

## CHAPTER 1

# Voices in Couple Therapy

## *Journeys with Master Clinicians*

JAY L. LEBOW  
DOUGLAS K. SNYDER

"I wish I could be in the room with them—not just to see and hear—but somehow to be inside their head to know what they're thinking and feeling, how they're deciding to do this instead of that, whether they ever struggle along the way like I do."

So many times we've heard similar sentiments expressed by our supervisees and junior colleagues. They've read about the theories and models of couple therapy—for example, in the *Clinical Handbook of Couple Therapy* (sixth edition; Lebow & Snyder, 2023) or one of its earlier iterations. They've studied the case vignettes that expositions of these approaches often include. Some have gone online or pursued other venues for accessing videos of developers of these models or other senior clinicians demonstrating the therapeutic process. Each additional mode of learning and experiential engagement promotes a deeper understanding of the underlying principles and techniques, and some of their nuances. But nearly always, something is missing—a sense of the therapist's decision process, a feel for the flow of real therapy and, most of all, access to the moment-by-moment subjective experiences of the master clinician—those internal thoughts, feelings, and even somatic experiences of the therapist that contribute to the therapeutic process, whether implicitly or explicitly. It's through such intimate descriptions of what actually evolves in the course of working with couples that the flow of therapy and the factors most crucial to positive outcomes most distinctly emerge.

This is the reason for this casebook—why we approached master clinicians across a broad spectrum of approaches to couple therapy, distinct populations, or specific issues and encouraged them to describe their work in a unique way—one that invites you, the reader, into their own internal experiences, their inner dialogues, in a far more transparent and at times even vulnerable way. The enthusiastic responses from these couple therapists we invited to join in this collective effort were remarkable. Each of our contributors

to this casebook embraced the opportunity to engage with you in conversation about not only *what* they do, but just as importantly *what it's like* for them to share in the intimate and intricate process of couple therapy. The complex decisions and relational challenges leap out in each narrative, as do the rich algorithms in the maps of our expert therapists. Each speaks to you in the first person: "What did I witness? What was I thinking and feeling as I tried to make sense of my experience and deliberated our next steps together?" Each of them invites you to join in the journey with them along the way.

### WHOM WILL YOU ENCOUNTER?

These are master clinicians, each and every one. The best couple therapy involves a great deal of highly specialized skillfulness. There is such wisdom in the practice of the therapists in this casebook. Although the couples in focus vary in their problems and these therapists enter with different theories to guide them, always present is a keen ability to assess and understand, to ally, to adapt to the case, and a parsimony of action that characterizes those who have mostly done the proverbial 10,000 hours of deliberate practice sessions previously (Gladwell, 2008).

That said, you'll encounter them at different points in their career trajectory—some earlier, and others later. Some developed the particular therapeutic model or approach reflected in their case narrative. Others draw upon well-established therapeutic approaches but speak to the nuances of adapting these to specific populations or to particular issues frequently described by couples in therapy. Still others have created their own integrative methods of practice. Collectively, these master clinicians reflect varied theoretical orientations, areas of expertise, and backgrounds. But their skillfulness and wisdom are evident throughout—in the depth and complexities in how they think, their attunement to self as well as the couple, the nuances of selecting and pacing specific interventions, their subtleties of language in the therapeutic process, and their skill in bringing you—the reader—into the entire experience.

You'll also encounter couples contending with a broad spectrum of issues across the lifespan. They diverge in nationality, culture, race and ethnicity, sexual and gender identities, and aspects of both individual and couple functioning. These couples are drawn from our authors' clinical practices; in all instances, names and identifying information have been changed.

### WHAT PATHS WILL THE JOURNEYS FOLLOW?

Each chapter adheres to a prescribed structure with four common elements:

1. A brief introduction to the theoretical approach, specific population, or particular issue illuminated through the case narrative
2. Methods of engaging in initial assessment and case formulation
3. The evolution of the therapeutic process across beginning, intermediate, and concluding phases—however these are conceptualized (as explicit or indeterminate as they may be)
4. Further reflections and implications from both personal and clinical perspectives.

