

THE "COMING OF AGE" OF COUPLE THERAPY: A DECADE REVIEW

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This article overviews significant developments in couple therapy over the last decade. Key trends include: (1) couple therapy becoming firmly established as the accepted treatment of choice for couple problems, (2) the blossoming of the science of relationships, (3) strong evidence supporting the effectiveness of couple therapy both for relationship problems and DSM disorders, (4) greater understanding of the ramifications of gender, (5) new respect for the diversity of family forms, (6) increased accent on the role of emotion, (7) the influence of postmodernism, (8) greater recognition of couple violence, and (9) the move toward integration across models of treatment.

The acceptance and utilization of couple therapy has increased enormously during the last decade. Whereas it was once the treatment of last resort, couple therapy is now the preferred mode of treatment for relationships in significant distress in much of our culture. There is no doubt that there is an increasing demand for this kind of therapy. Distress in an intimate relationship is recognized as the single most frequent presenting problem in psychotherapy. Nearly 50% of first marriages and an even higher proportion of remarriages are ending in divorce. A growing number of practitioners are trained to do couple therapy. The American Association of Marriage and Family Therapy (AAMFT) now has more than 20,000 members, almost all of whom see couples regularly. Marital and Family Therapy has advanced substantially in obtaining licensure, and more professionals in related fields such as psychology and social work are specializing in couple therapy. Over the last decade, an understanding has also clearly emerged that couple therapy requires distinct training and a specific set of skills.

Has couple therapy now come of age as commentators such as Gurman and Jacobson (1995) suggest? We would suggest that a treatment modality requires a clear description of the problems it addresses and a way to predict adjustment and distress to be considered mature. It also needs some unifying theoretical frameworks for the phenomena addressed—in this case, adult love relationships—and interventions that are documented to be effective. In this review, we consider developments in our understanding of relationships and relationship problems. We also address interventions and how empirical research has contributed to the growth of the field. In the final section, we summarize some of the main issues and themes that have arisen in the last decade and comment on whether the field of couple therapy has, in fact, come of age. Such a review necessarily reflects the viewpoints of its authors. Because of the importance that we assign to scientific investigation and the remarkable developments in the science of relationships over the last decade, we particularly accent therapies and aspects of relating that have been investigated empirically. However, in our view, couple therapy remains both an art and a science.

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BUILDING A SCIENTIFIC UNDERSTANDING OF COUPLE RELATIONSHIPS

Before the emergence of a systemic paradigm, views of couple process and methods of couple intervention were principally extrapolated from abstract theories of individual adaptation and change. The systemic perspective radically changed this, bringing into focus the need to understand couple process as an entity. Building on research of the previous two decades, the 1990s have seen the maturation of a coherent science of the basic elements of relationship distress and satisfaction.

The work of John Gottman (1994) and his colleagues (Heavey, Christensen, & Malamuth, 1995) is seminal in this area. Their research underlines the power of negative emotions and highly structured interaction patterns, for example, criticism and contempt responded to with distancing and stonewalling, to predict the future of a relationship. As such patterns become pervasive in a relationship, emotional engagement becomes impossible to sustain and polarization and distance accelerate the process of relationship dissolution. Findings from this research have been striking and at times counterintuitive. Angry interactions are not, it appears, as detrimental to the survival and health of close relationships as it was once thought. Emotional distancing is more significant and predictive of relationship distress (Gottman, Coan, Carrere, & Swanson, 1998). This research also finds that stereotypical gender roles are unhealthy for relationships. In general, such studies argue for the crucial importance of emotional engagement and mutual soothing in the process of maintaining and healing a relationship.

Other lines of inquiry have added to our knowledge. Fincham and Beach's (1999) research has pointed to the need to move beyond the simplistic notion of overarching relationship satisfaction, noting that the positive and problematic aspects of a relationship are often independent. Beavers and Hampson (1993) also suggest that being able to own one's needs and ask that they be met in a way that fosters responsiveness and negotiation is crucial to successful couple relationships, as is the ability to deal with conflicting emotions. As a result of this kind of research, we have begun to build a scientific understanding of the processes that distinguish between distressed and satisfied relationships. Such knowledge informs our efforts in couple therapy to foster mutually fulfilling, stable bonds.

The practicing therapist also has to keep in mind, however, that this research is most often based on white, middle-class couples and that cultural variables influence models of successful relationships constructed by researchers, therapists, and couples themselves. High levels of closeness, which are often preferred and functional according to the norms of white, middle-class, North American couples, can also be pathologized and labeled as enmeshed (Walsh, 1993). In short, while a true science of relationships may be developing (Berscheid, 1999), couple therapists have to put research findings about the nature of satisfaction or distress in the context of each couple's personal and social reality.

Over the past decade, commentators have also suggested that couple therapy as a field needs some coherent theories of adult love and intimacy to explain and provide a theoretical context for the interactional patterns found in the research mentioned above (Bergin & Garfield, 1994; Roberts, 1992). Couple therapy requires theories of close relationships, just as individual therapy requires theories of individual functioning and adaptation. Such theories can help therapists to focus interventions and to decide which interventions are most useful with diverse clients at different points in therapy.

