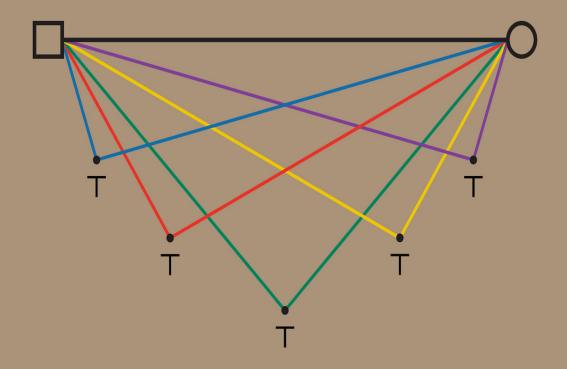
COUPLE THERAPY TECHNIQUE

A Homework-Centered Method
To Guide The Perplexed Clinician



Sam R. Hamburg

Couple Therapy Technique

A Homework–Centered Method To Guide the Perplexed Clinician

SAM R. HAMBURG

(C)	Sam	R.	Hamburg	2023

This work is licensed under the Creative Commons Attribution-NonCommercial 4.0 International License. To view a copy of the license, visit https://creativecommons.org/licenses/by-nc/4.0/

Cover: Graphic Ultra

To Sue, Anna, and the memory of Luba

Contents

IN	Introduction: Case Studies and Craft Knowledge		
1	Why Homework	5	
2	My Theoretical Context	9	
3	ASSESSMENT/TREATMENT/ASSESSMENT	14	
4	THE THERAPEUTIC RELATIONSHIP AS PERSUASION	23	
5	TREATMENT PLANNING	28	
6	VINCE AND GINA	31	
7	CATHERINE AND RICHARD	47	
8	CINDY AND TOMMY	55	
Conclusion		7 1	
RI	EFERENCES	76	
A	ACKNOWLEDGEMENTS		
ABOUT THE AUTHOR		80	

Introduction: Case Studies and Craft Knowledge

How This Book Came About

On a hot, sunny afternoon in the summer of 2019, while having an ice cream in front of the great pilgrimage church of Mariazell, Austria, I decided that I owed it to myself to write a book on homework in couple therapy. A few months later, in a hotel room in Bern, Switzerland, I handwrote what is now Chapter 1 of this book. Maybe I would have written more if I had remained in Europe longer, but I returned to the US a few days later. Once home, I graciously forgave my debt to myself; and lacking any other compelling reason to write the book, set it aside.

Three years later, I was called on once again to contribute an article to *Pragmatic Case Studies in Psychotherapy* (PCSP), an open-access e-journal. I have been on the editorial board of PCSP since its inception. One of the responsibilities of board members is to contribute an article when requested by the editor. My previous two articles in that journal (Hamburg, 2006; Hamburg, 2017) were occasioned by such requests. I sent the editor what I had written in Bern and suggested that I write up cases illustrating my use of homework in couple therapy. He told me to go ahead. Since PCSP is an e-journal there are no space limitations, so I ended up reporting three cases.

My original conception of the book was a catalog: a series of brief chapters, each describing a different homework task, with a short clinical vignette to illustrate each one. As I wrote the paper, though, I realized that presenting complete cases, with the homework tasks embedded along the way, was much better because it provided the opportunity to show how homework can structure couple therapy and give it direction—its most essential function. And indeed, by the time I finished the paper, I did think that it gave a more informative account of homework than the book, as I had originally conceived it, would have. It also gave me the rare opportunity to

give a frank and unvarnished account of how I work, replete with mistakes, and how it all feels as it's happening.

Although the paper had been solicited by PCSP, in the end it was rejected. As is usual in academic journals, my manuscript was sent out for review by two editorial referees, experts in the field. The referees' feedback was intensely negative. The editor did not send me their reviews but summarized their essence: According to the referees, my paper made the "general argument that couple therapy is just guidance based on assigning homework," and that such an argument, "takes on the whole couple therapy establishment," for which I would have to "spell out this argument in a scholarly way, systematically addressing all the other authors who claim otherwise. To make your general argument properly would clearly require a book."

In response, I made some changes to the paper which I felt addressed the referees' concerns and asked the editor to send the paper to a third referee. That third expert agreed with the first two. After the paper was rejected, I sought consultation from a psychologist friend of mine who had read the paper and thought it was the best thing I'd written, and from an academic colleague who was not a friend of mine but whose thinking runs along the same lines as mine. Both of them thought I needed to write a book. So my fate was sealed. Maybe if I had made my vow to myself in, say, the subway rather than in front of a pilgrimage church, I could have gotten out of writing the book. I will remember that for next time.

When I learned that the first two editorial referees were both textbook authors on couple therapy, I was able to understand their vehemence: They were mistaking my objective in writing a case study to theirs in writing a textbook. Looking at my manuscript through a textbook writer's lens, they thought that I was making the strong claims that (a) "the main and perhaps only effective ingredient in couple therapy is therapist-chosen-and-assigned homework" and; (b) [the] "general argument that couple therapy is just guidance based on assigning homework." But I was not. What I was claiming, and all that I was claiming, was that assigning homework in couple therapy is useful *to me*, and that I see what I do in couple therapy as a form of guidance (which, by the way, I do not regard as a term of disparagement).

Textbooks, in psychotherapy at any rate, are by their nature *prescriptive*. The author is saying implicitly—or often enough, explicitly—"My way is the best way and I can prove it [by randomly controlled trials and the like], so you *should* do it my way, and I will teach you how." Textbooks tell what is supposed to happen. Case studies tell what actually happens—the clumsy moves along with the deft ones, the failures along with the triumphs. Case studies are not prescriptive but *descriptive*. The author is saying, "This is how I did it, this is why I did it this way, and you can try it if it makes sense to you." Put another way, case reports are a vehicle for transmitting *craft knowledge*.

Craft Knowledge

Whenever we do something requiring skill, most of what we know about how to do it is not scientific knowledge. That is, the knowledge did not derive from controlled, scientific experimentation. Rather it emerged from the practice of the activity itself—the repeated process of trial and error accompanied by careful and systematic observation, punctuated by the occasional serendipitous discovery. You make an error; if you're smart or lucky, you realize you made an error; you make a correction in course; and then you see if it comes out better when done a little differently. Repeatedly doing the same thing, but with some non-trivial variation each time, creates a new possibility of learning something you didn't know before. The sum, over time, of these encounters, may be "uncontrolled," in the traditional scientific sense, but they are systematic observations of outcomes—craft knowledge. You learn not just how to do it better; you learn more and more about the domain you're working in, especially with respect to specific aspects of that domain. So, for example, an experienced seamstress knows what kind of fabric will drape properly in a particular garment. I have seen many instances in which SSRI antidepressants—which work just fine for major depressive episodes in patients with good, non-depressed pre-morbid histories—fail to effect any change in, or even worsen the condition of, patients whose current major depressive episode is an exacerbation of a chronic, low-level depressive condition or depressive temperament. For these people, it is bupropion, an SNDRI working primarily on norepinephrine and secondarily on dopamine, that works. I have looked for a controlled trial demonstrating this, but there isn't one. Yet I know this to be the case. I know this due to my own personal accumulation of craft knowledge. Craft knowledge is not scientific, but as any expert knitter, weaver, cabinet maker or auto mechanic will attest, it is indisputably knowledge.

And this is where case studies come in. Craft knowledge is passed down in a variety of mediating interactions: formal teaching, apprenticeship, supervision, mentorship. But ultimately, it is all passed down in stories—whether over coffee with a colleague, or via the more formal vehicle of a written case study. As these stories are passed from one practitioner of the craft to another, they are transformed from personal knowledge into knowledge of the community of crafters. I hope you will take the stories I tell in this book, experiment with the techniques they describe, incorporate them into your own craft knowledge, and then pass your stories, and maybe even mine, to therapists you are close to, so that your craft knowledge can enrich that of our community.

But who are you?

¹I am not an advocate of prescription privileges for psychologists. When I make the observation about the utility of bupropion for a particular patient, I simply inform their primary care physician.

You and I

I imagine you to be not that different from the post-doctoral fellows at The Family Institute whom I have supervised over the years. And I imagine that I am talking with you as I would with them, in the quiet privacy of my consulting room.

You have been out in the field, doing couple therapy for five years or so. It has been an unsettling experience, and you are beset by doubts. Even though you know that you are in an early stage of skill development and that you still have a lot to learn, you are disappointed in the results you've been able to achieve. If you are doing, say, emotionally focused therapy for couples, you're not sure if you have ever succeeded in making a couple's attachment bond more secure. If you have been trying the Gottman method, you may have helped the couple communicate better but you don't think you have ever helped them deepen their friendship. No matter what brand of therapy you have tried to put into practice, the work did not proceed as described in the textbooks you'd read. It was not an orderly progression through a series of discreet stages, culminating in "consolidation of change." In your experience, the therapy zigzagged in directions you did not intend; and you have come to suspect that "consolidation of change" does not have an operational definition—if any meaning at all. For you, by now, the 70%-80% improvement rates achieved in controlled trials of the "evidence-based" approaches (Lebow & Snyder, 2022) are a mirage. You wish you could be considered successful according to the same metric used for batters in baseball: excellent if you fail two-thirds of the time (i.e. a batting average of 333). You are, finally, perplexed.

Your perplexity will diminish over time, as you evolve a way of doing couple therapy that makes sense to you—and especially as you develop a clear-eyed view of couple therapy's limitations—but you will never be free of perplexity entirely. Couple therapy is too complex and difficult for that. And as you will see from the cases later in this book, I often enough have moments of perplexity of my own even after decades of working at it, though fewer than before.

My hope is that my craft knowledge about couple therapy, especially what I have learned about the utility of homework, will help you in the evolution of your own style—and maybe even inspire you to invent novel homework tasks of your own. I want to emphasize at the outset that I am making no claim for the effectiveness or efficacy of homework in couple therapy. I cannot say emphatically that couple therapy with homework is better than couple therapy without it. That would require controlled studies that have never been done and, I am confident, will never be. Accordingly, in this book I have illustrated the use of homework in three cases that differed substantially in their level of success (at least as rated by me).

What I can say with assurance is that over my 40+ years doing couple therapy, homework assignments have been indispensible in providing structure and direction to my work. They have given me, and my clients, a clearer sense of where we have been and need to go next, what we have accomplished and what we have not. If you try using homework in your therapy, I will be eager to hear whether that has been the case for you. Please let me know.

Chapter 1

WHY HOMEWORK

Couple therapy does, sometimes, enable people to have happier marriages. Conscientious practitioners of couple therapy ask themselves, "How can it possibly do that?" A couple who loved each other once—or maybe never quite—are now alienated, disaffected, occasionally at each other's throats. They visit a couple therapist six times, twenty times; and at the end of it the couple are living together more cooperatively, treating each other more kindly, maybe even liking each other better. How can just a few hours spent with a couple therapist reverse negative interactional patterns, often of long-standing, and restore good feeling? What exactly does the therapist do, in those few hours, to produce that transformation?

Broadly speaking, two answers have been offered. The first—given by psychodynamic, emotion-focused, and cognitive therapists—is that the therapist creates in-session experiences that change the ways that partners think and feel about each other; and that these experiences lead to positive changes in the partners' relationship behavior back home.

The second answer—offered by strategic therapists and traditional behavior therapists—is that even if the therapist can produce magical moments of bonding or insight in the consulting room, these are not sufficient to assure that the couple will relate to each other any differently once they leave the office. The couple must be prompted to relate to each other differently at home—and this is accomplished via specific tasks assigned as homework.

Homework tasks assigned with a strategic motivation are designed to compel partners to find new, more positive ways of interacting by blocking their access to the old, negative ones; or by having them purposefully enact the negative patterns in ways that lead the couple to want to abandon them in favor of more positive alternatives. Behavioral homework tasks are designed to give the partners the opportunities to learn and practice new ways of interacting with each other; to prod them toward communicating about difficult subjects they'd been afraid to approach before; and to desensitize their anxiety in discussing sensitive or conflictual issues.

As an example, having the partners write an essay on "My Ideal Sexual Experience With You," exchange them, and then discuss them can accomplish all three of these purposes.

Assigning homework is the best tool I have found for helping partners in couple relationships make changes in how they deal with each other. But it is not, in itself, an approach to couple therapy. It is, rather, a *technique* that can be used in conjunction with diverse theoretical approaches, to lend structure and direction to the work:

• Homework provides a bridge to get the couple from one session to the next.

This is especially important in the early phase of therapy. For a couple who are fighting all the time, and can barely manage to be civil to each other, there is nothing more dispiriting to hear from the therapist, at the end of the first session, than, "See you next week." "Next week?" the couple think, "How are we going to get to next week without killing each other?" Assigning them a structured task to do over the week: a) gives them a sense that the therapist understands what they are going through; b) affords them a few hours of enforced truce and welcome respite over the course of the coming week, and; c) allows them to believe that the process of change is beginning—because it is.

• Homework lends velocity and continuity to therapy.

The definition of velocity is not just speed, but speed in a specific direction. A race car can maintain a speed of 120 mph as it rounds a curve, but its velocity is constantly changing because where it is pointing is constantly changing. The point to which couple therapy, as I do it, is heading is a *conclusion*. For good or ill, whether I can help the couple or I cannot, I want the therapy to have a definite end point. I know therapists who meet with a couple every week in a therapy that meanders for years. Ordinarily, when we have to get something fixed, the process of fixing it is not interminable. If we need to bring our car to the mechanic every week or two, that generally means that we should get another car—or another mechanic.

How homework promotes continuity in couple therapy is obvious enough. Instead of opening the session with "How did the week go?" the therapist checks on the homework. The result of that checking might determine the rest of the course of the session. It will certainly determine what homework to assign next. Suppose that, in the first session, a couple were directed to read a book aloud together on five different days of the week; and say that you assigned Jack as the convener of the readings, with the instruction to Jill that she should never prompt the readings even if Jack failed to. They come back the next week and report that they read only once, or not at all. That's grist for the mill, isn't it. You immediately explore what was going on in Jack's head, and between Jack and Jill, that caused them to fail at the homework. Then, depending on what you discover, you reassign the exact same task, or you modify it, say, having Jill be the convener, or you assign an entirely different homework. In any case, all three of you will know

where you're beginning next time. And Jack and Jill will have realized that you are serious about the homework.

• Homework brings aspects of the couple's relationship under your experimental control.

Jack and Jill and the reading exemplify how homework assignments are essentially little experiments that quickly yield information which you would have gotten slowly otherwise, or not at all. If you do not assign homework, then you are dependent for your information on what the couple tell you about what's gone on in their relationship since you saw them last. This is a haphazard, inefficient process. Not much may have happened between sessions; or what did happen, and what they spend the hour talking about is not relevant to their reasons for seeking treatment. And so time is wasted and therapy meanders.

On the other hand, the homework task you assign *immediately becomes part of their marriage*, something around which they have to relate. No matter how much "success" they have in the task—e.g. whether they read the book five times or not at all—you will derive useful information on how clearly they communicate, how well they cooperate, and how susceptible they allow themselves to be to the other's influence. And if the assignment is one you use routinely, you have a baseline of other couples for comparison. You get a feel for what kind of couple they are in the same way that a clinician who has administered many Rorschachs can draw inferences about a new client, drawing on baseline data she has accumulated from previous clients.

The information and inferences you derive from how the couple handle the homework enable you to formulate new, more accurate hypotheses about how they relate. And then you test these hypotheses via subsequent homework assignments. This evolving interplay of homework and hypotheses continues throughout therapy, and accounts for the velocity that homework powers.

• Homework requires the couple to commit to an active role in the process of change.

All experienced therapists know that our power is severely limited. We can't make our clients do anything. And it is only rarely that we tell them something about themselves that they have not already thought. What we can do is invite them to play sort of a game with us: to submit to our direction and try out new and different ways of being with each other. At the end of the first session, I give the couple my preliminary assessment, and then I put it to them this way:

All the work I do is based on homework assignments. And if you decide to have more sessions with me—which you don't have to decide right now—you have to understand that you are buying into doing the homework. And that's going to involve you two being in face-to-face contact, doing it, for several hours each week. If you do the homework, therapy may be able to help you. If you don't, it's a waste of everybody's time.

This point about the couple's active participation highlights a crucial difference between couple therapy based on homework versus couple therapy that is not: In non-homework based

approaches, the critical curative incidents in the therapy are created by the therapist in the consulting room. In homework-based therapy these critical incidents, though prompted by the therapist, are produced by the couple in private—in the therapist's absence. The therapist's job is to set the occasion for the couple to cure themselves.

Chapter 2

MY THEORETICAL CONTEXT

An Experiential/Behavioral Approach

Homework tasks can be used in conjunction with diverse approaches to couple therapy, including ones like EFT where the most important therapeutic events are conceived as happening within the consulting room. Here, to orient you to the cases that follow, I will describe the assumptions I bring to couple therapy. My overall approach to psychotherapy is about equal parts experiential and behavioral. It can be summarized by a set of experiential propositions and a set of behavioral ones. Here are the experiential propositions:

- 1. Feelings are the fundamental and primary mode by which human beings respond to their engagements with the world.
- 2. Cognitions are always embedded within a matrix of feelings; that is, there is no such thing as a cognition without an emotional valence.
- 3. The causation between feelings and cognitions can go both ways.
- 4. Feelings are, in their essence, information for guiding behavior. (This idea, originally advocated by "soft-headed" humanistic psychologists such as Gendlin [1962] was, after a considerable time lag, taken up and confirmed by "hard-headed" neuroscientists, such as Damasio [1994].)
- 5. A primary task of psychotherapy is to help clients attach a verbal code to that information so that it becomes more available for decision making—in traditional lingo, to help clients "get in touch with their feelings."

- 6. The psychotherapist does this, first of all, by closely tracking the client's experiential flow, i.e., how the client felt during the events he or she recounts in the session, and especially how the client is feeling right now in recounting them.
- 7. The therapist does this by continually making inferences about the client's feeling state and confirming/disconfirming them via reflections of affect.
- 8. It is possible, sometimes, for a therapist to change a client's way of thinking and feeling about an event by delivering a carefully composed summary reflection of affect that emphasizes and makes connections between some aspects of the client's experience of the event, while de-emphazizing others.

None of this, in my view, contradicts being a behavior therapist. After all, the heart of behavioral analysis is the identification of the variables that control behavior. For human beings, those variables—in Skinnerian terms, the discriminative stimuli—are not objectively identifiable stimuli, such as a light being on or off, but rather a matter of the individual's subjective interpretation. (And, who knows, that also might hold for the rats I trained in graduate school.) Here, then, are the behavioral propositions:

- 1. Psychotherapy is a form of education in which the therapist necessarily provides information, makes suggestions, gives directives, and offers opinions including value judgments.
- 2. Therapy is present-oriented, problem-focused, and as brief as is consistent with the achievement of its narrowly defined behavioral objectives. (The operative question, posed in the first session is, "Let's say we met 10 to 15 times, and at the end of it you could say 'It really helped.' What would you be doing then—be able to do then—that you can't do now?")
- 3. The major impediment to learning new behaviors—the major impediment in life generally—is anxiety. Therefore, the major task of psychotherapy is anxiety desensitization. The therapist accomplishes this by engineering imagination-based and/or in-vivo exposure tasks for the client to perform outside the sessions.
- 4. Sessions are used to persuade clients to go through with the exposure tasks. This is done first by trying to understand their anxiety and then by having them imagine in detail, and discuss, what it might be like to perform the tasks.

