Couple therapists confront a tremendous diversity of presenting issues, marital and family structures, individual dynamics and psychopathology, and psychosocial stressors characterizing couples in distress. Given this diversity in couples' needs, effective treatment is most likely when the couple therapist works from a coherent theoretical framework, engages in extensive assessment of the marital and family system, and selectively draws on intervention strategies across the theoretical spectrum in a manner consistent with an explicit case formulation (Snyder, Cavell, Heffer, & Mangrum, 1995).

In this chapter we describe therapy with a couple exhibiting both individual and relationship issues that contribute to marital difficulties. Consistent with the model that Snyder et al. (1995) outlined, conceptualization of the couple's difficulties rests on comprehensive assessment across multiple domains and levels of the family system. We also present a model for organizing couple interventions ranging from crisis containment to exploration of relevant developmental experiences.

THEORETICAL UNDERPINNINGS

We have advocated a comprehensive model for assessing families in which assessment constructs are organized along five domains: (a) cognitive; (b) affective; (c) communication and interpersonal; (d) structural and developmental; and (e) control, sanctions, and related behaviors. Assessment data across these domains are gathered with multiple assessment strategies, primarily self-report and observational techniques, including both formal (i.e., more structured and psychometrically focused) and informal (i.e., less structured and more clinically focused) procedures. The assessment techniques across domains are used to evaluate each of five system levels: (a) individuals, (b) dyads, (c) the nuclear family, (d) the extended family and social support system, and (e) community and cultural systems. Implementing such a comprehensive family assessment model can be a daunting challenge. In our experience we typically scan across system levels and domains of functioning to identify the salient issues confronting the couple or family, generate hypotheses regarding any relation between presenting complaints and system dynamics, and test these hypotheses through further assessment and intervention (Heffer & Snyder, 1998).

We have found it useful to conceptualize the therapeutic tasks of couple therapy as comprising six levels of intervention (Snyder, 1999; see Figure 3.1). These include (a) developing a collaborative alliance, (b) containing disabling relationship crises, (c) strengthening the marital dyad, (d) promoting relevant relationship skills, (e) challenging cognitive components of relationship distress, and (f) examining developmental sources of relationship distress. Consistent with our belief that couple therapy often proceeds in nonlinear fashion, the model depicts flexibility of returning to earlier therapeutic tasks as dictated by individual or relationship difficulties. Similarly, individual differences in couples' strengths and concerns often dictate that different components of the model be given greater or less emphasis. For example, some couples require little more than sta-
bilization and crisis resolution to restore a positive relationship; others require extensive assistance in reworking enduring maladaptive relationship patterns established early in their individual development. With relatively higher functioning couples we have been able to implement the complete model in as few as 8 to 10 sessions; with other couples, exhibiting significant individual as well as relational impairment, successful therapy has required a year or more of intensive intervention.

The couple described in this chapter entered treatment in a state of crisis demanding prompt resolution before additional interventions emphasizing improved communication skills and relationship enhancement could be implemented. Although their initial presentation suggested a somewhat fragile union that was vulnerable to dramatic variability in marital affect and conflict management, subsequent assessment revealed a couple with considerable strengths enabling intensive confrontation of long-standing individual issues in a brief pluralistic approach to intervention.

CASE EXAMPLE

Presenting Issues
Mark and Janice, ages 38 and 35, presented in a state of marital crisis precipitated by Janice's discovery of several men's magazines (e.g., Playboy) that Mark had left on their bed. Mark acknowledged us-
ing such magazines during masturbation in which he engaged while Janice attended school out of town during the week. Janice worried that their marriage might be in jeopardy, that Mark might be emotionally disturbed, and that their two sons might be at risk for sexual molestation by Mark because of his interest in pornography. The couple was referred to Douglas K. Snyder (DKS) after Janice demanded that Mark accompany her to the hospital emergency room for a psychiatric evaluation. Dissatisfied with the response from the emergency room staff, Janice contacted the community mental health center later that night. Mark feared that he had lost Janice's respect and trust and that she might leave him because of his interest in sexually oriented magazines and masturbation. Janice described a fear of her "life falling apart," anticipating that she might need to drop out of school to stay home full time to deal with this marital and family crisis.

