CHAPTER 1

Couple Therapy in the 21st Century

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Couple therapy is an evolving field, and this *Handbook*, now in its sixth edition, reflects this evolution. One transcendent fact is apparent in even a cursory examination of the contents of the current edition: Couple therapy is now an important, widely disseminated form of therapy. There was a time when couple therapy was treated as an afterthought in considerations of psychotherapy and counseling, and seen as consisting of methods derived from individual or family therapy. Today, couple therapy has emerged as a form of treatment that stands on its own, is widely practiced, and has its own distinct methods. The largest international study of psychotherapists found that 70% of psychotherapists treat couples (Orlinsky & Ronnestad, 2005). A survey of expert psychotherapists' predictions about future practices in psychotherapy showed couple therapy to be the format likely to achieve the most growth in the next decade (Norcross, Pfund, & Prochaska, 2013).

Two key factors have driven the development and widespread adoption of couple therapy as a prominent therapeutic modality: the high prevalence of couple distress, and its adverse impact on the emotional and physical well-being of adult partners and their offspring. In the United States, 40–50% of first marriages end in divorce (Kreider & Ellis, 2011). Globally, across almost all countries for which data are available, divorce rates increased from the 1970s to the beginning of this century (Organization of Economic Cooperation and Development, 2011). Independent of divorce, many couple relationships experience periods of significant turmoil that place partners at risk for developing symptoms of various emotional or physical health disorders. In a U.S. survey, the most frequently cited causes of acute emotional distress were couple relationship problems (Swindle, Heller, Pescosolido, & Kikuzawa, 2000). Partners in a distressed relationship are significantly more likely to have a mood disorder, anxiety disorder, or substance use disorder (McShall & Johnson, 2015) and to develop more physical health problems (Waite & Gallagher, 2000). Moreover, couple distress has been related to a wide range of deleterious effects on children, including mental and physical health problems, poor academic performance, and a variety of other concerns (Bernet, Wamboldt, & Narrow, 2016).

Many widely embraced principles of couple therapy have emerged that transcend theoretical orientation, as well as several widely disseminated specific approaches to couple therapy aimed at reducing couple distress and improving relationship quality. Additional couple-based interventions have been developed targeting specific couple or individual problems (e.g., infidelity, partner aggression, mental health disorders) and populations (e.g., older adults, stepfamily couples). Although there remain threads of both theoretical and technical connection to various methods of individual and family therapy (Lebow, 2014), the field now features a distinct set of prominent approaches, builds on a large

body of basic research focused on intimate relationships, and offers a substantial body of empirical evidence supporting the efficacy and effectiveness of its methods. It has become abundantly clear that effective intervention with couples requires its own set of theories, approaches, and methods anchored in relational science. Furthermore, effective intervention for any psychological problem should include couple-based methods in the therapeutic arsenal.

A BRIEF HISTORY OF COUPLE THERAPY

Gurman and Fraenkel (2002) described four stages in the development of couple therapy. In the early 20th century, an atheoretical marriage counseling emerged, consisting of a pragmatic mix of psychoeducation and advice giving. During this period, most of those working with couples did not label themselves as psychotherapists; often they did not see spouses together. The second phase that began in the 1930s built on expanding the then predominant form of therapy, psychoanalytic psychotherapy, to work with couples. Initially, in this treatment, partners tended to be seen separately by the same therapist in what was called concurrent therapy, but eventually this approach segued into the beginnings of conjoint therapies in which both spouses participated in sessions. Nonetheless, Michaelson (1963) estimated that in the 1940s, only 5% of couples experienced counseling conjointly; by the mid-1960s, this number had increased only to about 15%. Phase 3 was sparked by the impact of the family therapy revolution in the 1960s and 1970s, in which prominent models of therapy emerged based in systems theory. Subvariations of such core family systems therapies as experiential, strategic, psychoanalytic, and behavioral therapies focused on couples and couple therapy (Gurman & Kniskern, 1981). These therapies almost invariably saw partners conjointly. In its current phase, couple therapy has emerged as a mature discipline that includes a wide array of distinct treatments, a well-established underlying set of theoretical percepts, a stronger evidence base both in the efficacy of therapies and in its foundation in the emerging body of relational science, and an expanded conceptual framework that includes feminism and multiculturalism, and thus speaks to a broader diversity of couples. This era also includes the flourishing of numerous integrative methods and the development of couple therapy as a format for treating problems of individual partners.

COUPLE THERAPY WORKS

Previous reviews affirm the effectiveness of couple therapy in reducing relationship distress (Bradbury & Bodenmann, 2020; Doss, Roddy, Wiebe, & Johnson, 2022; Lebow, Chambers, Christensen, & Johnson, 2012; Roddy, Walsh, Rothman, Hatch, & Doss, 2020; Shadish & Baldwin, 2003). The average person receiving couple therapy is better off at termination than 70–80% of individuals not receiving treatment—an improvement rate that rivals or exceeds the most effective psychosocial and pharmacological interventions for individual mental health disorders. A variety of couple treatments have also garnered evidence supporting their effectiveness for specific relationship problems including sexual difficulties, infidelity, and intimate partner violence.

Separate from reducing either general or specific relationship difficulties, evidence from clinical trials supports the impact of couple therapies for coexisting emotional, behavioral, and physical health concerns (Fischer, Baucom, & Cohen, 2016; Goger & Weersing, 2022; Hogue, Schumm, MacLean, & Bobek, 2022). For example, chapters included in this *Handbook* describe evidence supporting couple-based interventions for depression or anxiety, posttraumatic stress, and alcohol problems of an adult partner, as well as couple interventions with parents of youth with attention-deficit/hyperactivity disorder (ADHD) or related disruptive behavior disorders. Couple-based interventions for physical health problems constitute a rapidly expanding application—with evidence supporting the benefits of couple therapy for a broad spectrum of conditions including cancer, chronic pain, cardiovascular disease, anorexia nervosa, or type 2 diabetes (Shields, Finley, Chawla, & Meadors, 2012). Common components of couple-based interventions for individual mental and physical health problems emphasize partner support, improved communication, and increased attention to the disorder's adverse impact on the couple relationship. The extension of couple-based treatments to individual disorders reflects one of the most important developments of couple therapy in this century.

A VIEW OF COUPLE THERAPY TODAY

Editing this *Handbook* has been a privilege. Since the inaugural volume edited by Neil Jacobson and Alan Gurman (Jacobson & Gurman, 1986), it has long been a definitive guide to the

couple therapy of the time. Over the past 40 years, authors of chapters in this *Handbook* have been a "who's who" in the field of couple therapy, and the approaches covered have provided a snapshot into the *Zeitgeist* of couple therapy at the time of each edition. In this first chapter, we look to extrapolate from the various chapters in this sixth edition to discern broad trends in the field since the prior edition. Moving beyond the obvious observation that this *Handbook* offers a rich and effective set of approaches, we look to articulate general trends in the field, as well as commonalities and continuing major points of difference and controversy across approaches. As we have read the various chapters in this edition, clear trends have emerged. So, in looking at the approaches in this book, what then can we say of couple therapy?

Foundation in Relational Science

One aspect of contemporary couple therapy is its strong foundation in relational science. Bear in mind that couple therapy began as a method of practice before there was a field of relational science. Indeed, at the time of its origin, there were only the most primitive beginnings of social psychology. The infusion of relational science into practice has been slow and evolving.