In my couple work, these two sets of propositions are supplemented by ideas and tactics from structural (Minuchin & Fishman, 1981) and strategic (Haley, 1963; Madanes, 1981) family therapy. As in my individual work, I try to be present-oriented and problem-focused, with the problem and the outcome specified, insofar as possible, in behavioral terms. (For a detailed description of the evolution of my integrative approach, see the appendix to Hamburg [2017, pp. 321-325.])

Love, Compatibility, and the Possibility of Therapy

My overall strategy in marital therapy, and my sense of what is possible for a particular couple, derive from my theory of conjugal love, described in Will Our Love Last? A Couple's Roadmap (Hamburg, 2000). The theory posits that all love between romantic partners, both in the relatively short romantic phase, and then whatever love persists after the romantic phase comes to its inevitable end, is based on an overt, observable interpersonal process: mutual approval, or to use a fancier word, affirmation. In the romantic phase, the high level of sexual energy in a novel relationship powers a willful process of mutual affirmation in which approval of all aspects of the other is automatic and assured. When the superabundant sexual energy of the romantic phase runs down, as it always does, global mutual approval is no longer assured; and couples, whether they know it or not, are faced with the question of what, in fact, they have to affirm about each other. From that point on, mutual affirmation will depend on compatibility, by which I simply mean similarity. I distinguish three dimensions of compatibility: the Practical Dimension, comprising areas that require day-to-day decision-making on the part of the couple—gender roles, money, leisure time, neatness/cleanness, etc; the Wavelength Dimension, tapping commonalities in outlook and sentiment—e.g. values, spiritual orientation; and the Sexual Dimension (Hamburg, 2000).

We cannot approve of an aspect of another unless we can empathically understand it, and we cannot understand it unless we are similar to the other in that aspect. Think about it for a moment: Imagine you are debating gun control or abortion with somebody on the other side of the issue. You understand what they are saying—you do **not** have a communication problem. What you don't understand is how that other person could possibly think and feel the way they do. The two of you have a problem of *understanding*—despite adequate communication. And because the two of you have a problem of mutual understanding, at least in that aspect of your being, you cannot mutually affirm each other in that aspect. It may be logically possible to think, "I can't understand how they think and feel the way they do, but I think it's really cool that they think and feel that way"—but that is not emotionally possible for most of us. If we cannot empathically understand some aspect of somebody else we will not approve of it. If you and that other person were on the same side of the issue instead of on opposite sides, you would get each other—and approve of each other. But if you were on opposite sides, then you think of the other critically as being, stupid, ignorant, pig-headed, etc. The problems that couples have are not communication problems but problems of empathic understanding despite adequate communication.

Which is where compatibility comes in. Couples who were wise or lucky find themselves with highly compatible partners—people who are similar to themselves in many aspects. They can continue to exchange mutual approval at high rates and continue to feel in love. Couples less wise or lucky find themselves with less compatible spouses. There is comparatively little that they can empathically understand, and therefore approve of, about each other. So after the sexually powered romantic phase, during which global mutual approval is automatic, they find

the love draining out of their relationship—and the sex, too—and they wonder why. They do not appreciate that although sex drove the rest of the relationship during the romantic phase, it is the reverse afterwards: the rest of the relationship drives the sex.

In short, partners must like each other in order to continue to love each other—they must be friends. (In fact, a good brief definition of lasting love is best friendship plus sex.) Various experts on love and marriage have made this same observation about the crucial importance of friendship to lasting conjugal love (Gottman & Silver, 2015) but they have failed to recognize that none of us is friends with just anybody. And unfortunately many of us marry a person who turns out to be just anybody.

Other formerly gung-ho, change minded, behavioral marital therapists (Jacobson & Christensen, 1996) have come to the sober conclusion that a couple's level of compatibility can set a painfully low limit on their attainable level of marital happiness. This conclusion has major implications for the aims and conduct of couple therapy. Therapists cannot make people more alike—more compatible with each other. Personalities are remarkably stable over the life cycle (Heatherton & Weinberger, 1994). For many couples, real happiness, or even really getting along, is not a realistic prospect. They will never graduate from the "distressed" category—to use the terminology of therapy outcome studies—to "nondistressed." The best that can be done is to help them understand their abiding differences, accept them to the extent they can, and handle conflict more successfully; and in some cases, help them make a better decision about staying in the relationship or not than they would have made without expert assistance.

The theory of love presented in *Will Our Love Last?* is just that, a theory of love and not a theory of technique in couple therapy. It informs my ambitions and objectives for therapy in a given case more than it does my conduct of it. I don't necessarily inquire about a couple's compatibility in the first session; I do so only if something they brought up causes me to think that I must. My attitude is that if the partners have at least a modicum of compatibility, I will try my best for them. After all, in most cases, they came in seeking to improve their relationship, not to get an expert opinion on their prospects for happiness.

When I do suspect that serious incompatibility is central to a couple's troubles, and when the partners indicate that this is the case I do two things. First I ask them to describe exactly what accounts for the differences—whether on neatness/cleanness, money, sex, religion, politics or whatever. And then I tell them what the implications of that incompatibility are for their prospects of happiness. Here is an example:

Karen, 35 years old, and Mark, 40 years old, met online and felt an immediate, strong physical attraction to each other. Karen was pregnant within five months of their first date and they agreed to go ahead and have the baby but not to get married. By the time I met with this couple the first time, their daughter, Erika, was two years old. From initially speaking with them, my sense was that they were in conflict with each other most of the time and that they were feeling extreme mutual

alienation, each regarding the other essentially as a stranger. I asked them to rate their compatibility on the Practical Dimension and the Wavelength Dimension, using the Hand Rotation Exercise (see the next chapter for a description of the exercise) described in *Will Our Love Last*, and sure enough they came up with hand rotations indicating extreme incompatibility. So I told them that, in my opinion, this augured an unalterably unhappy relationship going forward. (When I pointed out that their large difference on the Wavelength Dimension meant that they would come to feel lonely in the relationship, Karen vigorously nodded her head in agreement.) I asked them how I could help. Karen responded that even though she thought they were likely to separate sooner rather than later, they would still be closely involved with each other because of Erika and they needed help in co-operating with respect to her. I was, of course, agreeable to that.

When I have to give such bad news to a couple, I am careful to emphasize that even though I do believe what I am saying, what they are getting is not science but just one man's opinion. Sometimes I add this story:

Once I was consulted by a couple who were in a warlike marriage, which included physical violence. As is common in such cases, they disappeared after just two or three sessions. I never heard from them again—until many years later. This time they were calling not about their marriage but about their teenaged daughter who they thought was depressed. I do not specialize in children but I do know something about childhood depression (Hamburg, 1998), so I told them to bring her in—but that both of them had to accompany her. I saw the daughter individually first. She was not depressed, so I quickly dismissed her and asked the parents to come in. I asked them if they were still together. They were. I told them that I would have made a big money bet that they would have gotten divorced long ago. I asked them, "What happened?" They said, "We worked it out."

Enough of theory. Now for how to...

Chapter 3

ASSESSMENT/TREATMENT/ASSESSMENT

Brief Therapy, Brief Assessment

How much assessment a therapist does, and when, depends principally on two factors. It depends on the therapist's theory of individual and couple functioning; in particular, how much history she thinks she needs about each individual in order to form at least a provisional theory of the couple. It also depends on how many sessions she thinks it will ordinarily take to achieve an outcome to the therapy. A therapist who believes that many sessions are required to thoroughly treat the couple will naturally be more inclined to spend quite a bit of time at the beginning gathering data. A therapist who believes that whatever can be achieved with a couple can be accomplished in relatively few sessions will have a more streamlined assessment protocol.

I am in the latter camp; have always been strongly committed to brief treatment. And if the effects of couple therapy are necessarily limited, as they in many cases by the couple's level of compatibility, then the treatment should be limited accordingly. The major way I do this is by scheduling routine couple sessions biweekly or at longer intervals. Some couples may need a weekly session or two at the outset for extra therapeutic support if they are at an extreme level of conflict. Otherwise, biweekly visits are better because they provide the couple more opportunity to amass material for the next therapy session. Most couples I meet with are so busy, and spend so little time in face-to-face contact, that they do not generate enough material to justify weekly meetings. Also biweekly meetings give couples more of an opportunity to do the homework. If, with luck, a couple improve and the sessions become chatty, that is my signal to suggest a longer interval—three or four weeks—between sessions. Couples have a felt sense of the interval that seems right for them and will let the therapist know what it is. If monthly sessions become uneventful, then everyone understands that it's time to stop.

At the end of the first session, I give the couple an estimate of the length of treatment, with reference to my rough-and-ready diagnostic classification system for severity. I classify a couple problem as mild if the partners are young, have not been married a long time, and in some real sense do not know how to be married. I consider a couple's problem to be severe if they meet either of two criteria: A) The trust has been blown up—by an extramarital affair, violence, or, less frequently, financial malfeasance. B) Chronicity. That is, if a couple come in and tell me that they have been married for 20 years and at each other's throats for 18 of them, I immediately know that they have a severe problem—because ordinarily couples figure it out and muddle through somehow or just break up. The vast majority of couples, who do not fit into either the mild or severe category, fall into the default category of moderate marital problems. Those can be dealt with in around 12 sessions, which amounts to a half-year of therapy, if sessions are biweekly. Mild problems can be dealt with in 3 to 4 sessions of, largely, psychoeducation. I tell couples with severe problems that—if the they do not disappear within a session or two, as such couples often do—I don't know how long the therapy will take.

Another way to limit the length of treatment is to conduct assessment in an ongoing manner, as needed, integrated with the therapy. Couples generally let you know what the presenting problem is within the first fifteen minutes or so of the first session. The task, then, is to contextualize it, so you can make some sense of it—form an initial theory of the case. To that end, I have evolved a fairly standard format for the initial interview in couple therapy. It takes about an hour and a half to complete and includes the following topics: what they value about each other; a history of the relationship (including inquiry into any prior marriages or seriously committed non-married relationships), with particular attention to how they decided to get married; family of origin, with particular attention to the quality of their parents' marriages, conflict management in those marriages, and involvement of family-of-origin in the presenting problem; the couple's own fighting style; the couple's felt sense of compatibility; evolution of the couple's sexual relationship; alcohol and drug use; and violence and current extramarital affairs.

I inquire into all this, or as much of it as I can, at the first session in the hope that this varied information will configure itself into some coherent provisional story about the couple that will guide my initial interventions. I am mindful that, at any point, the information I have is incomplete and fragmentary, and that my understanding of the couple is conjectural, and should always be evolving. The way I put it to my clients is that their lives are, for me, like a big jigsaw puzzle. They talk to me, and I get a piece here and a piece there, and from these disparate pieces I try to picture what the entire puzzle must look like. (Clients, in my experience, have an uncanny ability to tell the therapist, at just the right time, what she needs to know.) As the therapy progresses, different pieces of information become relevant at different points. And at the outset of therapy it is impossible to know what, of the almost infinite amount there is to know about somebody, will be relevant.

That is one very good reason for doing a quick reconnaissance of the couple at the outset, and then filling in the blanks that need to be filled as therapy progresses. I know of practices where,

before any therapy begins, a four-session assessment is conducted: a conjoint session, followed by one individual session with each partner including genogramming each family of origin, and then a fourth session where the therapist delivers her diagnostic impression and treatment plan. The result of this elaborate assessment ritual can be the collection of a great deal of information that is not germane to the treatment—or is so regarded by the clients, which in its own way is just as bad. (Such an elaborate assessment ritual brings to mind the last page of Portnoy's Complaint [1969] by Philip Roth. The psychoanalyst, after listening to almost two hundred pages of Portnoy's life story, utters his own first line: "So... Now vee may perhaps to begin. Yes?") This delay in the actual treatment, resulting from a long preliminary assessment, is frustrating to couples who are in distress and hoping for relief. They are, in effect, being told that they have to hang on for another two to four weeks until the relief begins. Finally, a multisession assessment protocol can inspire in clients the suspicion, however unfounded, that the therapist's motivations are not primarily clinical but pecuniary. This of course impairs trust, which is the foundation of any therapeutic alliance. Finally, if the aim of therapy is to promote encounter between the spouses, rather than foster understanding—either the couple's or the therapist's—then the large volume of information gathered in the long assessment is beside the point. And the individual interviews that are part of it, in which the therapist inevitably initiates an individual relationship with each of the partners, may actually be counterproductive.

Long couple assessments, as suggested above, are often the prelude to long couple therapy, sometimes lasting years. I don't want to be a third leg in the stool of a chronically unstable marriage. Stated more precisely, I do not want to become part of the couple's relationship, but rather remain outside it. I want to influence my couples without intruding into their privacy. My aim is for a *minimally invasive* couple therapy. Any third party introduced into a dyadic relationship can potentially, and often does, undermine the cohesion and integrity of that relationship. Here, I have in mind not only extra-marital sexual partners and nosey mothers-in-law, but also the first child and the ones that follow, close friends who are only trying to help, the partners' individual therapists, and even the therapist whom the couple have chosen to help them with their relationship. All can be disruptive to the couple's pair bond, if their intrusion is too deep and lasts too long. Couple therapists who conduct individual sessions with the partners, either as part of the assessment or for some other reason later on, thereby enacting their own private relationship with each partner, risk just this disruption.

Here is an annotated version of my initial interview protocol, with the reasons for the questions and the precise way for asking some of them indicated.

Initial Interview Questions

The questions are listed in approximately the sequence they are asked. Of course there is some variation from case to case. There is also variation in how many of them can be asked in the first hour. Sometimes, the presenting problem is so exigent or complicated that discussing it

takes most of the first session. In that case, many of the questions that would have been asked otherwise have to wait for the next session, if there is one. Nevertheless, I never had an initial session that did not provide enough information to enable treatment to start right away.

1. By the nature of things I ask you a lot of questions. Do you want to ask me any questions—about my background, training, expertise?

This question serves several important functions. First, it gives the clients the opportunity to get any information they feel they need in order to decide if I am the right therapist for them. Second, by asking this question I am modeling the kind of openness that I would like to get from them during the rest of the interview. Third, it sets up some pressure on them, by way of reciprocity, to be open in their answers to my questions during the rest of the interview. As with everything else, clients vary greatly in their responses to this question. Some want to know a lot. Many have looked at my website and so don't have questions. Some tell me they trust whoever referred them to me. Some have no questions but my sense is they are lacking some of the requisite information for making a decision about me. Sometimes they don't know the difference between a psychiatrist and a psychologist, and they don't know which I am. In those cases I tell them and give a précis of my background, training, and expertise. I should note that in over 40 years of asking this question, no client—not one—has asked me a question that was inappropriately intrusive.

- 2. How did you make the decision to get treatment? How did that decision get made? This question is intended to elicit information about the presenting problem. But it is framed in the way it is, in terms of the decision to get treatment, in the hope that it will yield additional information about the couple's dynamics, their comparative motivation levels for being in treatment, and, of course, how they made the decision. Was one of them the prime mover, was it mutual?
- 3. Why are you here now, rather than six months ago or six months from now? Sometimes this question is unnecessary because it was answered by the previous one. If not, it is worth asking. Alan Gurman considered the "why now" question to be a crucial one in initial assessment.
- 4. OK. Now listen carefully. I am going to ask you to channel each other. Jack, if I were to ask Jill what specifically she wanted more of from you to be happier in the relationship, what would she tell me she wanted more of?

If the partners speak in vague general terms, e.g. "affection," or "responsibility," ask what a video of the partner acting that way would look like. Begin with whichever partner has spoken least, to that point. Then ask the same question of the second

partner. After the second partner answers, ask that same partner, **Now, speaking for yourself, Jill, what would you like more of from Jack to be happier in the relationship?** When Jill has given her own list, ask Jack what he wants more of from Jill. The point of having them channel each other first is to see how much they understand of the other's dissatisfactions and desires.

5. I used to ask people what attracted them to each other but I don't do that anymore because it's a waste of time—you always get the same answer. So instead I want to know what you value about each other now that you know each other so much better.

Wait for one of them to start. When they seem to have run out of items, turn to the other and ask for their list.

6. Now I want to get just a little about the history of your relationship.

Inquire about how they first met—e.g. online, through mutual friends—when they first set eyes on each other, and where; how soon after that they had their first date; how soon after that they were exclusively with each other; when they got engaged (again, was there a prime mover or were they on the same page?); when they moved in with each other; their wedding date.

7. When you got engaged you told the world. How did they react? Did anybody say a discouraging word?

This question is listed here as a separate question but it is actually embedded in the previous one, right after you find out when they got engaged. If anyone did caution or question them about the advisability of the step they were taking, that may be diagnostic of manifest problems in the relationship early on.

8. Do you have kids?

They may have made this clear already. If there are kids, find out their ages and sexes, and then ask, **How are the kids? Are they doing OK?**

9. When do you have your best moments together?

Many couples say that the best moments are when they are focused on their children.

10. What are your fights like? Would I see one person yelling and screaming, two people yelling and screaming, people throwing crockery, people throwing punches; an event that lasts 5 minutes, 15 minutes, a half hour, days?

If, in their answer, they do not describe how their fights end, then ask the next question.

11. How do your fights end?

I am not looking for whether the couple get to resolution of their conflict, because if they did they would not be sitting with me. Rather I want to know who, characteristically, exits the fight first and aborts it.

12. Now I want to get just a little information on your families—who the players are where they are and what your relationship with them is like.

Find out the marital status of family-of-origin members, each partner's place in their respective birth orders, and just a word (close/distant, good/bad etc) about the quality of their relationships with family of origin members. Ask in particular about their sense of their parents' marriage and how their parents handled conflict.

13. Were either of you married before, or in a non-married relationship that approached this one in its seriousness and commitment?

Find out when, duration, and why it ended.

14. Now I want to ask you about your sexual relationship—no gory details, just general evaluative statements. Let's say I approached you as a social scientist or inquiring reporter one month after you became sexually active—and you can define that as you wish—and asked you, "How's your sex life: excellent, good, fair or poor? What would you have said after one month? After one year?

Then go on with intervals depending on the length of their relationship and the occurrence of major milestones, e.g. birth of the first child. Finally, ask about the past month.

15. I am going to ask you to close your eyes and give me a show of fingers for the next two questions—1 means a little and 10 means a lot: a) How comfortable are you personally talking with the other person on the couch about the details of what you do sexually, and what you'd like to do sexually? b) How important do you think spontaneity is to exciting, hot sexuality?

Forty years ago, when I was dealing with suburbanites who were mostly between 35 and 45 years old, my passing score on the first question was 7. But ever since I've been in Chicago, working with urbanites from 25 to 35, my passing score has been 8. If couples answer the spontaneity question with high numbers, I tell them I would give it maybe a 2 at most, and refer them to Chapter 1 of *The Newlyweds Book* (Hamburg, 2012), "Don't Leave Your Sex Life to Chance."

16. What is your drinking like these days?

17. Does either of you think the other has a problem with alcohol?

If their responses to either of these two questions leads me to suspect that one of them does have a problem, I might or might not investigate a little more, but I will always ask both of them to abstain for the period they are working with me.

18. Does either of you use street drugs, and here I include marijuana?

If my sense is that drug use may interfere with the treatment, I ask them to discontinue it as a condition for working with me. I explain that all psychotherapy, including couple therapy, is an inward search. The main raw material for that search is their thoughts and feelings, especially their most unpleasant ones. If they use alcohol or marijuana or some other drug, chances are that they are blocking their awareness of the very thoughts and feelings that would be most important to us in trying to do our work.