Clinical Assessment

Background to Presenting Issues. Both Mark and Janice were engaged in the early stages of mid-level professional careers. Mark was employed as a physician's assistant at a federal correctional facility, but he felt isolated from his colleagues and had few friends outside of work. Janice had recently begun graduate study in occupational therapy at a university 2 hours from the couple's home and was home only on weekends. The couple had two sons, ages 6 and 8, with whom they both appeared to have good relationships. Janice had been married previously for 3 years but had had no children and no further contact with her first husband.

Mark reported that he had purchased sexually oriented magazines since age 20 and used these regularly during masturbation for about 8 years before his marriage. He insisted that he did not pursue any other forms of sexual pornography. Janice responded that she found such materials offensive to women, a threat to society, and a source of sexual violence against women and children. Until the past weekend, she had been somewhat tolerant of Mark having a few of these magazines, so long as neither she nor the children were exposed to them. However, her recent discovery of this material in the couple's bedroom reawakened long-standing concerns she had regarding their sexual relationship. The couple ordinarily had intercourse several times weekly, but this had declined to once or twice on weekends since Janice had returned to school. Janice said she felt threatened by Mark's masturbation and that she felt guilty for not satisfying all his sexual wishes. She said she did not masturbate and did not experience the same sexual drive or frustration as Mark.

Janice acknowledged feeling somewhat insecure in their sexual relationship. She felt unattractive, having retained weight she had gained during her second pregnancy. She described a long history of dissatisfaction with her body. She had been thin when she and Mark first married and had undergone breast reduction surgery shortly thereafter because her disproportionately large breasts drew repeated, unwanted sexual comments from other men.

Family Histories. Janice's parents had divorced when she was 17. Her father, now deceased, had abused alcohol and been emotionally abusive to his wife and two children. Janice denied sexual abuse but recalled several instances during her adolescence when her father had made suggestive sexual remarks regarding Janice's physical appearance. Janice described her mother, age 65, as in poor health and excessively demanding. Her mother was harshly critical of time Janice spent with Mark and their two sons rather than with her, and Janice acknowledged feeling both guilty and resentful. She had an older brother but felt ambivalent toward him and stated that he neglected their mother.

Mark's parents were both retired. He had an older brother who was divorced and a younger brother who had not yet married. Mark's parents had a contentious relationship, and he described his mother as critical and unforgiving. His older brother had been particularly disruptive to their family life. Mark had learned to navigate family tensions by assuming an accommodating or nonconfrontive posture. Janice acknowledged feeling resentful about how much Mark's mother intruded into their lives. In particular, she felt hurt by her mother's criticisms of her "neglecting" Mark and the two boys while she attended school during the week. Mark was understanding of Janice's feelings toward his mother but resented the role of mediator that he felt forced to adopt.
Test Findings. Both Mark and Janice completed the Marital Satisfaction Inventory-Revised (MSI-R; Snyder, 1997), a self-report measure that assesses sources and levels of marital distress (see Figure 3.2). Although numerous techniques have been developed for assessing couple and family relationships, the MSI-R offers advantages of assessing specific domains of the partners' relationship as well as providing extensive documentation regarding scores' reliability and validity (Snyder et al., 1995; Snyder & Aikman, 1999). Responses to the MSI-R are scored on 13 scales and categorized as indicating low, moderate, or extensive distress in each domain.

Overall, both Janice's and Mark's test results indicated moderate levels of marital distress (Global Distress scale), although somewhat less than most couples entering therapy. Mark expressed significant dissatisfaction with his and Janice's inability to resolve relationship conflicts (Problem Solving scale). His distress regarding difficulties in communication were most apparent in their sexual relationship (Sexual Dissatisfaction scale), although Mark's profile also indicated concerns regarding the couple's disagreements about finances (Disagreement About Finances scale).

Both Mark's and Janice's approach to describing their relationship on the MSI-R stood in stark contrast to their interactional styles during the interview. Whereas Mark disclosed significant marital discontent in several domains on the MSI-R, in the interview he tended to adopt a passive and nonconfrontive style. By contrast, Janice tended to dominate initial sessions with complaints concerning their marriage and respective families but tended to minimize these when completing the MSI-R.