The first widely recognized connections to science came in the form of bringing outcome and efficacy assessments to couple therapies (Gurman & Kniskern, 1981). To no great surprise, those efforts initially instigated considerable reactivity from those who practiced therapies less frequently represented in the research (Gurman & Kniskern, 1978). Today, the crucial role of evidence in relation to the impact of various couple therapies is widely acknowledged. Most couple therapy begins with the clear purpose of reducing relationship distress and promoting couple wellbeing, measurable outcomes that readily can be compared to the limited changes in relational satisfaction typical of those couples in no-treatment control conditions (Baucom, Hahlweg, & Kuschel, 2003; Roddy et al., 2020).

To some extent, couple therapy has become more firmly established because both meta-analytic data and systematic reviews of the literature affirm the considerable broad impact of couple therapy (Bradbury & Bodenmann, 2020; Doss et al., 2022; Roddy et al., 2020; Shadish & Baldwin, 2003, 2005) and of several of its specific approaches (Fischer et al., 2016; Roddy, Nowlan, Doss, & Christensen, 2016; Wiebe & Johnson, 2016). This research also highlights the impact of couple therapy on individual functioning even when relational functioning is the primary focus of the couple therapy. Moreover, unlike spontaneous remission of some disorders in the absence of treatment, research shows little improvement in relationship satisfaction among distressed couples who do not receive therapy. Care delivery systems find links of couple-based treatments to such clear and measurable outcomes essential.

Even more impactful has been the influence of basic relational science research on couple therapy. Whereas early couple therapy only drew in limited ways on the newly emerging field of relational science, most approaches now cite such basic research as part of the foundation for their methods, be that research about attachment, behavior exchanges, emotion, or characteristics of couples with specific problems or from specific populations. The linkages between basic research and practice articulated by John Gottman (see Gottman & Gottman, Chapter 16) in the late 20th century modeled for others the incorporation of such basic science research into practice. After the emergence of science-based couple therapies, those who promoted their ideas about relationships without providing empirical support, even if remaining fashionable in the popular media, came to have less credibility or influence among researchers and clinicians, who increasingly became committed to effective, evidence-based clinical practice. Moreover, with empirical investigation also came the ability to disconfirm theories and even identify the potential harmful effects of certain untested ideas (Lilienfeld, 2007).

Links to Neuroscience

Closely connected to the incorporation of relational science in practice has been the rapid advance in the integration of relational neuroscience in contemporary approaches. Most models of couple therapy were well developed before the technology was available to assess brain function in relational life. However, in the few years since the publication of the fifth edition of this *Handbook*, there has been an explosion in the information available from neuroscience in relation to couple functioning. Today's couple therapies have begun to incorporate this emerging and exciting new knowledge base. Yet, here there is a caveat. Relational neuroscience is in its infancy. Studies are complex, with endless possible neurotransmitters and brain structures that may be simultaneously influencing and influenced by couple processes. Methodologies range from those using simple, readily available instruments

such as pulse oximeters (an inexpensive instrument that has utility here) to very expensive functional magnetic resonance imaging (fMRI) scanners. In exploring the literature and evaluating claims made of findings' implications for clinical practice, the reader needs to remain mindful that a specific finding that supports one approach might also support another, that research findings require replication, that correlation is not causation, and that the body of findings is only just beginning to produce an evidence-based set of knowledge that is widely accepted.

A Convergence of Methods

Upon examining chapters in Part I of this *Handbook* describing various models of couple therapy, we discern an emerging and substantial convergence of methods across different approaches.

Couple Therapy Is Both Pluralistic and Integrative

Contemporary couple therapies often cross the boundaries of schools of therapy and theoretical constructs that typically have been identified in individual therapy and earlier iterations of couple therapy. Thus, for example, while psychoanalytic individual therapy almost exclusively focuses on factors such as transference, the impact of early experience and inner life, the couple therapy variations of these approaches have come to include many other elements such as communication skills building. Similarly, cognitive-behavioral couple approaches today transcend simply focusing on cognitions and behavioral sequences, instead also tapping emotion, meaning, and early experience. Such integration results from a cross-pollination across the couple therapies (wise ideas become assimilated into other models) and the powerful pragmatic issues that every couple therapist faces regardless of orientation, such as how to manage spiraling angry interactions, engage the less invested partner in therapy, promote positive connection, or deal with comorbid individual emotional or physical health concerns.

Most approaches build from a biopsychosocial foundation that includes diverse aspects such as cognition, emotion, the influence of history, and inner psychological processes. Thus, they tap into multiple levels of human experience (Lebow, 2014). For example, Gottman method therapy addresses the direct behavioral level of exchanges and a far deeper level of meaning. Emotionally focused therapy addresses not only underlying primary and derivative emotions but also attachment. Enhanced cognitive-behavioral therapy addresses not only behavioral patterns but also relational schemas and emotion. Integrative systemic therapy addresses the many levels of human experience, from behavioral exchange to inner experience.

Approaches certainly have differences in how much they emphasize each component, but the overlap is considerable. Indeed, in editing this book, we prompted authors to write less about those aspects of their approaches that were drawn from other approaches, so that better conceptual clarity between the essence of schools of couple therapy might be highlighted. Some authors explicitly speak of their approaches as integrative, while others do not; but regardless of whether they do so explicitly, integrative elements frequently permeate.

How should couple therapists think about and make use of these trends toward an expansion of both the specific phenomena to which contemporary approaches attend and the broadening of various theoretical frameworks from which these phenomena are conceptualized? One approach that emerged during the 1970s was eclecticism—defined as the borrowing of specific techniques or constructs without allegiance (or even regard) for the theoretical framework in which those techniques or constructs were originally embedded (Lazarus, 1989). However, risks of eclecticism include the unsystematic or contradictory use of specific interventions, as well as the dismantling of interventions that rely on the synergistic effects of specific components implemented in combination for their effectiveness.

An alternative to eclecticism is pluralism—an approach that recognizes the validity and usefulness of multiple theoretical perspectives and draws on constructs and intervention strategies from across theoretical models by tailoring intervention strategies to a given case at any given moment based on their clinical relevance and potential utility. Pluralism differs from eclecticism in that interventions are always conceptualized from within a theoretical framework. Snyder (1999) advocated a pluralistic approach to couple therapy involving six levels progressing from a foundation of the collaborative alliance and managing initial crises, through strengthening the couple dyad and promoting relevant relationship skills, to addressing cognitive components and developmental sources of relationship distress. The therapeutic palette method of couple therapy presented by Fraenkel (see Chapter 15) articulates a particularly elegant approach to pluralistic practice.

By the 1990s, the majority of therapists self-identified as "integrative" rather than "eclectic" (even if their understanding of the difference might have been limited) (Lebow, 1997). Integration extends beyond pluralism via its blending of theoretical constructs or therapeutic techniques into one unified system or framework. Two specific approaches to integration involve the identification of common factors and the recognition of shared strategies, each of which we consider further here.

COMMON FACTORS

As Davis suggests in Chapter 13, a set of common factors lies at the base of couple therapy. These include common factors shared with individual therapy, such as the therapeutic alliance, the instillation of hope, and attending to feedback. Additionally, there is a second set of common factors unique to relational therapies that include maintaining a relational frame, an active therapy style, disrupting dysfunctional relationship patterns and supporting functional ones, and some effort to create a relational therapeutic alliance. Although not all models in this *Handbook* speak explicitly of common factors, most do attend to them. For example, it is rare to find a chapter that does not include a discussion of creating a therapeutic alliance and attending to its complexities.