19. Has there ever, ever been any physical violence between you—not just hitting, but pushing, kicking, restraining?

Whether to ask about this privately, with one partner at a time, or with both of them sitting there has been a persistent question in couple therapy. There is no good answer to it. If you ask it privately, and one of the partners reveals that the other is violent, this can put you in a position where your neutrality—as perceived by both spouses—is compromised; you have been automatically joined with the one who privately revealed the violence to you. If, on the other hand, you ask the question with both of them sitting there, you are conveying that it is time for the victim to stop living in fear; and that, although they might be in fear of their spouse, you are not—and you are ready to confront the spouse then and there. If any level of violence is revealed, then I ask the perpetrator, **OK. If I said I would give you this week's Powerball jackpot to cease the violence forever, would you be able to say yes?** If they say yes—and so far, no one in my practice has said no—I say, "Great! Then you know you can control your violence if you want to—it just depends on how much you want to control it." And then I let them know that refraining from violence is a condition of treatment with me.

20. Is either of you currently having an extramarital affair?

Very occasionally one of them answers that they are and this comes as news to their partner. It has happened twice in my practice. In both cases, my sense was that they had sought therapy so that they could have a safe place for the secret to be revealed. If a partner has had a recent affair and is still in any kind of contact with the affair

partner I ask them to cut it off. As you will see in the second case described in this book, sometimes this is complicated, to the point of being impossible.

21. I would like to ask you a question about commitment, by which I mean how much do you want to stay married as of right now

I take two appointment cards, write the name of one of the partners on the top of each card, rule a vertical line down the middle, creating two columns, and write the name of each of them on the top of the two columns. Then I ask them to use a number from 1 to 10 to express their own current level of commitment and then to take their best guess as to the partner's commitment and put a number in that column. I ask them to return the cards to me, and then I show them the cards. If one partner rates their commitment lower than the other's, then I start with them and ask them to express their number (for each of them) in words. Then I ask the other one to do the same. Sometimes both partners guess the other's commitment level accurately, sometimes they are way off. Sometimes each rates themselves as more committed than their partner or vice versa. All of this is interesting to discuss, time permitting.

22. I set great store by compatibility, by which I simply mean similarity. I am going to ask you to rate your compatibility in two dimensions.

Then I give them brief, and what I admit to them to be inadequate, descriptions of the Practical Dimension and the Wavelength Dimension, as discussed in *Will Our Love Last?*

And then I ask them to indicate their felt sense of their compatibility on those dimensions by means of the Hand Rotation Exercise described in the book. I say:

Put your hands together, palms touching as if you were praying. Your hands are congruent. We can use that to mean that you are exactly the same on this dimension, clones of each other. Now rotate your hands so that your fingertips are pointing in the exact opposite direction to the fingertips of the other hand. Your hands are at 180 degrees to each other. We can use that to mean that you are totally opposite on this dimension. [And then rotating my hands slowly from one position to the other:] So you have congruent, zero degrees and opposite, 180 degrees, and you have all the angles in between. Now putting all the components of this dimension together in your mind's eye, get a felt sense of how close you are on this dimension and show me with your hands." Starting with the partner who gave me the biggest angle on the hand rotation, I ask them what accounted for the differences on that dimension.

23. Is either of you taking any prescribed medication?

I am most interested in whether either is taking a psychiatric medication, the dose, what for, prescribed by whom.

Every couple is different from every other couple and so every initial interview is different from every other. I feel a sense of eager anticipation before every initial interview with a couple because it is impossible to predict exactly what I will find once I open the door to my waiting room. I have always liked that.

Chapter 4

THE THERAPEUTIC RELATIONSHIP AS PERSUASION

Persuasion and Neutrality

Persuasion is an element in all efforts at producing psychological change (Frank, 1973). It is, if not a larger element in directive forms as compared to non-directive forms, more obvious—which, though, does not imply that it is less subtle. In psychotherapy, as in all human interaction, persuasion is accomplished by and within the relationship between the participants.

The relationship I try to establish with my clients is one of equality and reciprocity—as much as possible, given the inherent inequalities of the psychotherapy relationship. My attitude toward the relationship is founded on the notion of Harry Stack Sullivan that psychotherapy is an encounter between two people, both of whom have problems in living, one of whom happens to be an expert in interpersonal relations. I also subscribe to Sullivan's conception of the therapist as a participant-observer; in my case, much more an engaged participant than detached observer. Over the course of therapy, I try to make clear to clients that I have no privileged knowledge about them—about what they might be thinking and feeling. I explicitly stress that they are the best authority on themselves. What I can do is observe their interaction, analyze it, and make my best guesses of how their interaction affects their thoughts and feelings about themselves and each other.

For a couple to carry out a therapist's homework directives, the couple must believe that the therapist: a) knows what she's doing; b) is doing it in their interest, and; c) is unbiased, not favoring one spouse over the other. There is unanimous agreement among couple therapists on the necessity for therapist neutrality; it stands to reason—is simple common sense.

The question is how to assure neutrality. One approach is to try to craft every therapist intervention to be neutral in its valence. (See, for example, the therapist responses quoted in Baucom & Epstein, 1990). This runs the risk of the therapist sounding remote, Delphic. It is, in any case, impossible to maintain such unwavering neutrality, given the therapist's role as participant, not just observer, in the therapy process (Haley, 1963).

Haley (1963) proposed an alternative method for maintaining therapist neutrality. His words are worth quoting at length:

Although it is not possible for a marriage therapist to be "objective" with a couple since he rapidly becomes a participant in the interaction, it is possible for him to side with one spouse and then with another and so be fair... A therapist cannot make a neutral comment; his voice, his expression, the context, or the mere act of choosing a particular statement to inquire about introduces directiveness into the situation. When the therapist is being directive, coalition patterns are being defined and redefined, and a crucial aspect of this type of therapy is continually changing coalition patterns between therapist and each spouse. (p. 138)

(Reading these words again, after more than 40 years, I am struck by how powerfully I have been influenced by them—how much they have become a part of me.)

From the strategic perspective, the couple therapy situation can be seen as a triangle. Rather than trying to maintain a perfect isosceles triangle at all times, the strategic therapist purposefully shifts the triangle's shape from moment by shifting her alliance from one spouse to the other and back again many times over the course of a session. She does this by an unending series of decisions on what to say to whom, about what. A simple example: Jack and Jill are sitting with a therapist (T). Jack says to the therapist, "With Jill, I can never do anything right. She's always finding fault." The therapist could respond with:

T1: She's critical.

T2: You feel she's critical.

T3: Don't say it to me, say it to her.

T4 [to Jill]: If I were in Jack's shoes I'd feel criticized too.

T5 [to Jack]: If I were in your shoes I think I'd feel criticized too.

T6 [to Jack]: If I were in her shoes, I think I'd be criticizing you too.

T7 [to both]: So Jack feels criticized and Jill feels exasperated because she can't get through to him.

T8 [to Jill]: What you said a few minutes ago about wanting Jack to succeed—I thought that was interesting.

The possibilities are endless, and each alters the shape of the triangle differently. My hope is that by the end of the session, after many such shifts in the triangle, each partner leaves thinking that I was favoring the other one. Then I know I've done my job.

Dizzy Gillespie once mentioned that his first consideration in creating an improvised melodic line is its rhythmic pattern. Likewise, my first consideration in framing a response is how it will affect the shape of the triangle. The calculations in making these moment-to-moment decisions are necessarily rapid, not fully verbalized, feeling-based. And as in any improvisation there are inevitably mistakes. My hope is that they are not so numerous or egregious that they spoil the overall effect.

(The shape of the triangle is also affected by how the therapist shifts her gaze, whom she leans toward, whom she moves her body closer to. In virtual therapy, over screens, the couple have no idea whom the therapist is physically orienting to, or even whom she is addressing. Much of the time, it is necessary for the therapist to preface her utterance—"Well, Jack...," "Well Jill." This is not only inelegant, even awkward; it vitiates the power the therapist can exert through use of self. The first and third cases reported on here were done 100% virtually. The second case was done both virtually and in-person; and all three of us agreed that in person was far better.)

The therapist's sex makes it difficult to be perceived as neutral. We are all unavoidably one or the other; and the implications for the therapeutic relationship that clients draw from that fact vary greatly and are only minimally under the therapist's control. I believe there is an advantage to being a male couple therapist. It is the woman of the couple who most often initiates the visit to the therapist, and her man accompanies her more or less reluctantly. If the therapist is a woman, as is increasingly the case with the feminization of the psychotherapy profession, it is easy for the reluctant husband to feel like the girls are ganging up on the boy. If, though, the therapist is also male, the husband is forced to a different interpretation. This is not to say that a positive working alliance between a husband and a male therapist happens automatically. I have had, at times, to work hard to establish my male bona fides with a skeptical husband. More than once, a brief but deep discussion into the relative merits of different varieties of cigar wrapper (e.g. Connecticut versus Maduro) has helped me make common cause with a husband who initially had been hard to reach.

Compliance and Follow Through.

There is never full compliance with homework assignments, but usually enough for treatment to be viable. The couple, after all, have entered into the therapy contract on the understanding that they would do the homework.

The most frequently cited reason for failure to comply is, "We didn't have the time." People's lives are busy and I accept this as a reason for non-compliance most of the time. But then it is imperative to discuss with them the reasons for lack of time and what changes they can make to free up more time. If a couple repeatedly complain of lack of time for the homework, I point out the irony that they have come to me for help with their relationship and yet they seem not to have

sufficient time to enact it. With some couples, such demotion and neglect of the relationship are a major focus of treatment.

Occasionally, despite my efforts to clearly explain the homework, couples misunderstand it. For example, they don't understand that they have to jointly decide on a schedule for reading aloud. And sometimes, a partner does not have the self-control to carry out his/her part of the assignment. For example, the one who is not supposed to prompt the reading or trading appreciations cannot restrain themselves from doing so when they see that the other is not fulfilling their role to do so.

Old habits die hard—often because they are the only way a couple know how to keep their anxiety within manageable limits—and sometimes couples will not give them up even if they understand that a different way would be better. For example, couples are often afraid to invoke the below-described "Fight Rules" (Hamburg, 2012, Chapter 9) when they sense conflict. In that case, I will have them enact a conflict in session, using the rules, as a demonstration of how well they work.

Individual differences are such that a homework assignment liked by some couples is disliked by other couples. Many couples, for instance, enjoy trading appreciations at bedtime, while other couples find it hokey. For those couples I just try to find a different way to increase expressed appreciation.

It is axiomatic among behavior therapists that the homework be checked up on at the start of every session. But as therapy proceeds and homework tasks accumulate, it becomes impractical to check on all the tasks in every session; in that case the therapy would become more about the homework than about the couple. So I check on the most recent homework at each next session, and check up on the previous ones as the occasion to arises. For example, if a couple report a fight, I ask them if they used the Fight Rules; and if they didn't I try to understand why. Sometimes, if the fight issue has not been resolved (as it generally isn't), it is helpful to have them re-enact the beginning of the fight in session, using the rules, and instruct them to finish it after the session. I trust that couples will persist with the homework tasks that make sense to them.

Occasionally a couple consistently fail to do the homework tasks, or a particular one that I strongly believe will be helpful. Sometimes I try to get leverage by taking a one-down position (Madanes, 1981) and tell them this story:

I went to a very behavioral graduate school—that is, a lot of rat psychology. [This was, in fact, the case. The chair of the psychology department at The American University, Washington DC, was C. B. Ferster, author along with B. F. Skinner, of the classic, *Schedules of Reinforcement* (1957).] And so even we clinical students had to do a rat experiment. Now the rats were not dumb white rats; they were hooded rats—very intelligent but very nasty. They hated us, with good reason: We had imprisoned them, and starved them to 80% of their ad lib body weight. When

we took them out of their cages we had to wear very stiff leather gloves, because as soon as we touched them they would try to kill us. But we were bigger than they were and smarter than they were, so when we put them in the Skinner box we could make them do whatever we wanted. But you are as big as I am and as smart as I am. I can't *make* you do anything. All I can do is beg you to play along with me.

Sometimes, when a couple know the Fight Rules but persist in not using them, it is because they would rather be angry at each other and punish each other than solve the problem. If I suspect this, I tell them so—as offhandedly and nonchalantly as I can, given my own level of frustration. (For a discussion of the model and rationale for therapist offhandedness, see Chapter 7, Catherine & Richard, Session 2.)

In cases where, despite everything, the couple do not follow through on the homework, and therapy fails, it is generally not due to an aversion to the homework *per se*. It is because they have come to the realization that therapy—at least the way I do it—will not help them. This brings up an important point. When therapy fails, I never tell the couple that they are a hopeless case. I say only, "I can't help you." I believe, and explain to them, that therapists do their work via, and within the limits of, their individual personality. And it is possible that a different therapist with a different personality and set of limits might be able to help them even though I couldn't.

Chapter 5

TREATMENT PLANNING

The psychological problems that are the focus of individual therapy are generally *static* phenomena, and so treatment planning is straightforward. Marital problems are inevitably *emergent* phenomena. As a result, treatment planning in couple therapy is contingent and provisional. As a point of comparison, consider the treatment planning in this individual case:

Gretchen was a 28 year old married woman with a phobia for injections, which caused her to faint immediately upon the needle stick. The problem dated to her early teens. She wanted to get pregnant but could not imagine tolerating all the needle sticks in her future—so her ob/gyn referred her. By the end of the first session I had formulated a three-phase treatment plan in which I had great confidence. I explained it to her in detail.

Phase 1 would be systematic desensitization using photographs and videos, culled from the internet, depicting injections and phlebotomies. Her husband would collect them and arrange them into two desensitization hierarchies, one of photographs and one of videos. The husband would present the stimuli on the computer screen and Gretchen would approach each as gradually as she needed to, until she could touch the part of the screen that displayed the needle going into the arm. Once Gretchen had been able to touch the most challenging stimulus in the video hierarchy we would proceed to the next phase.

Phase 2 was in vivo desensitization with modeling. That is, I would obtain some hypodermic syringes and demonstrate sticking one into my arm. Then Gretchen would attempt to do the same thing. She would then practice at home using additional syringes.

Once she could do that with minimal anxiety we would proceed with Phase 3 which was hypnosis to prepare her for her first post-treatment needle stick. Gretchen agreed to the treatment plan, and the treatment went precisely according to plan. (And I must say that Gretchen manifested considerable moxie when she very gingerly poked herself with a hypodermic needle for the first time.) The entire therapy took four sessions. Gretchen's first post-therapy needle stick went easily; she did not faint. She now has two children.

The stability of Gretchen's problem is what enabled me to immediately formulate a treatment plan and for us to execute it without modification. Her needle phobia was stable in two respects. First it was stable over time. On the day we first met, her needle phobia was as severe as it had been the month before or even the year before; and, barring treatment, would be the same a year from now. Second, it was not liable to be affected in any direction by intercurrent life events. Whether she won the lottery or discovered her husband in an extramarital affair, the needle phobia would abide as it had for many years.

Even more complex individual problems are similarly stable because they inhere in clients' personality rather than in their interpersonal interaction—and individual personalities are remarkably stable over the lifespan. A man suffering from dysthymia might experience transient elation from winning the lottery but that, in itself, would likely not cure him of his chronic negativistic thinking and anhedonia.

Marital problems do not inhere in the personalities of the partners but rather emerge from their interpersonal interaction. And due to the ever evolving nature of interaction and intimate relationships, they can and often do manifest differently from week to week. A disagreement about how to diaper the baby can erupt into a vicious argument that alienates the partners from each other for days. And marital problems are exquisitely sensitive to intercurrent life events. If in the middle of couple therapy Jill discovers that Jack is having an extramarital affair, the case becomes a completely different case. And if Jack holds the winning lottery ticket, that could lead to him and Jill living happily ever after or engaging in prolonged litigation over who was the real holder of the ticket.

Due to this instability, the couple therapist has no way of foreseeing what urgent matter might demand her attention from session to session. She may well have a pre-set agenda for the session, but if she attempts to pursue it rather than attend to the couple's urgent need of the moment the couple will regard her as being out of touch. It is impossible at the outset of any couple therapy to set a specific, overarching, and achievable treatment plan as it was in the case of Gretchen.

In my couple therapy, I operate in accordance with two concurrent treatment plans. The first is general and applies to all couples. From the outset I will be attempting to address their presenting problem. And I will be trying to help them handle conflict more effectively; accept their differences; and use whatever strengths there are in the relationship to help them restore their level of mutual affirmation to its highest possible level, given the limits of their overall

compatibility. The homework assignments described in the cases reported below are in the service of this treatment plan.

The second treatment plan—it can hardly be called a plan—is the one that evolves through the course of each session in response to whatever challenge the couple present that week. This is what I mean when I refer to treatment planning in couple therapy being contingent and provisional. In every session, I try to keep moving on the first treatment plan, but the second plan always takes precedence.

I am now done with what I preach. You will be the judge, reading the three cases that follow, of the degree to which I practice it.

A Note on Record Keeping and Masking

The case studies in this book are based on written notes made at the time of the sessions, and then transcribed into a prose narrative within 24 hours of the session. No recordings of any kind were made of any couple. All quotes from the clients cited in the reports were transcribed verbatim at the time they were spoken.

The three case studies are based on actual couples. However, for disguise purposes, the couples in the case studies have been fictionalized to the degree that certain elements from them have been deleted and some additional elements have been added, based on other clients I have seen. These deletions and additions were made so as not to detract from the clinical reality of the actual cases.

Chapter 6

VINCE AND GINA

They were a handsome couple. That was my first, powerful, impression—all the more striking because I was looking at them on the tiny screen of an iphone. (This was in June, 2021, well into the second year of the Covid lockdown. I was never to meet them in person). They were in their early 30s. Vince was rugged looking with straight features, black hair and the eternal five o'clock shadow that had become fashionable among men of his generation. My impression was that he was about 6 feet, although I actually have no idea. He was solidly built, and his muscular arms were elaborately adorned with tattoos—another characteristic of his generation. He was neither friendly nor unfriendly; quiet, the classic strong silent type. His demeanor was not hostile, just impassive. He didn't crack a smile, not then or ever in our work together, as best I can recall. I knew instantly that Vince's brand of masculinity was different from mine, and that it would be hard to find common cause with him. And I realized that I had to be extra careful not to ally overly with his wife. Gina was beautiful—not in the conventional manner of hyper-slender contemporary models, but rather like a woman in an Italian Renaissance painting. That is, her body was more generous; and her face was not straightforwardly pretty, but had a distinctive and complicated beauty.

She worked in a bank. He made his living trading currencies in a small firm that he owned with just two partners; and he was evidently pretty good at it. They seemed to be well to do, especially for people their age. They lived in a newly built house in one of the more expensive of Chicago's suburbs, and the view out the window that was behind them during our sessions was bucolic.

They had met at work four years before. They were engaged after 10 months and were married about a year later. They had a nine-month old son, Little Vince. He came along quite early in the marriage but it was a planned and welcome pregnancy.

My initial assessment was that they were a reasonably well-matched couple. They rated themselves as close on the Practical Dimension and close enough on the Wavelength Dimension. And their sex life had always been excellent. They seemed to like each other—which for me is no small thing. In my book, literally and figuratively, you cannot love somebody unless you like them.

