

BAD COUPLES THERAPY: HOW TO AVOID DOING IT

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I want to propose a new competition for therapists: awards for the worst experiences doing couples therapy. My own entry would be in the category of “worst experience as a new couples therapist in the first session.” It was 26 years ago, but as they say, it feels like yesterday. As a graduate student I had done individual counseling before, and had worked with parents and kids, but had never worked with a couple. Thirty minutes into the first session, when I was lost in the midst of a meandering series of questions, the husband leaned forward, and said, “I don’t think you know what you are doing.” Alas, he was right. Naked came the new couples therapist.

Since then, as we say in Lake Wobegon, I like to think I've become an above-average couples therapist, but that might not be much of a distinction. A dirty little secret in the therapy field is that couples therapy may be the hardest form of therapy, and most therapists are not good at it. Of course, this would not be a public health problem if most therapists stayed away from couples work, but they don’t. Surveys indicate that about 80 percent of therapists in private practice do couples therapy. Where they got their training is a mystery, because most therapists practicing today never took a single course in couples therapy and did their internships without supervision from someone who had mastered the art. In other words, from a consumer point of view, coming in for couples therapy is like having your broken leg set by a doctor who skipped orthopedics in medical school.

What is my evidence for these assertions? Most therapists today trained as psychologists, social workers, professional counselors, or psychiatrists. None of these professions requires a single course in marital therapy. At best, some programs offer an elective in “family therapy,” which usually focuses on parent-child work. Only the professional specialty of marriage and family therapy, which constitutes about 12 percent of psychotherapy practitioners in the U.S., requires coursework in couples therapy, but even there you can get a license after working only with parents and kids. After coursework, few internship settings in any field give systematic training in couples therapy, which isn't ordinarily a reimbursable service.

The result is that most therapists learn couples therapy after they get licensed, through workshops and by trial and error. Most are individual therapists who work with couples on the side. Most have never had anyone observe or critique their couples work. So it's not surprising that the only form of therapy that received low ratings in a famous national survey of therapy clients, published in 1996 by Consumers Reports, was couples therapy. The state of the art in couples therapy is not very artful.

Why is couples therapy a uniquely difficult form of practice? For starters, there is an ever-present risk of winning one spouse's allegiance at the expense of the other. All of your wonderful individual joining skills can backfire within seconds with a couple. A brilliant therapeutic observation can blow up in your face when one spouse thinks you are genius and the other thinks you are clueless or worse, allied with the enemy. After all, one spouse agreeing with you too vociferously can dramatically undercut your effectiveness.

Couple sessions can be scenes of rapid escalation uncommon in individual therapy and even family therapy. Lose control over the process for fifteen seconds and you can have spouses screaming at each other and wondering why they are paying you to watch them mix it up. In individual therapy, you can always say, “Tell me more about that,” and take a few minutes to figure out what to do next. In couples therapy, the emotional intensity of the couple’s dynamics don’t give you this luxury.

Even more unnerving is the fact that couples therapy often begins with the threat that the couple will split up. Often one spouse comes to drop off their partner at a therapist’s doorstep before exiting. Others are so demoralized that they need an intense infusion of hope before agreeing to a second session. Therapists who prefer to take their time doing their favorite lengthy assessment instead of intervening immediately may lose couples who come in crisis and need a rapid response to stop the bleeding. A laid-back or timid therapist can doom a marriage that requires quick CPR. If couples therapy were a sport, it would resemble wrestling, not baseball—because it can be over in a flash if you don’t have your wits about you.

As in any sport or art form, there are beginner mistakes and advanced practitioner mistakes. Inexperienced and untrained couples therapists don't manage sessions well. They struggle with the techniques of couples therapy, and clients often sense that the therapist is not skillful. More advanced therapists can manage sessions well with challenging couples, but they make subtler mistakes of which neither they nor their clients may be aware. I'll start with beginner mistakes and then describe how couples therapy can go south, even in the hands of experienced therapists.

The Beginner Therapist

The most common mistake made by inexperienced couples therapists is providing too little structure for the sessions. These therapists let spouses interrupt each other and talk over each other. They watch and observe as spouses speak for each other and read each other's minds, making attacks and counterattacks. Sessions generate a lot of energetic conversation, but little learning or change. The partners simply reproduce their familiar patterns in the office. The therapist may end the session with something blandly reassuring like, "Well, we have gotten a number of the issues on the table," but the couple leaves demoralized.

Screenwriters are onto this fundamental clinical mistake. In the movie The Ref, Kevin Spacey and Judy Davis are a warring couple in a therapist's office. At one point, they turn to the therapist almost pleading for him to intervene in their bickering. He says reflexively, "What I can say is that communication is good." Later he adds, "I'm not here to give advice or to take sides," whereupon Davis shoots back, "Then what good are you anyway?" When the therapist loses control completely and begs the couple to lower their voices, they shout back, "Fuck you!" in unison--the first time they've agreed on anything in the session.

Sometimes a therapist who does not create a clear structure for the sessions will conclude that some clients are not good candidates for couples therapy because they are too reactive in each other's presence. The upshot is a referral, splitting up the partners for individual therapy, which might further erode the marriage. I once saw a tape of an inexperienced couples therapist announcing that the sessions did not seem "safe enough" for the angry spouses. (There was no evidence of physical violence or emotional cruelty

in the relationship.) The real issue was not the couple's ability to handle the joint sessions: it was the therapist's ability. She was the one who did not feel safe.

I remember when I first realized that I had to ratchet up my structuring skills. I was working with a couple in which the husband was Israeli and the wife American. David was opinionated and assertive, but loving and committed. The challenge I faced in the early sessions was his tendency to interrupt his wife, Sarah. He kept trying, but I tried to keep him at bay with my standard armamentarium of diplomatically-crafted "I-statements." "David," I would say, "I am concerned about your interrupting Maria, which means she can't finish her thought. I'd like to reinforce the ground rule that neither of you interrupts the other. Is that something you are willing to commit to?" He would agree, be cooperative for a while, and then start interrupting again when she got his goat. Finally I fell back on my working-class Philadelphia roots, bluntly instructing him, "David, stop interrupting your wife. Let her finish." He looked as though he was taking in my message for the first time. "OK," he replied meekly. Thereafter, when he'd start to interrupt, I'd keep looking at Sarah while waving my arm in his direction, shooing his comments away. He cut it out, the therapy progressed, and I realized I had reclaimed a piece of my Philly street past that I could use when the occasion required.

After lack of structure, the most common complaint I hear is that many therapists do not recommend any changes in the couple's day-to-day relationship. Some therapists act as if insight alone is enough to help couples change intractable patterns of thinking and acting. But we all know that certain dynamics within a relationship have a life of their own. I start emotional, you start rational, I get angrier and you get more controlled. Then I mention your mother and you blow up, which pleases me immensely. Just

pointing out this dynamic is not enough to change it. All empirically supported forms of couples therapy require active interventions aimed at teaching couples new ways to interact. Most involve homework assignments. Of course just making interventions is not enough if they are too global or generic. If my wife and I are fighting continually over her mother, saying to us, "Remember to paraphrase and use your other communication skills" won't take us very far. Good therapy addresses the way couples actually do their own particular dance, both during the session and back at home.