SHARED STRATEGIES

Beyond common factors lies a wide array of strategies that either originated within one approach and migrated to other therapies or have emerged as important intervention pathways in different approaches (Lebow, 2014). For example, most approaches strive to promote some form of negotiation between partners, some form of mutual empathy and understanding, some engagement and focus on the strengths of the relationship, some affective reengagement of positive connection, some understanding of individual contributions to the conjoint problem, and some form of mindfulness or affect regulation to render conflict-based interactions more constructive. Frequently shared strategies include tracking patterns, listening, witnessing, psychoeducation promoting mentalizing, promoting softening, and building attachment. Notably, the naming of these shared strategies can often be a constraint in the recognition of shared ground. Terms such as "cognitive restructuring," "reframing," and "restorying" exemplify different jargon for similar interventions across approaches. Such jargon readily invites a Tower of Babel in which similarities across approaches are not recognized and small differences in methods are accentuated over common ground (Miller, Duncan, & Hubble, 1997). (Notable exceptions exist—for example, the use of the word "softening" in emotionally focused therapy has been enormously helpful in providing the perfect word for a broadly recognized intervention across diverse approaches.)

Arrangements

Given the many different approaches to couple therapy and the varying problems and purposes for which it is employed, the extent to which the pragmatics of when, with whom, and how often couple therapy is done is quite remarkable. Couple therapy today is primarily done conjointly, with a clear set of specified rules for any separate communication with individual partners. Sessions are most commonly conducted for 1 hour per week, and most methods include some carryover of the process (e.g., homework) between sessions. Couple therapy may continue for only a few sessions or last years, but most models envision a process lasting between 3 and 12 months. It is striking that even though there have been innumerable methods developed that are aimed to be conducted over either briefer or longer time frames, and with shorter or lengthier sessions, the standard remains mostly the standard. Whether this is driven by custom, by cost considerations such as insurance reimbursement, or by some shared notion that this is most effective remains an open question.

Couple Therapies Have Evolved from Their Origins

Couple therapy models emerged out of various theoretical traditions, each anchored in its own time of development. However, it is in the nature of psychotherapies that whereas theories and concepts often last over time, specific approaches do not. For example, in the first few versions of this *Handbook*, behavioral marital therapy was a distinct, singular approach. That original treatment has been largely supplanted by the considerably expanded cognitive-behavioral couple therapy (see Baucom, Epstein, Fischer, Kirby, & LaTaillade, Chapter 3) and integrative behavioral couple therapy (see Christensen, Dimidjian, Martell, & Doss, Chapter 4). Similarly, emotion-focused therapy has been succeeded by emotionally focused couple therapy (see Johnson, Wiebe,

& Allan, Chapter 6) and emotion-focused couple therapy (Goldman & Greenberg, 2015). In a like manner, early psychoanalytic therapies have been superseded by object relations couple therapy (see Siegel, Chapter 7) and mentalization-based couple therapy (see Bleiberg, Safier, & Fonagy, Chapter 8). And Bowen therapy and contextual therapy have been largely succeeded by a broader, more attachment-oriented version of intergenerational therapy (see Fishbane, Chapter 9). Other therapies often spoken of in early texts like this one, such as structural, experiential, and strategic couple therapy, have now declined as predominant models, although they still have a cadre of devoted followers, and their critical influence can be seen in various contemporary approaches (e.g., see Franklin, Zhang, Bolton, & Yates, Chapter 11, on solution-focused couple therapy). In tandem, the practice of some forms of couple therapy such as narrative therapy and emotionally focused therapy have vastly expanded and evolved (see Johnson et al., Chapter 6, and Freedman & Combs, Chapter 10). And newer forms of couple therapy have emerged, such as socioculturally attuned couple therapy (see Knudson-Martin & Kim, Chapter 12) and acceptance and commitment couple therapy (see Lawrence, Cohn, & Allen, Chapter 5), as well as numerous specific therapies targeting specific issues or populations.

A Central Role for Culture and Gender

Couple therapy began as "marital" therapy—that is, with a fixed set of ideas about who the couple comprised (a man and a woman), their legal status as a couple (married), and often with a stereotypical set of expectations having to do with roles and other aspects of the relationship. And from this perspective, marital therapy without much self-reflection often spoke primarily to the experience of White, middle- and upper-class Americans and Europeans.

Feminist, queer, and multicultural perspectives, as well as the dissemination of couple therapy around the world, have very much changed this perspective. Couple therapy is now a vehicle for helping with intimate relationships across gender, sexual preference, class and culture, and other facets of individual differences (see Knudson-Martin & Kim, Chapter 12). This has even affected the language for talking about couples. Consistent with the emerging consensus in the field, in instances where the text refers to a generic (gender nonspecific) singular subject, this book uses the pronoun "they" for that subject.

Understanding couples in the context of culture, gender, and sexual orientation has become an essential aspect of couple therapy. Furthermore, couple therapies are often most helpful when adapted to specific kinds of couples—for example, adaptations for lesbian, gay, bisexual, transgender, and queer (LGBTQ) couples (see Coolhart, Chapter 23), stepfamily couples (see Papernow, Chapter 22), or Kelly and colleagues' (2019) description of the special considerations in therapy with Black American couples. These insights and practices do not require clinicians to relinquish their favored theoretical approach to couple therapy but do present crucial additional considerations in the context of working with couples in a sensitive and effective manner.

COMMON ELEMENTS OF COUPLE THERAPY

Assessment

In their chapter on couple assessment, Snyder and Balderrama-Durbin (see Chapter 2) argue that assessing multiple domains (e.g., emotions, cognitions, and behaviors) across multiple system levels (e.g., individual partners, their relationship, and broader family and cultural contexts) is essential for selecting, tailoring, and sequencing couple therapy interventions in a planful and effective manner. Although nearly all chapters in this *Handbook* address assessment issues, both theoretical models and specific applications of couple therapy vary in their advocacy of specific content or methods, their philosophical stance toward normative versus idiographic approaches, and their views on whether formal assessment necessarily precedes intervention or, instead, evolves organically throughout therapy. That said, the different chapters universally recognize the importance of attending to individual differences in conducting relevant interventions. Similarly, nearly all speak to the importance of monitoring both the process and progress of therapy in evaluating the impact of specific interventions and revising the clinical formulation (whether explicit or implicit) and plan of therapy accordingly.

Related to assessment is the specification of specific inclusionary or (more usually) exclusionary criteria for couple therapy. Most models of couple therapy advocate against conjoint interventions when one or both partners report moderate to severe partner aggression, suicidality, active alcohol or other substance abuse, continuing infidelity, or psychotic symptoms. This *Handbook* includes chapters describing specific

couple-based treatments for some of these issues (e.g., Epstein, LaTaillade, & Werlinich, Chapter 17, for partner aggression; Gordon, Mitchell, Baucom, & Snyder, Chapter 18, for infidelity; or McCrady, Epstein, & Holzhauer, Chapter 25, for alcohol problems). Careful assessment facilitates informed decisions as to whether any of these or similar problems can be addressed within one of the theoretical models described in Part I of this *Handbook* or, instead, they require the more specialized intervention protocols presented in Part II on specific applications.

Myriad Strategies of Intervention and Techniques

Across the many chapters of this *Handbook*, one marvels at the richly distinct body of methods of intervention that have been developed. Clearly, some of the most creative and astute clinicians have developed this wonderful array of methods. The models described here bubble over with a potpourri of rich clinical illustrations interwoven throughout their exposition. Given this, couple therapists have available a panoply of active ingredients they can incorporate into treatment.