Vince grew up in northern Indiana, and his parents still lived there. His brother, younger by 2 years, was engaged to be married and lived in Chicago's West Loop, a newly gentrified, upper middle class neighborhood. Vince's parents had been married 43 years and he thought they were happy. He reported a good relationship with each of them. He said his relationship with his brother was getting closer as the two of them got older.

Gina's family was a different story. She'd grown up near Philadelphia. Her parents were divorced when she was 6. She described her father as "gentle and supportive" and her mother as "fiery." Each of them was with a new partner within a short time after the divorce, and still with the same partner. Gina had a brother who was two years younger and engaged, in Boston. She said her relationship with him was good. Gina also had a sister, Andrea, barely two years older. She and her husband and toddler daughter currently lived in another upper middle class neighborhood in Chicago, Lakeview. There had been bad blood between Gina and Andrea for a long time. The relationship had deteriorated further—I don't know exactly why—after Gina became pregnant. Vince, in particular, resented Andrea for that.

Alcohol and drugs were not part of the clinical picture, there had never been any physical violence, and there was no current extramarital affair. The presence of any of these would have disqualified them from working with me.

Gina succinctly presented their reason for seeking help. "Our son was born, and I disappeared." The situation was common enough to be depicted on the cover of *Families and How to Survive Them*, by Robin Skynner and his celebrity patient, the comedian John Cleese (1984): a drawing by the New Yorker cartoonist, Bud Handelsman, depicting a husband and wife sitting on easy chairs in their living room. She is contentedly breast-feeding their baby. He, looking gobsmacked, has a pacifier stuck in his mouth. Only here, with Gina and Vince, the sexes were reversed. It was the father rather than the mother who had glommed onto the baby.

This unusual situation was intriguing and presented an important early choice point in the therapy. Should I inquire into the reasons behind Vince's reaction to the baby? If I had thought that: a) Vince could gain access to the life-historical why of his behavior, and if; b) such knowledge and understanding would lead him to change his behavior, then I might have spent a session or two or three exploring it. But I didn't believe either of those propositions. Another reason for not doing such exploration was that it would have put Vince into the role of identified patient, which runs counter to my family-systems understanding of the couple's dilemma. And worse, it would have frayed his already tenuous connection with therapy.

And, of course, their situation was far more complicated than Gina's initial framing of it. Gina was aware that her work was encroaching on their relationship. Just two months after giving birth, upon returning from maternity leave, she had been promoted from a line position to a supervisory one, in charge of eight subordinates. Like many first-time supervisors, Gina felt overwhelmed by this quantum increase in her responsibilities; and she worked very long hours to keep up, including late into the evenings. Understandably, Vince felt neglected as a result. For his part, Vince was aware that Gina needed him to listen to her more, and with undivided attention. Vince was also aware that Gina needed more sexual contact with him. Here again, the sex roles were reversed from the usual ones. Her preference was for three to four times a week; his, for one to two.

Interestingly, both Gina and Vince had engaged in text-based (smart-phone) flirtations with other people. Each had caught the other at it by snooping on the other's phone. They seem to have cleared the air by allowing the other to extensively search their phone. I asked them if at this point they had any outstanding questions for the other and they said they didn't. Ordinarily, I would think of this kind of extramarital romancing as a serious blow to the trust in the relationship. I did not, in this instance, and I am not sure why. Maybe because they had freely given the other access to their phone and didn't have outstanding questions.

Nevertheless, I felt it necessary to give them an emphatic and, for them (and most people) counter-intuitive directive—to cease snooping on the other's phone. I asked them what trust is, and then gave them my answer: Trust is a species of faith; that is, trust is belief in the absence of certain knowledge. If we knew God was up there, we wouldn't have to believe He/She was up there. We would just know it. Likewise, if we know for sure that our spouse is faithful to us, we don't have to believe it. We just know that, and so we don't need to trust them. This means that every day a married person tries to attain certain knowledge of their spouse's fidelity is actually one more day that the re-establishment of trust is postponed.

I don't know if Gina and Vince bought what I was selling on trust, but I had to say it. Often, you have to say things as a psychotherapist simply to bear witness, even if the client denies it. For example, if you tell somebody that in your professional opinion they are an alcoholic, they will often strenuously dispute it. But that doesn't mean that what you said was in vain, because the next person who tells them they are an alcoholic will be the second person who told them so, not the first.

At the end of the first couple therapy session, I never presume that the clients want to make an appointment for a second one. I tell them they can, if they are both absolutely sure they want to. Otherwise, they can just arrange for payment for this session and then call me back or not as they wish. Gina and Vince were both sure they wanted to come back so I gave them a homework assignment: reading aloud.

Homework After Session 1: Reading Aloud as an Assignment Initial Assignment in Couple Therapy

Usually, a couple therapist's first tactical challenge is how to break the ice. By the time a couple reach her office they are, more often than not, alienated from each other, tense in the other's company, and unable to converse without arguing. Or they avoid each other entirely; I knew a couple who contrived never to be in the same room at the same time. How, then, to engineer some initial warming of the atmosphere so that the work, and possibly healing, can begin? Early behaviorally-oriented approaches emphasized positive exchange and attempted to increase it from the outset by means of tasks such as Stuart's "Caring Days" (CD; Stuart, 1980). In CD, spouses would generate lists of positive, caring gestures that their spouse could then do for them on a daily basis. For the couples I tried it with, CD did not work. The atmosphere between them was too saturated with anger and rancor for them to carry out the task with any consistency; and when they did, their exchange of positive behaviors was too grudging to be therapeutic.

It occurred to me that having couples read a book about marriage together and not discuss the reading, either while they were doing it or afterward, would be a way to get them to be at the same place at the same time emitting verbal behavior about marriage to each other without getting into a fight. Early on, that was my instruction to couples. After years of experience with the assignment, I found that couples who were willing and able to discuss the reading would, and that those who could not do it without conflict wouldn't. So my instruction changed: no discussion during the reading period, because then nothing would get read, but welcomed afterward. There was another change in the instructions over the years. In the beginning, when I thought that marriage was more a matter of communication and negotiation than I do now, I would have the partners negotiate agreement, in session, on five half-hour periods in a week's time to do the reading. I don't do that anymore, and just tell them to come to agreement on five specific clock times, e.g. 5:00 pm on Sunday, for the reading. I do ask them, in session, to designate one person as the convener and timekeeper for the reading, "One of you has to be the timekeeper, the one who says, 5:00 pm, time to start, 5:30, time to stop." I asked Gina and Vince who wanted to be the convener and sure enough Gina volunteered. And so I said, "Vince, you be the timekeeper. And that means, Gina, that if any of these appointed times comes and goes, and Vince doesn't say anything about it, don't you say anything about it. Vince is the time keeper, you're not the timekeeper." It was true more than 40 years ago, and is true now, that almost invariably the partner whom the couple volunteer as the convener is the pursuer (Guerin, et al, 1987) in the relationship; and I don't want the reading to be one more thing she's pursuing him about. I explained my rationale to Vince and Gina, and they confirmed my assessment of who played which role, and agreed that Vince would be the convener.

I assigned readings from two books—chapters from my little (68 pages) ebook of marriage advice: *The Newlyweds Book: Ten helpful hints for your happy marriage* (2012). I asked them to read the last three chapters, 8-10, first. Chapter 8 discusses the inevitability and necessity of

conflict in marriage. Chapter 9 argues that what hampers couples in dealing with conflict is not lack of communication skills but of anxiety tolerance, specifically the anxiety of being faced with the partner's anger, and one's own. The chapter ends with a set of rules for conducting conflict, the above-mentioned "Fight Rules" based on this logic. Chapter 10, quite brief, discusses the importance of being a merciful judge of our spouse. Because Gina and Vince both rated spontaneity as fairly important to exciting sexuality I asked them to then read Chapter 1, "Don't Leave Your Sex Life to Chance" which deconstructs the concept of spontaneity as applied to sexuality, and finally Chapter 7, "Childproof Your Sexual Relationship (And the Rest of Your Relationship)," which urges couples to be ruthless in carving out time for themselves after children arrive.

These chapters, did not amount to 2.5 hours of reading, assuming that they read all five times. Accordingly, I also asked them to purchase *Between Parent and Child* (Ginott, 1975), telling them it would do double duty. The book was the first to attempt to teach parents to use Rogerian listening skills with their children. (Over the decades a number of copycat books have appeared, but I still favor Ginott's. If his book sounds dated to a couple, I ask them to switch to one of the more contemporary sounding copycat books, *How to Talk So Kids Will Listen & Listen So Kids Will Talk* [Faber & Mazlish, 1999].) I explained that by "double duty" I meant that much of what the book said about how to talk to and listen to kids applied to talking to and listening to each other. And so ended the first session.

Before moving to the second session, I should add that reading aloud can be helpful in ways other than as an initial ice breaker. Couples who are inhibited about talking with each other about their sexual relationship can read books on sex technique aloud together, for example, *The Great Lover Playbook* (Paget, 2005) or even erotic fiction, for example, one of the collections edited by Lonnie Barbach (e.g., Barbach, 1995) and thereby desensitize their anxiety about sex talk.

As another example: More than 30 years ago I worked with a South Asian couple, both high level engineers, born, bred, and educated on the Indian subcontinent. At one point the therapy hit a wall; I could make no further progress with them, even though further progress did seem possible. In desperation, I suggested that they read *The Family Crucible: An Intense Experience of Family Therapy* (Napier & Whitaker, 1978), a book focusing on how our family-of-origin experiences influence our adult expectations regarding family dynamics. I had hesitated to recommend that book to them because I thought they would not be able to identify with the white-bread, middle-American, Wisconsin couple who were the book's central characters. When we next met, the husband announced that, for him, the book had been a revelation. It had illuminated areas of his life history and his own psychology that heretofore had been obscure to him. He had begun by reading the book aloud with his wife, but its message had been so compelling that he could not restrain himself for reading ahead by himself, completing this rather thick volume in a week's time. My work with him and his wife was then able to proceed to a successful conclusion.

Finally, *Reconcilable Differences* (Christensen & Jacobson, 2002) is a wonderful vehicle for developing couples' understanding of the crucial importance of accepting that your partner is not you but somebody else; and so they cannot be expected to always be in agreement with your opinions or amenable to your preferences.

Session 2. Therapy

Session 2 was held two weeks later. Gina and Vince reported that they had done a little reading but not much. They had done just enough to finish the chapters in *The Newlyweds Book* but had not begun *Between Parent and Child*. I was satisfied that they had done at least some reading; it meant they would do more. They had made a schedule and Vince had prompted the few readings they had, and then he didn't. Gina abided by my directive to not prompt them herself, and was frustrated that she couldn't. The reason Vince gave for not prompting the reading is the one that couples most often give: too busy. I don't remember if I made my comment to them about the irony of their coming into therapy and then not having the time to enact their relationship, but it is likely that I did.

Sometimes at the second session couples report that they had not done any reading at all because they had not succeeded in agreeing on a schedule. Sometimes it is because they tried and failed, sometimes because they didn't try at all. At that point I do have them enact a discussion about when to read, and supply enough prompting and coaching to get them over the finish line. I am careful not to characterize their discussion as a "negotiation" and their agreement as a "compromise."

Negotiation and compromise are what we do with people we *don't* love. I have a car and I want to sell it for \$1000. I offer it for \$1200. Joe Blow says he'll give me \$800 for it. We compromise at \$1000 and both walk away happy. I don't care about Joe's well being, nor he about mine, so we negotiated and compromised. If I cared to one degree or another about Joe's well being I might have sold him the car for \$800 or \$600, or for \$10. But that would not have been a negotiation and the final price wouldn't have been a compromise but rather a gift. People who are married to each other do care about one another's well being (at least they should) and so when they make an agreement that is not fully maximizing for one or both of them they are not negotiating but rather giving each other good faith gifts. The transactional vocabulary of commerce does not apply.

I asked Gina and Vince how things had been going since our first session, and they reported that things had been going better. Whenever couples report improvement my immediate response is, "Each of you, speaking for yourself, what did you do to make things better. Anyone can start." I was surprised and gratified that Vince spoke first and said it was because they set aside time to talk, didn't raise their voices, and read the chapters in *The Newlyweds Book*. (Strictly speaking, Vince did not answer my question because he was talking about Gina as well as himself, but I allowed it because he was talking about himself, too. If his response had been about Gina I

would have immediately interrupted him and told him to talk about himself, not her.) Gina said that she had been more mindful of work boundaries and made a conscious effort to be more present. Then she added that Vince had been much more attentive. I interrupted her, because she was talking about him, but was glad to have that information.

Since they seemed to be on a bit of a roll, I decided to push it a little: assign Chapter 6 of *The Newlyweds Book* (Hamburg, 2012), "Appreciate Each Other," and have them trade appreciations.

Session 2 Homework for Session 3: Trading Appreciations and the Fight Rules

As is well known by now, due to the research of Gottman, non-distressed couples exchange comments with positive valence much more frequently than negative ones, whereas distressed couples exchange an equal proportion of positive and negative comments. Chapter 6 of *The Newlyweds Book*, discusses the simple act of thanking each other as a way to warm the atmosphere between partners. When I introduce the Trading Appreciations task I tell them to exactly follow the instructions in the book on how to do it. Those instructions are:

Sometimes I ask couples to trade appreciations in a structured way. It doesn't matter who goes first, but it helps to know who's going to go first. You can take turns for a week at a time. The time to trade appreciations is just before you go to sleep at night. If you both retire together, you do it before you turn out the lights. If one of you habitually gets into bed earlier than the other, then do it before the first one goes off to bed. What I tell distressed couples but don't have to tell you is that your appreciations should be specific and positive, and they should not have a hook or a zinger attached to them at the end. By specific, I mean that you have to specify a behavior that someone could identify if they watched a video of your spouse. For example you should say, "I appreciate your having put your dirty laundry in the hamper today," rather than, "I appreciate that you were neat today." By positive, I mean that you should talk about something positive your spouse did do, rather than something negative they didn't do. So you should not say, "I appreciate that you didn't leave your dirty laundry on the floor today." And finally, you should not add a zinger, as in, "I appreciate your having put your dirty laundry in the hamper today—because usually you're such a slob." I suggest that couples exchange just one appreciation apiece per night. And, by the way, there is no such thing as a day when your spouse did nothing that you can appreciate (Hamburg, 2012)

I flipped a coin to decide who would go first for the two weeks between this session and the next, and it came up Gina.

Most of the rest of the session was devoted to completing the initial assessment, in particular gathering the information on their families of origin described above. It became clear that the tension between Gina and her sister, Andrea, had become a source of contention between Gina and Vince. Vince had developed a seething hatred toward Andrea, in response to her cruel behavior toward Gina. He wanted himself and Gina to cut themselves off from her. Gina's feelings toward her twin sister were understandably more mixed and complicated, and she wanted to persist in trying to make a relationship with her.

They had already read Chapter 9 of *The Newlyweds Book*, so they were already familiar with the Fight Rules. I asked them to set a time to use the Fight Rules in discussing what to do about Andrea. I told them frankly that, while my treatment of, say, panic disorder is based on science, my treatment of couples—everyone's treatment, I would argue—is much more a matter of opinion than of science, and so there is much less that I can claim with assurance in couple therapy than in individual therapy. But, I continued, I could tell them with confidence that if they used the Fight Rules, those rules would work. They would work because they would help them keep their conflict anxiety within manageable limits. Their anxiety would be controlled because they would not have to worry about being overwhelmed by the other in conflict. They would not be overwhelmed because they knew the other would be shutting up in a minute.

Essentially, the rules describe a turn-taking procedure. When one of the partners realizes that they are in a dispute, they must utter the magic words, "Let's sit down." The couple then proceed to the spot—the kitchen table or whatever—they have designated for conducting arguments. Then they set the timer on their cell phone to 1 minute—the book says 1 or 2 minutes but for most couples I believe that 1-minute turns work better—and when the beeper beeps whoever was talking stops. They are to stop even if they feel they are in the middle of the most important thing they have ever said. Their time is up; it's the other's turn. The last of the fight rules stipulates that the fight can be ended only by mutual consent; no one is allowed to abort the fight. There are other rules, about time outs for example, that elaborate on these basic ones but these are the essence of it.

Vince and Gina agreed to try the rules, and they set a time to discuss the Andrea issue using them on the following Saturday morning.

Session 3. Therapy

The third session took place twelve days later. They seemed to be continuing to do better. Gina said it was one of their best weeks in a long time. She was grateful that Vince let her talk and simply listened rather than trying to offer solutions. They did use the Fight Rules to discuss the Andrea problem and they seem to have made headway using them. They did trade appreciations and seemed to like doing that. I directed Vince to begin the appreciations for the next two weeks. At some point I had them discuss some issue—I don't know what—and on the basis of observing it I made a suggestion to Gina. It seemed to me that her verbalizations were too

long, piling too many messages in one utterance, such that Vince could not retain them all in memory—especially not the first one, which was generally the one most in need of a response. So the length of her utterances could potentially derail their conversations. I suggested that she pay attention to shortening her utterances and limiting them to one message per utterance. Next we had some discussion about spacing of children; we all seemed to agree that closer spacing is better. Finally, I introduced them to Rogerian reflective listening techniques and suggested they start using reflection with each other. (So far they had read only the first chapter of *Between Parent and Child*, so they did not realize that I was referring to the subject of that book.)

Session 3 Homework for Session 4: Rogerian Listening Skills

I have come to believe that Rogerian reflective listening is the greatest tool for good that exists in human relations. It should be taught to all high school students. I make sure to introduce all my clients to it, both individuals and couples, at some point in their therapy. Many of my clients have been introduced to it in business management training, but they have invariably been taught it incorrectly—as indeed I and many clinicians have been. They and we were taught reflective listening as a kind of linguistic trick, paraphrasing. Listen to the person, shuffle their words around, and then say back to them a version of what they said to you. It will make them feel good, listened to. But of course when Carl Rogers was listening, he was not thinking to himself, "How do I shuffle the words around? How do I paraphrase this?" He was asking himself, from moment to moment, "What does this person mean by what they're saying?" He was mindful that anything anyone says is the tip of an iceberg of meaning. And he had discovered that if he could feed back to the client a bit of what the client meant by what the client was saying, that would help the client dredge up more of that iceberg, attach a verbal code to it, and have their own psychological experience more available as information.

Before I start my presentation of Rogerian listening to any client, I unobtrusively drop a couple of examples into our ongoing conversation so I can refer back to them. Then, as our discussion of reflection proceeds, I repeatedly offer up reflections of what the client says, and immediately identify them as such. This demonstrates the first thing people must learn if they are really to make use of reflective listening: that nobody ever notices you're doing it. Reflection is completely unobtrusive. This is important to emphasize because anyone new to reflective listening is sure that everyone notices that s/he is parroting them when actually they don't.

Wexler (1974) suggested the concept, frames of reference, to explain the true nature of Rogerian listening. As Wexler points out, when we respond to someone in the ordinary way, we are responding from within our own frame of reference. When we respond to them in reflective mode we are responding from within *their* frame of reference. Here is the simple example I use to illustrate the meaning of this:

Let's say somebody comes up to me and says, "Sam, my mother died." I can give him a perfectly sympathetic, heartfelt, and appropriate reply, "I am so sorry to hear that." But that reply comes from within my frame of reference because when he told me his mother had died he was not thinking about my response. He was thinking about the fact that his mother had died. If instead, I reply, "Oh wow, your mother died," I am responding from within his frame of reference. That is, I am talking to him about what he was thinking about when he was talking to me. It's the difference between sitting opposite somebody and sitting next to them.