The third common mistake of inexperienced therapists is giving up on the relationship because the therapist feels overwhelmed with the couple's problems. I've heard stories about therapists who abandoned ship too soon to be confident that this is a common mistake. In one case, the therapist did an assessment during the first session, and in the second session pronounced the couple incompatible and not candidates for couples therapy--without ever trying to help them. In another case, a woman whose husband was becoming emotionally abusive as his Parkinson's disease progressed, told me that, at the end of the first session, the therapist said, "Your husband will never change, so you have to accept what he is doing or get out." Translation: "I don't have a clue about Parkinson's disease or how to help an elderly couple with serious marital problems, so I am pronouncing yours a hopeless case." This also kept the therapist's average length of treatment in favorable territory with his managed care employer.

Some therapists survive the early sessions but get frustrated later and actively advise couples to separate. When deciding that the couple isn't amenable to treatment, they don't seem to factor in their own skill level. They may further reduce their own sense of responsibility by making a delayed diagnosis that one of the spouses has a

personality disorder. This often means nothing more than “I can’t work with this person.” Giving up this way is akin to a primary care physician pronouncing a patient incurable without referring the patient to a specialist in the life-threatening condition. I once worked with a young family physician who had a rule that “no one should be allowed to die without a consultation from a specialist in what is killing them.” I would argue the same for couples: treatment failures, especially those that lead to divorce, should not be accepted without a consultation or referral to a competent, experienced therapist who specializes in working with couples.

The Experienced Therapist

The mistakes of advanced practitioners are more about strategy than technique, more about missing the context than specific relational dynamics, and more about unacknowledged values than lack of knowledge. I'll focus on two areas of poor couples therapy by experienced therapists: working with remarried couples, and working with couples deciding whether to work on their marriage or divorce.

Remarried couples with stepchildren are a minefield, even for experienced therapists, because the partners almost always come with parenting issues, not just couple problems, and because many therapists miss the nuances of stepfamily dynamics. Therapists who specialize in adult relational work but aren't skilled at parent-child therapy will fail with these families. Experienced therapists who treat remarried couples like first-marrieds usually manage the individual sessions well, but use the wrong overall strategy.

I remember my own awakening on therapy with remarried couples almost as clearly as I remember my first session of couples therapy. It was in the spring of 1985,

and I had been trying to get Dave and Diane to reduce conflict in their two-year-old marriage by being equal parents with Kevin, Diane's challenging 14-year-old son from a previous marriage. It was a familiar co-parenting problem. Dave thought that Diane was too soft on the boy, and Diane thought Dave was too strict. They'd sometimes would reach a "compromise," but Diane wouldn't follow through on it. I had helped many couples with this kind of bread-and-butter problem in family therapy, but I was stuck here. I can feel the chair I was sitting on when I said to myself something like, "Bill, why are you insisting that this woman share parenting authority equally with this man? He didn't raise Kevin, Kevin does not see him as a father, and Dave does not have the same investment as Diane does. She can't treat Dave as an equal here, so stop beating up on her for not succeeding."

I realized that I was misapplying a norm about co-responsibility in biological co-parenting to a family structure where it did not apply in the same way. I then told the couple that I could understand why Diane could not give Dave equal say in disciplining her son--the fact was that Diane was the parent. With so many years invested in her son and Dave's relationship with Kevin so new, she could not share authority 50-50. I introduced a metaphor that I would come to use often with stepfamilies: in the parenting domain with her child, Diane was the "first violinist" and Dave "second violinist." Diane immediately was relieved, and Dave immediately was alarmed. There was a lot of work ahead, but they did achieve a workable co-parenting relationship based on Diane's leadership with her son. Shortly thereafter, I read Betty Carter's work on stepfamilies in which she argued for treating the spouses as having different roles with the children, and then I came across new research by Mavis Hetherington making the same point.

Stepfamilies are a different species, and couples in these families have to be treated with different approaches. Many experienced couples therapists still don't know this--or even if they do know it, still lack a viable treatment model.

Beyond co-parenting leadership issues, couples in stepfamilies swim in a sea of divided loyalties that even experienced therapists sometimes miss. I once consulted on a case of a recently married couple in which the wife had three children and the husband none. One thorny issue was the husband's feeling left out of the wife's emotional world because they had little time alone together. The wife agreed, and she told the therapist how torn she felt about this. She loved her husband and wanted the marriage to work, but her three school-age children required nearly all of her time after work and in the evenings. She helped them with their homework every night, and they had the kind of extracurricular activity schedules that render contemporary parents part-time chauffeurs and full-time activity directors on the family cruise ship. Weekends were spent doing errands and driving the kids to their traveling soccer games.

In one of the early sessions, the therapist, who was highly experienced in couples work, empathized with the wife's feeling caught between the needs of her husband those of her children, and supported the wife's decision to prioritize the children. The therapist explained that these years of raising school age-children are ones in which the children's time demands are huge, and the marital relationship inevitably has to take a bit of a back seat. She said that she herself as a wife and mother knew about these demands, which ease when the children get older. In other words, the therapist normalized the marital gap in terms of the family lifecycle, and especially recognized the unique strain on a wife who could not meet everyone's needs. The wife burst into tears at feeling so deeply

understood and accepted. The therapist then turned to the husband and gently asked him for his feelings and thoughts as he'd follow the conversation and seen his wife's pain and tears. A "good guy," the husband who didn't like conflict, he owned that he'd been selfish and pledged to back off on his demands for more time with his wife, promising he would be more understanding in the future.

The session ended with a warm glow. The couple agreed to continue to working on other issues that had brought them to therapy. The therapist was pleased at how she'd been able to combine her clinical skills and her own experience as a wife and mother to help this couple. A few days later the husband called to end the therapy, saying tersely that they'd decided to continue to work on things by themselves.

The therapist was stunned, and consulted with me. I helped her see that she'd missed that there were two distinct family developmental stages at work in this case. Yes, the parent-child development stage was one of intense time demands (leaving aside for the moment the over-scheduling supported by the wider culture), but the marital-developmental stage had its own pacing needs: a puppy marriage needs time for play and nurturing. To put aside their new marriage for years on end is dangerous. Of course it's dangerous even in long-term relationships, but at least there then may be strong foundation and memories of good years. The husband was appropriately worried about the viability of a neglected new marriage. What struck me was how even a skilled, experienced couples therapist had misunderstood the special needs of a remarried couple.

If beginners give up on couple relationships because of lack of skill, experienced therapists sometimes give up on couples because of the values they hold about

commitment in a troubled marriage. I have heard experienced therapists announce proudly, “I am not here to save marriages; I am here to help people.” This split between people and their permanent, committed, intimate relationships (which is how I am defining marriage) has a superficial appeal. No one wants to save a marriage at the cost of great damage to a spouse or the children. But the statement reflects a troubling--and usually unacknowledged--tendency to value a client current happiness over everything else.

One highly regarded therapist in my local community describes his approach to working with couples in this way: “I tell them that the point is to have a good life together. If they think they can have a good life together, then let’s give it a try. But if they conclude that they can’t have a good life together, then I tell them maybe they should move on.” Again, at one level, this sounds like practical advice, but as a philosophy of working with marital commitment, it’s pretty lame. How does it differ from counseling someone about a job decision? If you think that your frustrating accounting job can eventually work out for you, then try to improve the situation; if not, move on. Most of us did not stand up in front of our family, our friends (and maybe our God) and declare our undying loyalty and commitment to Arthur Andersen Consulting: but we did so with our spouse.