Notably, effective therapists often come up with very similar ways of working in couple therapy across whatever divides exist among theories. Clearly there also has been crosspollination, evidenced by the many cross-references in various chapters to other approaches in this *Handbook*. As already noted, language often continues to obscure similar constructs or techniques across approaches—with the same method (e.g., operations designed to heighten or diminish affect) being referenced by different names. That said, at times there are substantive and important differences in the nuances of methods (e.g., how directive to be in challenging a particular cognition, or how to label or incorporate historical influences) that should be considered when selecting and implementing various methods in a coherent manner.

The Systemic View: Sequences and Vulnerability Cycles

One important shared emphasis of almost all couple therapies lies in tracing the interpersonal sequences that unfold in the process of developing relational difficulties. This speaks to the influence of shared systemic understandings. Although certain processes may lie within individuals, the inevitable mutual influences between partners define the crucial understanding that is foundational to treating couples. It is in the nature of intimate relationships that the thoughts, feelings, and behaviors of partners inevitably affect one another and their relationship in an ongoing, recursive manner.

These cycles are named in a variety of ways across approaches, and what is seen as the specific internal component of greatest moment in these cycles varies from approach to approach. Thus, Breunlin, Russell, Chambers, and Solomon, in describing integrative systemic therapy in Chapter 14, refer to sequences. Fishbane, in the context of Chapter 9 about intergenerational therapy, speaks of the vulnerability cycle, whereas Johnson and colleagues refer in their discussion of emotionally focused therapy in Chapter 6 to mutual attachment injuries. Whatever the naming of the process, the core sequence being referenced here is a multilevel interpersonal process in distressed couples of turning away from one another or aggressively toward each other as opposed to compassionate engagement. The models in this *Handbook* articulate how these processes, like rust corroding the foundation of bridges, can erode the positive connection between partners. The chapters in the first section of this *Handbook* describe how couples can develop and maintain a vital loving connection and the processes by which such connections diminish, whereas the chapters about specific problems and issues (e.g., Monson & Fredman, Chapter 24, on posttraumatic stress disorder [PTSD], or Hall & Watter, Chapter 19, on sexuality) emphasize how those issues come to be interwoven in the broader fabric of individual and relational functioning.

Whom to Include in the Couple Therapy

As noted earlier, contemporary approaches almost universally operationalize couple therapy as uniquely involving conjoint sessions with the two relationship partners. That said, there are exceptions. For example, some theoretical models and specific applications advocate for inclusion of individual interviews during the initial assessment. Some suggest infusing individual sessions during the couple therapy as a means for disrupting unremitting, escalating negative exchanges until better self-regulation can be achieved with the individual partners and then incorporated into resumed conjoint sessions. Some models have more flexible boundaries about whom to include, based on partners' own conceptualization of significant participants in their relationship (see, e.g., discussions of direct and indirect

client systems in integrative systemic therapy by Breunlin et al. in Chapter 14, or incorporation of adult children by Knight in therapy with older adult couples in Chapter 20).

Pragmatic Focus on Relationship Satisfaction

Another clear point of overlap lies in a dual focus on reducing couple distress and promoting relationship satisfaction. Almost all couple therapies emphasize specific interventions targeting these two, complementary outcomes. That said, models vary in their relative emphasis on one versus the other. By definition, couple-based applications for specific relationship issues (e.g., partner aggression or infidelity) or individual problems (e.g., depression or anxiety disorders, alcohol problems, acute medical issues) target reduction in these difficulties, with improvement in relationship satisfaction often being viewed as one of the mediating pathways. Historically, many couple therapies have focused more on reducing conflict than on promoting intimacy—although, more recently, such positive aspects of relationships as increasing emotional connection and shared meaning have moved into greater focus. Theories of couple functioning and related models of intervention play a pivotal role through their differential emphasis on specific aspects of relationships such as attachment, mentalization, mutual acceptance, problem solving and communication, narratives, or gender or cultural consciousness.

Two activities closely related to couple therapy bear noting when considering the goal of relationship satisfaction. The first involves various programs aimed at *prevention* rather than *treatment* of couple distress. Relationship education and distress prevention have a long history (indeed, the origins of marriage counseling in the 1930s can be traced to this focus), and federal funding initiatives in the 21st century have tended to prioritize prevention over remediation, with a strong focus on diverse higher-risk populations (see the discussion of relationship enhancement and distress prevention programs by Carlson, Rhoades, Johnson, Stanley, & Markman, in Chapter 29). The second activity involves couples in which one or both partners have decided (explicitly or implicitly) to end their relationship. There, as discussed by Lebow in Chapter 21, the goals target reaching an explicit decision and helping partners to end their relationship (if that is the choice of one partner or the other) in a manner that minimizes further harmful impact and facilitates subsequent individual well-being for the adult partners and any offspring.

The Role of the Therapist

The role of the couple therapist represents an aspect of therapy about which there is more debate. Certainly, all acknowledge the therapist as a vital part of a system with the couple, and all accentuate the importance of alliance and collaboration. That said, the various models differ in how they regard the therapist's position in relation to both partners and the roles they ideally fulfill. Some approaches, such as cognitive-behavioral couple therapy, emotionally focused couple therapy, Gottman method therapy, and integrative behavioral couple therapy look to therapists to be highly directive. From these approaches, the therapist functions largely as a dispenser of information and catalyst for developing better ways of connecting and managing differences. By comparison, in other approaches such as narrative couple therapy and object relations couple therapy, therapists are envisioned as much less directive. From these perspectives, the therapist comments and joins rather than directs; in the narrative approach, therapists even defer to the partners' unique expertise about their own relationship. The directiveness of a cognitive-behavioral couple therapist would likely make a poststructural narrative therapist uncomfortable, and the lack of certainty in the poststructural position would do the same for more directive therapists. Notably, across the couple therapies described in this *Handbook*, self-disclosure seems rarely mentioned. Of course, many therapists do self-disclose (e.g., in describing their personal experiences in relationships from an educational or empathic perspective), but such patterns do not seem to be associated with a specific theoretical orientation or tend to be highlighted in presentations of the key aspects of practice.

Ethical Considerations

Couple therapists across orientations recognize a shared set of ethical considerations. Although couple therapies may disagree about what is the optimal ethical decision in a specific circumstance (e.g., whether to hold small secrets), there is almost total agreement on where the ethical issues lie and how to think about those issues. Thus, Margolin, Gordis, and Rasmussen's discussion about ethics in couple therapy in Chapter 31 speaks to almost all couple therapies regardless of the specific application or underlying theoretical model. Couple therapists struggle with the same complex set of dilemmas and questions, and most often come up with similar answers

about issues such as confidentiality about private communication with one partner during couple therapy; about identifying who the client is in therapy, and how to respond to one partner's desire to leave the relationship; or about how to deal with the risk of intimate partner violence. Sometimes, there are differences about what is to be done in a specific circumstance, but across chapters in this *Handbook*, it is rare for an idea about these issues to be presented without recognizing that others may hold different positions and an awareness of the complexities involved in holding particular positions.

Relation to Individual and Family Therapy

Even as couple therapy has differentiated itself from individual and family therapy, it also has found a place for these modalities. Most of the methods in this *Handbook* coexist and often actively look to be enhanced through collateral work with an individual partner. Although in some models that work may be done within the couple format, many of the chapters suggest a complementary role for concurrent individual therapy with a different therapist.