I didn't ask Vince and Gina to set up formal practice sessions for Rogerian listening. I introduced the idea to them, tried to persuade them it was a good idea, and encouraged them to try it out.

Session 4. Therapy

We had set the next session for two weeks later, but after just a week I got a text from Gina, asking for an emergency session. I had the time, so I met with them the same day. They'd had a big fight. Gina had not told Vince about an important, time consuming work commitment until the last moment. I talked to them about front-loading versus back-loading conflict: In an ongoing relationship, you do not have the option of avoiding conflict. You only have the option of bringing up the conflictual topic sooner or later—and it is always better to bring it up, and fight it out, sooner rather than later. In like manner to Gina, Vince had put them on the waiting list for a country club without having alerted her to it first, and that caused an argument.

I asked them if they had used the Fight Rules. They said they had and the rules had helped somewhat. The problem was that they had invoked them well after the fight had gotten out of control and was doing damage. It is not unusual for clients, in the beginning, to use the Fight Rules only as a desperation measure after it's too late, or not to use them at all when they are fully aware they should. In those cases I often have them enact a discussion, in session, of whatever they were fighting about, using the Fight Rules. I assist only by timing the turns for them. I let this go on for between 10 and 15 minutes and then ask them how this was different from what happened at home. Invariably they report that using the Fight Rules was more productive than fighting in their usual way. My notes do not say that I did this with Gina and Vince, but I may have.

Trust issues came up again in this session. Vince had funny feelings about Gina's relationship with one of her subordinates, which Vince thought was becoming over-familiar. Gina admitted that this was the case, and that she would draw a stronger boundary between herself and the subordinate. Gina also brought up a trust item: Vince did not tell her until after they were married about debt that he had accumulated from sports gambling. They seemed to have worked this out and Gina was now at ease about Vince's handling of the family finances. Nevertheless, writing

up the case now, I am wondering why I did not delve into trust issues more at that point. I might have been anxious about stirring up a hornets nest. If that was the case, I would count that as one of the mistakes I made with this couple.

Session 4 Homework for Session 5: Reading Together and Trading Appreciations

They had read *Between Parent and Child* only once. I asked them to work out a reading schedule for the next interval right after the session ended. And I asked Vince to continue to initiate Trading Appreciations for the coming week and then for Gina to do the initiating. I added one more thing. Earlier in the session they had mentioned that divorce had come up in the fight that triggered this emergency session. I asked each of them if they were now harboring any intention to get divorced. They both said no. And then I told them that if they were not seriously considering divorce they should cut out the talk about it.

Session 5. Therapy

The next session took place three weeks later. Gina and Vince reported that things had been going a little better. Once again I asked them to say what they personally had done to contribute to the improvement. Vince said that he was making a point of looking at Gina more when he talked to her and he was dedicating more time to talking with her. Gina said she had been expressing more appreciation for the things Vince did. She had also been better about structuring her work day and quitting by 5:00 pm.

Ever since Gina had gone back to work, Little Vince had been at an infant day care facility for most of the day, Monday through Friday. But there had been a Covid scare at the daycare, and so for the past two weeks Vince and Gina had been caring for him at home, working well as a tag team. But every once in a while they got in each other's way, arguing about exactly how the baby should be handled, e.g. how to position him on the changing table when diapering him. It was time for Coin Flip.

Session 5 Homework for Session 6: Coin Flip

It is an amazement to me, although quite common, that couples can get into heated disagreements about small ad hoc decisions where the outcome would be fine no matter whose way the decision went—e.g. whether to feed the baby now or a half-hour from now, or even which restaurant or movie to go to. Such disagreements become particularly toxic when they evolve from being about the concrete issue at hand to being about which of the partners is *right* (Hamburg, 2000). At that point, the couple have locked themselves into positions they cannot extricate themselves

from without losing face, and so they are at stalemate. A simple way for couples to obviate this is to flip a coin as soon as they realize they are in disagreement. By agreeing in advance to do this at these moments, the couple are pledging not to hunker down into immutable positions.

Flipping a coin seems a simple enough and benign way to handle such disputes, but couples resist it. We all have an investment in being right; and the more intelligent and highly educated we are, the heavier that investment is. Disagreements about how to handle children are especially hard for people to leave to the flip of a coin. After all, how can they risk the coin coming up in favor of the other parent, and then catastrophic harm could befall the child. To overcome this source of resistance, parents need a little training in developmental psychology and social anthropology which I provide approximately as follows:

You have to understand that the rule among children is resilience rather than vulnerability. Children can experience all sorts of traumatic childhood experiences, and grow up into happy and healthy adults nevertheless. Some are badly scarred by childhood adversity but the great majority are not. The children who grew up in horrific orphanages during the communist regime in Romania are an example. Now put that together with this: If you look at child-rearing practices cross-culturally, you'll see a dizzying variety of approaches—harsh discipline in some, lax in others; swaddling in some and not in others; bottle feeding versus breast feeding; sleeping in the same bed as parents or not, and so on. And yet the vast majority of kids grow up into happy, healthy adults. That means if you, Gina and Vince, have a difference within the American cultural context about how to deal with Little Vince, that difference is going to be so tiny within the broad range of OK child rearing practices worldwide, that the kid will be safe no matter what you do.

Once couples become comfortable with flipping a coin for ad hoc disagreements, they find it to be liberating.

As we talked about raising Little Vince, it became clear that Gina and Vince had not read much at all about child development. So I recommended that they read *The First Three Years of Life* (White, 1995) and, for later, a book by my teacher, Nathan Azrin, *Toilet Training in Less Than a Day* (Azrin & Foxx, 2019). I also reminded them to be mindful to practice Rogerian reflection. (They said they'd done it "a little" which means, of course, hardly at all.)

Session 6. Therapy

At the next session, three weeks later, there was trouble. Gina had discovered that Vince had spent some substantial sums of money on a watch and cryptocurrency investments without telling her. Gina said she felt that Vince's lack of honesty was the basis of all their other problems. At this point it was clear to me that I had to face the trust/honesty issue more squarely than I had before. So I did the obvious (for therapists) thing and asked Vince what about his upbringing

caused him to behave deviously in the ways he did. In answer to that question, Vince talked for longer in session than he ever had before. He explained that both his parents had been harshly punitive when he was a child. To his young mind, it seemed that they punished him for everything he did, and so he had to keep as much of what he did secret from them as he could. This meant lying, a habit that he had carried into his adulthood and his marriage. I told Vince that even though there were good life-historical reasons for his lying, more of it would put his marriage in jeopardy. Then I told him about Sissela Bok's book, *Lying: Moral Choice in Public and Private Life* (1999). I told him how I'd read it when it when it first came out more than 40 years before and of the powerful influence it had on me: I've lied much less since reading it than I had before. The book's simple but compelling thesis is that lying is a coercive act, in that it prevents the person being lied to from making the free decision they might have made if they had been told the truth. I illustrated it with one of the vignettes from the book. When I asked Vince if he was a coercive person, he replied as everyone does, that he was not. In that case, I said, he should take a look at Bok's book.

Reflecting now on how I handled Vince's lying, I think I might have handled it differently if I could do it over again. I would have asked Vince and Gina to face each other and Vince to think hard about anything else he'd lied to her about recently and tell her about it. I would have left the room where I had my phone set up (remember, we were meeting virtually) for a few minutes to give them the privacy they would need to do this. Sometimes the therapist's presence inhibits couples from discussing sensitive matters; and the therapist's leaving the room can provoke enactments of those discussions (Hamburg, 1985).

After the discussing the Bok book I took another tack and called their attention to Stuart's Powergram (1980) which is reprinted by permission in *The Newlyweds Book*. Stuart's Powergram is a Venn diagram representing the different ways that decision making can take place in couples. I suggested, based on the Powergram, that the crucial determiner for bringing the partner in on an upcoming decision is whether the other partner will in any way be affected by it. The line in my notes following the ones about lying is, "W [wife] also c/o [complains of] H[usband] aversion to being controlled." I don't remember the context in which that came up but it signaled something that is important to all couple therapists. Gottman's research has found that husbands in non-distressed marriages are susceptible to their wife's influence, whereas husbands in distressed marriages are not. It was time for another homework task, Yes Days, one variant of ABAB experiments.

Session 6 Homework for Session 7: ABAB Experiments

ABAB experimental designs are common in psychology. They are single-subject designs in which the control is within-subject, comparing the subject's behavior under two different alternating conditions, condition A versus condition B. For example, in operant conditioning a rat's rate of bar pressing can be compared under two different schedules of reinforcement, e.g. an

interval schedule (condition A) versus a ratio schedule (condition B). In an ABAB experiment, the comparison between condition A and condition B is made twice in a row.

In psychotherapy I find that it is informative, and sometimes transformative, for clients to experience immediate comparisons between living one way versus another way, on alternate days. I have used it with alcoholics and substance abusers, alternating abstinent days with ad lib days and comparing how those two different kinds of days feel. With couples, I have used it similarly to compare days when they abstained from screens—smart phones, computers, TVs etc.—starting at dinner with days where they stared at screens ad lib. The heightened awareness of what they are doing and what its effects are can lead people to make substantial changes in their behavior, e.g. not having the TV on at dinner, and even giving up drinking. This is how I explain the rationale behind ABAB experiments to clients:

I don't know anything about wine. [And I don't. Having developed such discernment for fine cigars, in my early adulthood, that I priced myself out of them, I swore that I would never do that with anything else—certainly not with wine where the sky's the limit in terms of cost.] So if you put a single glass of wine in front of me, I can't say anything about it. But if you put two glasses of wine in front of me, then I can tell you that this one is a little like this and the other is a little like that. Doing this ABAB experiment will enable you to make that quick comparison between two ways of living.

Yes Days are a particular kind of ABAB experiment derived from the HisWay/HerWay experiments I described in *Will Our Love Last?* The husband agrees that on alternate days he will just say yes to any request his wife makes and comply with it immediately. For example, if she says "Please take out the garbage," he immediately takes out the garbage. When a husband agrees to Yes Days, he is agreeing to live according to his wife's preferences *without resisting*, because he has previously made the meta-agreement to do so. For many husbands this is a new experience. Notice that Yes Days are a test of trustworthiness for both partners. The husband must be trustworthy to comply with his wife's wishes and the wife must be trustworthy not to power trip him. One small but important detail: The couple must agree in session whether the odd- or even-numbered days of the month with be Yes Days. It is easier to keep track that way.

To my surprise, Vince immediately agreed to Yes Days. Maybe he felt chastened by the business about his lying earlier in the session. I asked them to continue Trading Appreciations, which they had been doing, and to read *Between Parent and Child* (Ginott, 1975/2003), which they hadn't.

Session 7. Therapy

This session occurred just 12 days later. In that interval they had experienced "the hardest week" of Little Vince's life; he had been quite ill but was now over it. They had done Yes Days,

and Gina characterized it as the most helpful thing in the treatment so far. She also identified Rogerian reflective listening as very helpful. Vince had bought a copy of *Lying* and they were evidently reading it together. We talked again about spacing of children. They said they wanted "three kids at least", which strengthened the argument for close spacing.

One Year Passes Before Session 8

I didn't meet with Gina and Vince again until exactly a year later. I don't know why that was. They were about to make a trip to Seattle, Washington right after our last session. Maybe I told them to call me for another appointment when they got back and they never did. I did hear from them about 6 months after that seventh session—an emergency phone call from Gina. She and Vince had just had a big fight. Could they have an emergency session that day? I couldn't do it. I asked her if they had used the Fight Rules and she said they hadn't. I suggested they redo the fight using the rules. I received a text from her a few hours later, "Fight Rules worked. Thank you." I responded with three thumbs-up emojis. (And just yesterday after responding the same way to an emergency phone call from another couple, I received a text about an hour later, "Fight Rules worked, resolved around minute 38. Thank you!")

Five months later I got a text from Gina asking to schedule another session. I was on vacation at the time, so I couldn't. Her text explained "We are doing good, and able to talk through it all. Just transition with two kids now but going well." Their daughter, Claudia, had been born about two months earlier. The two children had been born 21 months apart. We finally met again, about a month after Gina's text, exactly one year after we had met the first time.

Session 8. "Check-In"

By the time of the session, Little Vince had turned two and his little sister, Claudia was three months old. Claudia was an easier baby than Little Vince had been, but there were days when she cried a lot, which were hard for both parents, especially Vince. They were both working from home most of the time. My notes say, "Basically doing OK."

Since it was the first session in a long time I re-asked the "more-of" question that I'd asked them in the initial interview. Gina wanted more acknowledgement and affirmation from Vince of things she said to him. Vince complained that Gina often approached him when he was in the middle of an important work task, and he couldn't shift his attention to her. We agreed that when Gina would approach Vince she would ask, "Is this a good time to talk?" If it was, Vince would look at her and say, "Tell me all about it," and just listen, reflecting what she said if he could. If it wasn't a good time for him, he would have to tell her exactly when he could listen to her. They still hadn't gotten past the first chapter of *Between Parent and Child*. My guess was that it sounded a bit too dated to appeal to them, so I asked them to get the "*How to Talk*..." (Faber &

Mazlish, 1999) book. My notes say they had been purposeful about reconstituting their sex life, which was encouraging since this had been a problem earlier.

Session 9. Last Session

Our last session occurred two months later. My notes say, "Don't seem to be in as good shape as last time. W[ife] has same complaint of H[usband] not seeming to want sex or have time for one on one conv[ersation]." They'd had a "huge blowout" on Thanksgiving Day over Gina's wanting Vince to take some kind of family photo and Vince's not wanting to do it because he didn't understand why she wanted to do it. So much for just saying yes or even coin flipping. They had not gotten hold of the *How to Talk*... book. They seemed to have gotten out of touch in the evenings because after putting the children to sleep they would just stay in bed with the children, each one in a separate room with one of the children instead of coming back downstairs to the living room to be with each other. This was just one of many ways that the children were getting in the way of their relationship, as children inevitably do.

Session 9 Homework at the End of Therapy: Simmering

To help them get their sex life back on track, I suggested that they try a variant of what Zilbergeld in his illuminating and liberating book, *The New Male Sexuality: The Truth About Men, Sex, and Pleasure* (1999), termed "simmering." They would need a block off a few hours to themselves to do this. They would read aloud together an erotic story from one of Barbach's collections. Then they would go out for a coffee or a drink. Then they would come home and see what happened. They agreed to try this, if they could carve out the time.

Gina and Vince described their weekday schedules, which began at 6:00 am. Vince would take the children to daycare, returning by 7:30 am. They would start their work day at 8:00 am. There just wasn't much time for them to have their relationship. Gina said that things had been better when they were Trading Appreciations, and doing some of the other homework tasks which they'd also stopped doing. I suggested they reread *The Newlyweds Book*. They were aware that tension in their relationship was having negative effects on their kids. When they were arguing the previous week, Little Vince had come up to them and asked them to stop fighting. The last line in my notes is, "Teachers say S [i.e. Little Vince] is the most well behaved kid in the school."

Chapter 7

CATHERINE AND RICHARD

From the instant I opened my waiting room door I knew they were high class, both of them tall, slender, athletic looking, dressed with subtle elegance for business. And they were indeed high class. Richard's family of origin were members of Chicago's traditional African American elite. He had grown up in one of the mansions in Kenwood, near the University of Chicago, where many of that stratum of Chicago society lived, not far from where Louis Farrakhan had his mansion, and Barack Obama had his rather more modest house. Catherine was from a comparable family, but in Atlanta.

They were both 43 years old. They had met 17 years before when he was in his surgery residency and she was beginning her career in corporate accounting. He was now working as an emergency room physician specializing in trauma surgery. She had just made partner at one of the "big four" accounting firms. Like so many young people of all strata in Chicago, they had met at a bar.

Their relationship had been "on and off' the first year because Richard had fathered a son, Roger, out-of-wedlock the year before and was reluctant to tell Catherine about it. Richard had taken full responsibility and financially supported Roger, and sometimes the boy's mother, Candice, from the beginning. Sometime during their courtship, Richard revealed the son to Catherine. She graciously welcomed the boy into her life, and into her and Richard's household after they moved in together.

Catherine had been part of Roger's life for almost as long as he could remember. He would routinely spend his summers and school holidays with them. He was now off at his first year of college. Catherine was also acquainted with the boy's mother with whom she had a chilly but civil relationship.

Richard and Catherine had been married for 10 years when I met them. They had a 10 year-old daughter, Margaret, born a few months before their wedding, and a five year-old son, Phillip.

Richard's father and Catherine's mother were still alive. Catherine had a good relationship with her mother. Richard had "never had much of a relationship" with his father, who had separated from his mother when he was quite young. That relationship had improved somewhat over the past five years. It is probably not coincidental that this improvement began shortly after Richard's mother died. Richard had been close to his mother all his life. He was the youngest of four children. The eldest was a sister who had played a large role in raising him. He was still quite close to her. Then came another sister and a brother. He was not so close to them. Catherine was an only child.

Exactly a year to the day before we first met, Catherine had discovered that Richard had another child, a four year old daughter, Nina. He had been supporting Nina and sometimes her mother, Laura, financially continuously since her birth. (Interestingly, the only other time this sort of issue came up in my practice, about 25 years earlier, it was with another rich couple, white in that instance. He was the owner of one of the most upscale restaurants in the city and she was a partner in a large law firm. Like Richard and Catherine, they'd been in their early 40s, and the love child, a boy in that case, had also not been discovered until he was four years old.)

As is usual nowadays, Catherine discovered Nina and Laura by snooping on Richard's phone. She described herself as having been traumatized by this discovery. She said that even now, a year later, her obsessive preoccupation with Richard's affair "was like PTSD." Four months before, they had seen a couple therapist, a woman, whose name she'd received from her obgyn. They both felt that those sessions had been non-productive. Richard had gotten my name from a psychiatrist in the hospital where he worked, who was a friend of his and in whom he had confided. Evidently, Richard had checked me out on the internet because by the time of our meeting he was already part way through *Will Our Love Last?*

By my criteria their marital problem would have to be rated as severe—the trust had been blown up. But they had a number of strengths as a couple. They were both highly committed to the marriage and knew the other one was. Both independently rated themselves and their partner as 8 on a 10-point scale of commitment. Eight would be a high score for any couple coming in for therapy, but especially considering the conditions under which they were coming in. I took that to be a favorable sign. They had always had a good sexual relationship and had managed to maintain it even over the past year, which I found remarkable. Often the wife doesn't want to have anything to do with the husband after discovering an extramarital sexual relationship. They seemed to basically like each other and had solid lists of what they valued about each other.

Richard valued Catherine as a great mother, valued how she "takes care of me, keeps me together," and that she had overall enriched his life, "showed me things." Catherine valued Richard's positive, outgoing personality, his being "attractive as a person," his being a good father, his valuing of family and friends and that he was "smart and interesting, book smart as

well as street smart." Both denied alcohol or substance abuse and neither thought the other had alcohol or substance problems.

They described their fights as short and nonproductive. Richard was quick to cool down, Catherine slow. Their major fight topic was Richard's favored way to relax and unwind: spending long hours late at night at "after hours" clubs, nightclubs where there was music, dancing, and alcohol until dawn. Richard explained that after a shift in the ER, sometimes lasting 12 hours or more, he was too keyed up to just come home. He had to chill out, and after hours clubs were the ideal venue for that. He'd continued to spend time in those clubs over the past year despite the fact that Catherine objected to it. It did not help matters that Richard had met Laura at one of those clubs.