In this way, the ethic of market capitalism can invade the consulting room without anyone seeing it. Do what works for you as an autonomous individual as long as it meets your needs, and be prepared to cut your loses if the futures market in your marriage looks grim. There are legitimate reasons to divorce, but given the hopes and dreams that nearly everyone brings to their marriage, divorce is a wrenching, often tragic event. I see

divorce more like amputation than like cosmetic surgery. That's a different value orientation than that of one prominent family therapist who sees his job helping people decide on their best option. "The good marriage or the good divorce," he told a journalist, "it matters not."

A lesbian therapist told me of how her own therapist would not permit her to bring the children's needs into the therapy conversation when she was contemplating whether to stay with her partner. "This is not about the kids," the therapist insisted. "It's about what you need and want." When the client objected that she had to weigh the kids' needs in her decision, and wanted to talk about it, the therapist balked, insisting that the client was avoiding dealing with her real issues. Finally, the client finally fired the therapist. Later she told me that she and her partner had found a way to stay committed, improve their relationship, and raise their children together. The therapist in this case was a highly regarded professional, a "therapist's therapist" in the community.

It was an experience that happened to a couple who are close to my family that radicalized me about how today's therapists deal with commitment, after what happened to a couple who are close to my family. It's a story like many others I have heard from clients, colleagues, and friends over the years. Monica's life was thrown into chaos the day that Rob, her husband of 18 years, announced that he was having an affair with her best friend and wanted an "open marriage." When Monica refused, Rob bolted from the house and was found the next day wandering around aimlessly in a nearby woods. After two weeks in a mental hospital, diagnosed with an acute, psychotic depression, he was released to outpatient treatment. Although he claimed during his hospitalization that he

wanted a divorce, his therapist had the good sense to urge him to not make any major decisions until he was feeling better.

Meanwhile, Monica was beside herself. She had two young children at home, held a demanding job, and was struggling with a serious chronic illness diagnosed a year before. Indeed, Rob had never been able to cope with her diagnosis, or with his own job loss six months later. (He was now working again.) In addition, the family had just recently moved to a new city.

Clearly, this couple had been through a lot of stress. For a former straight-arrow man with strong religious and moral values, Rob was acting in a completely uncharacteristic way. Monica was depressed, agitated, and confused. Being a intelligent consumer, she sought out recommendations and found a highly regarded clinical psychologist. Rob continued in individual outpatient psychotherapy, while living alone in an apartment. He still wanted a divorce.

As Monica recounted, her therapist, after two sessions of assessment and crisis intervention, suggested that she pursue the divorce. She resisted, affirming her hope that that the real Rob would re-emerge from his mid-life crisis. She suspected that the affair with her friend would be short-lived (as it was). She was angry and hurt, she said, but determined not to give up on an 18-year marriage after only one month of hell. The therapist, according to Monica, interpreted her resistance to “moving on with her life” as stemming from an inability to "grieve the end of her marriage." He then connected this inability to the loss of her mother when Monica was a small child. Monica’s difficulty in letting go of a failed marriage, he claimed, stemmed from unfinished mourning from the death of her mother.

Fortunately, Monica had the strength to fire the therapist. Not many clients would be able to do that, especially in the face of such expert pathologizing of their moral commitment. It was equally fortunate that Monica and Rob found a good marital therapist, who saw them through their crisis and onward to an ultimately healthier marriage. When I last saw them, Rob was more emotionally available than I had ever seen him before. He and Monica had survived an intervention that I call therapist-assisted marital suicide.

The therapist's blundering in this case stemmed not from clinical incompetence in knowledge and technique, but from his values and beliefs. He simply did not recognize the importance of a commitment made "for better or worse." Like attorneys who automatically fight their clients' opponents, some therapists encourage clients to rid themselves of currently toxic spouses, rather than work hard to see what can be salvaged and restored. This approach may be wrongheaded, even when it comes to individual well being. Recent research by sociologist Linda Waite has found that the great majority of unhappy spouses who persevere in their (non-violent) marriages for five years report marked improvements in their marriages, and that divorce, on average, does not make people in unhappy marriages any better off in personal well-being.

Ultimately, clinical skills are not enough in couples therapy, because here, more than in any other form of therapy, our clinical skills and values intersect. Treating a client's depression or anxiety does not involve the kind of value judgments that working with couples does. Feminists were among the first to point out the inevitability of moral positions in couples work. You can't work with heterosexual couples without a framework that addresses justice and equality in gender relations. If you claim to be

neutral, you will enact whatever traditional value orientation you have about women and men and how they should make a life together. The same is true for race and sexual orientation. Not to have a moral framework is to have an unacknowledged one, and in mainstream American culture, it will probably be individualistic rather than a relational or communitarian.

Just as clients who value gender equality will not be well served by therapists with a traditional value orientations about gender, clients who cherish their moral commitment to their marriage, as Monica did, won't be safe in the hands of clinically skilled couples therapists who has individualistic orientations. Such clients need therapists who understand the wisdom of Thornton Wilder when he wrote:

I didn't marry you because you were perfect. I didn't even marry you because I loved you. I married you because you gave me a promise. That promise made up for your faults. And the promise I gave you made up for mine. Two imperfect people got married and it was the promise that made the marriage. And when our children were growing up, it wasn't a house that protected them; and it wasn't our love that protected them---it was that promise.

The biggest problem in couples therapy, beyond the raw incompetence that sadly abounds, is the myth of therapist neutrality, which keeps us from talking about our values with one another and our clients. If you think you are neutral, you can't frame clinical decisions in moral terms, let alone make your values known to your clients. That's partly why stepfamilies and fragile couples get such bad treatment from even good therapists. Stepfamily life is like a morality play with conflicting claims for justice, loyalty, and

preferential treatment. You can't work with remarried couples without a moral compass. Fragile couples are caught in a moral crucible, trying to discern whether their personal suffering is enough to cancel their lifetime commitment, and whether their dreams for a better life outweigh the needs of their children for a stable family. The therapist's moral values of the therapist are writ large on these clinical landscapes, but we can't talk about them without violating the neutrality taboo. And for clients, there's the scary fact that what therapists can't talk about may be decisive in the process and outcome of their therapy.

In the end, we need to cultivate wise couples therapists, not just competent ones. Wise therapists see the whole context of people's lives, and can reflect openly and deeply on values and broader social forces influencing the profession. My wisdom will not be the same as yours, but we have to engage one another on the big questions, instead of hiding behind the wizard's veil of clinical neutrality. The philosopher Alasdair MacIntyre wrote that, in a world that seduces professionals into seeing their work as the delivery of technical services stripped of larger social context and moral meaning, the hallmark of a true profession is a never-ending argument about whether it is being true to its fundamental values, principles, and practices. In other words, becoming a competent couple therapist is just the beginning of becoming a good couples therapist.