There are some who suggest that we do not need theoretical models to intervene with couples and families (Hoffman, 1998) and that we can help couples change their relationships by emphasizing the positive, using different ways of seeing and different metaphors as needed. However, without models to understand how relationships evolve and how they can be revised, we may simply follow one metaphor or one charismatic therapist after another. We then run the risk of being marginalized within the mental health professions.

In the last decade, two theories of adult love relationships that have emerged are expanded versions of exchange theory (Foa, Converse, Tornblom, & Foa, 1993), which has been the cornerstone of interventions such as behavior contracts and negotiation training, and attachment theory (Bartholomew & Perlman, 1994; Cassidy & Shaver, 1999). Attachment theory, which is less well known to systems-oriented therapists, shows considerable promise as a set of explanatory constructs. Attachment security has already been used to predict general relationship factors, such as the quality of love relationships (Collins & Read, 1990), and

specific factors such as support seeking (Simpson & Rholes, 1994) and conflict behaviors (Simpson, Rholes, & Phillips, 1996). This theory can claim considerable cross-cultural validity (van Ijzendoorn & Sagi, 1999) and converges with the feminist literature in depathologizing dependency needs and focusing on how the self develops in relation to others (Bowlby, 1988; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). General theories of relationships have been forever with us, but until recently they have often lacked specificity and have not been shaped by or subject to empirical testing. As we move into the twenty-first century, we face the exciting prospect of having better-grounded theory to guide us, as frameworks such as attachment theory are shaped in relation to emergent findings.

THE EFFECTIVENESS OF COUPLE THERAPY

At the beginning of the new millennium, what do we know about the effectiveness of couple therapy? The special issue of *JMFT* assessing the effectiveness of marital and family therapy (Pinsof & Wynne, 1995) and the follow-up essay (Pinsof & Wynne, this issue) as well as other reviews (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Lebow & Gurman, 1995) have surveyed the existent studies and found clear evidence for the effectiveness of couple therapy. Effect sizes for its impact on relationship problems appear to be similar to those found in individual psychotherapy for problems in individual functioning (Shadish et al., 1993).

However, on the negative side, two developments suggest that we need to learn more about how couple therapy affects clients if the field is to continue to grow and mature. First, very few studies have tested whether the effects of couple therapy are sustained long term. The follow-up studies we do have, which almost all involve behaviorally oriented couple therapy, show a disturbing trend of diminishing effects over time. We clearly need to learn more about how to produce lasting change. Perhaps the formidable durability of treatment effects found in a study of insight-oriented couple therapy by Snyder, Wills, and Grady-Fletcher (1991) can suggest pathways to relapse prevention.

Second, Jacobson and Christensen (1996) have questioned the extent to which couple interventions can lead not only to relationship improvement, but also move clients into the satisfied range. In conjunction with empirical investigation, we must engage in more dialogue about what constitutes success in couple therapy. Should the establishment of satisfying relationships be the goal for all couple therapy? Can we be satisfied with improvements that merely affect aspects of the couple relationship, such as parenting? How do we regard divorce as an outcome? Some of the answers to these key questions may lie in the domain of value clarification (Doherty, 1996) as well as in the development of better methods to enable change.

EMPIRICALLY VALIDATED APPROACHES

The main models of couple therapy at the end of the 1990s are very similar to those identified in Sprenkle's (1990) review of the field a decade ago, namely cognitive-behavioral, narrative, solution-focused, and emotionally-focused. Other models such as feminist, Bowenian, psychodynamic, and integrative, have also flourished. However, it is still the case that only a few methods of intervention have been subject to research validation.

The two methods with the strongest research base and support are Behavioral Marital Therapy (BMT; Baucom et al., 1998) and Emotionally Focused Therapy (EFT; Johnson, Hunsley, Greenberg, & Schindler, 1999) for couples. BMT evolved from a focus on behavioral exchange contracts into an approach that combined problem solving and communication skills training with behavioral contracting. Such contracts might aim, for example, to increase the frequency of pleasing interactions. No single behavioral intervention has been isolated as necessary to promote effective treatment, and in fact, the impact of interventions does not seem to differ. The results of BMT have been reviewed in detail in previous reviews (Lebow & Gurman, 1995; Jacobson & Addis, 1993), as well as in two meta-analyses (Shadish et al., 1993; Dunn & Schwebel, 1995). Shadish et al. (1993) found that BMT demonstrated an effect size of .95. This means that the average couple receiving BMT had higher scores on outcome measures than 83% of untreated couples. As Baucom et al. (1998) note, however, there are questions as to how well these changes are maintained over time.

Behavioral therapists have added cognitive interventions that can be used alone but are generally used as a supplement to BMT (Halford, Sanders, & Behrens, 1993). These interventions teach couples alternative attributions for negative behavior and examine their expectations and standards for a happy relationship. As yet, research has been unable to demonstrate that these cognitive components add to the effectiveness of BMT. Baucom et al. (1998) found that 42% of couples receiving a combined cognitive and behavioral intervention were no longer distressed at the end of treatment.

