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COMMENTARY

Couple Therapy Integrated: A Commentary on Couple Impasses—Three Therapeutic Approaches

Arthur C. Nielsen[1,2]

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Abstract

Couple therapy is too complex, and too important, to be undertaken under the sway of doctrinal orthodoxy. Integrating various schools of thought enlarges our toolkit and optimizes our efforts. In their excellent paper, "Couple Impasses: Three Therapeutic Approaches, Siegel, Goldman, and Fishbane provide three contemporary examples of such integration. In this commentary, I will note some commonalities in their work, highlight some singularly useful ideas from each author's section, and conclude with some of my own thoughts about integrating and sequencing interventions in couple therapy.

Keywords Couples · Couple therapy · Integration · Integrative couple therapy

Ignoring what is cause and what is effect, there is no doubt that people in happy, stable, committed relationships—versus people who are alone, in uncommitted relationships, or in unhappy or unstable relationships—live significantly longer, are healthier physically and psychologically, become wealthier, and have children who do better in most aspects of living.... Relationship success or failure has enormous consequences for people everywhere on the planet. –John and Julie Gottman (2017, p. 7).

We are motivated to provide optimal couple treatment by both the good news just cited by Gottman and Gottman and the bad news about how hard it is to sustain since 40 to 50% of first marriages ultimately end in divorce (Copen et al. 2012) and problems with intimate relationships are the leading complaint of clients seeking treatment for "acute emotional distress" (Swindel et al. 2000). But any therapist who has tried couple therapy knows it is extremely difficult. Therapists must deal with two clients, often at war with each other, with differing psychologies, histories, agendas, and levels of commitment to therapy, and with challenging subject matter, including material topics like money, sex, and childrearing, and abstract ones like power, commitment, and love. Given this complexity, therapists are wise to avoid doctrinal orthodoxy in favor of integrating the best practices from existing schools of thought (Lebow 2014; Lebow et al. 2012).

In their excellent paper, *Couple Impasses: Three Therapeutic Approaches*, Fishbane, Goldman, and Siegel provide three contemporary examples of such integration. Like a gourmet tasting menu, the offerings of these leading contributors to the couple literature provide a tantalizing sampling of their approaches to couple therapy. As someone who has learned much from each of them over the years, I heartily recommend that you return for the whole banquet, especially as found in their books listed in the references. In my commentary, I will note some commonalities in their work, highlight some singularly useful ideas from each author's section, and conclude with some of my own thoughts about integrating and sequencing interventions in couple therapy (Nielsen 2016, 2017a, b, 2019).

Commonalities

Although the three authors come from different traditions and use somewhat different technical language, they are all experienced clinicians who agree on the fundamentals. All make use of the "common factors" central to efficacy in couple therapy (Sprenkle et al. 2009; Christensen 2010) consistent with "principles of change" that were proposed long ago by Goldfried as a basis for psychotherapy integration

✉ Arthur C. Nielsen
arthur@arthurnielsenmd.com

[1] Feinberg School of Medicine, Northwestern University, 333 E. Ontario Street, Suite 4209B, Chicago, IL 60611, USA

[2] The Chicago Psychoanalytic Institute and The Family Institute, Northwestern University, Evanston, USA

generally: (1) fostering the client's hope, positive expectations, and motivation; (2) facilitating the therapeutic alliance; (3) increasing the client's awareness and insight; (4) encouraging corrective experiences; and (5) emphasizing ongoing reality testing (Eubanks and Goldfried 2019).

The authors all describe couples presenting with impasses as hopeless, defensive, emotionally dysregulated, and behaving immaturely, as they wrestle with each other in repetitive, problematic, often escalating skirmishes. As Siegel tells us, these couples "are trapped in painful cycles where individual needs are not met and defensive postures have led to loneliness and pessimism."[1]

Consistent with formal research (Friedlander et al. 2006; Sprenkle et al. 2009), these therapists stress the value of creating a safe space and a strong therapeutic alliance as they work with couples to make sense of these painful situations and aim, in Scheinkman and Fishbane's (2004) felicitous phrase, "to make a short story long."