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Couples on the Brink:
Stopping the Marriage-Go-Round

By William J. Doherty

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Let's face it, psychotherapy isn't dramatic, and most therapists don't rate high on a "need for thrills" scale. Someone unfamiliar with our craft might even say that not much happens in therapy sessions: people talk about their problems; we listen, ask questions, and drop in observations and comments. At the end of the hour, clients thank us, pay their bill, and go home. Next session, we repeat the process. No wonder screenwriters feel they must put gangsters on the couch or show psychiatrists like Barbra Streisand who fall in love with clients like Nick Nolte. Ours is low-key work that's a big yawn to the uninitiated, and to tell the truth, sometimes even to us.

No apologies here for being mundane. Dr. Phil aside, we know that good therapy chips away at problems, building trust and helping people rewire their brains and their relationships synapse by synapse and conversation by conversation. In most kinds of therapy, we don't often deal with decisions of immediate consequence. Our clients don't noticeably recast their lives after leaving our office on any give week--they get better the way the old joke says a musician can get to Carnegie Hall: practice, practice, practice.

But it's different when clients talk about their marriage problems. A life-changing decision is frequently on the table--whether to stay in the marriage or leave it. People make this decision during or right after a therapy session, and their lives are forever

altered, along with the life trajectories of their partners, their children and parents, and often many others. Even when a divorce is necessary and constructive, it ends a dream and, in the words of the social historian Barbara Dafoe Whitehead, marks the death of a small civilization.

In the crucible of psychotherapy with people on the brink of divorce, what we say has a real impact on people's lives. But most of us have been taught the fiction that we aren't influencing these decisions, or, in any event, shouldn't be influencing them, even though we do so with every word we utter, every time we're silent, every expression on our face. The result is that the most life-altering matter we deal with in therapy, short of suicide, is one we don't talk about much as therapists, don't get training in, and pretend we don't need to develop skills for.

Marriage and divorce are hard issues to talk about in our field right now. The marriage culture wars are in full swing, and everyone is expected to take a side. The Right gets upset if you're pro gay marriage (as I am), believing that you couldn't really be for marriage in that case. The Left gets upset if you "privilege" long-term commitment in that patriarchal institution--heterosexual marriage--believing you must be the dupe of the Religious Right. As a longtime liberal, I feel a bit of whiplash when I talk to both sides. Why can't a nice, NRP-listening, Planned Parenthood-contributing, Unitarian Universalist liberal like myself be a fan of committed, lifelong marriage, straight or gay, knowing that not everyone will choose marriage and that some marriages, unfortunately, can't stay the course? The truth is, it took me a long time to come to this both/and stance, and it sometimes leaves me without a tribe.

The Objectivity Myth

I don't know about you, but as a young therapist, I learned to treat the divorce decision with pseudo-objectivity. I remember working with Mary Ann, a 35-year-old woman in an unhappy marriage who wanted individual help to decide whether to keep working to change her marriage or end it. She and her husband had two small children. This was the height of the divorce boom in the 1970s, and a number of her friends had recently left their husbands.

Mary Ann felt stifled in a bland relationship with a man who didn't connect with her emotionally in the way she wanted, and who expected her to do the lion's share of the parenting and housework, along with her part-time job. Sound familiar? As I sat with her, I realized that I'd never been taught how to work with someone on the brink of divorce. My training in marriage therapy started with the assumption that both parties wanted to stay together, at least for the time being. My training in individual therapy had taught me that my job was to help my clients clarify their feelings, needs, and goals, and then make their own decisions without my own values and viewpoints getting in the way.

So I did a kind of rational-choice consultation with Mary Ann, helping her clarify what she'd gain or lose personally from her choice. "How would your life improve from leaving your marriage," I asked, and "What might it cost you to leave?" The same for staying--"What are the pluses and minuses of remaining in the marriage?" (I was studying statistics at the time, and even imagined a two-by-two contingency table!) When she worried out loud about the effects of a divorce on her kids, I responded in that oh-so-

'70s way: "The kids'll be fine, if you're happy with your decision." Mary Ann ultimately decided to file for divorce and start a new life.

Even at the time, I felt odd about treating this client's dilemma as if it were a decision that only affected her. And I felt sad that another marriage was biting the dust. Not that I'd have admitted this to a supervisor or peer, because a hallmark of a good young therapist was to be cool about the rash of divorces we were seeing among our clients and friends--no one wanted to come across as a bleeding-heart marriage saver. Divorce was a hard-won right and a legally supported, no-fault, personal choice. Common wisdom was that a therapist shouldn't get too involved, beyond clarifying and supporting the client's autonomy.

Looking back, I'm struck with my naiveté about what's involved in leaving a marriage, especially one with children, and my innocence about my lack of influence on the outcome. Mary Ann, like most people facing this decision, was caught in a morass of ambivalent feelings and values. She'd made a lifelong commitment to her husband, and now was considering withdrawing it. She wondered whether her expectations for this husband, or any husband, were realistic. She hadn't done much work on herself, therapeutic or otherwise, and didn't have much of an idea of what good marriage therapy might accomplish. She worried about her own economic future, and she was deeply concerned about the effect of a divorce on her children, who'd lose their daily connection to their father, take a financial hit, and face a series of substantial life changes. She also believed her parents and her friends would be shocked and upset with her if she left the marriage.

Mary's journey toward her decision was, like most people's, highly unstable and ambiguous. In spite of the high stakes involved in the decision, both for herself and her family, however, I treated her as if she were thinking of changing jobs from Walmart to Target: what does each company offer you, and what would each take out of your hide? Does anyone really believe that I didn't influence her decision by what I inquired about and what I remained silent about? When I arrive in that great therapy afterlife, where all issues have been resolved, Mary Ann is on my list of former clients I'll look up to say, "I'm sorry. I could have done better." Maybe her decision was the best one and maybe she would have made the same choice regardless of how I'd worked with her, but she deserved a complex therapy to match the complexity of her dilemma, not the oversimplified therapy I offered with my neutral, objective stance. And so did her husband and children and future grandchildren.

I'm not just talking about a therapy that gets more deeply into clients' psychological dynamics and history. I'm talking about a therapy in which therapists walk with their client through the moral dilemma of whether to end a marriage that's accumulated many stakeholders through the years, and in which therapists accept responsibility for the influence they'll inevitably have at these moments. We're midwives for the deaths and rebirths, the shattering and rebuilding of intimate relationships that are at the heart of human experience. But you won't find much training, writing, or even conversation among therapists about how we handle these moments in therapy. The result is that we're each left to develop a therapy approach on our own, and often the results aren't pretty.

When Words Carry Unintended Meaning

I don't know any therapists who are against marriage and lifelong commitment. In fact, most therapists are married themselves. They have sophisticated ways to talk about most relationship issues. But when it comes to decisions about divorce, many therapists sound fairly simplistic, using catch phrases and truisms that carry messages they may not intend, believe in, or practice in their own lives. Here are the three top catch phrases I've heard therapists use through the years:

*"I'm not here to save marriages. I'm here to help people." I know therapists who say this on the phone to prospective clients who are calling to ask for help with a spouse who's threatening to leave the marriage. They also say it to couples during the first session. The phrase has a surface wisdom: we aren't saviors, and a relationship that's destructive to individuals shouldn't be preserved simply because it's a marriage. But drill down deeper into the phrase and you find a dichotomy between the individuals and their committed relationships, as if personal well-being is something completely aside from the health and stability of family relationships.