Recently, Jacobson and Christensen (1996) developed Integrative Behavioral Couples Therapy (IBCT). This approach assigns a major role to promoting acceptance between spouses in addition to traditional methods aimed at behavior change. This model also emphasizes the reframing of harder emotions (e.g., hostility) in terms of softer emotions (e.g., sadness) and using insight into lessons learned about intimacy in families of origin to frame present behavior. There are, as yet, only limited outcome data on this more integrative behavioral approach. A preliminary study suggests that IBCT is more effective in reducing blaming and promoting softer emotional expression in therapy sessions than traditional BMT (Cordova, Jacobson, & Christensen, 1998).

In EFT, the focus is on expanding the constricted emotional responses and interactional cycles that typify relationship distress and fostering the development of a secure attachment bond between partners. Interventions in EFT combine experiential with structural systemic techniques (Johnson, 1996, 1999). The therapist works collaboratively to help partners deescalate the negative cycles that maintain their insecurities and uses newly formulated emotional responses to expand the positions that partners take in the relational dance. For example, hostility may evolve into expressions of desperation and grief. New cycles of contact and responsiveness can then occur. Gottman (Gottman et al., 1998) generally identifies EFT, with its focus on softening emotional responses and restructuring negative interactional cycles, as consonant with his team's research results on the nature of distress in relationships.

EFT has generally proven to be effective with distressed couples (Baucom et al., 1998) and in a recent meta-analysis an effect size of 1.3 was obtained (Johnson et al., 1999). Studies have found that 70%–73% of couples are no longer distressed at follow-up (after 8–12 sessions of EFT). There is little evidence at present for deterioration after treatment termination and a 2-year follow-up on couples that were particularly vulnerable to relapse found results to be stable (Johnson et al., 1999). In a comparison study, EFT was more effective than interventions focusing on behavioral exchange and skill building (Johnson & Greenberg, 1985).

A third method, Insight-Oriented Marital Therapy (IOMT), has been empirically tested in one outcome study with positive results at termination and at 4-year follow-up (Snyder & Wills, 1989; Snyder et al., 1991). This approach offers the couple interpretations that allow them to understand developmental issues, incongruent beliefs, and maladaptive relationship rules. Interventions used in IOMT have not yet been well-specified; hopefully this may be remedied in the future and the research results on this approach replicated.

OTHER APPROACHES TO COUPLE THERAPY

Beyond the above-mentioned therapies, there has been little empirical validation of other approaches to couple therapy. Nonetheless, a number of intervention models have been advanced and have become quite widely practiced.

Problem- and solution-focused therapies that involve focusing narrowly on the presenting problem and relevant solutions (Shoham, Rohrbaugh, & Patterson, 1995) have emphasized brief interventions and have prospered in the climate of managed care. The last decade has seen a decline in manipulative strategic interventions to change couple processes in favor of more genuine, collaborative approaches. The solution-focused model (de Shazer, 1988, 1991) assumes that clients want to change. It seeks to identify exceptions to the problem and to shape solutions that work through future-oriented and scaling questions. It views the cognitive processes involved in the construction of meaning as more crucial than the behavioral shifts that have traditionally been the focus of the more strategic therapies. Weiner Davis (1996) in her version of this approach has suggested that couple therapy can be effective even if only one partner is involved in treatment.

Narrative approaches to therapy place emphasis on cognition and social processes in meaning making.

In couple therapy, this approach emphasizes the stories that partners construct about their relationship (Zimmerman & Dickerson, 1993) and how they are organized and constrained by culturally dominant ideas and practices. Therapists attempt to help couples fight bad habits by constructing new narratives and externalizing the problems that undermine their relationship (Freedman & Combs, 1996; Neal, Zimmerman, & Dickerson, 1999). Narrative therapists also focus on instances in which partners have created unique, positive outcomes in their lives and cocreate an alternative plot or story around these outcomes.

Several Bowenian approaches with couples have expanded their frame beyond particular family-of-origin issues to consider larger cultural forces, such as gender, class, and racism, that constrain couple relationships (e.g., Carter, 1996; McGoldrick, 1998).

Schnarch (1998) has created another influential Bowen-based approach that emphasizes authenticity and differentiation. Psychodynamic approaches, in particular object relations therapies (Scharff, 1995), focus on projection processes between partners emanating from their family of origin and other significant relationships. Wile's (1999) ego-analytic approach stresses the power of helping couples to feel entitled to their thoughts and feelings, thereby gaining insight into their self-critical thinking and relationship patterns.

We have also seen the emergence of highly marketed approaches to couple work. Some, such as Hendrix's (1988) Imago Therapy, have their roots in well-known methods of couple therapy. Others, such as Gray's (1992) "Mars and Venus" approach, have taken limited understandings, such as stereotypical views of gender difference, and expanded them into broad approaches to intervention. Clearly, this is a time when consumer education about what constitutes effective treatment has become a particularly crucial issue.