The MSI-R findings presented an opportunity to identify both specific areas of concern and enduring communication difficulties as well as a commitment to, and general positive regard each felt toward, the other. I (DKS) interpreted Janice's tendency to minimize marital difficulties as stemming from her fear about the marriage's fragility and as depriving her and Mark an opportunity to build on relationship strengths by collaboratively confronting long-standing issues. I framed Mark's acquiescent style in the marriage as a conflict containment strategy he had learned in his family of origin that paradoxically maintained rather than resolved tensions with Janice. Both spouses were able to use these interpretations as a basis for initiating more candid discussion of enduring relationship concerns.

Early Interventions
Establishing an Alliance and Containing the Crisis. It was clear from the outset that developing a therapeutic alliance with both partners and promoting their own collaboration would require a delicate balance between acknowledging the importance of Janice's concerns while remaining sensitive to Mark's feelings of embarrassment and resentment about the magnitude of Janice's reactions during the previous week. Both partners appeared wary of psychological intervention following their reception at the emergency room of the local hospital. Janice's concerns regarding Mark's interest in sexually explicit magazines and its implications for their sons had been dismissed by medical staff; with that response she lost hope in receiving assistance with more pervasive concerns regarding their sexual relationship. Mark felt shamed by the public disclosure of his use of men's magazines during masturbation and believed that the hospital staff had viewed him with derision. In their initial therapy session following their dissatisfying visit to the hospital, Janice gained obvious comfort when I acknowledged the depth of her distress regarding their sexual relationship and the role that Mark's masturbation played in her feelings of insecurity in the marriage. Similarly, my empathic inquiry into Mark's own views of his sexual behaviors provided critical reassurance regarding the non-judgmental context in which we could discuss these issues.

FIGURE 3.2. Couple profiles on the Marital Satisfaction Inventory-Revised (MSI-R) at initial assessment. Material from the Marital Satisfaction Inventory-Revised, © 1997 by Western Psychological Services. Used by permission of the publisher, Western Psychological Services. Not to be reprinted in whole or in part for any additional purpose without the expressed, written permission of the publisher. All rights reserved.
Once I had heard both partners' views in an earnest and caring manner, each became more receptive to interventions aimed at stabilizing this initial crisis. Janice responded positively to my reassurance regarding her sons’ well-being; by her own account, and by all other available evidence, Mark was a devoted and loving father. Similarly, once I allayed Mark's concerns about being identified as a potential child molester he became more receptive to Janice's broader concerns regarding their sexual relationship. Rather than constituting a crisis that demanded emergency intervention and jeopardized the marriage, Mark's interest in sexually explicit magazines became viewed as an indicator of communication difficulties exacerbated by situational stressors and individual concerns that predated the couple's relationship.

I made clear that I would respect each partner's feelings and attitudes toward his or her own sexuality and toward its expression individually and in their marriage. Mark and Janice were then able to negotiate an intermediate solution for dealing with their sexual relationship in which each spouse reduced pressures placed on the other. Mark temporarily suspended his requests for Janice to engage in greater frequency and variety of sexual behaviors, and she deferred her requests for Mark to eliminate his use of sexual materials for fantasy or masturbation. As each experienced greater acceptance from the other, they were able to rediscover the pleasure each had experienced previously in their sexual relationship; the frequency of intercourse increased. Janice felt more desired by Mark, and he felt less urgency for sexual stimulation through masturbation.

**Strengthening the Marital Dyad.** Mark and Janice both recognized that they needed to develop more effective communication skills for enhancing emotional intimacy and for resolving differences. However, two factors initially detracted from their ability to focus on developing these skills. First, the couple's fundamental friendship had eroded over the last several years; as a consequence, their marriage had become highly vulnerable to the situational stressors and inevitable strains of family life. The demands of child rearing contributed to this erosion, as did the pressures of Mark's work and Janice's return to school. Second, Mark and Janice had each failed to establish appropriate boundaries with their respective families of origin; the emotional energy that might otherwise be directed toward enhancing their own relationship continued to be drained by parents who demanded that Mark and Janice place higher priority on them rather than on themselves. I recognized that before the couple could pursue relationship skills they first needed to increase emotional autonomy from their families of origin and fortify a positive emotional platform in their marriage.