Our core selves don't float free of our committed relationships; a marriage is part of who we are, not something we put on or shed like an article of clothing. Therapists know this, of course, but they risk sending the message that marital commitment should be way down on the priority list from strictly "personal" goals when they make such a statement. What's worse, they probably think they're uttering a truism, and that they're being objective and neutral. Save us from our delusions of objectivity and neutrality!

*"You need to ask yourself if you think you'll have a better life in the future if you remain married, or a better life if you end the marriage. I can help you stay together

well or part well, depending on what you decide you want.” I remember the time and place when I heard a very experienced therapist mention offhandedly that this was his standard line with couples considering divorce. I looked around the roomful of therapists and saw heads nodding in respect for the wisdom of this clear-headed, senior therapist. That was the moment when I realized that case consultation, not books, articles, or training workshops, is where practicing therapists create our shared realities, the taken-for-granted norms of our work.

At first blush, this therapist’s standard line seems obvious and straightforward. But as the frame for the divorce decision, he’s sending three powerful messages. First: “Don’t think about your original commitment to your marriage, or about good years in the past, or about the needs of anyone else in your lives.” Second: “I personally don’t care whether your marriage survives or dies.” And third: “It’s a fairly straightforward decision; why don’t you make it promptly and we’ll get on with our work?” The case consultation moved on to other topics and I didn’t speak up about my concerns about the “better life” phrase. I would now though.

*“There never was a marriage here.” This is what Tom and Beth’s therapist told them after two sessions of couples therapy. They’d gone for therapy because Beth was disillusioned over the decline of their relationship in the two years after their first child was born. They both came from troubled families and had married young. Tom had been on drugs when they met and eventually cleaned himself up. Beth had been his caretaker then and remained so until their child was born, after which she focused on the child. Reeling from losing his wife’s undivided attention, he’d had recently tried crack again.

Tom wanted to save the marriage, and not repeat the fracturing that had taken place in his own family. He feared losing contact with his child, as his father had done with him. Beth had gone through a wicked postpartum depression and received some personal counseling that helped her see how she'd carried her sense of overresponsibility from her family of origin to her relationship with Tom. She was thinking increasingly of divorce, but was worried about breaking up the family.

Tom told me that, after getting their history, their couples therapist told them that they'd never been "really married," due to their youth and the problems they'd brought to the marriage. This pronouncement got Beth's attention, since it fit in with what she'd learned in her individual therapy and in the self-help books she'd started reading. If there had never been a marriage, she thought, then why try to create one now? Would she have even married Tom if she'd been as smart then as she was now? No way! Beth promptly ended couples therapy and started divorce proceedings. Tom felt bushwhacked by the therapist, but didn't understand why.

Like other therapist catch phrases, "there never was a marriage" has an obvious appeal. Many marriages are contracted for loads of unhealthy reasons. But when therapists pronounce a marriage dead on arrival, despite the fact that the wedding was a decade ago and now there are children and a mortgage to contend with, they risk further demoralizing the spouses--"Why should we try, if we never started out right?" If one of the partners has a honey on the side who looks like a candidate for a real marriage, they feel encouraged to deep-six the current faux marriage. Of course, a future therapist may pronounce the new marriage stillborn because it began in an affair. Let's face it, we therapists are clever enough to find the original fatal flaw in nearly any marriage that

presents to us in trouble. By our steely standards for differentiation, intimacy, and equity, there may not be one “real” marriage in America. As one wise soul said, “There are grounds for divorce in every marriage; the trick is to find the grounds for staying together.”

As I began to compile therapist catch phrases about marriage and divorce, I noticed that each has an unbalanced wisdom because it comes down too heavily on the side of individual self-interest--not surprisingly, given psychotherapy’s culture of individualism, they don’t take into account communal values of responsibility and obligation. Each saying also assumes people are making calm, rational decisions, instead of being tossed about in a storm of emotional distress, ambivalence, demoralization, and poor brain functioning. The standard phrases would fit better with a decision to leave a job: “Do you think you will be better off staying with this company or seeking new opportunities? You know, it seems like this job never was a good fit from the beginning. And I don’t have a stake in whether you stay with Microsoft or leave for Apple.”

But if the therapist uses language that equates ending a job with ending a marriage, what’s a client to think? What’s the therapist saying about a commitment “for better or for worse”? Often a demoralized spouse, or one with a better marital prospect waiting in the wings, will take something a therapist says as encouragement to leave. Maybe they should leave, but I doubt that the therapist is conscious of tilting the decision so decisively. What we don’t know about our influence can be dangerous.

Making Your Meaning Clear

What's the alternative? Some therapists fear that if they surrender their neutral stance, they'll have to start telling people that they should stay married. So it's important to know how to lean toward commitment without being prescriptive, judgmental, and invading our clients' autonomy. Here's alternative language for talking with clients. Some are phrases I use myself, and some I've gathered from therapist colleagues.

* As a marriage therapist, I lean toward helping people find a way to live out their original commitment to each other, if that's possible. I know it isn't always possible, and it'll be your decision. But I like to help couples see what might be possible for their marriage before they call it quits.

* There'll always be time to divorce, but there may not always be time to save your marriage.

* The issue right now isn't whether you're committed for life, but whether you can commit to working hard to salvage your marriage in therapy, with divorce off the table for the time being.

* I can see that your hope for your marriage is very low. I see my job as holding that hope for you for a while, until you see whether it's possible to rebuild your relationship.

* Unless a couple has tried an all-out effort in therapy to save their marriage, I myself am never convinced that a marriage isn't salvageable.

* If you haven't yet worked on changing yourself, it's a bit of a cop-out to say that your marriage is hopeless because your spouse will never change.

* I'll be working for your marriage until one of you looks me in the eye and calls me off.

These commitment-affirming statements can have the same degree of influence on clients as the “neutral” statements, with the difference that the therapist knows that he or she is speaking from a value-based position, as opposed to just stating “objective” truisms. When I make statements like these, I’m consciously advocating for the marriage. Since I acknowledge the impact of my procommitment values, I make an effort to balance my stance by also eliciting and listening empathically to my clients’ sense of demoralization and despair about their marriage, and by pairing autonomy-supporting comments with marriage-supporting statements, such as: “Knowing that it’ll be your decision to make, not mine, I want to let you know what values I bring to our conversation.”

Cheryl had been married for 17 years and had two teenage children. About a year before our consultation, which was requested by her therapist, who felt stuck with the case, she’d begun an affair with a man she knew professionally, and was paralyzed about making a decision of whether to stay in her marriage or move in with her lover. Her job took her out of town about once a month, when she and her lover got together for great sex and conversation. Her lover had started divorce proceedings with his wife, and was pressing Cheryl for a commitment to leave her husband and be with him.

I asked about her marriage. She said that her husband was a very good man--kind, loving, and supportive--but that the marriage lacked passion for her. She’d felt emotionally empty for a number of years, and their sexual relationship had become infrequent and unexciting. They were doing a good job of raising their children, she thought. Her husband had supported her career decisions. In fact, he was so supportive

and constructive that she was confident that he wouldn't abandon her or be mean spirited if she told him about the affair.