Treatment Plan. Homework After Session 1: Reading and Question Time

Reading. At the end of the initial interview it was clear that they both wanted to return so I assigned homework. First, I assigned them Shirley Glass's NOT "Just Friends": Rebuilding Trust and Recovering Sanity After Infidelity (Glass & Staeheli, 2007). Before her death in 2003, Glass was the premier US authority on infidelity, and I still like her book on the subject better than any of its competitors. I asked Catherine and Richard to immediately read Chapters 8-10 of The Newlyweds Book and to use the Fight Rules as needed. To my surprise, Richard volunteered when I asked for a convener for the reading. Breaking my own rule of selecting the partner who didn't volunteer, I assented because I felt that in this couple it was Catherine who was the pursuer. Finally, I asked Catherine to begin preparing for the initial task that I usually assign in cases of marital infidelity, Question Time.

Question Time. When an extramarital affair is discovered—and in some cases, such as the present one, for a long time afterward—the betrayed partner's mind is abuzz with questions. Every so often, at random times, she will drop a question bomb on her husband. (Just the other day, a colleague told me about a wife who would wake up her husband in the middle of the night to ask him a question about an affair that had ended one year earlier.) Neither partner can feel safe until these questions are answered. My method for clearing the decks is to have the betrayed partner gather up all her questions and ask them all at once—on the understanding that after that event there will be no more questions. I call this homework task *Question Time*. After explaining the importance of the task for emotional safety, I give the instructions for it to the betrayed partner approximately as follows:

Now, what I want you to do is make a comprehensive list of questions—every question you can think of that you want to ask. Ask anything and everything you want to ask. If you want to know what he did in the sack with her, put questions about that on your list. Don't expect to come up with the list all at once; take your

time with it. Once you start compiling it, you will find new questions coming to mind at random moments, even when you thought your list was complete. When you are sure that your list is comprehensive and complete, the two of you have to decide where you are going to ask the questions and he give the answers. You cannot do this at home. It is too incendiary. You'll just get into a fight or otherwise abort the task. So you have to do it in a public place. It can be a deserted public place, like a restaurant at 3:00 pm when only the wait staff are eating. Or it can be a very crowded noisy public place, like a sports bar on a night when there's a big game on. You get a booth and nobody's going to be paying attention to you. You get there and you start asking your questions... and God forbid if he doesn't give you straight answers. You'll know.

I tell couples that in my experience Question Time seldom takes less than an hour and a half or more than four hours. They should make their best guess as to how long theirs will take and choose their venue accordingly. Then I ask them if they have any questions about the task and if they agree to do it. Catherine and Richard agreed.

Session 2. Therapy

Two weeks later Richard and Catherine reported that they had read the chapters in my book but had not read any of NOT "Just Friends": Rebuilding Trust and Recovering Your Sanity After Infidelity. Their worst moment of the past two weeks was another argument about Richard's staying out late. They had not used the Fight Rules. I talked to them about backloading versus frontloading conflict and brought up the possibility that Richard could have put Catherine on notice in advance that he wanted to have sex with Laura. This would have caused an explosion of course. But if he did then go ahead and do it, he would simply be having sex outside his marriage; he would not be deceiving his wife. I don't think either of them could imagine that as a realistic scenario but I did want them to consider it as a possible one. Catherine said that she was not at all sure she could tolerate an open marriage. Then there was talk of a curfew. At first Richard said he could abide by a curfew but then said he hated being controlled. My rejoinder to him was that Catherine couldn't control him, couldn't make him agree to a curfew. If he agreed to a curfew it was he who was deciding to agree; and he always was free to not agree and just continue to have conflict with Catherine about the hours he kept. In response to what I said about the hours Richard kept, Catherine corrected me and pointed out that it was not just the hours that she objected to, but also the disreputable people who frequented after hours clubs.

At that point I had them turn toward each other and discuss the issue using 1-minute turns that I timed, and then had them talk ad lib for a few minutes to see the difference the turn taking made. At the end of it, Richard challenged me saying that even with the rules they could go off

topic. I told him that I thought it was less likely that they would go off topic if they did use the rules.

Then it was my turn to challenge Richard. I said, as offhandedly as I could (and this is almost verbatim),

It's simply a matter of being honest with yourselves and each other. Can you, Richard, really expect yourself to not have sex with any other women for the rest of your life—which is what Catherine wants? And if your answer is no, are other arrangements possible for the two of you?

This is a Whitaker move, offhandedly tossing the couple's seemingly insoluble problem back in their lap, and conveying to them that it's their job, not the therapist's, to solve it. You see Whitaker do this frequently in recordings and in *The Family Crucible* (Napier & Whitaker, 2017). It is undoubtedly a pressure tactic but it is an accurate appraisal of the reality the couple face. I told them that if, and that was a big if, they could solve the problem of alternate arrangements, it would only come about after many, many hours of conversation.

Session 2 Homework for Session 3

The homework for this session was simply to continue the homework from the previous session. That is, they were to continue reading *NOT "Just Friends": Rebuilding Trust and Recovering Your Sanity After Infidelity* and use the Fight Rules as needed; and Catherine was to continue to formulate her list for Question Time.

Session 3. Therapy

The next session did not take place until a month later. (The session was virtual because Catherine had just had the flu.) The interval was long because a relative of Richard's in Houston had died, and he had to spend time there for the funeral and other family business. The first line of my notes reads, "Not doing well." My notes say that Richard seemed to be afraid to be in the same room as Catherine. Catherine had snooped on his phone and saw a text exchange between him and Laura about going Christmas shopping together to buy gifts for Nina. Catherine said "We're not there yet," regarding Richard spending time with Laura.

They had experimented with the Fight Rules, which was encouraging. On the other hand they hadn't done any reading in *NOT "Just Friends"* because Richard didn't prompt it. They seem, though, not to have understood that the two of them had to agree on a schedule for the reading before Richard could prompt it. I had them agree on a schedule then and there. I asked Catherine about her progress in preparing for question time. She said she was working on it but not done yet.

At one point a bit later in the session, Richard said to me that he felt he shouldn't have to account to Catherine. I responded that if it involved her wellbeing, he did have to. At the end of the session, I reminded Richard of the question he had to answer—could he confine himself sexually to Catherine for the rest of his life?

Session 3. Homework for Session 4

Again, the homework was simply to continue with the same homework tasks assigned in the previous session, that is, they were to continue reading the Glass & Stahaeli book and use the Fight Rules as needed; and Catherine was to continue to formulate her list for Question Time.

Session 4. Therapy

Things were looking up a week later when we next met. They had been reading *NOT "Just Friends"*. Richard liked it. Catherine said that the book was "insightful and reflective of my experience." Catherine repeated that what she was feeling felt like PTSD. I validated her by telling her about another client of mine, a woman in her 20s, who had suffered from the full panoply of PTSD symptoms after her fiancé revealed that he'd had a one-night stand with a stranger. Richard said, regarding his involvement with Laura, "I put myself in a position I shouldn't have put myself into."

Catherine complained that Richard's emotional intimacy with others deprived her of the emotional supplies he should have been giving to her. Richard said that he'd never had a real emotional relationship with Laura, and that he had tried strenuously to persuade her to terminate the pregnancy.

I proposed—following Whitaker again—that maybe Catherine and Laura should meet. The couple rejected that out of hand. In response to a question from me, Richard revealed that he had told Candice, the mother of his oldest out-of-wedlock son, all about Laura and Nina. At this, Catherine became enraged: the idea of Candice knowing about Laura and Nina, when she herself didn't, humiliated her. "Are we together or not?" she cried.

Session 4 Homework Session 5: Reading

I asked them to read pages 151-155 of *Will Our Love Last?* and Chapter 5 of *The Newlyweds Book*, both of which deal with the importance of maintaining a privacy boundary around marital relationships.

Session 5. Therapy

By the next session, two weeks later, they had done Question Time. They did it in the middle of the day in a dark, deserted "dive bar" not far from their home. (That's the wonder of the social geography of Chicago. You can be living in a luxury apartment in the city's aptly named "Gold Coast," yet there is a dive bar conveniently located near you.) The event took an hour and a half. Catherine had been anxious in advance of it and was "down" afterwards, but both of them thought the event was helpful. Catherine seemed to have gotten most of her questions answered, but then, a couple of days later, had come up with two or three follow up questions.

It was not clear to me, when I wrote up my notes for the session, whether she had actually asked them. In session, Catherine had asked Richard, "Am I really who you want to be with?" Richard admitted that he did want to sample other women sexually and that he wanted to be wanted sexually. It troubled him that he couldn't always bring Catherine to orgasm. Catherine responded that "trust and [emotional] safety concerns" got in the way of her sexual enjoyment.

Toward the middle of the session, the couple revealed an entirely new problem area. It seems that when Catherine discovered that Richard had been financially supporting Nina for four years, Catherine went on a spending spree and accumulated a great deal of debt on her personal credit card. I presented my idea to them that the two main sources of glue in marriage are sex and money. They had to feel that they had joint awareness and control over their money. So I assigned a Financial Transparency Event.

Session 5 Homework for Session 6: Financial Transparency Event

This is simple and straightforward. Each spouse gathers up all their credit card statements, bank statements etc. Then, as in Question Time, they go to a public place, let each other see their paperwork and do any necessary explaining.

Catherine and Richard thought this was a good idea and said they would do it the next day. I also asked them to read Chapter 4 of *The Newlyweds Book*, "Make All the Money **OUR** Money." After the session, I realized that I had forgotten to ask Catherine whether she had asked the follow-up questions in the interval between that session and the previous one.

Session 6. Therapy: Last Session

This session took place just a week later. They had not done the Financial Transparency Event but they had read Chapter 4 of my book. I asked Catherine about whether she had asked those follow-up questions. She hadn't. They'd had a late night fight a few days before the session, but neither could remember about what. At some point during the week Richard apologized

to Catherine for what he'd made her go through, and he expressed empathy with her suffering. Catherine said she'd believed and appreciated what he'd said because it was unprompted.

We were only 20 minutes into the session, and I wasn't sure which way to go. So I broke my own rule, yet again, and asked Richard if he would mind answering Catherine's follow-up questions in session. He said he wouldn't mind. I asked Catherine how long she thought it would take and she said 5 minutes. I told them I would give them 10 minutes and left the room, closing the door behind me to give them privacy.

When I returned I found that Catherine was quite upset, a mixture of anger and sadness it seemed to me. In answer to one of her questions, Richard had told her that he'd had sex with Laura four times, not two. Then he told the full story of Laura's refusal to get an abortion. He had taken her to the abortion clinic once, and she'd come out not having had the procedure. He explained his continued relationship and lovemaking with her as an attempt to persuade her to go back to the abortion clinic and terminate the pregnancy.

Richard's story took a surprising and poignant turn when he suddenly changed the subject to his mother. He said he'd been her favorite out of her four children and that he'd been very close to her. He'd really wanted to talk to his mother in that moment of crisis, Laura's pregnancy, almost five years ago—but she had just recently died. "I wanted my mother and realized I didn't have my mother." And that is where the session ended.

That was a little more than eight months ago, as of this writing. They were about to go travelling for a while—I forget where—and said they would call me back upon their return. I guess they won't be calling me again but, really, you never know.

Chapter 8

CINDY AND TOMMY

The treatment with Tommy and Cindy comprised 19 sessions over 13 months. All sessions were virtual, not only because the treatment began during the Covid lockdown but also because they lived far away, close to the Wisconsin border.

I immediately felt an affinity with Tommy and Cindy. For one thing, they were close to my age, Tommy 66 and Cindy 10 years younger. At least they were not so young as to possibly be my children. Also, Tommy bore a striking resemblance to a man I'd worked alongside a long time ago and whom I counted as a friend. [This man was Jim Sweeney, who was just 48 when I started working with him on the grounds crew of my college, but his thick straight hair was already snow white. I imagined that was because his life until then had been filled with incident. He'd left Ireland while still in his teens, and not too long after that found himself on the beach at Dunkirk (which he pronounced with the accent on the second syllable) with the British Expeditionary Force. After the war he had made his way to New Zealand where he was a shepherd for several years. After sojourns in many other places he somehow found himself in Waltham, Massachusetts, with a quiet, ample wife much younger than he and two children who were very young for a man his age at the time. Sweeney himself was tall and quite thin. His overall attitude toward the world was one of amusement, and everyone liked him. Joe McClusky, who had also fought in Europe and was reputed to be the toughest man in Waltham, would regularly taunt Jim, declaring, for example, "Sweeney, the Irish are a bum lay, Sweeney," or "Sweeny, you couldn't beat the flies off your s- - t, Sweeney." Jim would say, "Do you want to take this outside, Joe?"—they were already outside—and laugh. Jim's face was long and narrow, with a high forehead, prominent cheekbones, a sharp straight nose, and a strong chin. If you

know what Samuel Beckett looked like, you know what Jim Sweeney looked like, and you know what Tommy looked like.¹]

Cindy matched Tommy well. She was slender and attractive with straight features blue eyes and strawberry blond hair.

Cindy and Tommy were from the southwest side of Chicago, an historically Irish neighborhood that staged its own separate and distinct St. Patrick's Day parade because the one staged by City of Chicago on the Saturday before the holiday was insufficient and often did not coincide with the holiday itself. They'd been introduced by one of Cindy's older brothers who was a friend of Tommy's. They became a couple almost immediately and married six years later, when she was 26 and he 36.

Shortly after they got together, Tommy had helped Cindy secure a job at the very large insurance company downtown where he worked as an insurance adjuster. They had both worked for the company continuously ever since. By the time I met them, Tommy was a high-level insurance adjuster, charged with investigating multi-million dollar claims, and Cindy was a paralegal in the general counsel's office.

They had been referred to me by Cindy's individual therapist. I don't know why they sought counseling at that particular point, since their two presenting problems were of long standing. The first problem was their 22 year old son's estrangement from them. He had left the house two years before and they'd had hardly any contact with him since. This was a source of great grief for both of them, but especially for Cindy who had always felt she had a close and warm relationship with him.

The second problem was Tommy's extreme and comprehensive passivity. Any initiative or decision in the marriage had to be taken by Cindy or it would not be taken at all, including the decision to get married in the first place. After waiting for six years for Tommy to ask her, she told him she was tired of waiting and that they were getting married. When I asked Tommy why he was so passive he said that, most of the time, he didn't even experience a preference, so it was just fine to go along with whatever Cindy decided.

The first thing they talked about in that first session—and it was mostly Cindy who did the talking—was their grief over their son's estrangement. He had just given them an extremely brief and evidently only mildly hostile phone call. I suggested (rushing in, perhaps where the wise fear to tread) that they call him back and tell them how happy they were that he'd called. Clearly, Cindy would have spent the rest of the session talking about their son, but I needed to get on with my initial interview protocol. So after a while I cut her off and moved on. It was in answer to the "more of" question that I learned about Tommy's passivity. Speaking for herself, Cindy said that she would like not to lose her temper so much and be more understanding and that Tommy tell her what he's thinking and take responsibility for decisions, and to "take charge" for things that needed attention, like insurance and their car. Cindy complained, "I constantly have to follow

¹Jim Sweeney is not a fictional character. He walked the earth and had that name. He must be long gone by now. I doubt he was ever memorialized in print.

up." I asked Tommy a version of the Powerball jackpot question, I ask about violence: could he behave in the marriage exactly as Cindy wanted him to for a month? He said he could. In response to Tommy's affirmative answer, I replied as I always do when people say yes: "That's great!" and all the rest of it. Speaking for himself, Tommy said he would like to be able to speak to Cindy with less apprehension and for Cindy to be calmer around him.

Tommy's passivity in the marriage was a habit of decades, and should have led me to categorize the marital problem as severe due to chronicity. But somehow I couldn't do it; I didn't feel them to be in that category. They seemed to like each other too much. They had long, substantial lists of what they valued about each other.

Finally, I found out a little about their families of origin. They had both grown up poor, in working class families. Tommy's father had received some training in sign painting, but his best job had been as a school janitor. Cindy's father had a similar history of unskilled labor. What was most notable to me about their families of origin was their size. Tommy was the oldest of seven and Cindy was the youngest of ten.

Somehow, I didn't get far enough in the initial interview to give them a homework assignment. I asked them to come back the next week so we could fill out the picture.

Most of that second session was devoted to the situation with their son, Billy. There were early signs of trouble in grade school, where he seemed disinclined to interact with other kids; he was a loner who only occasionally had friends his own age. He seemed to have a much easier time getting along with adults. He was a good athlete in a number of sports but never persisted in any of them. Cindy recalled long hours when she would retrieve tennis balls for him when he was practicing his serve before he abruptly stopped playing. He started getting into fairly serious trouble in his junior year of high school. There was friction between him and his parents over his sneaking his girlfriend into the house at night. Billy started college but dropped out. The immediate precipitant for his cutting himself off from them was their refusal to give him the \$30,000 which they had saved up for his college education. Billy insisted the money was his and, in a rage, left to go live with one of Cindy's brothers. It sounded to me like Billy had some sort of personality disorder in the vicinity of borderline or narcissistic, but I didn't say anything to Tommy and Cindy about that.

Treatment Plan. Homework for Session 3: Rogerian Listening, Reading, Fight Rules

I thought that if there was any chance for them to talk with Billy it would be advantageous if they knew how to do Rogerian reflective listening, so I talked to them briefly about it, and demonstrated it to them. As homework, I asked them to practice reflection with each other and with everyone else and to begin reading *Between Parent and Child*. I also asked them to read Chapters 8-10 (conflict, Fight Rules, mercy) of *The Newlyweds Book* and then to use the Fight

Rules to have a one-hour conversation about the Billy issue. Cindy said she was afraid that Tommy wouldn't be able to fill up his one-minute turns. I emphasized that Cindy had to let Tommy's turns time out before she spoke, even if he wasn't talking.

Session 3. Therapy

The next session took place two weeks later. There continued to be no word from Billy. They had read the chapters in my book only just before the session, so they had not had the conversation about Billy. This signaled to me that I had to be a bit more directive in assigning the homework. They agreed to do the conversation two days later at 8:00 pm, with Cindy as the convener. (I would have ordinarily picked Tommy as the convener, but I feared that he wouldn't convene the conversation; and I really wanted it to happen.)

Then, continuing the initial assessment, I asked them to rate their compatibility. They rated themselves as having some significant differences on the Practical Dimension, with both pointing to leisure time and boundaries with family of origin as areas of incompatibility. Cindy rated them as reasonably close on the Wavelength Dimension, but said "I don't know what Tommy's values are." Tommy rated them as less compatible. When I questioned him about it he said differences in spiritual orientation accounted for most of it—he was agnostic and she was a believer—but otherwise they were fairly close. They rated their sex life as having been good after one month and one year, fair after 10 years (lower frequency) and poor over the past month. They had low scores on comfort talking about sex—3 out of 10 for Cindy, 4 for Tommy. They both rated spontaneity rather highly.

Session 3 Homework for Session 4: Reading

I asked about conflict in their families of origin. Cindy saw severe, alcohol-complicated conflict between her parents, Tommy saw none at all between his. I thought that because of their seemingly quite different family of origin experiences, they might get food for thought and conversation from *The Family Crucible* (Napier & Whitaker, 1984/2017). I assigned it, with Tommy as the convener.