I encouraged Mark to talk with Janice about his needing more time alone for the two of them. He described his struggles to keep everything running at home during the week, cooking and doing dishes, cleaning the house, and keeping up with laundry so that Janice wouldn't have to contend with this on the weekends. At times he experienced her as being unappreciative or so caught up in her own academic struggles that they remained emotionally and physically separated even on weekends. He expressed a wish that Janice would be excited to see him on weekends and would express ways that she had missed him. Janice acknowledged her stress related to school and attributed this in part to her wish to achieve the same level of professional admiration from Mark as she felt toward him. She expressed her wish that Mark would plan more activities for their relationship, arrange for them to be alone together, and provide a relaxing environment. However, Janice also expressed concern for Mark and encouraged him to find ways of caring for himself better, even suggesting that he hire someone to help with housecleaning.

For several months Mark and Janice pursued various ways of strengthening their marriage. The couple focused on how they could better anticipate and manage stresses related to Janice's return to school. They planned a weekend away together, after which they announced strategies for reducing stress during the week and preserving both family and couple time on weekends. They also began to examine longer term strategies for promoting the family's well-being, including investing in a retirement fund, planning for the children's college education, and preparing to purchase a home of their own—all of which they achieved in the ensuing months.
Helping this couple to establish appropriate boundaries with their respective families of origin proved more difficult. Mark and Janice each continued to experience persistent anxieties regarding their roles in their own families, and they re-enacted many of these conflicts with their in-laws. The guilt that Janice experienced from her mother's complaints of neglect masked the resentment that she felt toward her mother's excessive demands and fueled the exaggerated anger she experienced toward Mark's mother when she criticized Janice's attention to her own career. Similarly, the discomfort Mark had experienced from the disharmony within his original family now generalized to conflict he perceived not only between Janice and his mother but also between Janice and her own mother. His efforts to broker a reconciliation between the contentious parties invariably aggravated the situation and deepened his sense of inadequacy.

With my support, Janice was able to discuss the conflict she experienced between feelings of loyalty for her mother and feelings of resentment toward her mother's demands and criticisms. When her mother became ill and required home-based nursing, Janice was able to facilitate these services and tolerate the modest guilt she experienced for not leaving school or her family to care for her mother full-time. She spoke with her mother by telephone daily but agreed with my suggestion to terminate these calls when her mother became excessively critical toward her. Janice's brother initially joined their mother in holding Janice responsible for their mother's care but subsequently assumed some of this care himself when Janice set limits on her own caregiving. Mark initially expressed considerable discomfort with the conflict in Janice's family as she redefined her role; however, with my encouragement he was able to refrain from intervening and instead trust Janice to negotiate these changes on her own. Mark's efforts at not mediating conflicts between Janice and her family resulted in her feeling greater support and confidence from Mark and in Janice having greater emotional reserves to invest in her marriage and children.

The couple's newly achieved confidence in negotiating boundaries eventually extended to Janice's relationship with Mark's mother. Mark became better able to distinguish between his wish for Janice and his parents to have a positive relationship and his general inability to produce this relationship himself. He accepted my directive not to engage in discussion with either party about the other—telling them instead that it was their relationship to work out, or not work out, on their own. In return, Janice agreed not to approach Mark with complaints about his mother. Gradually, Janice and Mark's parents found ways of talking directly with each other once Mark extracted himself from the role of mediator, and candid discussions of their respective wishes and disappointments slowly gave rise to a stronger alliance between them. Mark and Janice and their two sons subsequently spent a week at the beach with his parents and brothers, and they reported that the visit went surprisingly well.

Subsequent Interventions Promoting Relevant Relationship Skills.
Throughout the beginning stages of therapy my interventions emphasized the importance of constructive communication skills, including emotional expressiveness, empathic listening, and problem solving. However, as is often the case with couples in crisis, Mark's and Janice's initial negativity interfered with their ability to develop or implement these skills successfully. As Mark and Janice strengthened their marriage by increasing positive time together and by establishing more appropriate boundaries with their respective families, they became more receptive to interventions that focused specifically on improving communication. Several sessions were devoted to process-focused communication skills, especially (a) identifying feelings and beliefs, (b) conveying these feelings and beliefs to one's partner, (c) paraphrasing (mirroring) feelings and beliefs expressed by one's partner, (d) checking out assumptions, (e) giving behavior-effect feedback, and (f) acknowledging differences in perspective (Snyder, 1999). Guidelines for teaching couples emotional expressiveness and listening skills have been described elsewhere (see Baucom & Epstein, 1990). Even after couples have acquired these skills, they sometimes find them difficult to implement during emotionally stressful exchanges; at such times it can be especially important to promote part-
ners' exploration of feelings with the therapist before resuming efforts to do so with each other.