Ironically, given its systemic roots, concurrent family therapy is less frequently spoken of in this *Handbook* than is individual therapy. Family systems considerations emerge more prominently in special circumstances—for example, when working with couples in which one partner leans toward ending the relationship while the other wants to continue with it before making a decision to enter couple therapy, where the impact on children typically arises as an important factor (Doherty & Harris, 2017). Similarly, Wymbs, Wymbs, and Canu speak in Chapter 27 to the role of working with couples as part of a multiformat approach with families of youth with ADHD or disruptive behavior disorders, and Ruddy and McDaniel (Chapter 28) describe how therapy with couples with medical issues is integrated with medical family therapy. More broadly, Fishbane (see Chapter 9) and Breunlin and colleagues (see Chapter 14) show how intergenerational work with couples may readily segue to sessions with families of origin.

Stages of Couple Therapy

Although there are exceptions, most couple therapies envision beginning therapy with a stage of assessment and building of the therapeutic alliance, followed by a stage of promoting change (e.g., reducing couple distress and fostering positive connection), then a concluding stage of termination and maintenance of gains. In the initial stage, many approaches include an explicit sharing or co-creation of the clinical formulation and tentative treatment plan, reflecting emerging emphases in the field on collaboration and transparency in all phases of the couple therapy.

FACETS OF DIFFERENCES ACROSS APPROACHES

Despite the underlying pragmatism and integration evident in many contemporary couple therapies, theories do matter. In his seminal 1978 analysis, Alan Gurman spelled out the essential tenets of what then were the major schools of couple therapy: behavioral, psychoanalytic, and systemic approaches. In this classic deconstruction of couple therapies, Gurman differentiated couple therapies along four dimensions: (1) the role of the past and of the unconscious, (2) the nature and meaning of presenting problems and the role of assessment, (3) the relative importance of mediating versus ultimate treatment goals, and (4) the nature of the therapist's roles and functions. Fraenkel (2009), following a similar analysis, highlighted that approaches differ in (1) time frame (present, past, or future), (2) change entry point (thoughts, emotion, or behavior), and (3) degree of directiveness. It is striking (although perhaps not surprising) that now, decades later, these key facets of differences still apply today.

Earlier in this chapter, we noted multiple sources of commonality across couple therapies—including shared systemic understandings, integration of specific techniques across approaches (even if reconceptualized within an alternative theoretical framework), the broadening of therapeutic focus (i.e., the near-universal consideration of thoughts, feelings, and behaviors), and common arrangements (e.g., the emphasis on conjoint sessions). That said, while sharing considerable foundational elements, couple therapies in the 21st century can be differentiated along multiple dimensions—including (but extending beyond) those cited in previous analyses—both in terms of unique components as well as their relative emphasis on various shared components.

Authors contributing to this *Handbook* were encouraged to address a prescribed set of both theoretical and pragmatic considerations essential to their approach (whether a specific model of couple therapy or application to a specific issue or population). This shared structural organization across chapters facilitates readers'

comparisons of the couple therapies described herein across specific facets that illuminate their distinct features. Below, we summarize some of the most important, differentiating facets of various couple therapies.

The Defining Elements of a Successful Relationship

What are the most essential features that define a successful couple relationship? What are the typical individual elements, relationship patterns, or broader systemic characteristics that differentiate healthy or well-functioning couples from those challenged by distress or dysfunction? Relatedly, what implicit or explicit theory of love and connection underlies a particular therapeutic model? For some, the answer lies in growing the couple friendship; for others, in attachment; for still others, in how partners think and feel about their relationship; for some, the broader historical or cultural context; for others, sexuality; and, for still others, deep intrapsychic needs and capacities to connect. Although it is now typical for various models to speak to multiple levels of experience, the therapeutic approaches in this *Handbook* tend to emphasize one predominant lens in their theory of love, connection, and health.

Specific Arrangements

Couple therapy, both in its theoretical iterations and its applications to specific issues or populations, overwhelmingly emphasizes meeting with both partners conjointly. However, exceptions exist across approaches—whether in conducting the initial assessment; incorporating individual sessions to promote better emotion regulation enabling conjoint sessions to be more constructive; or pursuing individual partner issues separately when couple dynamics don't yet permit exploration of those issues in conjoint sessions but referral of the partner to concurrent individual therapy doesn't appear warranted. Specific policies for handling confidential communication in such individual meetings may also vary across approaches.

Couple therapies also vary in the extent to which other exceptions to conjoint sessions involving the two partners may be accepted or even encouraged. For example, earlier in this chapter we noted discussions of direct and indirect client systems in integrative systemic therapy (see Breunlin et al., Chapter 14) or sessions including adult children in therapy with older adult couples (see Knight, Chapter 20). In her discussion of stepfamily couples, Papernow (Chapter 22) notes that ex-spouses are a permanent part of the family; hence, couple therapists may need to incorporate time-limited intervention with ex-spouses to promote more collaborative co-parenting across households. Coolhart (Chapter 23) notes that in some polyamorous relationships there is no hierarchy, and all relationships are treated as equally important; within that context, discussions of interpartner conflict, attachment, security, jealousy, or relationship roles and boundaries could easily require reconfiguration of couple therapy from a dyadic to a broader multipartner context.

Separate from issues of "whom to include" are the setting for the couple work. At the pragmatic level, where to conduct the therapy may be influenced by medical issues, mobility, systemic constraints (e.g., access to child care or transportation), and a host of related concerns noted across chapters in this *Handbook*. Telehealth may reduce but not eliminate those constraints (i.e., depending on access to, and proficiency with, relevant technology). At a broader conceptual level, approaches to couple therapy vary in how much they consider the couple "work" to extend outside of sessions to between-session (e.g., at-home) prescribed exercises or enactments and the use of such materials as worksheets or ancillary texts.

The Role of Assessment and Case Formulation

How do the different couple therapies view the role of assessment and case formulation? Whether implicitly or explicitly, all therapists need to attend to the unique characteristics of individual partners, their relationship, and their broader socioecological context. However, some approaches advocate meticulous assessment and the generation of an explicit case formulation and treatment plan, whereas others do not. Some approaches such as narrative therapy explicitly eschew assessment. And among those approaches that specifically incorporate issues of assessment, there may be a formal stage of assessment (e.g., a four-session protocol combining individual and conjoint meetings) or not; similarly, the various approaches or specific applications may prescribe standardized questionnaires or a set of observational tasks, or not.

Roles of the Therapist

Influences on the Therapeutic Process

Although the various approaches to couple therapy universally recognize the importance

of the therapeutic alliance as a common factor (see Davis, Chapter 13), they differ considerably in how they envision the therapist influencing (and being influenced by) the therapeutic process. Some (e.g., the more traditional behavioral approaches) envision the therapist as an expert in relationships, dispensing wisdom and correcting dysfunctional patterns. Others (e.g., poststructural approaches) emphasize the therapist's and couple's collaborative coconstruction of the treatment goals and strategies, during which the therapist participates as a "fellow traveler" who facilitates the partners' realization of their own unique goals and pathways toward attaining these. Most approaches locate themselves somewhere midway along the continuum between expert guide and fellow sojourner.

Attention to Self of the Therapist

Couple therapies also vary in how much they attend to "self of the therapist" as an integral component of the therapy process. From this perspective, therapists need to pursue mindfulness of their own thoughts and emotions, memories, values, and implicit assumptions or biases in order to draw on both their past and present experiences in relating and intervening with couples (Aponte & Kissil, 2016). Some models emphasize such self-awareness as an essential core component of effective therapy—for example, socioculturally attuned couple therapy (see Knudson-Martin & Kim, Chapter 12), object relations couple therapy (see Siegel, Chapter 7), therapy with queer couples (see Coolhart, Chapter 23), and even therapy with older adult couples (see Knight, Chapter 20) given younger therapists' often erroneous (and potentially harmful) notions of such issues as sexuality or disability in this population.