Session 4. Therapy

The next session took place two weeks later. Tommy had spoken on the phone with Billy for about an hour. According to Tommy, Billy said that he needed his parents to acknowledge how they'd wronged him in the past and to apologize. This, neither of them was willing to do. "He wants us to grovel," Tommy said. They explained to me that Billy had just lain around the house and done nothing for the first three months after he dropped out of college at the end

of his second year. They had insisted that if he was going to continue to live with them he had to do something—either pursue some type of education or get a job. It was conflict about Billy's idleness, in addition to Billy's insistence on the \$30,000, that precipitated his leaving. Subsequently, Billy had accused them of throwing him out. Citing Haley's (1980) *Leaving Home: The Therapy of Disturbed Young People*, I suggested that many therapists would have counseled them to act exactly as they had with Billy. Cindy again expressed regret and self-blame regarding her treatment of Billy—she'd been over-focused on him, she'd been too much the disciplinarian.

Moving on to Tommy, he reported that he was doing a lot more around the house without being prompted. And he said he wanted to be more "extemporaneous and spontaneous" in his interactions with Cindy. (Imagine: after 36 years with Cindy, Tommy felt he couldn't really be extemporaneous and spontaneous with her. I wondered what in his early experience had caused this.)

Session 4 Homework for Session 5: Reading, Rogerian Reflection, Fight Rules

Following up on the homework: They had begun *The Family Crucible* and liked it except for the chapter on Freud and psychoanalytic theory. They hadn't had occasion to use the Fight Rules; neither had they used reflection with each other. I asked them to be mindful of doing that and to get back to reading *Between Parent and Child*. At the end of my notes for the session, I inserted a reminder to give them a fuller presentation on reflection than I had in the second session.

Session 5. Therapy

This session took place two weeks later. They tried the Fight Rules but Tommy got frustrated by the one-minute limit. One minute was too short for him to formulate a response to what Cindy had said. I told them to try a two-minute limit. As homework, I assigned a conversation using the Fight Rules at 7:30 pm one night that week to discuss the finances of Tommy's pending retirement, which they had discussed a bit earlier in the session.

It was in this session that Tommy's passivity came into clearer focus. Cindy talked about how she'd had to decide about everything in their family including, crucially, how to deal with Billy. She said that Billy had explicitly identified her as "the decider" in the family. She complained about how it was always necessary for her to "dictate and dictate." Tommy insisted that most of the time he didn't feel one way or the other about what they should decide on. I told him that, in my opinion, this was impossible, since our body was generating feeling states at every moment to guide our behavior; and I gave him the example of feelings as information that I used in Chapter 8 of *Will Our Love Last*. As homework I asked him to read parts 1 and 2 of *Focusing* (Gendlin, 1982). And I told him that, if he thought Gendlin was too mystical and touchy feely,

he should look at *Descartes' Error* (Damasio, 2005) for a more scientific account of feelings as information.

Session 5 Homework for the Next Session: Reading, Rogerian Reflection

At the end of the session, I asked them how they were doing with *The Family Crucible*. They said they were halfway through the book and found lots to talk about in it.

Session 6. Therapy

The next session took place two weeks later. Cindy and Tommy were almost finished reading *The Family Crucible* and wanted to continue reading aloud together. They wanted another book. At first I suggested *Reconcilable Differences* (Christensen & Jacobson, 2002). I then thought the better of it and instead suggested *Leaving Home: The Therapy of Disturbed Young People* (Haley, 1980) so they could directly get Haley's affirmation of how they had dealt with Billy. Cindy brought up a particular line from *The Family Crucible* that she strongly identified with, spoken by the wife in the book, "I'm pleading with him to communicate with me and love me."

At that moment, if I were another sort of couple therapist, I might have spent some time in session trying to elicit Tommy's reaction to Cindy's citing that line. Instead I decided that I should try to program some "communicate with me and love me" into his daily interaction with Cindy, so I assigned Trading Appreciations as homework. That decision is the essence of a minimally invasive, homework-based therapy. Instead of putting Tommy on the spot and asking him to comment on "communicate with me and love me" in session—I thought his response would be lame and of no therapeutic value—I prompted him to enact "communicate with me and love me" at home via the homework.

I asked them if they had used reflection. They hadn't. I decided not to push on that at this point and just let it go without comment.

Next Cindy told me that Billy had been invited, informally, to the wedding of Tommy's niece, three months hence, to which she and Tommy had of course been invited. Cindy had become distraught at this news. She dreaded the prospect of a confrontation with Billy there. Toward the end of his living with them, Billy had threatened violence. Cindy had even called the police once.

Session 6 Homework for Session 7: Trading Appreciations

Session 7. Therapy

The next session took place two weeks later. Between the two sessions, I had decided that I had to do something to prompt Tommy to make decisions and take initiatives. I started the session with this. I had settled on an ABAB experiment that was sort of opposite to the Yes Days that I had assigned for Vince. I told Tommy and Cindy that on alternate days, the A days, Tommy would be "King of the Universe." Anything that had to be decided—what to have for dinner, what movie to watch, whatever—Tommy would have to make the decision, whether he felt a preference or not. And if he didn't feel a preference he would have to be on scout's honor not to make his decision based on what he thought Cindy's preference was. On the B days their relationship would revert to business as usual, with Cindy taking the initiatives and doing the deciding. They both agreed to this homework.

Our next topic was Cindy's anger at Tommy's lack of emotional support about her tinnitus. She was greatly troubled by this problem with her hearing. Cindy had experienced other things, such as "blacking out" (by which I think she meant being dissociated) while driving that made her fear that she had a brain tumor. I did want Tommy to encounter Cindy on the tinnitus but I thought my presence might stymie it; Tommy would be looking at me half the time. So I told Tommy that I wanted him to discuss Cindy's tinnitus with her and that I was going to leave the room for five minutes to give him a chance to do it. Without waiting for his response, I left and closed the door behind me.

When I returned to the room where my phone was (recall that this treatment was virtual), I didn't ask what happened or if it was helpful. That would have violated the privacy I was trying to afford them by leaving the room. Without making reference to whatever had just happened, Cindy began complaining about a pattern in the past (which I guessed was replicated while I was out of the room): Cindy would "lecture at Tommy," he would say nothing, and a day later "it would be as if nothing had happened." And if Cindy was worried about something, Tommy would ask questions, and suggest fixes—the usual male pattern. Worse, he would sometimes tell her that what she was worrying about was her fault somehow.

Once again, instead of asking Tommy for a response to Cindy's complaint, I started talking with Tommy about how his anxiety interfered with his ability to be present for Cindy in a way that would be helpful to her. (I was fully aware that by talking with Tommy in this way, I was signaling that I was taking Cindy's complaint at face value—which I was.) I suggested that, at those moments when Cindy was asking for his presence, Tommy check his body for physical tension and that he try to relax his body in his chair; and that then he say the magic words, "Tell me all about it."

Next I checked on the homework. Tommy had done a pretty good job of prompting the Trading Appreciations task, so I asked Cindy to prompt it for the next two weeks. They couldn't

find *Leaving Home*, so they'd started *Reconcilable Differences*, which they were liking. I told them I would mail them my copy of *Leaving Home*.

Finally, Billy. Billy had been living with Cindy's bachelor brother, Sean, and Sean had told Tommy, "You should reach out to him again." Tommy said he would send Billy a text this week.

Session 7 Homework for Session 8

Their homework included Tommy as "King of the Universe" regarding decisions on alternate days, Trading Appreciations, and reading *Reconcilable Differences* and/or *Leaving Home*.

Session 8. Therapy

The next session took place two weeks later. Tommy said he found the ABAB King of the Universe task "interesting." Cindy liked it too. It seemed they could only really do it on weekend days. Nevertheless, Tommy reported that it was getting easier for him to do things his way. On the other hand there was some incident surrounding corn chips in which Tommy did try to anticipate Cindy's preferences and it ended up with her being angry at him.

I found out a little more about Tommy's early life, which was illuminating. From the age of about 12 on he lived "like a hermit" in a small attic room away from the rest of the family. He would get up early in the morning so he could use the house's one bathroom before it became jammed by the other eight members of the family (which struck me as not strange at all and actually rather adaptive). I was still mystified by why he had isolated himself in his family. My impression was that his parents had not been harsh toward him; and he didn't remember any conflict between them.

Next we talked about Cindy's tinnitus. The brain MRI was negative. It was not cancer, just tinnitus, cause unknown. It was in only one ear, and it sounded like crickets. It was interfering with her ability to get to sleep at night. I told her that I might be able to help her with hypnosis (using a modification of a hypnotic suggestion that I had formulated to cure bruxism); and I invited her to read my 2006 hypnosis paper (Hamburg, 2006) and then tell me if she was interested. I did not think that my working with her on her tinnitus would compromise my neutrality in the couples work, and neither did they. Cindy agreed to read the paper.

Next, I checked on the homework. They were still Trading Appreciations nightly and liking it. I asked them to switch back to Tommy as the initiator for the next two weeks. They had found *Leaving Home* dated and not directly relevant to their current concerns, so they had returned to *Reconcilable Differences* which, like *The Family Crucible*, they found to be a good conversation starter.

Finally, Cindy spent quite a bit of time expressing her grief over Billy. He had been incommunicado ever since the phone conversation with Tommy weeks before. I was at a loss as to how to help her. The only thing I could think of doing was to tell her a story to point out

how we can think we know the future, when we actually don't. I hoped that this story would give Cindy some hope. The story was about a woman who had good reason to believe that her husband was dead, but didn't know it for sure. I suggested to this woman that if her husband did eventually turn up, she would have grieved all that time before for nothing. I don't remember if the woman took my advice, but I do remember the husband sitting on my couch about a year later.

Session 8 Homework for Session 9: Reading, Trading Appreciations

Session 9. Therapy

The interval was a little longer this time, three weeks. They had taken a short vacation to Wisconsin and had a good time. They had found two recently published books on the subject of estranged adult children and were reading one of them with each other. I commented that evidently they were not the only parents suffering through this abandonment. They were still doing the ABAB on Tommy being "the decider" but Tommy complained of trouble identifying a preference. I decided he needed some training wheels, so I changed the directions for the task: Cindy would state her preference first, and then Tommy would have to come up with as different an alternative as he could. At one point in this discussion, Tommy said to Cindy, "The right decision [for Tommy] is what YOU want." This produced a strong emotional response in Cindy who said that the result was that she had made all the decisions regarding Billy so that now, "I'm the one he's maddest at."

At the very end of the session Tommy said something important that corrected a misapprehension of mine. He revealed that growing up he was in constant fear of his father who would not tolerate being contradicted. Before I heard this I had somehow formed the impression that neither of his parents had been harsh with him. In light of this, his acquiescent posture vis a vis Cindy made more sense. I remember wishing that I'd found this out earlier, although I cannot imagine how having this knowledge earlier would have changed my tactics in the therapy.

Session 9 Homework Session 10

The homework for this session was simply to continue with the previous homework tasks: reading aloud, Trading Appreciations, and the ABAB experiment.

Session 10. Therapy

This session took place two weeks later. Cindy reported that she was both relieved and grief stricken to hear that Billy would not be coming to the family wedding. After several sessions of Cindy's grief and self-blame over how Billy had turned out, I decided to set her straight on the determinants of personality. I explained that it was understandable that she blamed herself, considering that for most of the 20th century, under the influence of both Freudianism and behaviorism, the accepted wisdom was that parents molded the personality of the child. But now we know that personality is mostly heritable. I told her about the twins-adopted-away studies and other research indicating the heritability of personality. To my surprise, Cindy was more accepting of this thesis than I thought she'd be. I had already come to understand that her brother Sean was something of an eccentric; now Cindy revealed that while her two sisters were mentally healthy, all of her older brothers, in her view, were seriously maladjusted. She could understand that it was possible that Billy could have inherited some of whatever it was that had produced their psychopathology.

But then she went back to environmentalist self-blame: Billy thinks she was the cause of all his problems, she didn't let him fail. This was all the more bitter because "Billy was my focus. I planned everything around him for all those years." At the very end of the session one of them reported that Billy was repeatedly getting fired from jobs—they thought because he takes offense if corrected. Of course, to me this did sound a lot like personality disorder.

The note for this session ends with a reminder to myself, "Evaluate and ask re ABAB."

Session 10 Homework for Session 11

Once again the homework was to continue with the previously assigned tasks. But as the note above indicates, I was especially interested in how the ABAB experiment was going.

Session 11. Therapy

This session took place three weeks later. The first line in my note says,

"Seem to be making some progress." We spent the first part of the session working out a systems understanding of their dynamic. As the notes report: "H[husband] says he will do something, and then ponders and temporizes and [W]ife then just steps in, e.g. holder for patio cushions."

It was almost summer and their 20+ year-old central air conditioning system had broken down. After some discussion, Tommy agreed to take the initiative on whether the air conditioning should be repaired or replaced; and if the latter, then with what. He agreed that he would get this done within a month.

They'd had a small success: Cindy had wanted Tommy to reorganize the garage because he'd put some of her gardening tools out of reach. He did do some reorganizing in a timely way while

Cindy refrained from nagging him about it. Now they wanted to tackle the laundry room. Cindy asked me if she should help Tommy do it. I told them it was up to them, but added that if I were Tommy I might appreciate a little help if I felt overwhelmed by the task. I told them about my own experience of being overwhelmed on a similar task, a walk-in closet, and being bailed out by my wife, God bless her. (I couldn't in good conscience *not* tell them about that.)

Session 11. Homework for the Session 12:

For homework for the next session, Tommy was to take the initiative in repairing the air conditioning.

Session 12. Therapy

The next session didn't occur until almost two months later, due to my vacation and theirs. They had good news to report. Tommy did quite well in dealing with the air conditioning. He did some research; he talked with Cindy about what to do; they decided to replace the system; and Tommy took it from there. Cindy said she was feeling calmer and cautiously optimistic. The new air conditioning was being installed in a few days. In session Cindy told Tommy that she didn't want to be alone in the house that day, and Tommy assured her that he would be home all day to deal with the installation. Tommy also took the initiative in looking for a new washer-dryer for their house. Cindy said that she was being mindful to express appreciation to Tommy for all of this.

Session 12 Homework for the Next Couple Session, Session 14

Again the homework was to continue all the previous homework. It is noteworthy that Tommy's taking the initiative on the washer-dryer was just the kind of generalization from the homework that I was hoping for. Cindy's mindfulness about expressing appreciation might be similarly interpreted as generalization.

Session 13. Individual Hypnotherapy for Cindy's Tinnitus

This was an individual appointment with Cindy to prepare for hypnosis. We discussed her tinnitus in detail and what kind of hypnotic suggestion might help her get to sleep. After the session, I recorded the hypnosis and sent the sound file to her. Cindy turned out to be a very good hypnotic subject and so the hypnosis worked.

Session 14. Therapy

I can do no better than quote my notes

Con[joint] appt. Continued improvement. H[usband] trying very hard to be proactive and vol[unteer] for things. W[ife]: "He's been doing great." H[usband]: "It's getting there, slow but sure." W[ife] being mindful to express app[reciation]. W[ife] says that more of the time H[usband] has been able to express pref[erence]. W[ife] says that Tommy is "taking care of things before I need them taken care of," e.g., calling Verizon and getting a better deal on their [phone] plan "in record time." W[ife] encouraging Tommy to think re retirement. They seem to have set a date to talk re it—but W[ife] wants to make sure it's H[usband]'s dec[ision]. H[usband] had a blood clot in his leg x 5 [5 years ago] which makes her want him to retire sooner rather than later. No contact w[ith] S[on] Billy; no news re him. Think Billy has blocked them on text.

Session 14 Homework for Session 15

Again, they were just to continue with the previously assigned tasks.

Session 15. Therapy

This session took place 5 weeks later. The first line of my notes reads: "'We've been good...a couple of setbacks.'" The first setback was this: They had sent an email to their son inviting him to dinner. He didn't reply. Then Cindy's brother Sean called Tommy at work to tell him that Billy had refused their invitation.

Tommy didn't relay this news to Cindy until quite some time after he received it. I told Tommy that he had procrastinated on that because he didn't want to deal with Cindy's emotionality regarding Billy. He acknowledged what I said, replying "I don't like to see that emotion in any way, shape or form." I told him that in an ongoing relationship he didn't have the option of avoiding Cindy's emotional response; he only had the option of frontloading it or backloading it.

Then I told Tommy to pretend he was coming home and giving Cindy the news, and I left the room, i.e. my phone, for a couple of minutes. When I came back in, Cindy told me that, reporting the news this time, Tommy had given her information that he hadn't given her before. So I figured, why not do it again? I told Tommy to replay the scene while I left the room again. When I returned, Cindy said that once more she had gotten new information—information that Tommy hadn't given her the first time he played the scene.

The other "setback" was that Tommy had done nothing for Cindy to celebrate her birthday. I was astonished at this; maybe I shouldn't have been, considering his explanation: He didn't

do anything out of fear of doing the wrong thing. He had procrastinated day after day, thinking about it but he couldn't get himself to act. He said he was angry at himself constantly for "failing." I didn't know what to do or to say in response except that he was too old to be still living in fear. For homework, I told Tommy to go out and buy Cindy a thoughtful present. At the very end of the session, Cindy observed that Tommy was doing a better job expressing his preferences.

Session 15 Homework for Session 16

Tommy was expected to go out and buy Cindy a birthday present.

Session 16. Therapy

The next session occurred three weeks later. Cindy reported that Tommy did buy "a couple of cute surprises for me." She seemed to be very pleased by that. She was making an effort to come downstairs and give him a warm greeting when he came home from work—something we had talked about in a previous session but I'm not sure which because it didn't make it into my notes.

Thanksgiving had been particularly hard. They'd found out that Billy was going to be at the house of one of Cindy's sisters, the one that Cindy was not on good terms with. It was hard, on Thanksgiving Day, to know that he was there—so near yet so far. Cindy expressed grief that she wasn't getting the pleasures from grown children that her friends were getting. The middle of the session was taken up with Cindy's describing the complicated interrelationships between her and her two sisters. None of this seemed to me to be relevant to the treatment, so I won't describe it here.

The conversation returned to Billy. Tommy said, "It's very consuming. It's always on our minds." I offered the idea that Billy's self-centered sense of entitlement was probably something that he'd been born with. Cindy said she'd seen signs of it when Billy was as young as eight years old. At the end of the session I assigned them a homework task that I should have gotten around to earlier. Now I felt a sense of urgency because I thought that we were nearing the end of our work together. The task is "Self-Treatment."

Session 16 Homework for Session 17: Self -Treatment

The idea is simple: to get the couple to have periodic meetings to discuss the state of their relationship and make corrections in course. The directions are simple too: they should agree on a time to do it. If a couple have been meeting with me consistently at a particular time and day, I suggest they choose that since they have been able to clear that time out to meet with me. They should budget an hour and just compare notes on how their relationship has been going. One person is chosen as the convener. In this instance I decided to be bold and take a chance, so I designated Tommy as the convener.

Session 17. Therapy

This session took place a month later. In this instance I had chosen wrong. Tommy didn't convene the meeting. He didn't forget about it; he thought about it but just didn't do it. Cindy complained that it "made me feel like you don't want to try." In response, Tommy said, "I know I have to meet you half-way." Then Cindy complained about Tommy's "constant negativity" and how he rolled his eyes when he was trying to help her learn something about her computer. "I don't feel like he's trying to be kind to me." My notes indicate that I decided not to follow up on this complaint. In retrospect I think I should have. Chalk up another mistake.