Mark and Janice used these communication techniques to explore their respective feelings regarding their sexual relationship. Mark was able to disclose the anxiety he felt about his own sexual adequacy, the affirmation he felt when Janice seemed to desire him sexually, and his own ambivalence regarding various sexual fantasies he had restricted to masturbation in order not to impose on Janice or elicit her rejection. Janice shared her own feelings of sexual inadequacy and described how these feelings were deepened by Mark's interest in men's magazines. She also disclosed her sensitivity about anything that reminded her of the abusive experiences in her first marriage. Mark became more understanding of Janice's reactions following this revelation and was better able to depersonalize her reactions and accommodate her limits. In turn, his increased acceptance of her sexuality encouraged Janice to initiate sexual exchanges more frequently.

Several additional sessions emphasized training in conflict resolution skills, including (a) identifying the problem, (b) generating and evaluating potential solutions, (c) selecting and implementing solutions, and (d) evaluating the solution's impact on the conflict and on the relationship. Consistent with their cognitive strengths and increased positivity in the marriage, Mark and Janice successfully applied these skills to a broad range of stresses in their family life, including finances, household management, and concerns regarding their sons' schoolwork and peer relations.

**Challenging Cognitive and Developmental Components of Relationship Distress.** While they struggled to establish more appropriate boundaries with their respective families of origin and to manage various stresses in their marriage, I was able to help Mark and Janice become more aware of the different styles for managing conflict they had observed growing up. Mark's parents were emotionally distant from one another; disagreements were rarely addressed directly between them, but resentment and conflict surfaced in their daily exchanges. Mark had learned a cautious approach to family interactions, avoiding potential triggers that might spark larger arguments and subsequent withdrawal and alienation. By contrast, open conflict predominated in Janice's family. Her father's verbal aggression, exacerbated by his frequent alcohol abuse, had been contained only by reciprocal aggression by other family members. For Janice, rapid escalation of her own verbal aggression served a defensive function against anticipated criticism or emotional injury from Mark.

Early in their exploration of these dynamics, I encouraged Mark and Janice to challenge their own expectations regarding marital conflict. However, both partners continued to respond during arguments as they had in their families of origin. Over a period of several months, my efforts to promote new styles of communication required me to interpret Mark's and Janice's underlying anxieties regarding anticipated injury and rejection during these exchanges within session. A brief example of such an exchange is offered below:

**Mark:** I was wondering if maybe we could work today on something that came up this past week about our finances.

**Janice:** What are you talking about?

**Mark:** Well... you know, last Monday night.

**Janice:** [silence]

**DKS:** Mark, would you be willing to identify more specifically what your concern is?

**Mark:** Okay... well, this past Monday night I was paying bills, and Janice and I got into an argument...

**DKS:** Talk with Janice...

**Mark:** Okay... [looking at Janice] you and I got into an argument. And it seemed like instead of being able to discuss the problem calmly, you blew up at me and were blaming me for the problem...

**Janice:** No, you were blaming me...

**Mark:** [long silence]

**DKS:** What's happening right now?

**Mark:** Well, it's happening again.

**DKS:** What's happening?
Mark: We just can't talk. If I bring up an issue, Janice gets all upset.

Janice: I'm not upset.

Mark: Just listen to your tone of voice.

DKS: [At this point the couple seemed stuck. I asked Mark to explore his feelings with me, anticipating that Mark could do so more freely and could then redirect his comments to Janice.] Mark, what are you feeling right now?

Mark: Frustrated.

DKS: What else?

Mark: Nervous, I guess.

DKS: Can you talk about that?

Mark: Well, I don't want Janice to be angry at me. Most things have been going well between us. I don't want to upset the apple cart.

DKS: How's that going to work?

Mark: I know, I know. We've talked about this before. I know if I avoid it, we're going to have more problems later... because this money thing is important. We bounced two checks this last week. It just upsets me when Janice becomes angry, and then we don't talk.