But, she said, she deserved more out of life and marriage than she felt she could get from her husband. It was fear of hurting her children that was keeping her from leaving. They'd be devastated, she thought, and their lives would be turned upside down, especially if she moved away to be with her lover.

Cheryl described the decision she was facing as a "churning dilemma." After years of passively accepting a loving but passionless marriage, she felt that she'd come alive after being kissed by a man who'd been her friend, only to become her lover.

As I listened to Cheryl tell her story, I concluded that hers was not an abusive or destructive marriage, but rather a supportive and companionate one that seemed to be meeting many of the needs of the children, her husband, and even Cheryl. If she'd told me her husband was violent, addicted, or chronically irresponsible, I'd have thought about her situation differently, because sometimes an affair is a wake-up call to seriously consider getting out of a destructive marriage. Instead, my value about moral commitment in marriage permeated my consultation.

I saw Cheryl as operating out of what I call a "consumer" approach to marriage--focusing on what benefits she wasn't receiving from her husband, and not on what she was failing to put into the marriage. And I believed there'd be serious harm to her children and to her husband if she were to end her marriage at this point. As I listened to her, I reflected on the recent research demonstrating that the children who experience the most harm from divorce are those whose parents have relatively harmonious marriages, even though they may not be happy or intimate marriages.

Cheryl struck me as a good, sensitive person, but she spoke about her personal desires as if they were Constitutional rights, like freedom of speech, and her emotional needs as if they were biological facts, like needing vitamin C to avoid scurvy. Our culture teaches us that we're all entitled to an exciting marriage and great sex life; if we don't get both, we feel deprived, and permitted to go elsewhere to meet our needs. What used to be seen as a weakness of the flesh has mutated into a personal entitlement.

Although it lurks inside nearly every married person in our mainstream culture, the consumer attitude usually doesn't become apparent until we come face to face with our disappointments about our marriage and our mate. Then we start to ask ourselves, "Is this marriage meeting my needs?" and "Am I getting enough back for what I'm putting into this marriage?" In Cheryl's case, she'd told herself for years that she'd "settled" for a second-class marriage for the sake of the kids

During the first 20 minutes of the interview, I focused on helping her examine the implications of leaving her husband for her own well-being. Using the metaphor of the affair as a vacation paradise where no one can actually live permanently, I tried to undermine the fantasy of a blissful new love relationship that would never encounter the erosion of passion that all long-term relationships must face. I also presented a scenario in which she could see rebuilding her marriage as a positive option for herself, instead of a sell-out of her core personal needs. Since she'd eventually end up on the "mainland"--in a long-term relationship, with its daily responsibilities and challenges--anyway, why not figure out how to have a satisfying marriage with her current husband, I asked. She clearly preferred that option, but was doubtful that it was possible.

Toward the end of this part of our conversation, Cheryl explicitly said that she'd consciously chosen the affair and was no longer "a good girl." I know how I'd have handled this comment during the 1970s: I'd have encouraged her to challenge the way society, or religion, or her rigid conscience were defining her as no longer "good." I'd have supported her heroic efforts to break out of the mold of following other people's expectations for her.

Instead, I let her remark pass without comment or follow-up. I wanted to move the conversation to the realm of interpersonal morality--how her behavior and decisions might affect others in her life--rather than focusing on her claims to authenticity and rebellion from conventional standards. Future therapy could return to the theme of her being a good or bad girl, to see if she could integrate these parts of her identity, but for now, I wanted to shift her gaze outward rather than inward.

In a pivotal part of the interview, I summarized and validated the aspect of her decision associated with her personal self-interest, and then asked her to reflect on the consequences of her leaving.

"Okay. So there are two parts of this," I said. "One part is where you might have your best chance for personal happiness--to live in this new relationship so that the next part of your life may give you more joy. And then the other part of that decision concerns the consequences to different people."

"Yes, I know, I know," she responded.

"So let's talk about that part of it."

"The consequences?" Cheryl asked.

“And maybe we can put your personal happiness and the consequences for others back together at some point. But, for now, how do you think a divorce would affect your children?” I asked.

“Oh, the consequences would be devastating,” she admitted.

We explored her sense of those consequences, and I affirmed my concern as well.

The next key moment in the interview followed my statement that it’s possible for couples who work at it to “have the kind of energy and passion that’s truly fulfilling--not the same as that of a new relationship, but the kind [of passion] that, after 10 years or 15 years or 20 years, you say, ‘Wow, this is good.’”

“Yeah, see, I can’t believe that,” Cheryl replied. “It’s unbelievable to me that that’s possible.”

“In your marriage?” I queried

“In my marriage, right,” she said. “So, keep talking, so you can tell me more how to do that.”

At this point, I had permission to lay out a path in which Cheryl would end the affair definitively, and proceed to tell her husband that their marriage had been in grave danger and that she’d had an affair. A little later, when she challenged the idea of telling her husband about the affair, I said that I don’t have any rules about this sort of thing, but that my sense was that this level of honesty would give her husband and her their best chance to make some major changes.

During the remainder of the interview, I tried to undermine Cheryl’s sense of fatalism about the likelihood that her husband could change. I did this by challenging her own passivity in the marriage and her unrealistic beliefs that, somehow, her husband

should respond with grand, dramatic, romantic actions to her ambiguous, half-hearted gestures toward improving their relationship. Near the end of the session, I repeated the theme that Cheryl, at some point in her life, would have to do the hard work of maintaining an intimate marriage, even if she left her current marriage for her lover.

“So I might as well do it in my marriage, since we’ve got history in the marriage, and it would be hurting so many people for me to leave,” she responded.

“That’s for you to decide,” I said.

“That’s for me to decide, yeah,” she agreed.

“But that sure makes sense to me,” I concluded.

Notice that I reaffirmed her autonomy in this important decision. I also quietly affirmed the direction in which she appeared to be leaning, since my position was no doubt quite clear to her anyway. I then encouraged her to work through the decision with her therapist.

Cheryl ultimately took back her marriage. She ended the affair and started working on her relationship with her husband. Not without sadness, though, about letting go of the dream of a new relationship that would be a permanent love affair. An emotional crisis with one of her children also helped to rivet her attention back on her family. She regained her marital commitment when she understood what was at stake--a long-term marriage, a husband who loved her, children who depended on that marriage, and a community of people affected by the marriage. She’d been focusing on what she wasn’t getting from her marriage, what she was entitled to get, her husband’s flaws that had created her dissatisfaction, and how she’d be happier with a new model of husband. In the end, she came to see that she held citizenship papers in her marriage and only a

tourist visa in her affair. Five years later, both she and her husband have made changes, and the marriage is doing well.

Some therapists might have worked with Cheryl in a different way, but my experience in showing the videotape of this session is that many therapists agree with how I handled it. They see her as potentially throwing away a decent marriage for a fantasy relationship. This case is on one end of a continuum of a promarriage stance. On the other end would be a case in which one spouse exhibits scary and controlling violence or abuse. Confronting such a case, most therapists would be very cautious about starting couples therapy and probably support separation. Then there's the vast territory between the frivolous divorce and the destructive marriage. It's the territory between these extremes where we differ so much as therapists, and it's this ground in which the therapist's personal values and professional orientation make a big difference in how we approach distressed couples at a high-stakes moment in their lives.