Then the discussion shifted to Cindy's desire to replace the carpeting that covered the floors of their house with hardwood flooring. This led Tommy to more open expression of emotion than I had seen before in our sessions. He talked about his father's impoverished last years; he'd died at age 87 as a Medicaid-funded resident of a nursing home. Tommy dreaded the prospect of ending up like his father, and so the idea of making a large investment in flooring made him very, very anxious.

Session 17 Homework for Session 18: Looking Together at the Retirement Account

My homework assignment for them was for Tommy to take Cindy through the numbers in his retirement account. And I said I wanted them to do it right after the session and that I would have a brief meeting with them in two and a half hours to see how it went. I stipulated doing this task immediately, and my checking up on it immediately, because I thought that otherwise Tommy wouldn't do it. I got back in touch with them at the appointed time and it looked like the task had been productive. Tommy said he wanted to work up some more numbers to share with Cindy. Meanwhile Cindy said they agreed that they would either stay in their current house or move to a smaller one nearby. And they agreed that in either case, the hardwood flooring would be a good investment.

Session 18. Therapy

This session took place exactly four weeks later. Once again, my notes say it best:

Seem stable. Maybe a little progress in that H[usband] did not convene the self-tx the first two weeks but then W[ife] prompted him and he did convene second two. H[usband] thinks it will be easier in the future to convene self-treatment. This seems like a good time for them. W[ife] discussed w[ith] her T[herapist], Margaret, her need to do something w[ith] her S[on, Billy]. W[ife] is going to write him an email. He [Billy] had said to W[ife]'s Bro [Sean] that maybe he would get in touch after

the holidays. So now it's after the holidays and W[ife] wants to write to him. No email since Oct. S[on] is now 23. Got his own apt 2 yrs ago. W[ife]: "A big part of myself is gone" w[ith] cutoff from S[on]. H[usband] says he has had a hard time too. S[on] always had trouble making friends as a kid and W[ife] served as his friend and companion a lot. S[on] always lied. W[ife] would never have guessed that they wouldn't see him for 3 years. H[usband] sees a lot of himself in S[on]: a loner. W[ife] and S[on] enjoyed a lot of the same things. W[ife] and H[usband] are not reading anything aloud. W[ife] I think would want to read a book re estranged kids aloud. I spent a lot of time talking about heritability of pers(onality).

Session 18 Homework for Session 19: Reading

Session 19: Final Session

Our final session took place four weeks later. Again, the notes:

Continue improved. Did self-treatment and had lots of con[versation]s. H[usband] taking charge of trip. [They had decided to take the second European vacation of their marriage and Tommy was planning it.] W[ife] trying hard to thank H[usband] for stepping up. H[usband] does notice her thanking him. H[usband] says that being more proactive is becoming more natural the more he does. H[usband] actually expressed preference re upholstery for new chair. W[ife] trying to greet him at the door. No news re S[on], no word from him. The books that W[ife] has on estranged kids are too hard for her to read. Needs to find others.

We all agreed that it was time for my meetings with them to end. There was just one more thing I wanted to cover, however briefly. Their sex life had been good once upon a time but was poor now—a common pattern among couples who seek therapy. We hadn't discussed their sex life after the initial evaluation. None of us brought it up. I was not sure they wanted to do anything about their sexual relationship, but I thought it was possible they did but didn't know how to bring it up. So I said all this to them. I don't remember their response but they were certainly listening. Then I gave them my opinion that sex never stops being important in marriage, whether it is present or not and no matter how old the couple. I told them that if they wanted to restore their sexual relationship, a way to begin might be to read the Paget and Barbach books aloud together. Cindy made a note of the books. At the end of the session they both said nice things about the treatment. I remember Tommy saying, "I learned a lot."

For some reason, in the last session, Tommy and I had started discussing the Hardy Boy mysteries which we had both loved reading when we were kids. I mentioned that one of my favorites was *The House on the Cliff.* A couple of months after our last session I received a

package from Cindy and Tommy. It was *The House on the Cliff*. The check for their final balance was tucked inside it. On the cover was a Post-it note:

"Thanks again for everything! Tommy and Cindy."

CONCLUSION

Outcomes of Each of the Three Cases

From my limited vantage point as therapist, the three cases varied significantly in their success. For me, the least successful (or maybe just the one I am least sure about) was Vince and Gina. Next I would rate Catherine and Richard as a qualified success. Finally, I would rate Tommy and Cindy as a successful case—as successful as I ever manage in couple therapy.

Vince and Gina

Vince and Gina seemed to make some gains, but had trouble maintaining them. In retrospect, I realize that I wasn't as thorough in my treatment of them as I should have been. I think I didn't pay sufficient attention to the husband's surreptitious, expensive purchases; I didn't take them seriously enough as a breach of trust. If I had it to do over again, I would have questioned him more closely about this, elicited more from Gina about it, and possibly assigned Question Time about it—especially if Gina appeared dissatisfied with what Vince had to say about it in session. I suspect that I didn't take this tack because I felt I didn't have a strong enough working alliance with Vince. This is an example of the therapeutic relationship affecting choice of therapeutic tactics. Anyway, I count not assigning Question Time about Vince's surreptitious purchases as a mistake.

Catherine and Richard

Whether or not Catherine and Richard were happy about their work with me, I consider it a qualified success. I was able to achieve one of my major objectives in their treatment—to help them take a crucial step necessary for processing and possibly healing from Richard's affair. I don't think they would have done anything like Question Time on their own. I was able to get

Richard to do Question Time because I think I had credibility with him. At some point, Catherine made a passing comment about him liking me. And he had said some nice things about *Will Our Love Last?* which he had begun reading on his own before we ever met.

Tommy and Cindy

As mentioned, I consider Tommy and Cindy a very successful case. Tommy's ability to make short-term and possibly lasting alterations in lifelong habits exceeded my expectations. Aside from being so successful, this case was unusual in that it took me three sessions to formally complete the initial evaluation, instead of one or even two. But note, treatment didn't wait until after the assessment was completed. It began in the first session, with the suggestion, misguided or not, that they give their son a return phone call.

I failed help Tommy and Cindy with regard to Billy. I was unable to help them achieve a breakthrough with him, and I didn't know how to ease their grief over having lost him. I don't think I succeeded at even bolstering their hope that they would regain him. And even now, having pondered it, I cannot think of anything I could have done to help them with regard to Billy.

Inside vs. Outside the Consulting Room

Nothing approaching a "critical incident in psychotherapy" happened in my consulting room. I can think of only two instances in these three cases where an in-session move of mine did as much as score a first down: when I confronted Richard about his ability to be monogamous, and when I had Tommy re-enact giving Cindy the news about Billy's refusal of their invitation. Otherwise, my in-session behavior amounted to gaining just a couple of yards at a time, and then sometimes losing them.

The critical therapeutic events in all three cases occurred outside the consulting room, as part of the homework. Most notable among these was Question Time for Richard and Catherine. The ABAB experiments were at least illuminating for Vince and Gina, and did seem to spur change for Tommy. The Fight Rules worked, when the couples used them. The couples differed in which homework they found most congenial. Gina thought reflective listening to be important; that didn't get anywhere with Tommy and Cindy. Trading Appreciations really worked for Tommy and Cindy, not so much for Vince and Gina.

In my view, reading aloud was the most effective of the assignments. Getting together several times a week to read kept their relationship at top of mind for these couples, and signaled an ongoing commitment to the treatment process. The conversations inspired by *The Family Crucible* (Napier & Whitaker, 1984/2017) and *Reconcilable Differences* (Christensen & Jacobson, 2002) enabled the couples to begin a process that I think is crucial to successful couple therapy: knitting together their stories of the relationship. When couples enter couple therapy, each partner has a partial story of what happened in their relationship; partial in both

senses of that word—incomplete and biased. I think it is important to knit their partial stories into a more complete story of what happened. This is a long and time-consuming process that couples can do only outside the consulting room. I have tried various ways to explicitly prompt it—conversational assignments, written assignments—but nothing has worked very well. I think this knitting together of the partners' partial stories happens naturally as part of their post-reading discussions.

Homework, Compliance, Relationship—Reconsidered

Homework assignments, in themselves, are neither effective nor ineffective. Any homework task is effective only insofar as it is *accepted* and *adopted* by the couple, and then *integrated* into their ongoing relationship. As mentioned above, these three responses are more probable to the degree that the couple regard the therapist as benevolent, competent, and unbiased. Fortunately, a therapist by her behavior, can inspire such confidence.

But compliance also depends on how much the clients like the therapist. While, logically, it is possible to trust someone you don't like, it is certainly easier to trust someone you do like. Unfortunately, we therapists have no control over how much our clients like us. None of us can make anyone else like us. That is a matter of fate, of luck, because it depends not on what we do but who we are. Think of your very best friend. You didn't do anything in particular to make them like you, nor they to make you like them. It wasn't like that. Rather, you liked each other and became best friends because you recognized each other—quite early on, probably—as kindred spirits. You "got" each other. You almost immediately realized that you shared a high level of mutual understanding.

It is not surprising, then, that the degree of success in the three cases correlated positively with the quality of my relationship with the husband in each one. As mentioned above, I immediately sensed an affinity with Tommy—maybe because we were the same age (I, just a few years older), and had learned some of the same lessons regarding life's difficulties and disappointments. Or maybe it was because he reminded me of Jim Sweeney. I don't know. What I do know is that he made some remarkable changes in interpersonal habits of very long standing. I think that he could have done that only because he liked me enough to give me the benefit of the doubt and play along with me. This may also be part of the explanation of why Tommy and Cindy, whom I regarded as the least reading-oriented of the couples, were the most devoted to it.

The mutual positive regard between me and Richard was more on an intellectual level. Recall that immediately upon learning my name Richard had started reading my book. I certainly admired the skill that he exercised day in and day out as a physician, and I bet I communicated that to him somehow. And if, as a highly trained health professional, he viewed me as being at the same level of accomplishment as he (whether that assessment was warranted or not), that gave me leverage in getting him to take a step—Question Time—that must have been painful and humiliating for him and that he had thus far avoided.

I believe that Vince neither liked nor disliked me. That's how I felt about him and these things are always mutual. When he cooperated with the homework, it was out of trust rather than affection. And I believe that the absence of affection was what made him unable to persist with a number of homework behaviors that Gina, at least, felt to be beneficial to their relationship. I want to emphasize, though, that it was not just a matter of Vince's lack of compliance or "resistance to treatment." Our lack of connection is at least part of what prevented me from pursuing him, in therapy, more vigorously. Again, these things are always mutual.

The Illusiveness of Success in Couple Therapy

Clear-cut successes like Tommy and Cindy are rare, at least for me, in couple therapy. It is easy to have clear-cut successes, sometimes quite spectacular ones, in individual therapy. We all have them. My client Amy (Hamburg, 2017) is pain free and thriving more than five years later. Such success is harder to achieve in couple therapy, for two related reasons: (1) We are not dealing with defined psychopathology, and; (2) the desired end state for therapy is not well-defined—or sometimes, even agreed upon.

When, for example, a woman who was a competitive sailor is now afraid to get on a boat because she almost drowned when, a few weeks before, her boat had capsized in a sudden storm, we are dealing with well-defined psychopathology, a post-traumatic phobia. And the desired end state is clear—abolition of the phobia so that she can enjoy sailing again. The vast majority of marriage problems have nothing to do with psychopathology; they are, rather, a predicament—a quandary born of incompatibility, difficulty handling conflict, and a generalized ignorance of how committed relationships work—and the question is, can the couple be steered out of their predicament. As an example of the inapplicability of psychopathology: Vince's spending of large amounts of money without telling Gina about it cannot properly be classed as psychopathology. It is more aptly described as a character flaw, or perhaps a consequence of male sexist ideology. And unlike, a post-traumatic phobia, it does not require psychotherapy to be corrected; just an understanding of its destructiveness, and then an act of will to refrain from that behavior in the future.

And likewise, while partners coming in for couple therapy might both aspire to a marriage that was happy and free from strife, their visions of the particulars of such a marriage might differ radically. In fact, those radically different visions are exactly what bring them into treatment. Catherine and Richard are a case in point. Success in couple therapy is not only difficult but elusive.

Couple Therapy as Guidance

About a decade ago (Hamburg, 2010) I argued that couple therapy was more like nursing than like surgery, in the sense that we were ministering to the needs of our clients rather than operating

on them. I don't think that's quite right anymore. Nurses are also operating on their patients, in the sense that they are doing things directly *to* them that affect their state of being—attaching IVs, administering medications, changing their dressings and all the rest of it. So we're not that much like nurses either, at least not as couple therapists. Individual therapy sometimes gives us the opportunity to operate on our clients much as surgeons and nurses do, for example when we hypnotize them, as I did with Cindy—and it's a wonderful thing when we can operate like that. (Interestingly, in the older hypnosis literature the hypnotist is referred to as "the operator.")

If we are not doing anything *to* our clients in couple therapy, then what *are* we doing? What I think that I, at least, am doing is guiding. I am showing them the way I think they should go, and trying to give them experiences in therapy that will persuade them to follow my guidance. To the degree that I am clever and lucky they will follow my guidance and get themselves to a different place than they would have gotten to otherwise. I have to remind myself that it's not easy. It's like trying to push a grand piano across a carpet. The piano is on wheels but it is heavy and the carpet is deep. If I can push hard enough I can make a slight shift in its situation. I may not be satisfied with that, but I must accept that this was what I was able to do.

REFERENCES

Azrin, N. & Foxx, R. L. (2019). Toilet training in less than a day. Gallery Books.

Barbach, L. (1995). Erotic interludes: 21 tales of ultimate pleasure. Plume.

Baucom, D. H. & Epstein, N. (1990). Cognitive-behavioral marital therapy. Brunner/Mazel.

Bok, S. (1999). Lying: Moral choice in public and private life. Vintage.

Christensen, A, & Jacobson, N. S. (2002). Reconcilable differences. The Guilford Press.

Damasio, A. (2005). Descartes' error: Emotion, reason and the human brain. Penguin.

Faber, A. & Mazlish, E. (1999). How to talk so kids will listen & listen so kids will talk. Harper.

Ferster, C. B. & Skinner, B. F. (1957). Schedules of reinforcement. Appleton-Century-Crofts.

Fishman, D. B. (2013). The pragmatic case study method for creating rigorous and systematic, practitioner-friendly research. *Pragmatic Case Studies in Psychotherapy*, 9(4), Article 2. 403-425.

Available: https://doi.org/10.14713/pcsp.v9i4.1833

Frank, J. D. (1973). *Persuasion and healing*, 2nd ed. Johns Hopkins University Press.

Gendlin, E. T. (1982). Focusing. Bantam.

Ginott, H.G. (1975/2003). Between parent and child: Revised and updated: The bestselling classic that revolutionized parent-child communication. Harmony.

Glass, S. P. & Stahaeli, J. C. (2007). NOT "Just Friends": Rebuilding trust and recovering your sanity after infidelity. Free Press.

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

Guerin, P. J., Fay, L. F., & Burden S. L. (1987). Evaluation and treatment of marital conflict: A four stage approach. Basic Books.

Haley J. (1963). Strategies of psychotherapy. Grune & Stratton.

Haley, J. (1980). Leaving home: The therapy of disturbed young people. McGraw-Hill.

Hamburg, S. R. (1983). Reading aloud as an initial assignment in marital therapy. *Journal of Marital and Family Therapy*, *9*, 81-87.

- Hamburg, S. R. (1985). Leaving the consulting room to provoke enactment in marital therapy. *Journal of Marital and Family Therapy*, 11, 187-191.
- Hamburg, S. R. (1998). Inherited hypohedonia leads to learned helplessness: A conjecture updated. *Review of General Psychology*, 2(4), 384-403.
- Hamburg, S. R. (2000). Will our love last? A couple's roadmap. Scribner.
- Hamburg, S. R. (2006). Hypnosis in the desensitization of fears of dying. *Pragmatic Case Studies in Psychotherapy*, 2(2), Article 1, 1–30.
 - Available: https://doi.org/10.14713/pcsp.v2i2.873
- Hamburg, S. R. (2010). Getting over a rough spot. In A. S. Gurman (Ed.), *Clinical casebook of couple therapy* (308-330). Guilford.
- Hamburg, S. R. (2012). *The newlyweds book: Ten helpful hints for your happy mar-riage*.[Amazon Kindle Version].
- Hamburg, S. R. (2017). Metaphoric tasks in psychotherapy: Case studies of "Margie's" self-image and "Amy's" pain. *Pragmatic Case Studies in Psychotherapy*, 13(4), 284-328.
- Hamburg, S.R. (2018). Metaphoric tasks in psychotherapy: Case studies of "Margie's" self-image and "Amy's" pain. *Pragmatic Case Studies in Psychotherapy*, *13*(4), Article 1, 284-328.
 - Available: https://doi.org/10.14713/pcsp.v13i4.2020
- Heatherton, T. F. & Weinberger, J. L. (1994). Can personality change?
- Jacobson, N. S. & Christensen, A. (2015). *Integrative couple therapy: Promoting acceptance and change*. Norton.
- Lebow, J. & Snyder, D. K. (2022). Couple therapy in the 2020s: Current status and emerging developments. *Family Process*, 61(4), 1359-1385.
- Madanes, C. (1981). Strategic family therapy. Josey-Bass.
- Minuchin, S. & Fishman, H. C. (1981). Family therapy techniques. Harvard University Press.
- Napier, A.V. & Whitaker, C.A. (1984; 2017). *The family crucible: The intense experience of family therapy.* Harper Collins.
- Paget, L. (2005). The great lover playbook: 365 tips and techniques to keep the fires burning all year long. Avery-Penguin.
- Roth, P. (1994). Portnoy's complaint. Vintage.
- Skynner, R. & Cleese, J. (1984). Families and how to survive them. Oxford.
- Stuart, R. B. (1980). *Helping couples change: A social learning approach to marital Therapy*. Guilford.
- Wexler, D. A. (1974). A cognitive theory of experiencing, self-actualization, and therapeutic process. In D. A. Wexler & C. N. Rice (Eds.), *Innovations in client-centered therapy* (pp.49-116). John Wiley & Sons.
- White, B.L. (1995). *New first Three Years of Life: Completely revised and updated.* Simon & Schuster.

Zilbergeld, B. (1999). *The new male sexuality: The truth about men, sex, and pleasure.* Bantam.

Acknowledgements

Thanks are due to

Andrew Christensen, Daniel J. Conti and Susan Gal, for advice; to Daniel B. Fishman, for editorial contributions; and to Wolfram Seidler, for advice and for indispensable technical expertise.

About the Author

Sam R. Hamburg, Ph.D. is a clinical psychologist in independent practice in Chicago. His book on compatibility, love and marriage, *Will Our Love Last*, has been translated into six languages: Chinese (Taiwan), Czech, Greek, Hungarian, Spanish, and Farsi (in preparation). His professional publications on alcoholism, depression, hypnosis, and couple therapy have appeared in, *Journal of Studies on Alcohol, Review of General Psychology, Journal of Marital and Family Therapy, Psychotherapy: Theory/Research/Practice*, and *Pragmatic Case Studies in Psychotherapy*. He has been a member of the clinical faculty in the department of psychiatry at Rutgers—New Jersey Medical School, and at the Pritzker School of Medicine, University of Chicago; and has served as a supervisor at The Family Institute at Northwestern University. He has practiced couple therapy for 45 years and has been married longer than that.