DKS: [Mark's comments about his own apprehensions and concerns about the couple's communication process produced a softening in Janice's facial expressions and physical posture. I encouraged Mark at that point to redirect his comments to Janice.] Can you talk with her about those feelings?

Mark: Okay, look... [deep breath]... Janice, we need to talk about this. I don't want it to be a source of contention between us; I want us to be able to work this out together. It makes me nervous when I see us bouncing checks...

DKS: Talk with Janice about the nervousness you're feeling right now.

Mark: Well, it makes me nervous when I bring up an issue, and you right away snap back at me. I understand why you do that, that's how you protect yourself, but... (pause)... Okay, my own feelings... well, I feel nervous. I'm afraid if we pursue this we'll get into a blaming cycle of who's at fault for the checks bouncing rather than how to fix it. I'm nervous about bouncing more checks. But mostly I'm nervous that we're going to enter another one of those cycles of being angry and not talking for days.

Janice: We're probably both to blame.

Mark: Well, I think you're probably right about that, but we can't get to that and figure it out if we right away launch into counterattacks. [pause]

DKS: [Janice had already acknowledged her own contribution to their communication struggles, and I prompted a more explicit response to Mark's anxiety.] Janice, what does Mark need right now?

Janice: Well, I think he needs me to listen to the problem first before telling him it wasn't my fault.

DKS: That's hard.

Janice: Yeah, it is... I know I screwed up on this one. I forgot to enter the cash I held back from my last paycheck to pay for the groceries last Friday.

Mark: Look, I should have recognized that something was wrong, too, before I wrote that check for the new tires.

DKS: [Janice's self-recrimination interfered with her ability to listen empathically to Mark's own anxiety about their finances. Helping her to gain insight into that pattern could potentially free the couple to explore their financial concerns in a less defensive and more constructive manner.] Janice, what happens when you think you might have screwed up?

Janice: Oh, God, it's awful. I get this panic. This time I'm really going to get it... there's no defense... it really is my fault... [pause]

DKS: Do you know where that feeling comes from?

Janice: Yeah, I do... [pause]... It's not from Mark. I mean we've talked about this before, right? I know that the best defense is a good offense... or that's what I learned. So that's what I fall back on with Mark. But it gets us in more trouble.

DKS: Is that what just happened in here?
Janice: I guess so.

DKS: What would it take for it to go differently?

Janice: I guess I have to remind myself that this is Mark, not Dad and not Mom. He's not going to attack me. [pause]

DKS: What does he need from you?

Janice: Well, he probably needs some reassurance that I'm not going to attack him . . .

Mark: Or pull back from me afterwards . . .

Janice: Yeah, that too . . . [pause] . . . Okay, you want to try again?

At this point Mark and Janice resumed their discussion using problem-solving strategies that they had acquired earlier in the therapy. Mark's anxiety regarding Janice's potential anger diminished, and he was able to identify problems related to their checking account and propose safeguards to ensure a more accurate accounting of their fund balances. Janice's defensiveness also declined, and she acknowledged her own contribution to their checking-account difficulties and collaborated with Mark in constructing strategies to reduce future problems. With time, both partners increased their ability to recognize their own contributions to the problems early in their disputes. Mark developed more tolerance for conflict, and Janice decreased her defensive anger. Although their respective maladaptive styles for managing conflict persisted at a reduced level, they were able to diminish the destructive effects of these patterns on their relationship.

CONCLUSION

Like most couples, Mark and Janice required interventions across multiple levels and domains of their relationship. Crisis stabilization regarding sexual issues commanded first priority. Strengthening the couple's relationship demanded intensive intervention emphasizing differentiation of the nuclear system from their respective extended families. Psychosocial stressors related to Mark's work and Janice's involvement in school required not only that the couple develop more effective management strategies at home but also that each increase his or her social support in the community. Honing communication skills dominated the latter half of therapy; however, reliable use of these skills required that I help both partners examine emotional overreactions having their roots in early family experiences.

Although Mark's and Janice's specific presenting complaints and respective individual histories are unique, the complexity of their concerns and their entanglement with early family experiences are common to many couples entering therapy. The tapestry of couple therapy demands the interweaving of theory, assessment, and interventions—selecting among diverse clinical techniques and implementing these in a strategic manner tailored to the couple's unique characteristics and needs.

References