After forming an initial alliance with both partners, they all focus early attention on the couple's interpersonal process, including as it manifests in the consulting room. They see value here, both diagnostically and therapeutically, in addressing, calling out as enemy ("externalizing"), and unpacking the process that causes pain, conceals deeper issues, and interferes with addressing practical problems. This focus on the couple's process, a characteristic of all established schools of couple therapy (Nielsen 2017a), is supported by Gottman's well-known longitudinal outcome research (Gottman et al. 1998) and by the clinical observation that therapists who fail to target the process frequently find couples, week after week, making no progress, stuck in an endless loop of recurring topics.

After identifying and labeling the steps in the couple dance, all three therapists look for the underlying issues and unmet needs that power it, especially the feelings that are hidden in aptly named "vulnerability cycles" (Scheinkman and Fishbane 2004). Here, they work with problems related to shame, abandonment, trust, and commitment that lie below the surface of aggressive fighting and defensive flight. All three look for culturally-assumed values and roles that may adversely impact the couple. They approach assumptions and defenses empathically, appreciating their origin and value as "survival strategies" for coping with prior traumatic and sensitizing experiences. As defenses (especially blame and withdrawal) recede, the therapists help clients voice their vulnerable hopes and fears in ways their partners can hear. And partners, sometimes with help from therapists, learn to respond with new understanding, compassion, and support. Such corrective experiences with partners—rather than solely with therapists—account for some of the singular power of couple therapy (Nielsen 2017a).

I will now highlight some distinctive contributions made by each author. Note that their diverse case illustrations show clearly that "one size doesn't fit all," while also demonstrating that certain core ideas are adaptable across cases. Like most contemporary therapists, their practices have evolved over the years as they have added new interventions to their initial "home theories" to create an integration that works better for them (Lebow 1997; Pitta and Datchi 2019).

Judith Siegel

Writing from a psychoanalytic, object relations perspective, Siegel discusses how early problematic object (personal) relationships create couple impasses. Because much of our "representational world" is formed in childhood and unconsciously shapes our later behavior as internal maps of what to expect, faulty maps can generate "prediction errors" that frequently account for problems in adult intimate relationships. Similarly, defensive behavior that evolved and helped in childhood is often maladaptive later on. Like Fishbane, Siegel supports these long-held, central psychoanalytic ideas with current neuropsychological research demonstrating the importance of implicit memory and unconscious mental processing.

In addition to automatic, unconscious faulty maps (negative transferences), maladaptive defenses, and hot-button sensitivities, Siegel shows how the psychoanalytic concept of projective identification explains many couple impasses. Here, clients attempt to master prior traumas (unfinished business) by restaging them with contemporaries typecast or induced to play requisite roles. Such attempts at mastery generally prove unsatisfying. Further, by forcing partners into devalued, dysfunctional, and unpleasant roles, projective identification wreaks havoc on present-day intimate relationships (Nielsen 2019).

When discussing projective identification and object relations more generally, Siegel points out that dyadic, internalized, relational schemas consist of two interacting roles, such that clients may take on one role or another or switch between roles: for example, playing the bully ("an oppressive object") one minute and the victim ("a vulnerable self") the next. This useful observation dovetails with the value of therapists monitoring their countertransferences, another important psychoanalytic concept Siegel touches on, since clients often induce us to play complementary roles in their dances (e.g., Tansey and Burke 1989).

[1] Fishbane and Siegel employ the term *impasses* to describe situations that commonly lead couples to enter therapy. By contrast, *impasses* in the individual psychotherapy literature more often refer to times when ongoing therapy is either stalled or in crisis. For our purposes here, the distinction makes little difference, though it allows me to note that impasses in the two-person group of individual therapy closely resemble the couple impasses described here.