When Is Enough Enough?

The key question in having a promarriage stance is how hard are we willing to work to keep people in therapy to restore their marriage, versus how ready are we to withdraw our active support for their relationship? This withdrawal can take many forms--voicing neutrality about whether the marriage endures, accentuating flaws in the relationship, empathizing more with the despair than with hope expressed by the couple, and focusing on individual unhappiness far more than on relational responsibility.

It's no doubt obvious by now that I tend to work long and hard with nearly all couples to help them see the possibilities for a renewed marriage, knowing that it's their

decision whether to stay or leave, to work on the marriage or forget about it. I look for hidden strengths in their relationship that they don't see. I emphasize the high stakes when children are present. I try to buy time in which they can take a deep look at their relationship and what they've put into it, before they decide to call it quits.

I know a lot of therapists who share my don't-give-up-too-soon orientation, and a lot who don't. We don't have a consensus in the field about how hard a therapist should work when one or both partners is ambivalent about staying married, or when the relational problems are severe but not personally dangerous. When a spouse is having an affair, how much should the therapist encourage the offended spouse to move on versus hang on, keep healthy, and wait for a shift in the spouse or the other relationship? For me, nearly all marriages, including those marked by sexual or emotional betrayal, are worth going the extra mile for. Even if the marriage ultimately ends, spouses who work hard in therapy can learn a lot about themselves that'll help them in the next phase of their life.

Although I never tell a couple that their marriage is hopeless (that would be playing God), there are times when I stop supporting the marriage in couples therapy. The most common scenario when this happens is when one partner has made a decision to end the marriage, shows no ambivalence, and is proceeding inexorably with the divorce. Even if I think the marriage might have been salvaged, in situations such as this, I don't try to keep both parties in therapy to work on their marital relationship (although we may work on coparenting). I remain supportive of the other spouse who might not be ready to give up on the marriage. It takes two to make a marriage, and one to end it. I don't get a vote in either case.

In much rarer cases, neither party is talking divorce, but I don't offer or continue couples therapy. These tend to be situations in which one partner refuses to take any responsibility for the problems and insists that the other do the changing. I recall a angry, "dry alcoholic" man who took the stance that he wouldn't work on the marriage until she allowed him to move back home, even though he'd made their home life hellish before treatment, and she said she wanted to rebuild trust first. After two sessions of trying to get a contract for marriage therapy, I saw him and his wife separately, rather than pretend we were doing couples work. I empathized with his feeling of rejection and challenged him about his way of trying to reconcile with his wife. I told him I wouldn't reinstate marriage therapy unless we had a three-way agreement that everyone would work on changing himself and the relationship. He didn't buy it. She decided to end the marriage, and I supported her decision.

I sometimes tell friends (and occasionally even clients) that I inherited the optimistic Irish genes, not the depressive one. I've seen the worst marital situations turn around, when people firmly committed themselves to personal change. I've seen irresponsible men start taking responsibility for their behavior, when confronted with the likelihood of losing their family. I've seen nearly out-the-door women realize that they could have a good-enough marriage and a safe home for their children, if they didn't expect their husbands to meet all of their intimacy needs. Sometimes the couples don't change dramatically but, in the words of one woman, they "outlast the problems" through stubborn perseverance--and that seems to be plenty good enough.

I now think of long-term marriage like I think about living in my home state of Minnesota. You move into marriage in the springtime of hope, but eventually arrive at

the Minnesota winter, with its cold and darkness. Many of us are tempted to give up and move south at this point, not realizing that maybe we've hit a rough spot in a marriage that's actually above average. The problem with giving up, of course, is that our next marriage will enter its own winter at some point. So do we just keep moving on, or do we make our stand now--with this person, in this season? That's the moral, existential question we face when our marriage is in trouble, and the crucible of psychotherapy with couples on the brink.

Nearly 35 years into my own marriage, I know the kind of therapist I wouldn't want to see if my relationship were in trouble: not someone who was neutral about whether my marriage endured or died, or who readily accepted my entitlement to have the best possible marriage. Instead, I'd want a therapist who'd be committed to helping us to cling together as a couple, warming each other against the cold of winter and seeking out whatever sunlight was still available while we wrestled with our pain and disillusionment. A good therapist, a brave therapist would be the last one in the room to give up on our marriage, not the first one. Such a therapist would be working from the knowledge that the next springtime in Minnesota would be all the more glorious for the winter that we'd endured together.

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I.D. Doherty Sidebar #1

Working title: Helping Clients with Divorce Decisions

By William Doherty

When people considering divorce come to therapy, they're often too discouraged to make a quick and firm recommitment to the marriage. For this reason, I generally frame the commitment decision as provisional: whether or not to work hard in therapy to try to restore the marriage. I seek an agreement for six months of therapy, with the divorce decision off the table until the end of that period. Real work in therapy isn't feasible, I point out, if the threat of divorce is constantly present and can be brought forward after a bad fight or a bad day.

Whether to stay and try to save the marriage or leave and divorce is actually a decision made by each individual spouse, not by the two of them together. Each person must make a separate decision about saving the marriage, and if both people want to try, then we move forward with the therapy. If one decides to not try, then we can't proceed with couples therapy. That's why I work with each spouse separately for the down-and-dirty discussions about the future of the relationship. I've found that many people won't be fully honest with the other spouse present when weighing whether to continue trying to save a marriage, either because they fear hurting the other or being retaliated against.

In most cases when a marriage is on the brink, one partner is leaning "out" of the marriage and the other is leaning "in." In working with such couples, I recommend a protocol I adapted from a terrific presentation I heard Betty Carter give in the 1980s. The

assumption here is that there's no clear and present danger to the well-being of either spouse.

- * Explore all sides of the divorce decision: the needs and claims of the distressed client, the spouse, the children, relatives, and others. Don't be reluctant to ask about stakeholders if the client doesn't bring them up.

- * Don't give direct recommendations about whether the client should stay or leave; it isn't your decision.

- * Know that your influence won't be neutral. Take responsibility for the influence you'll inevitably have on the client's decision-making process. Pay attention to the meaning of your statements about your views on marriage and divorce.

- * Don't claim to be doing marital therapy at this point. Frame this as decision-making work, with therapy starting only when both people decide to work on the relationship. Otherwise, an ambivalent spouse may bail out after a couple of sessions because the "therapy" isn't working.

- * Since your own values about marital commitment and divorce will become clear during the process, consider making them transparent to the client at the beginning. But clinical judgment is necessary here; with some dependent or reactive clients it may be best to not be explicit because they may take your statement as gospel, start an argument with you, or use what you say to beat up on their partner

- * Make an agreement that you'll help both spouses with their goals: the "out" spouse to make a good decision and the "in" spouse to save the marriage. And that you won't keep secrets on either side.

* See the couple together and separately in the same hour-long session. I take five minutes at the beginning for joint check-in, and then divide the bulk of the time into individual consultations. I end with a brief, joint check-out, with each partner sharing highlights of the individual discussion. (I coach them on the highlights, which should contain accurate, but not hurtful, information.)