Within this structure, each of our master clinicians shares a narrative of multiple journeys. The first is a journey of self—how they came to be the person and therapist they are, often-times reflecting a unique fusion of personal and professional heritage. In this introduction to the case narrative, they share how they came to adopt the particular approach to couple therapy they're about to describe, or how they were drawn to work with a particular population or couples confronting a specific relationship challenge. Distinguishing features of the therapeutic approach, clinical population, or specific issue are then illuminated to provide the context for the case narrative that follows.

Two additional journeys are then interwoven as each clinical narrative unfolds. One is the journey of the two partners and their relationship. How did they come to be who and where they are? What steps do they take over the course of the therapy—whether venturing forward or retreating back, moving toward or away from one another, in concert or out of sync? The second journey is that of the therapeutic relationship. How do the couple and therapist work toward safety and trust? How do they co-design the journey? How does the therapist translate a complex therapeutic framework into a language and map that make sense to the couple? Which steps necessarily precede others? When, if ever, does the therapeutic journey end? What pauses occur along the way, and for what purpose?

The final journey our master clinicians invite us to join is one that continues after the therapy journey itself has ended. What have we learned? When and how was the therapy helpful, and when and how perhaps not? How have we grown along the way? What can we take from this journey to inform the next?

## WHAT SHOULD I LOOK FOR ALONG THE WAY?

Every case narrative illuminates the therapist's skillfulness in harnessing common factors essential to effective therapy and integrating these with specific interventions tailored to unique aspects of the couple (Sprenkle, Davis, & Lebow, 2009). Primary is their ability to form strong therapeutic alliances in ways that go well beyond simply joining in a positive way with partners. Notice how our therapists find ways to develop alliances with both partners as individuals and with the couple as an entity, and help to restore or create an alliance between the partners. Observe how they navigate the perilous space of keeping alliances with partners in balance and how they avoid or repair split alliances in which one partner feels more allied to the therapist than the other. And look for how they do this even around specific issues or at times when one partner may well need much more attention than the other. Our therapists use different terms to describe their connections to couples (e.g., therapeutic or multipartial alliance, joining, attunement), but all reflect a caring and empathy for each partner while also addressing their contribution to the problems for which they're seeking therapy—accentuating the shared mission toward reducing partners' distress and increasing intimate and joyful connection.

Notice also how our expert clinicians all speak to the importance of fostering hope. Couples who enter therapy are often demoralized about their relationship—mired in conflict or in strategic retreat. Partners understandably become disheartened when ensnared in anticipation that any efforts of their own will be met with the other one's dismissal or turning away. Yet each of our contributors conveys their own hopefulness and abiding belief in the potential for change. The resilience of these master clinicians' positive expectancies likely emerges from considerable experience in working with distressed couples

who are demoralized and can't see a path forward, only to witness couples adapt and transform. Fostering hope isn't about promoting some idealized fantasy but, instead, is about offering a path toward some better possibility and pledging to travel that path with the couple even if they falter along the way.

And what might that better possibility be—where might the journey lead? For some, the path forward lies in disrupting dysfunctional patterns of behavior (e.g., the demand-withdraw cycle or other forms of spiraling negativity) and promoting more functional patterns (whether communication skills, emotional support, or other forms of positive exchange). For others, the better possibility comes about by changing how partners think about themselves and each other—for example, reframing negative reactivities as residual coping strategies from painful developmental experiences in family-of-origin or other prior relationship—and harnessing this new understanding toward more compassionate responding. For yet others, it evolves from deepening emotion in pursuit of more intimate connection. And for still other couples, the path forward comes about by facilitating partners' acceptance of inevitable differences or failings and moving past resentments to reach greater reconciliation to these limitations. As you join our therapists and couples along these various passages, notice how movements in each of these domains—behaviors, thoughts, or emotions—mutually influence one another and at times interact in synergistic ways.