Siegel's case example clearly illustrates her ideas about how the past can shape a current marital impasse: For instance, the husband's need to get out of the house resembles his childhood adaptation; and the wife's childhood experiences after an accident that required numerous painful surgeries explain not only her sensitivity to her husband's novel sexual advances, but also her anxiety in doctors' offices. Here, Siegel illustrates a core psychoanalytic insight that interpersonal patterns are often "isomorphic" across situations; in this case, the wife's anxiety when visiting her doctors and when having sex with her husband.

Less obviously, the case brilliantly shows how a more superficial case formulation might have failed to help. A less curious therapist might have simply accepted the common problem of a couple gradually growing apart later in life (note that these two weren't arguing loudly), including as concerns their sexual preferences. And in the current #MeToo environment, a therapist might simply have sided with the wife's preference not to engage in unwanted sexual practices. Instead, Siegel shows how exploration of the past opened things up and led to mutual compassion, followed by compromises in bed and in the couple's social life that revitalized their failing marriage.

Rhonda Goldman

Like Siegel, Goldman is interested in how individuals' prior painful emotional experiences negatively impact their couple relationships. And, following the originators of Emotionally Focused Therapy as applied to couples (Greenberg and Johnson 1988; Johnson 1996), Goldman, herself a major contributor to this brand of therapy, emphasizes the importance of emotions and emotion regulation in couple life. This is consistent with the "humanistic" traditions of Gestalt and Client-Centered Therapy that stand in opposition to the extreme behaviorism of B. F. Skinner and some early family therapists, who believed that eliciting strong emotions only interfered with productive therapy. Goldman, like Johnson, stresses emotional issues related to attachment security, to which she and Greenberg (Greenberg and Goldman 2008) have helpfully added—highlighting the importance of identity and self-esteem and their attendant emotions—as well illustrated in her case example of two lesbian women.

Among Goldman's many contributions, the distinction between primary (hidden, vulnerable, antecedent) emotions and secondary (surface, defensive, derivative) emotions is particularly useful, allowing therapists to reframe angry attack or hopeless withdrawal as secondary to more primary vulnerable emotions such as fear, shame and sadness. The EFT-C stages for therapy, which show it to be an integration of systemic and individual concepts, are also a key contribution, giving us a highly teachable map for moving from an alliance with the therapist to a systemic interactional focus to intrapsychic exploration and back to the couple for interpersonal healing.

Like her coauthors, Goldman notes that healing occurs as "Therapists and clients gain an understanding of how core emotions are associated with unmet attachment or identity needs," and that validation and expression of these needs and exposure of their attendant vulnerabilities lead to soothing and more positive interactional cycles. Her case example illustrates well the common occurrence of the opposite—escalating distress and mutual blaming—when couples fail to validate and meet each other's needs. Like Fishbane, she unpacks these "vulnerability cycles" in order to uncover what is at the bottom of couple distress.

Noting that partners "coregulate" each other's emotional states, Goldman usefully distinguishes "other soothing" from "self-soothing" and emphasizes that helping clients self-soothe makes it less likely that they will blame each other when they can't contain their own distress. Similar to the psychoanalyst Paul Gray (1982), she notes the value of showing clients not only *what* they may be avoiding, but *how* they are doing that avoiding.

One of the complications and potential benefits of the conjoint couple format that Goldman addresses is the common situation of one client having exposed his or her vulnerability only to be met by the other remaining unmoved and defended. Here, the therapist can work to uncover the fears that make "softening" by "laying down weapons" feel too dangerous.

I also want to highlight Goldman's focusing on nonverbal behavior and bodily experience as ways to access deeper feelings, and her use of "doubling," as championed by Dan Wile (2013), whereby therapists speak more honestly and productively as advocates for their clients.