Notably, approaches that once highly emphasized self of the therapist and therapist self-disclosure (e.g., Whitaker's symbolic–experiential therapy; Whitaker, 1958; Whitaker & Keith, 1981) now play a less prominent role in couple therapy. It is also notable that whereas many early models explicitly called on therapists in training to participate themselves in couple therapy, no chapters in this edition of the *Handbook* do so.

Some approaches encourage therapist self-disclosure, whereas many others do not. Most models leave open the possibility without being explicit about guidelines for self-disclosure. Yet transcending these differences, most approaches encourage therapists to recognize and draw on their own subjective experiences during the therapy process (e.g., feelings of empathy, irritation, or boredom) as important information regarding the content and process of interactions with the couple or between partners themselves.

Levels and Focus of Interventions

By definition, couple therapies focus on the couple dyad and, for the most part, on the aggregate subjective balance of couple distress versus well-being. However, within that general framework, approaches vary a lot in their consideration of multiple system levels including individual partner characteristics, aspects of the extended family, and the broader socioecological context. Approaches also vary in their relative emphasis on emotions, cognitions, and behaviors—and the explanatory or conceptual lenses through which each of these is understood.

Levels of Intervention

Contemporary approaches to couple therapy all share a systemic perspective, but for some it is far more central than for others with different emphases. For example, in object relations therapy (see Siegel, Chapter 7) and intergenerational approaches to couple therapy (see Fishbane, Chapter 9), the enduring and predisposing vulnerabilities of the individual partners, rooted in their respective family and prior relationship histories, constitute the foundational substrate from which interactive vulnerabilities, self- and partner perceptions, and exaggerated response dispositions evolve. By contrast, other therapies focus on broader contextual factors as contributing or perpetuating influences on couple distress or dysfunction. From this perspective, influences such as systemic poverty, racism, or heterosexist and cisgender bias not only moderate the development or treatment of couple distress but they also directly contribute to it (Hardy & Bobes, 2017) and, hence, become a central focus of treatment (see, e.g., Knudson-Martin & Kim, Chapter 12, on socioculturally attuned therapy and Coolhart, Chapter 23, on therapy with queer couples).

Moreover, the various approaches may target individual problems, relational problems, broader systemic influences, or any combination of these—either in their underlying theoretical formulation or in their specific application (as in the application of cognitive-behavioral couple therapy to individual disorders).

Focus of Intervention

Similarly, contemporary couple therapies vary in their relative focus on specific content, regardless of the system level of intervention. Most all recognize the interactions among thoughts, feelings, and behaviors, but their emphases on one or another of these domains differ considerably. Even the labeling of the approaches reflects these differences—for example, cognitive-behavioral versus emotionally focused couple therapy. Furthermore, there is argument even across approaches that target multiple dimensions of experience about the optimal sequence for addressing these. For example, some suggest behavior should be addressed first (e.g., integrative systemic therapy), whereas others initially emphasize processes such as attachment (e.g., as in emotionally focused couple therapy) or acceptance (e.g., as in integrative behavioral or acceptance and commitment therapy for couples). Moreover, partners may be encouraged to attend primarily to the subjective experiences of each other (e.g., to promote empathic awareness and joining) or, instead, to pursue mindfulness of their own thoughts and feelings as these influence relational exchanges (e.g., as in acceptance and commitment couple therapy).

Also influencing the content of interventions are approaches' differential attention to levels of awareness related to subjective thoughts and feelings. For example, partners' expectations of themselves and each other may reside well within conscious awareness, may lie outside immediate awareness but prove accessible with modest guidance from a cognitive framework, or may rely on techniques more typical of various psychodynamic approaches for uncovering latent internal processes and explicating their influence in the current relationship. Sager's (1976) work on "hidden forces" in couple relationships, and the impact of these forces on both implicit and explicit contracts (and their degrees of congruence or discordance), offered an influential explication of levels of consciousness as related to different approaches to intervention.

The various approaches to couple therapy also differ in their relative emphases on overt change (e.g., cognitive-behavioral and solution-focused couple therapy) versus acceptance (e.g., integrative behavioral couple therapy). Notably, even among those therapies that emphasize acceptance, approaches vary in how they conceptualize and promote this outcome. For example, in integrative behavioral couple therapy, acceptance is pursued through specific interventions promoting empathic joining (emotional change) and unified detachment (cognitive change) as an alternative (or precursor) to interventions targeting behavioral change (see Christensen et al., Chapter 4). In acceptance and commitment therapy, partners are encouraged to experience uncomfortable internal experiences and to tolerate their presence rather than trying to control them, so that they can allocate their time, energy, and attention in more fulfilling ways (see Lawrence et al., Chapter 5). In the various psychodynamic and multigenerational approaches, partners' acceptance evolves from changes in understandings of their own and each other's developmental histories and associated vulnerabilities—that is, through partners' more compassionate interpretations or meanings (and hence, related feelings) connected to specific behaviors or interaction sequences.

Presumed Mechanisms of Change

Closely related to levels and focus of interventions are the various approaches' underlying theoretical tenets regarding mechanisms of change. Separate from their shared emphasis on the therapeutic alliance, most approaches first prioritize attending to disabling individual or relationship crises. Beyond such shared initial "stabilization" interventions, however, the various approaches' theoretical precepts guide the selection, sequencing, and even pacing of specific interventions. Some models, for example, prioritize behavior change (or problem solutions) as the mediating pathway for promoting partners' positive thoughts and feelings for one another. Others prioritize interventions aimed at altering partners' thoughts toward one another—including the interpretations or meaning they give to relational events (whether explicit or implicit) as the mediating pathway for reducing negative affect derived from subjective meaning and, by reducing subjective negativity, thereby fostering more positive exchanges. And still other approaches prioritize interventions aimed at promoting emotional connection (e.g., via vulnerable emotion expression and empathic responding) or acceptance (e.g., tolerance of inevitable differences). From any of the pluralistic or integrative approaches, the therapist could select specific interventions from across theoretical models, based on their presumed mechanism of change and in congruence with the case formulation.

The Temporal Framework of Interventions

How important is the exploration of partners' individual and shared histories? Some approaches, such as intergenerational ones (see Fishbane, Chapter 9), are fully anchored in the past and

may begin with genograms as both an assessment and intervention method. Others, such as solution-focused therapy (see Franklin, Zhang, Bolton, & Yates, Chapter 11), are almost exclusively present focused. Most contemporary couple therapies incorporate attention to both distal (historical) and more proximal (recent or current) influences, although often to different degrees or in different sequences. (For example, in Snyder's [1999] pluralistic approach, developmental influences are pursued only after more structural or cognitive-behavioral interventions fail to achieve desired outcomes.) Moreover, in various integrative approaches or specific theoretical models incorporating particular techniques from alternative approaches, the labeling of techniques or their interpretation through a particular theoretical lens may obscure similarities in their application (e.g., identifying projective identifications in object relations therapy, attachment injuries in emotionally focused therapy, or acquired perceptual and behavioral response dispositions in cognitive-behavioral couple therapy).