All of our master clinicians articulate their theories of how couples change and their preferred methods of intervention. The narratives they share illuminate numerous specific techniques—some of which typify various schools of therapy, while others are simply favored ways of speaking or framing problems that are idiosyncratic. However, even here, you'll discover how much these therapists share in common with one another. All of them translate their formulations and methods to their couples in transparent ways using straightforward language to promote their shared mission. Notice how so many of these expert therapists, regardless of theoretical orientation, are pluralistic or integrative in what they do. The cognitive-behavioral therapists work with emotion, and those centered on emotion create time-outs. All offer education or advice when warranted. And each adapts their interventions in the wake of the partners' responses and the couple's progress along the way.

Closely related here are underlying frameworks to couple therapy that transcend practitioner and orientation. Almost all of these therapists seem keenly attuned to the foundational role of attachment and adopt various strategies to restore or create partners' attachment when it is compromised. They attend to individual differences in identity and social location—for example, gender and sexual identity, race, class, or culture—and incorporate an intersectional viewpoint in considering their relevance to partners' lives and specific implications for the couple therapy. These therapists draw on experience and relevant literature to anticipate challenges that accompany various stages of life—for example, transitions to parenthood or retirement—as well as unexpected events that provoke predictable challenges such as infidelity or serious emotional or physical illness. And most all personify multifocal lenses for understanding and intervening in their couples' journeys as they move back and forth from the couple dyad to the individual partners; from the partners' and couple's histories back to the present and future; from the couple relationship to considerations of broader systemic influences—their extended families, their community and significant others—and how these either support or undermine the couple's well-being. From a systemic perspective, individual partner dysfunctions may sometimes

contribute to relationship dysfunction, but relationship difficulties can similarly arise in well-functioning individuals for myriad other factors. Yet, although highly systemic in their practices, these also are not therapists who shy away from exploring individual contributions to relationship problems.

Our expert therapists also demonstrate considerable flexibility both in the structure of the couple therapy and how they think about the outcomes. Most of the case narratives involve a single therapist meeting with both partners conjointly, typically in a therapy occurring over an extended period with a reasonably clear beginning and end. But there are exceptions—including a cotherapy by two therapists meeting conjointly with the couple (a fairly rare form of practice today given cost considerations despite its illustrious history and obvious utility), a “marathon” therapy conducted over a 3-day period (a newer emerging format of couple therapy), and several courses of therapy with “soft” beginnings or endings in which the couple returns periodically to work on either recurring or emergent issues (now a frequent pattern in couple therapy). Even the treatment system may vary or expand over time—transitioning between individual and couple sessions (always with explicit understandings regarding the goals and boundaries of confidentiality in either format), or including family members outside the dyad in brief consultative liaisons.

Observe also how flexible and nonjudgmental these expert clinicians are in conceptualizing goals and outcomes. Couple therapy is a far more complex journey than simply leading to success or failure. More typically, the therapy aims to facilitate informed decisions about how to move forward along paths more likely to end painful ways of interacting and promote healthy and joyful lives—whether partners stay together or move on separately. Couple therapists can help identify processes needing attention and can intervene to gauge the potential of altering those processes, favoring “couple” solutions over individual ones. However, ultimately the partners choose whether to stay with one another. Having someone present who doesn’t want to work on the relationship almost inevitably vitiates the chances of therapeutic progress, whether the couple decides to separate or not.

Note as well how frequently couple therapy centers not on profound relationship dysfunction but rather on how to remain connected and build on relational strength in encountering life transitions and common problems. Couples go through transitions; encounter illness, age, and deal with extended family; live in the vicissitudes of a racist heteronormative society; and struggle with myriad other factors. We can see that some of the best couple therapy begins with partners fairly well anchored to one another, who draw on the therapy to be more resilient and overcome adversity. Notably, “we” solutions often work better than individual ones when encountering life’s challenges.