* Help the “out” partner look at all sides of the decision on whether to work on the marriage in therapy or to move to end the marriage. Explore the needs of the client, spouse, kids, extended family, and other stakeholders. While identifying with the client’s pain and discouragement, look for openings that might lead to hope that a course of couples therapy could be helpful. Don’t accept cop-outs such as “I’m fine, but my spouse won’t change.” Be conscious of your inevitable influence while at the same time supporting the autonomy of the client.

* Help the “in” partner hold on with dignity and self-care, without making things worse by scolding or pleading. Help this individual to use the marital crisis as a wake-up call for self-change. To work on personal differentiation is the healthiest strategy for both self and marriage. Sometimes, especially when there’s an affair going on, it’s useful to encourage this “in” partner not to move out when asked to (dangerous situations aside), and to otherwise slow down the separation process.

* When the “out” partner is demoralized, challenge the “in” partner to step up in leadership--by planning the postponed vacation and not being discouraged by the other partner’s lack of enthusiasm, for example. When both are demoralized, ask if one is willing to put in extra effort for a time.

This process may continue for a number of sessions, until a decision is reached about whether to proceed with couples therapy. If the decision is not to proceed with therapy, it's common for the "out" spouse to declare the intent to divorce, but the therapist should be careful not to equate the end of the clinical work with the end of the marriage. That's a decision for the spouses to make on their own.

National Registry Sidebar

Because nearly one fourth of married couples in the United States get professional counseling at some point during their marriage, the stakes are high that couples see the right therapists. Unfortunately, many therapists treating couples have no formal training in this modality, and there is no way for couples to know in advance if a therapist is qualified by dint of training and experience. (A little secret in our field is that even licensed marriage and family therapists don't have to have supervised training specifically in couples therapy.) Of course it's even harder for clients to know anything about a therapist's values about marriage, divorce, and the therapist's role when couples are on the brink of divorce.

The National Registry of Marriage Friendly Therapists, founded in June 2005 by therapists William Doherty and Kathleen Wenger, is a web resource for couples and referring professionals to find trained and experienced therapists who specialize in marriage therapy, and whose first stance is not to be neutral about the outcome of therapy but instead to explore how the couple might preserve their marriage and find a path to a better relationship. Couples find therapists through the website www.marriagefriendlytherapists.com and through direct referral by referring professionals who have confidence in the Registry.

Therapists on the Registry must have five years of experience working with couples, course work and clinical training in marriage and couples therapy, and a current practice that emphasizes this form of therapy. Therapists also endorse a values statement affirming marital commitment as a positive value to be supported in therapy unless there

are compelling reasons not to, while also upholding the centrality of clients' autonomous decision making and the necessity of some divorces in a messy world.

The National Registry of Marriage Friendly Therapists is free to the public and takes no advertising. It is supported by annual fees from therapists, each of whom has a profile page with a description of his or her practice philosophy.

The Registry is non-partisan, not religiously-affiliated, and takes no stance on what kind of couples its therapists treat. Registered therapists currently average 20 years of clinical experience, including many with advanced supervisory training. They come from a wide range of political, ideological and religious persuasions. What they all agree on is the value of marital commitment in a world that undermines long term love, and the importance of therapists' skills and values in working with troubled couples.

About Discernment Counseling: For Therapists

You may have clients who could use the Discernment Counseling services of the Couples on the Brink Project, or you may want to receive training in Discernment Counseling Therapy. Here are three kinds of clients that might fit:

- An individual therapy client who is considering divorce and might benefit from exploring with the spouse whether to divorce or try to work on the marriage—something that can be difficult to do with a therapist who has worked with one of the couple.
- An individual therapy client whose spouse has said he or she wants a divorce that the client does not want. You are not usually in a position to invite the other spouse in for a session, and a referral for marital therapy may be seen as pressure by the "leaning out" spouse.
- A couple therapy case where you are stuck in a place of ambivalence on the part of one or both of the spouses, and where a consultation for the couple by an outside counselor might help them decide whether to commit to the therapy or move on to divorce.

We developed Discernment Counseling as a special process because traditional change-oriented marriage therapy is often unhelpful when on one or both partners is ambivalent about working on the marriage.

The goal of discernment counseling is to help couples have greater clarity and confidence in their decision making. The immediate decision is framed not as whether to stay together or divorce but whether to continue moving towards divorce or committing to six month effort to restore the marriage, with divorce off the table for that time period.

Discernment counseling involves 1-5 sessions working with the couple together and each partner separately. The first session is two hours and the subsequent ones 1.5 hours. The discernment counselor explores three narratives: the divorce narrative (what has gone wrong), the repair narrative (how they have tried to fix things), and a possible reconciliation narrative (what path might lead to restoring health to the relationship).

The discernment counselor explores these narratives in order to help the couple see their journey in a more complex way and to see what options then become most compelling. The emphasis is on self-differentiation and self-responsibility and how growing in these areas can contribute to a relationship decision. The counselor respects the reasons for divorce while trying to open up the possibility of restoring the marriage to health. The counselor offers

support and understanding along with challenge, but does not make therapeutic interventions aimed at improving the marriage.

Frequently one spouse wants to stay married and the other is leaning out. The discernment counselor works with each partner separately, focusing on the decision making process with the spouse who is leaning out and on constructive efforts to salvage the marriage with the other. In both cases, the spouse learns to understand his or her own role in the problems and potential solutions, rather than focusing on changing the other.

If the ultimate decision is to try to reconcile, the discernment counselor switches from discernment counseling to beginning a six month course of couples therapy and making referrals to additional resources in the community as needed, for example, alcoholism assessment, couples retreat weekends, or personal therapy. In some cases, the discernment counselor may refer out for the couples therapy if there is a better fit elsewhere in the community.

If the ultimate decision is to divorce, the discernment counselor helps the couple connect with lawyers and other divorce professionals who will support them in having a constructive, collaborative divorce.

<http://www.cehd.umn.edu/fsos/projects/mcb/therapists.asp>

Marriage Friendly Therapists:

Their Values

People seeking help through the Minnesota Couples on the Brink Project have a right to know what values and beliefs underlie the project.

What we believe about divorce:

- Divorce is usually an attempt to solve a problem that people think can't be solved in any other way.
- Some divorces are necessary in order to prevent further harm in a destructive relationship.
- Some divorces are ultimately unavoidable because one party decides on divorce despite the wishes of the other party.
- Some people behave destructively enough over a long time that they lose their claim on their spouse's commitment.
- However, many of today's divorces could be prevented if both parties took steps to work on their marriage before it was too late.

What we believe about marriage

- Healthy, life-long marriage has unique value for individuals, families and communities.
- Life-long commitment is especially difficult in today's throwaway culture.
- Children have an important stake in the health and endurance of their parents' marriage.
- Marital commitment brings obligations to work on a troubled marriage before giving up.

What we believe about healing

- Human beings have the capacity to move past anxiety, distrust, and hostility and relate to each other from our highest selves.
- Restoring a marriage must not come at the expense of one of the partners. Love and fairness must go hand in hand.
- The key is whether both spouses want to restore the marriage to health.
- When both spouses devote themselves fully and with proper help to restoring their marriage to health, they can usually make it.

<http://www.cehd.umn.edu/fsos/projects/mcb/values.asp>