PREVENTION AND ENRICHMENT PROGRAMS

The line between relationship enhancement and therapy has become increasingly blurred in psychoeducational and experiential group programs that are aimed at preventing problems and enriching relationships. Indeed, many approaches to couple therapy now have a parallel set of methods for structured group programs. Relationship Enhancement (RE; Guerney, 1994) and Prevention and Relationship Enhancement Program (PREP; Floyd, Markman, Kelly, Blumberg, & Stanley, 1995) both are principally focused on the development of communication and problem-solving skills and have empirical support (Giblin, Sprenkle, & Sheehan, 1985). Imago Therapy (Hendrix, 1988) and the Practical Application of Intimate Relationship Skills (PAIRS; Gordon, 1990), which place greater emphasis on individual dynamics, are also popular. There is increasing use of premarital inventories, such as Olson's PREPARE (Olson, Fournier, & Druckman, 1986) to identify areas of relational strength as well as potential problems and to predict later marital satisfaction versus dissatisfaction/divorce. There has been a great deal of activity on these fronts, some good research demonstrating effectiveness, and a prominent organization—the Coalition for Marriage, Family, and Couples Education—now specifically devoted to these activities.

COUPLE THERAPY IN THE TREATMENT OF SERIOUS DISORDERS

Can couple therapy now be used to address significant individual problems? In the 1990s, we have seen broader recognition of the utility of couple therapy in addressing diagnosable disorders and problems. Most often, couple therapy becomes one component in multifocus programs that may include individual therapy, family therapy, group therapy, or medication. There is growing evidence that actively treating people in their social context makes sense, particularly for problems such as depression, agoraphobia, addictions, and obsessive-compulsive disorders (Baucom et al., 1998). The last decade has seen the emergence of overwhelming evidence concerning the pivotal role that relationships play in such disorders (Fincham & Beach, 1999). A lack of supportive relationships can potentiate other stressors, or can elicit the onset of symptoms and undermine a client's response to individual treatment. In a recursive cycle, symptomatic behavior may also elicit relationship distress, which, in turn, exacerbates symptoms.

The evidence on depression illustrates this point (see Kung, this issue). Numerous studies have found that depressive symptoms are strongly linked to marital distress. Thus, it makes sense that couple therapy has emerged as an intervention, especially for those whose depression is explicitly accompanied by

relationship distress, and particularly for depressed women in distressed relationships (Prince & Jacobson, 1995). While individual therapy does help people who suffer from depression, there is no evidence that treatment of the depressed individual alone will alter accompanying relationship problems. There is also strong evidence that continuing relationship dissatisfaction invites the return of depression. Women are particularly at risk in distressed relationships and are generally twice as likely as men to be depressed (Nolen-Hoeksema, 1991). The principal studies that have utilized couple therapy in relation to depression have used behavioral interventions that have been found to be quite effective in reducing depression and couple distress.

Couple intervention for sexual problems has become standard practice in the 1990s, particularly when relationship problems and sexual problems affect each other. New couple interventions for sexual problems have emerged in this decade (Heiman, Epps, & Ellis, 1995; Schnarch, 1998). The impact of physical illness on couples' relationships has also begun to be delineated and potential roles for the couple therapist in the wake of illness are being explicated (Rolland, 1994).

Such applications of couple therapy show a growing recognition of the mutual influences of the quality of our closest relationships and our physical and mental functioning. Couple conflict and separation have been found to be associated with the suppression of the immune system (Kiecolt-Glaser, Malarkey, Chee, & Newton, 1993). For women, general health has been linked to emotional distancing in relationships, while for men it has been linked to conflict in couple exchanges (Fisher, Nakell, Howard, & Ransom, 1992). General findings concerning the power of a positive connection with others to regulate emotion and support resilience to stressful events parallel this research (Burman & Margolin, 1992; Walsh, 1996).

The 1990s saw a particular focus upon the treatment of the after-effects of trauma, and couple therapy is beginning to be used in combination with individual therapy to address problems of posttraumatic stress. Couple therapy seems to be particularly relevant, given that trauma often intensifies the need for protective attachments, while constraining intimacy in close relationships. The ability to derive comfort from another human being also predicts recovery better than trauma history (van der Kolk, Perry, & Herman, 1991). In particular, EFT has been used with trauma clients, particularly the survivors of childhood physical and sexual abuse (Johnson & Williams-Keeler, 1998). The involvement of partners has also emerged as essential in the treatment of alcoholism and drug dependence, and it is found to improve the outcome of treatment of agoraphobia and manic-depression (Lebow & Gurman, 1995). As Pinsof and Wynne (1995) point out, involving family members in treatment seems to potentiate most other intervention components for most disorders.

WHO BENEFITS FROM COUPLES THERAPY AND HOW?