Mona Fishbane

In 2004, Michele Scheinkman and Mona Fishbane published what may be the most sensible, integrative, and well-written paper in the field of couple therapy, a masterpiece that outlines their version of a systemic, intrapsychic, culturally sensitive, biopsychosocial model (Scheinkman and Fishbane 2004). Since then, Fishbane has written extensively about emotion regulation as informed by current neuropsychological research (Fishbane 2013). Her brief essay here covers both, as she states, "Distressed couples come to therapy caught in cycles of emotional reactivity, each partner triggering the other," and notes, "Emotion dysregulation is at the heart of couple impasses, while emotion regulation is associated with marital satisfaction."

Fishbane notes that describing and physically diagramming the couple's negative cycle helps reduce mutual blaming as "They see that they are both victims of the cycle and also inadvertent co-creators." Some couples take their

diagram home and use it as a visual reminder. Others, per Dan Siegel (2010), "name it to tame it," as a couple of mine did recently, naming their cycle "Reginald."

I have already mentioned some of Fishbane's felicitous phrases, including *the vulnerability cycle*, *survival strategies*, and *making a short story long*. Her term *neuroeducation* is yet another, which she uses, for example, when explaining to clients how they can become dysregulated if their frontal lobes fail to calm the hyperactive threat signals from their amygdalas. Neuroeducation like this serves both to normalize emotional dysregulation and to facilitate discussions of how clients can take better control of themselves. Like Siegel, Fishbane adds psychoeducation to systemic and intrapsychic approaches to couple therapy, something advocated for years by behaviorists who teach rules for speaking and listening and for time outs, and, more recently, by proponents of Dialectical Behavior Therapy and mindful meditation.

Fishbane usefully distinguishes "top-down," "bottom-up," and interpersonal approaches to improving emotion regulation, including among top-down interventions, helping clients to name their feelings and to "get meta" to their process. Like behavioral couple therapists, she encourages "proactive loving" and nurturing behaviors, which, returning to neuroeducation, she links to increasing oxytocin and dopamine.

Like her coauthors, Fishbane highlights family-of-origin roots of reactivity in the couple impasse, linking past and present by asking what she calls *the magic question*: "Is this experience familiar to you? Have you felt this way before?" Her compelling, detailed case example illustrates how the wife's sensitivity (she'd been an overburdened, parentified child) and her husband's survival strategy (he'd learned to distract his fighting parents by entertaining them with his acting) were at the root of their vulnerability cycle. After exposing these antecedents, Fishbane then shows how the couple grew closer.

Finally, Fishbane notes the importance of cultural and gender-based assumptions in creating couple impasses, including as she works with couples to replace "power over" with "power to" or "power with" interactions.

Some Reactions from My Own Work

I join these writers and other contemporary scholars (Fraenkel 2009; Lebow 2014; Gottman and Gottman 2017; Pinsof et al. 2018; Pitta and Datchi 2019) in stressing the benefits of integration in couple therapy, most importantly because integration expands our therapeutic toolbox as we work with diverse clients with complex, multi-determined problems.

Having studied and reviewed most of the literature on integration in couple therapy (Nielsen 2017a), my foremost conclusion is that we integrative couple therapists are more alike than different. This is encouraging, since it suggests that the countless years of experience of numerous clinicians have yielded convergence on many key elements of therapy integration. In truth, we are most different from some twentieth-century therapists who manifested "an almost xenophobic fear and loathing" of integration (Gold and Stricker 2006, p. 3).

All integrative models strive to interweave attention to interpersonal process and intrapsychic psychology—what I call systemic and psychodynamic approaches—in ways that seem clearly superior to couple therapies of the past that were naively atheoretical or exclusively psychodynamic, behavioral, or systemic. All emphasize the therapeutic alliance and the need to attend to client priorities, cultural norms, and therapeutic preferences, while remaining open to changing course as needed. Almost all prioritize problematic interaction cycles, although addressing them sometimes takes a back seat to presenting problems (Pinsof et al. 2018). And, while all identify priorities, all agree that the work has (disciplined) improvisational elements, similar to jazz (Pinsof et al. 2018) or painting (Fraenkel 2009), and note that optimal interventions often make simultaneous use of different approaches.