Manualized versus Improvisational Approaches

Contemporary couple therapies vary in their level of structure—ranging from those that are more improvisational (even naming improvisation as a core aspect of the therapy; see Fraenkel, Chapter 15, on the therapeutic palette integrative approach), to those that are more prescriptive regarding the sequence and general content of interventions (e.g., couple therapy for partner aggression or infidelity). Some approaches (e.g., Gottman method therapy and Papernow's therapy for stepfamily couples) propose specific goals of intervention and methods of accomplishing those goals, although the sequence and number of sessions devoted to each goal may be tailored to aspects of the individual partners and their relationship. Applications of couple therapy to individual problems such as PTSD or alcohol abuse, similar to their cognitive-behavioral counterparts in individual therapy, tend to be more highly structured or manualized—often with a specific sequence and prescribed "curriculum" detailing specific sessions.

Intermediate versus Ultimate Goals and Decisions about Termination

Couple therapy can be open ended or time limited. Solution-focused couple therapy likely anchors this continuum by its explicit focus on brief interventions targeting circumscribed problems. Other couple therapies of all varieties may segue into an ongoing activity over many years, potentially reflecting a transition from initial interventions promoting specific relationship skills to a subsequent emphasis on partners' individual growth within a conjoint framework. Most contemporary couple therapies terminate after sufficient progress toward initial goals has been achieved, with the modal duration of treatment somewhere between 3 and 12 months. Longer durations may be anticipated, regardless of approach, with couples for whom individual, relational, or broader systemic dysfunctions are more severe, more complex or pervasive across multiple domains, or more entrenched across time.

Gurman's (1978) distinction between mediating and ultimate treatment goals also provides a useful heuristic for viewing shorter- versus longer-term approaches. For example, when situational stressors compromise partners' functioning and couple well-being, initial goals may involve resolving those stressors to achieve a direct (and potentially sufficient) effect on reducing couple distress. However, if in the course of that work the therapist determined that traumatic individual developmental experiences mediated the impact of current stressors on individual and relational functioning, then stress reduction might shift to being an intermediate goal and the "ultimate" goal might be reconceptualized as emotional or cognitive reprocessing of traumatic experiences to reduce or resolve their contribution to recurrent patterns of vulnerability or exaggerated reactivity. In the final analysis, the formulation of treatment goals and related decisions about termination inevitably reflect an evolving interaction between the therapeutic approach and couples' own values, aspirations, and resources.

EMERGING ELEMENTS

Examination of chapters in this *Handbook* also reveals an exciting array of emerging elements in contemporary couple therapies.

Technology

The COVID-19 pandemic potentiated a trend already developing in couple therapy toward telehealth and using electronic media as extensions of therapy. Much of couple therapy delivered during the pandemic shifted to videoconferencing. Therapists needed to augment and adapt their methods to a context during which

face-to-face meetings were not possible. Fairly quickly, several useful sets of guidelines for relational teletherapy were offered (Burgoyne & Cohn, 2020; Hardy, Maier, & Gregson, 2021; Hertlein, Drude, Hilty, & Maheu, 2021). Couple therapists discovered that virtual therapy works (De Boer et al., 2021) and, in many situations, works equally well as in-person sessions (e.g., when partners are geographically separated by work, deployment, or other factors). Furthermore, videoconferencing solves one of the major constraints of couple therapy that historically had caused so many who could benefit from couple therapy not to seek it—namely, individual control over the time and place of meeting. For many persons, meeting virtually from their homes or from work is easier, and therapists can often be more flexible with scheduling of sessions in this format. It can be relatively easy to assemble a couple in virtual space, and often much harder to do so in person. Numerous chapters in this edition of the *Handbook*, for the first time, refer to these now ubiquitous methods of videoconferencing. The new chapter on telehealth and digital couple interventions (see Doss, Knopp, Wrape, & Morland, Chapter 30) explicitly focuses on the increasingly central role that technology will likely play in couple therapy in the future.

Beyond using videoconferencing services for couple therapy, there is considerable growing excitement about the application of Web-based resources as adjuncts to treatment (see Doss et al., Chapter 30) or in relationship education (see Carlson et al., Chapter 29). Models on the technological cutting edge such as Gottman method therapy (see Gottman & Gottman, Chapter 16) now regularly augment couple therapy with online psychoeducational materials, reminders to engage in prescribed behaviors, and even physiological measures of partners' autonomic arousal.

Specific Treatments for Specific Problems and Populations

Couple therapy has traditionally been mostly envisioned as a process aimed at improving relationship satisfaction or, at least, as deciphering the viability of committed relationships. However, over the last 20 years, couple therapies have been developed and widely disseminated focusing on problems traditionally viewed as residing within individuals. Thus, the section in this *Handbook* on couple-based interventions for individual problems advances considerably with each edition. Baucom, Belus, Adelman, Fischer, and Paprocki (2014) provide a useful distinction between partner-assisted and disorder-focused interventions targeted at individual problems. In partner-assisted interventions, the partner is enlisted to help in the process of reinforcing and supporting the active treatment of the individual problem. In contrast, in disorder-specific treatment, the treatment itself is couple therapy tailored to the particular kinds of couple dynamics likely to occur in the context of the partner's individual problem.

Today, in response to the dominance of cognitive-behavioral therapies for the treatment of individual disorders, couple treatments of individual problems are also mostly cognitive-behavioral in their approach. However, other models, such as emotionally focused couple therapy and mentalization-based therapy, have begun to speak to such uses of couple therapy across several specific disorders (see Johnson et al., Chapter 6, and Bleiberg et al., Chapter 8), and one could anticipate that such applications of other theoretical models of couple therapy to treat individual emotional or physical health problems will continue to proliferate.

Couples often present for therapy to receive assistance with issues around parenting of their children or adolescents. In their discussion of couple therapy with parents of youth with ADHD or disruptive behavior disorders, Wymbs and colleagues (see Chapter 27) emphasize that traditional behavioral training programs, while promoting positivity in parent–child interactions, give only limited attention to the relationship between parents. Many family therapy models for parents and adolescents with various disorders (e.g., conduct disorder or substance misuse) also underattend to the couple relationship itself and its recursive influences upon and from the adolescent's behaviors. As Wymbs and colleagues note, it is virtually inevitable that parents will experience occasions of disagreement or other challenges when rearing children together. Couple challenges associated with children's behaviors become more frequent, severe, and difficult to resolve when offspring have their own individual problems—whether these take the form of internalizing, externalizing, or neurodevelopmental disorders. Expositions of couple therapy with parents of youth with emotional or behavioral disorders have been notably absent, and the chapter by Wymbs and colleagues offers a much-needed general framework for tailoring interventions to couples struggling with these common concerns.

Reaching Out to a Wider Range of Couples

As culture and gender have become more central considerations in couple therapy, approaches explicitly addressing issues of diversity have also emerged and gained broader traction. Exemplars in this *Handbook* include the discussions of therapy with queer couples (see Coolhart, Chapter 23) and interventions involving sexuality (see Hall & Watter, Chapter 19), both of which reflect important advances in the ways of thinking about and working with couples. Similar explicit attention to diverse couples is found in Papernow's discussion of therapy with stepfamily couples (see Chapter 22) and Knudson-Martin and Kim's exposition of socioculturally attuned therapy (see Chapter 12), as well as therapy targeting couples from specific ethnic groups (Boyd-Franklin, Kelly, Durham, & Gurman, 2008; Chambers, 2019; Falicov, 2014; Kelly, Jérémie-Brink, Chambers, & Smith-Bynum, 2020).