If couples therapy is, indeed, "of age" it should be able to address individual differences in how couples respond to therapy and to specific interventions. This issue has begun to be addressed in the past decade. However, we must acknowledge the limits of the generalizations that can be made on the basis of populations included in research to date. Most couple therapy clients are white and middle class. The considerable influence of cultural diversity and changing gender roles is, as yet, largely unexamined. The adaptation of couple therapy to consider the impact of culture will be a vital concern in the next decade and is addressed further in a later section of this review.

In the research to date, which focuses largely on middle-class North Americans, by far the best general predictor of treatment success, at least in BMT and IOMT, has been initial distress level. This factor has been found to account for 46% of the variance in outcome with BMT, with couples that were initially less distressed doing better (Whisman & Jacobson, 1990). This parallels similar findings in individual therapy. It is interesting that, in a recent study of predictors of success in EFT, initial distress accounted for only 4% of outcome variance (Johnson & Talitman, 1997). However, the female partner's initial level of trust in her partner's caring was particularly associated with treatment success. Emotional disengagement between partners also seems to negatively affect success in all the empirically validated therapies. In general, superficial problem solving or the avoidance of problems and distancing seem to make relationships and relationship repair more tenuous (Jacobson & Addis, 1993).

The impact of couple therapy on older and more traditional couples has mostly been addressed in studies of BMT. These couples seem to find change more difficult with this approach. In contrast, EFT appears to be more effective with partners over 35 and the degree to which a couple is traditional does not seem to influence outcome.

Throughout the decade, there also has been a call for more focus on basic change mechanisms and how they operate. More attention to the actual processes of change and how therapists bring these about can bridge the gap between researchers and clinicians (Persons & Silberschatz, 1998). In the couple field, this research is in its infancy and has mostly been applied to EFT. In EFT, successful couples show greater emotional involvement and become less coercive and more affiliative toward their spouse. Particular change events called "softenings" in which partners risk vulnerability are also found in successful couples (Johnson et al., 1999). Hopefully, there will be more research on how change occurs across a wider range of approaches in the next decade.

ISSUES IN RESEARCH ON COUPLE THERAPY

What are some of the problems and issues in couple therapy research that have been pinpointed in the last decade? One central issue is how to make research more relevant for the practicing clinician. Relevant clinical variables are often omitted from research programs. In many studies, therapist competence is not considered, nor is therapist commitment to a specific treatment model. Much effort has gone into proving that similar interventions implemented by the same therapists get similar results. In research, invariant treatments are also applied to all couples, whereas sensitive clinicians flexibly tailor interventions to specific clients. Furthermore, clients often suffer from multiple problems, whereas couples with many problems are usually screened out of research samples.

In spite of the above difficulties, research gives a field of endeavor accountability and credibility and, more pragmatically, offers the clinician treatment options that are specific and substantiated by more than the press of popular appeal. Pinsof and Wynne (1995) have offered a number of specific recommendations for future research. These recommendations include that problems and treatments must be more clearly specified and treatment adherence must be monitored, a set of core outcome batteries must be adopted, more attention must be paid to drop-outs (which are often not reported) and relapse, outcome studies of longer term treatments must be completed; and research on the process of change must be encouraged. A survey of practitioners also has stressed the need for a focus on therapist and client behaviors leading to important moments of change in therapy (Beutler, Williams, & Wakefield, 1993). It would also be useful to consider what kinds of change are most crucial at various points in the life cycle of relationships (Carter & McGoldrick, 1998).

Research practices are slowly evolving to address issues of ecological validity. The concept of clinical significance and how it might be calculated encourages researchers to specify how valuable treatment actually is to clients (Jacobson & Truax, 1991). The critical events paradigm—identifying key moments of change—appears to offer a promising path for understanding the relationship between therapy process and outcome (Greenberg & Rice, 1984). Another useful methodology that has become more sophisticated in recent years, is to use various forms of replicated single-case studies (Goldfried & Wolfe, 1996). This is a way of doing research that does not require grants or laboratories and that can be done by clinicians for clinicians.

THE EVOLUTION OF COUPLE THERAPY: THEMES OF THE LAST DECADE

In the 1990s, the discussion of two themes identified by Sprenkle in his 1990 review of couple therapy—namely feminist and gender issues and epistemological issues around postmodernism—have continued. Other prominent themes that have emerged over the last decade include a focus on emotion as a powerful and positive force in change, a greater recognition of diversity and the need to extend couple therapy to apply to more diverse couples, and the integration of treatment models.

Gender

As Knudson-Martin (1997) points out, symptoms and problems must be placed not only in the context

of the relational system, but also in the context of gender. A greater awareness of gender issues has continued to build in couple therapies in the 1990s, leading to the broad understanding that couple therapy cannot be fair and effective if it does not include an understanding of the role of gender and the part it plays in the issues of concern. McGoldrick (1998) emphasizes that women and those who do not belong to the dominant white male culture have been consistently labeled as deficient and, more specifically, as undifferentiated, enmeshed, or too emotional. Furthermore, feminist writers such as Hare-Mustin (1994) have underlined the part that therapists play in social control and maintaining the dominant ideology of the social context. Hare-Mustin emphasizes that the ideology of patriarchy defines husbands as dominant and privileged and wives as subordinate and deferential, and reminds us that therapists need to acknowledge their privileged position, develop self-reflexivity, and call attention to the marginalized realities of their less powerful clients. Exchange theory, which focuses on rational self-interest as the basis for relatedness, has been particularly criticized by feminist writers as androcentric (Wood, 1995).