Summarizing its value, therapy integration provides the advantages of *integrating vocabularies* (Lebow 2014); *giving common factors their due* (Sprenkle et al. 2009); *flexibly meeting client expectations* (Friedlander et al. 2006); and (most importantly) *providing more tools for working with diverse clients and complex, multidetermined problems* (Pinsof et al. 2018; Fraenkel 2009; Pitta and Datchi 2019).

And we need all the help we can get. Despite favorable outcome studies, like those cited here by Goldman for EFT, where couple therapy has been shown to improve marital success and happiness in approximately two-thirds of unselected distressed couples (Gurman 2011; Lebow et al. 2012), with effectiveness rates that are "vastly superior to control groups not receiving treatment" (Lebow et al. 2012, p. 145), there is considerable room for improvement in couple therapy since less than 50% of couples entering therapy reach levels of marital satisfaction seen in non-clinical couples (Baucom et al. 2003), and many couples who improve in therapy later relapse (Jacobson and Addis 1993; Rathgeber et al. 2019).

In my own work, I have eschewed name-branding, proposing instead that we can do fine terminologically by beginning with some basics of the conjoint couple format—including mainly providing a safe forum for partners to talk to each other with assistance from a supportive, neutral therapist—that I call Couple Therapy 1.0, to which we then add *upgrades* drawn from systemic, psychodynamic, and behavioral approaches (Nielsen 2016, 2017a). This enables us to find a home for all the theories and

interventions mentioned here and others that either didn't fit into this short article or are yet to be developed.

Just how to sequence interventions has been a major focus of my work. Like the three therapists under discussion, my model, with a few exceptions, moves quickly to focus on the couple's maladaptive process, which is then explored and worked with via interventions from the three major approaches just mentioned. My approach, somewhat more than those discussed thus far, emphasizes the benefits of toggling between psychodynamic and educational interventions: using psychodynamic exploration to facilitate adherence to communication rules, and using communication rules to facilitate psychodynamic exploration and corrective experiences.

Several other sequencing suggestions include: meeting with clients separately at the beginning if one of them is on the verge of ending the relationship, similar to Doherty's discernment counseling (Doherty et al. 2016); delaying problem solving (when possible) until the interpersonal process has improved; focusing, then, on practical problems (e.g., money, children, division of labor), the benefit of which is sometimes glossed over by therapies that emphasize exploration of core emotional issues; working toward "acceptance" (Christensen and Jacobson 2000) of some "perpetual" couple problems (Gottman et al. 1998); and, like Fishbane, proactively encouraging positive shared activities and therapeutic work to restore sexual intimacy.

As concerns sequencing, notice that in Siegel's and Fishbane's cases, the couples were able to construct satisfying compromises (e.g., Fishbane's husband spent less time outside the home in the theatre and more time in playfully helping his son with homework) only *after* they had dealt with their vulnerability cycles and worked with some historical issues.

This concludes this review of our overlapping models. I hope this commentary adds to the authors' paper by showing the common elements employed by these senior contributors to the field and by highlighting some singular contributions of each author. Their paper has not only asserted the value of integration in couple therapy, but has amply illustrated just how that ideal can be put into practice.

Compliance with Ethical Standards

Conflict of interest The author declares that he has no conflict of interest.

Research Involving Human and Animal Rights The article does not contain any studies with human participants or animals performed by the author.

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Arthur C. Nielsen is a full-time, practicing psychiatrist, psychoanalyst and couple therapist. He is a Clinical Associate Professor of Psychiatry at Northwestern's Feinberg School of Medicine, a faculty member at Northwestern's Family Institute in Evanston, and a faculty member at the Chicago Psychoanalytic Institute.

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