Finally, take advantage of this unique opportunity to experience the introspective humility that each of our master clinicians embodies. Notice how they acknowledge uncertainty at various points along the therapeutic journey and ask themselves questions with which any of us may wrestle. Are they understanding the couple’s struggles and contributing factors in all their complexity? Can they confront this or that dysfunction without jeopardizing the therapeutic alliance? Should they disclose to the couple about themselves—and if so, when, how, and to what purpose? When is the “good” good enough? When does a decision to end the relationship reflect therapeutic success or failure? What does the therapist wish they had done differently? Even these expert therapists show themselves not to be afraid of describing their errors. Some tell us about moments when it becomes clear they’ve missed an essential aspect of a case. Others report engaging

in good work with a couple only to have the couple decide to part. In considering such disclosures, we can appreciate that even the best therapists make mistakes, struggle with clients who report on their lives selectively, and have to contend with how powerful some factors beyond the therapist's control may be for a couple's outcomes. Consider the valuable lesson illuminated through such reflections—that the best journey may be realized by pausing along the way to contemplate the ambiguity of various signposts and then ponder potential gains or setbacks along any particular path.

## WHAT'S NEXT?

We've sequenced the case studies by three broad groupings:

- The first seven narratives describe specific models or approaches to couple therapy. Two of these reflect more narrowband methods—emotion-focused therapy for couples and discernment counseling with couples on the brink of divorce. The remaining five all speak to more integrative approaches, sometimes highlighting a specific feature such as substance abuse, personality dysfunction, or infidelity.
- The next set of seven narratives describes couple therapy with specific populations diverging along various markers of social location (e.g., race, class, culture, and gender or sexual identity), age (young or older adults), or other context (military and veteran couples). As in the first set, each of the narratives in this second set also highlights a specific feature such as discrimination and marginalization, transition to parenthood or challenges of aging, conflicts involving jealousy or money, or struggles regarding children or extended family.
- The final three narratives describe critical ways of conceptualizing and approaching therapy with couples around three common challenges—physical and sexual intimacy, matters of faith and spirituality, or encounters with serious physical illness. The perspectives shared in these narratives transcend any specific therapeutic approach (although each draws on an explicit model of therapy) to enhance the reader's understanding of the core dynamics distinguishing partners' struggles and principles of effective therapy in each of these domains.

These case narratives in couple therapy can be read in any order—each stands alone, and each is incremental to the others. Depending on where you are in your own professional journey, you might want to view these therapists as models (they do such a wonderful job of demonstrating how to think as a couple therapist, how to track feelings, and how to intervene—offering language so easily applied to other couples) or consider how they work compared to how you do. You can choose to engage with one of your favorite clinicians or a familiar therapeutic approach. Or perhaps you're hoping to delve deeper into working with a particular population or specific issue you've already encountered. We hope you'll also seek out the unfamiliar—those approaches, populations, or issues you have yet to encounter or aren't certain you would even want to encounter. None of us knows our future. More importantly, we all have opportunities to shape and expand our futures by venturing into the unknown. These master clinicians encourage you to join them, and they offer to guide you through less familiar territory.

As editors, we offer brief introductions to each of the case narratives—perhaps similar to trail guides preparing you for new expeditions—pointing out highlights to anticipate, and offering a sampling of prominent features and subtle nuances. Go slowly as you engage with each narrative, pausing along the way to reflect on the moment. What are you experiencing—and how does that compare with the internal dialogue and feelings shared by the therapist? What do you wonder about? What can you take away not only about this particular approach to therapy, or this population or specific issues, but also about yourself as therapist? About the phrasing and pacing of specific interventions? Or about openness to emotions, to internal debates, to sharing aspects of yourself with the couple? Embrace the journey and discoveries along the way!

## REFERENCES

- Gladwell, M. (2008). *Outliers: The story of success*. New York: Little, Brown.
- Lebow, J. L., & Snyder, D. K. (Eds.). (2023). *Clinical handbook of couple therapy* (6th ed.). New York: Guilford Press.
- Sprenkle, D. H., Davis, S. D., & Lebow, J. L. (2009). *Common factors in couple and family therapy: The overlooked foundation for effective practice*. New York: Guilford Press.