Over the last decade, feminists have presented alternative models of couple functioning and development. Commentators such as Rampage (1995), Carter (1996), and Walsh (1989) have pointed to the need to rebalance power between spouses, to explicate the meanings assigned to earning and controlling money, and to deal directly with intergenerational legacies and issues of everyday life that have vital implications for the distribution of time and effort, such as who does the housework and child rearing. Although the vast majority of contemporary couples have dual incomes, women carry a disproportionate amount of the burden of homemaking, childcare, and eldercare (Walsh, 1998). Men increasingly want to be active parents and equal partners, yet are constrained by traditional cultural norms of masculinity and success.

The writings from the Stone Center (Jordan et al., 1991) assert that people grow in relation to each other and challenge the traditional male model of separation and individuation that have been at the base of many theories of mental health. These authors and attachment theorists (Bowlby, 1988; McGoldrick, 1998; McGoldrick, Anderson, & Walsh, 1991) emphasize that one of the most powerful negative effects of patriarchy has been the pathologizing of dependency. When it is acknowledged that people grow through and toward relationships, women's investment in connection is a strength (Gilligan, Lyons, & Hanmer, 1989). Research consistent with these views indicates that gender-stereotyped roles, where women seek closeness and men guard their independence, negatively affect relationship happiness and stability (Heavey, Layne, & Christensen, 1993). Walsh (1996, 1998), taking a similar perspective, has reconceptualized resilience in relational, rather than individual, terms. She points out that resilience is clearly linked to the ability to reach out for help and to mutual support in caring, committed relationships.

Feminist perspectives and ideals parallel and add momentum to current movements at the cutting edge of the couple therapy field. These perspectives support the more explicit valuing of emotional expression. They support both the growing emphasis on interdependence and mutuality, rather than on autonomy and differentiation, in couple relationships and the focus on a more collaborative respectful relationship with clients (Luepnitz, 1988). They also suggest direct efforts to address gender inequalities and to rebalance power and control between partners so that they can collaborate and negotiate respectfully (Carter, 1996). Although there are many feminist-informed approaches, broad guidelines have been developed for integrating a feminist perspective into couple therapy (Knudson-Martin, 1997; Myers-Avis, 1996; Rampage, 1995), such as making gender and power imbalances visible and including them in problem definition. Over the last decade, the feminist perspective has offered a new lens that has shifted our understanding of relationships and contributed crucial refinements and reformulations that are essential to the conceptualization and future growth of the couple therapy field.

Couple Violence

Feminist writings have focused attention on domestic violence and challenged the assumptions of approaches that blame women for their victimization. The larger cultural context and the individual accountability of the abuser have been highlighted (Jory, Anderson, & Greer, 1997). While many regard violence as a general contraindication for couple therapy, other therapists have found ways to address this problem in a couple format. Goldner, Penn, Sheinberg, and Walker (1990) have integrated narrative, systemic, and

psychodynamic elements in the treatment of abuse, arguing that therapists must attend to the nature of the emotional bond between partners as well as to issues of power and equality.

Violence in close relationships is now acknowledged as a highly significant issue across diverse cultural groups (Walker, 1999). The underreporting of couple violence, even in couple therapy, is a major finding that has emerged over the last decade. One line of research has differentiated different patterns of violent behavior, distinguishing those patterns that are more or less likely to be amenable to treatment (Jacobson & Gottman, 1998). Such research may assist the couple therapist in determining when and how to intervene.

In general, assessment procedures, risk factors, and treatment feasibility issues in violent relationships are now beginning to be addressed (Bograd & Mederos, 1999; Holtzworth-Munroe, Beatty, & Anglin, 1995). Experts agree that the overriding principle must be the safety of the victimized partner and that couple interventions should generally follow individual or group treatment for the abuser. Couple therapy is only recommended if violence is not ongoing, the victim is not fearful of retaliation and willingly enters couple therapy, and the perpetrator admits responsibility and makes a commitment to contain violent impulses. The need to address issues of cultural context is also becoming recognized as essential (Almeida & Durkin, 1999).

Although a 6-month period of nonviolence and involvement in a special program is required in many states for court-mandated batterers before involvement in couple therapy, most couple therapists see abusive clients who have never appeared in court and do not frame their relationships as violent. The need for well-defined assessment procedures (Bograd & Mederos, 1999) and differentiated treatment strategies for such couples is clear and is surely one of the challenges of the new century. All couple therapists must know how to identify and address patterns of violence ranging from verbal intimidation and threats to coercion and battering and be able to make informed decisions about the best interventions to use in particular cases.

