (Eds.), *Clinical handbook of couple therapy*, 5th ed. (pp. 161–191). New York: Guilford Press.
Pinsof, W. M., Breunlin, D., Russell, W., Lebow, J. L., Chambers, A. L., & Rampage, C. (2017). *Integrative systemic therapy: Metaframeworks for problem solving with individuals, couples, and families*. Washington, DC: American Psychological Association.
Pinsof, W. M., Goldsmith, J. Z., & Latta, T. A. (2012). Information technology and feedback research can bridge the scientist–practitioner gap: A couple therapy example. *Couple and Family Psychology: Research and Practice, 1*, 253–273. https://doi.org/10.1037/a0031023
Scheinkman, M., & Fishbane, M. D. (2004). The vulnerability cycle: Working with impasses in couple therapy. *Family Process, 43*, 279–299.
Schneider, K. J., & Krug, O. T. (2017). *Existential-humanistic therapy* (2nd ed.). Washington, DC: American Psychological Association.
Sexton, T., Gordon, K. C., Gurman, A., Lebow, J. L., Holtzworth-Munroe, A., & Johnson, S. (2011). Guidelines for classifying evidence-based treatments in couple and family therapy. *Family Process, 50*, 377–392.
Sprenkle, D. H., Davis, S. D., & Lebow, J. J. (2009). *Common factors in couple and family therapy: The overlooked foundation for effective practice*. New York: Guilford.
Stiles, W. B., Honos-Webb, L., & Surko, M. (1998). Responsiveness in psychotherapy. *Clinical Psychology: Science and Practice, 5*, 439–458. https://doi.org/10.1111/j.1468-2850.1998.tb00166.x.
Stith, S., McCollum, E. E., & Rosen, K. H. (2011). *Couples therapy for domestic violence: Finding safe solutions*. Washington, DC: American Psychological Association.
Turner, V. (1967). *The forest of symbols*. Ithaca, NY: Cornell University Press.
Turner, V. (1969). *The ritual process: Structure and anti-structure (Lewis Henry Morgan Lectures)*. New York: Routledge.

Vanelli, G. (1974). *People gotta move. Powerful people.* Santa Monica, CA: A & M Records.

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

Wachtel, P. L. (2010). Beyond "ESTs": Problematic assumptions in the pursuit of evidence-based practice. *Psychoanalytic Psychology, 27,* 251–272. https://doi.org/10.1037/a0020532.

Walsh, F. (Ed.) (2012). *Normal family processes: Growing diversity and complexity* (4th ed.). New York: Guilford Press.

Watzlawick, P., Beavin, J., & Jackson, D. (1967). *Pragmatics of human communication.* New York: W. W. Norton.

White, M. (1995). Behaviour and its determinants or action and its sense: Systems and narrative metaphors. In M. White (Ed.), *Re-Fraenkeling lives: Interviews and essays* (pp. 214–221). Adelaide, SA: Dulwich Centre Publications.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends.* New York: Norton.

Wilcox, J., Sulton, K., Powell, R., & Rundgren, T. (1977). *Love in action. Utopia.* Los Angeles: Warner Bros. Music.