Postmodernism

Postmodern perspectives have had considerable impact on the field of couple therapy in the 1990s. Focused on the self-organizing and proactive features of human knowing, they emphasize that reality is constructed, reflecting language, culture, and social context (Anderson, 1997; Neimeyer, 1993). Meaning and knowledge are seen as being created through social communication with others. The most radical forms of constructionism see every case as unique and suggest that no single version of reality or problem formulation is better than any other. Problems are then viewed as "interpretations" that can be "dis-solved" in language (Anderson, 1997).

What are the pragmatic implications of this perspective for couple therapy? For one, the therapist focuses more on constructing new meanings and perspectives with clients. Specific techniques have been developed in solution-focused and narrative therapies to help clients to "deconstruct" the problematic aspects of their relationship and allow new possibilities to emerge. There are, however, many ways to help clients create new meanings and many ways to access and work with aspects of experience that have gone "unstoried." More generally, this perspective may be viewed as an "attitude" or philosophical stance for therapy rather than a model for intervention or a set of techniques.

In general, postmodern perspectives have contributed to the growth of the field by influencing how we view clients, the therapeutic alliance, and the role of the therapist. From a respectful, collaborative stance, therapists regard clients as experts on their own reality and discover with clients how they construct that reality. The therapist shows sensitivity to each individual and enlarges the frame to include larger contextual issues, such as gender, class, and culture.

Therapists also focus more on a couple's strengths and competencies, striving to honor and validate clients' wisdom and strengths in dealing with difficult realities. We and other commentators (Efran & Clarfield, 1992; Pocock, 1995) do not believe that a postmodern view necessitates the abandonment of models or the delineation of patterns in how problems evolve and how people change. Social-constructionist ideas can also be integrated with more traditional research if certain guidelines are followed (Myers Avis, 1994), for example, if researchers recognize and reveal their own values and beliefs within the research context.

Emotion

In the 1990s, emotion has emerged out of the shadows cast by behavior and cognition. In the social

sciences, there has been new interest in emotion as a positive, organizing force in human affairs and a vital part of individual and couple therapy (Johnson & Greenberg, 1994; Lazarus & Lazarus, 1994). This focus can also be seen as part of a larger movement to incorporate individual inner experience in systemic interventions that has been spearheaded by clinicians such as Schwartz (1998) and Nichols (1995) and to address a concern that, at times, earlier systemic approaches seemed to be somewhat impersonal in nature (Merkel & Searight, 1992). There is now a clearer recognition that the regulation of emotion and emotional expression and responsiveness are defining features of close relationships (Walsh, 1998) and constitute what systems theorists call "leading elements" in the couple system (Johnson, 1998). Emotion communicates to others and elicits particular responses from them, in addition to organizing the self for action. There is growing acknowledgment that "Emotions do not have an 'impact on' social life: they constitute social life" (Gergen, 1994, p. 222). The question for the couple therapist is how to constructively address and use emotion in the process of change. Given the pivotal role of emotion in close relationships, the developments in this area seem crucial to the growth of the field and show every sign of continuing in the next decade.

New Respect for Diversity and Varying Family Forms

The field of couple therapy continued to grapple with issues of diversity over the last decade. Studies of gay and lesbian relationships illustrate how old myths are being challenged. Green, Betteger, and Zacks (1996) report that lesbian couples are closer, more flexible, and happier than heterosexual couples. Gay male couples also rated themselves as closer and more flexible in their relationships than heterosexual couples. Gay and lesbian couples also tend to be more egalitarian than heterosexual couples. Rather than being "fused," the relational closeness of gay relationships seems to foster self-actualization and risk taking (Mencher, 1990). In general, these relationships seem to function at least as well as—and possibly better than—heterosexual relationships, despite the stigma and lack of legitimacy afforded to them in our culture. Same-sex relationships are becoming recognized as functional and viable systems that deserve therapists' respect and attention (Brown, 1995; Laird & Green, 1996)

Issues of ethnicity, class, and culture have also come to the fore (McGoldrick, 1998). There is a greater recognition that different cultures hold differing expectations for relationships and that one-size-fits-all interventions have intrinsic limits. There is a renewed focus on making therapy a place where the painful realities of clients' oppressive contexts, such as racism, can be validated and where ways of adapting to such contexts are not labeled as problematic per se (Akamatsu, 1998). The field is beginning to struggle with issues such as differing gender roles in African-American couples (Franklin & Franklin, 1998), the difficulties of interracial couples (Crohn, 1998) and the effects of migration on couples and families (Sluzki, 1998). The literature on families and couples of different ethnic backgrounds stresses that culture often defines what is considered problematic. For instance, therapists working with Filipino couples need to be aware of the cultural norms concerning indebtedness and children's lifelong respect and obedience to parents (Cimmarusti, 1996). In many cultures, the couple relationship is secondary to the relationship with parents, especially between sons and mothers. Such triangles may generate tensions for the marital couple (Falicov, 1998a). Our increasing understanding of diversity and the ability to tailor intervention to individual needs can only strengthen the field.

The Move Toward Integration

There has been a "quiet revolution" in the 1990s in the level of integration of couple interventions across models (Lebow, 1997). This move makes sense given the wide range of behavior and problems that couple therapists now deal with and the pragmatics of clinical practice. It is also a sign of a maturing field that general principles and interventions become delineated and applied in varying formats and contexts. For example, insight into family-of-origin patterns might be combined with prescribed skill building (Hendrix, 1988) or used in a nondirective, more analytic fashion (Scharff, 1995). A cursory overview of interventions in the field at the moment reveals many commonalities. A humanistic experiential approach such as EFT identifies a couple's negative pattern and allies partners against this common enemy in the first stage of treatment. This intervention is very similar to what narrative therapists call externalizing the problem. Postmodern approaches also parallel Rogerian humanistic models in their focus on a collaborative alliance,

on following and validating clients, and on bringing marginalized experience onto center stage. Narrative therapy and Wile's (1995) ego-analytic approach share a cognitive emphasis on meaning-making processes.

Sophisticated systems approaches now also exist that integrate theories, strategies, and interventions from a range of models and modalities (Pinsof, 1995; Prochaska & DiClemente, 1992). We also are seeing the beginnings of integrative therapies shaped to respond to specific couples issues, such as high conflict (Pinsof, 1998), infidelity (Lusterman, 1996; Pittman, 1990), and the incursions of trauma into the couple's relationship (Johnson & Williams-Keeler, 1998).

Generic aspects of treatment are also emphasized more across models. Building skills, such as communication, is now basic to a wide array of therapies, albeit addressed in different ways. The need for acceptance between partners and the growth of compassion and empathy are also being stressed across models. We are, perhaps, beginning to build a generic base for couple intervention that is less constrained by differences in language.

WHERE ARE WE NOW?

So where are all of us who work with couples as we stand on the edge of a new millennium? Have we really "come of age"? If self-awareness and the ability to learn and change are signs of maturity, perhaps so. Our field has demonstrated the ability to reflect on itself and recognize its own biases. In the last decade, we have progressively recognized the salience of cultural influences, such as gender, ethnicity, and sexual orientation. Recent epistemological debates on postmodern approaches can be viewed as a struggle to hold on to articulated models of problems and change processes and at the same time to honor and address the uniqueness of our clients. Viewed in both/and terms, we can acknowledge both patterned phenomena and unique occurrences. In parallel, a new area of research that holds promise involves asking clients themselves about the process of change (Christensen, Russell, Miller, & Peterson, 1998) and so honoring what couples have to teach us about the regularities and the unique, particular aspects of this process.

Another characteristic of a field that has come of age is conceptual coherence. The question is whether we are developing theories and maps of the territory in which we work that we can hold in common, or whether we are all going off in different directions. If we do not adopt some unifying frameworks to describe, predict, and explain relationship problems and guide intervention, the field may be in danger of fragmentation and marginalization (Falicov, 1998*b*). On the one hand, it may become a "bag of tricks" modality, where interventions follow fashion and are applied without any theoretical context. On the other, it may lurch from one abstract epistemological position to another, while crucial issues such as the need for more and better training go unheeded.

Another sign of maturity is dependability. Even when interventions help, they often fall short of making happiness and stability attainable. Relapse rates are high, even for some of the more researched and popular couple interventions, such as teaching communication skills (Baucom et al., 1998). Nevertheless, there is growing research that supports the effectiveness of couple therapy as well as progress in using this therapy to effectively address "individual" problems, such as depression. Couple therapy is also beginning to be more explicitly conceptualized as a context where partners can help heal each other's pain and promote individual growth and resilience. A more sophisticated understanding of the role of significant relationships in individual functioning is evolving, which undoubtedly will contribute to the further development of the field (Baucom et al., 1998).

Maturity is also connected with being able to be autonomous and, at the same time, connected. Marital and Family Therapy is now a distinct profession as well as a specialty within the disciplines of social work, psychology, counseling, and psychiatry. It is crucial for the future of our field that couple therapists and researchers maintain connections across all mental health professions. Couple therapy is integrating ideas and data from other areas such as social psychology (e.g., the research on adult attachment) and physiological research. The couple therapy of the new millennium will need to be more efficient and to demonstrate that it can foster significant and lasting changes in intimate relationships. It will need to acknowledge what is universal, such as the power of emotion, and address what is unique in every couple that comes to therapy. It will need generic interventions reflecting the key elements of relationship distress

and specific interventions tailored to particular clients. It will need to be both an art and a science, open to learning from other related fields and, perhaps most of all, to be willing to learn from clients about the process of change.

The specific challenges of the next decade will be many. Some we know well. The need to study and understand the change process in different models has been noted in every review ever written. Other challenges are just beginning to be formulated, such as how best to address violence in intimate relationships, how to deal with the special issues that arise for partners of different cultures, and how to potentiate change with aging or traumatized partners. It is perhaps premature to say that the field of couple therapy has come of age, but we are certainly on our way and picking up speed.

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