Old formulations of relationships or guidelines for therapy are now viewed through new lenses. The expansion in the breadth of couples embraced by the field of couple therapy and explicitly featured in this *Handbook* has been enormous since its first edition nearly 40 years ago. For example, in this sixth edition, nearly all theoretical approaches to couple therapy explicitly address issues of applicability to LGBTQ couples. Furthermore, this broadening of the vision of who is involved in couple therapy has unearthed culture-bound assumptions and led to adaptations and advances in the core models of couple therapy in both their development and delivery.

The Interface with Relationship Education

Relationship education has a long and distinguished history, as it developed in parallel with couple therapy (see Carlson et al., Chapter 29). Relationship education and enrichment programs of late have become ubiquitous. This has promoted lively conversations about which couples (or individual partners) are most appropriate for which activity, about the fuzzy boundaries between education and treatment, and how to manage or optimize the interface between them. Whereas at one time it was clear that couple therapy was targeted to distressed couples and relationship education aimed at preparation and enrichment of better functioning relationships, this boundary has become much more fluid (Bradford, Hawkins, & Acker, 2015). Furthermore, several models of couple therapy included in this *Handbook* (e.g., see Christensen et al., Chapter 4, on integrative behavioral couple therapy and Johnson et al., Chapter 6, on emotionally focused couple therapy) describe adaptations of those models intended for either in-person, videoconference, or self-directed online psychoeducational relationship education programs.

The Growing Emphasis on Acceptance

Acceptance has moved into a much more prominent place in several methods of couple therapy, including integrative behavioral couple therapy, Gottman method therapy, acceptance and commitment couple therapy, and mentalization-based couple therapy. At one time, change was the focus of every couple therapy; now, many seek primarily to promote mutual acceptance, while also facilitating a framework for change. Still, there is the complexity of recognizing the boundary between promoting acceptance and dealing with avoidance or codependency in the wake of major difficulties.

Collaborative Therapists

There also was a time when couple therapy was largely a didactic set of processes in which the therapist as expert taught partners about how to be in a couple. Although this remains a thread in the work of several approaches such as cognitive-behavioral couple therapy and Gottman method therapy, or in the applications of couple therapy to specific relational issues or individual problems, overall, the field has moved from implicit views of a somewhat hierarchical therapist–couple relationship toward a much more collaborative stance. A collaborative stance goes well beyond elements of promoting a therapeutic alliance initially identified in client-centered individual therapy (i.e., genuineness, warmth, and noncontingent positive regard). Rather, collaboration extends to co-constructing therapeutic goals that incorporate partners' own views of individual and relationship health, their values rooted in their unique developmental histories and broader cultural contexts, and their own priorities regarding the balancing of individual with relationship interests in determining how to select and sequence treatment objectives and methods. Couple therapy models such as solution-focused, narrative, and the therapeutic palette exemplify an explicit stance that views partners as the best experts in their own couple processes.

Addressing Sexuality

Sexuality is clearly a central aspect of relational life, both in itself and in its association to attachment. Hence, it is somewhat bewildering why, in most models of couple therapy, it is so tangentially addressed. Notably, this core component of relationships is principally addressed in this book in the chapters on sexuality (see Hall & Watter, Chapter 19), LGBTQ couples (see Coolhart, Chapter 23), and older adults (see Knight, Chapter 20). These chapters highlight essential evolutions in the consideration of sexuality when working with couples. First, couple therapists need to challenge their own implicit attitudes or assumptions and expand their knowledge base and skill sets when addressing sexuality in working with sexual and gender minority couples. Similarly, therapists need to become familiar with and comfortable in discussing aspects of sexuality that may vary in specific populations—such as older adults or couples confronting specific medical problems (see Ruddy & McDaniel, Chapter 28). Finally, as Hall and Watter highlight in Chapter 19, couple therapy around issues of sexuality has evolved beyond addressing specific sexual dysfunctions and, instead, now embraces broader goals of promoting greater sexual awareness, improving sexual responsiveness, and enhancing sexual intimacy and enjoyment that might benefit any couple.

Attending to the Life Cycle

Both the challenges and benefits of being a couple vary across the life cycle. Most models of couple therapy have implicitly centered on midlife couples, and the specific issues and intervention strategies they emphasize do not always generalize either to younger couples early in their individual and relational development, or to older couples for whom individual and relational challenges and resources often change. The good news here is that many models have now evolved to incorporate couple development over time as a part of their vision. Beyond this, there is an emerging increased focus on specific stages of development and the typical issues in couples related to those life stages. For example, in Chapter 20, Knight speaks to special issues in older couples, while Papernow speaks in Chapter 22 to the unique issues and challenges that confront stepfamily couples. Other chapters highlight the complexities for young couples in emerging adulthood, particularly around decisions to formalize a committed relationship or transition to parenthood; moreover, specific couple interventions have been developed for working with this population (see, e.g., Gottman, Gottman, & Shapiro, 2010). From a broader perspective, the question of how to keep relationships vital and connected over a lifetime underlies the presentations in nearly every chapter.

Divorce

Whither divorce in couple therapy? Long regarded as a disastrous negative outcome, divorce is now reenvisioned as a potential positive pathway for couples, yet one fraught with challenges. New versions of intervention have recently been developed to help couples who face the possibility of divorce. For example, Doherty and Harris (2017) offer discernment counseling targeted to those not yet ready for couple therapy who are ambivalent or have mixed agendas about whether they want to divorce, to help the partners decide on whether working on their relationship further in couple therapy is indicated. How to work with those considering divorce, with the therapist finding a balanced position toward couples remaining together or parting, has become an essential aspect of couple therapy. So has helping those who decide to divorce to pursue the best outcomes for themselves and for the children who may be impacted (see Lebow, Chapter 21). Couples often envision couple therapy ending at the decision to divorce, but "divorce therapy" is paradoxically an essential part of the repertoire of the skilled couple therapist.

ADDITIONAL CHALLENGES

Contemporary couple therapies face numerous challenges—some enduring since the inception of the field (e.g., attention to individual differences and issues of diversity; balancing interventions to address intrapersonal, dyadic, and broader systemic sources of distress)—and others more recent (e.g., integrating technology; securing recognition across private and public health care systems). Some challenges are either explicit or implicit in earlier parts of this chapter (e.g., decisions regarding whom to include in the couple therapy; the balancing of acceptance vs. change; or specific ethical dilemmas). Beyond these, two additional challenges warrant consideration.

Maintenance of Gains

One crucial challenge for couple therapy is maintenance of therapeutic gains. Research has shown couple therapy to be highly effective in improv-

ing relationship satisfaction in most couples in the short term (Bradbury & Bodenmann, 2020; Roddy et al., 2020) but vulnerable to problems returning over the long term (that is, at 2 years or longer after termination). From the few controlled clinical trials of couple therapy and one uncontrolled evaluation examining couple outcomes 4–5 years posttreatment, nearly all show deterioration or divorce occurring for roughly 35–50% of couples (Snyder & Balderrama-Durbin, 2020). Exceptions to this general finding such as Snyder, Wills, and Grady-Fletcher's (1991) controlled trial of insight-oriented therapy, yielding a deterioration/divorce rate of 20% at 4 years posttreatment, have not been replicated.

Moreover, couple relationships evolve and different stages of the life cycle beget different problems. Thus, it would not be unexpected for a couple who has worked through problems at one stage of life to have prior problems return or different ones develop as time passes, events occur, and new circumstances arise. For this reason, most contemporary couple therapies include some specific interventions prior to termination aimed at dealing with issues that may arise in the future. However, despite their obvious intuitive appeal, the efficacy of those interventions in forestalling or reducing future deterioration or divorce remains unknown.

Client Values

Couples exist within a broader socioecological as well as historical context. So, too, do the various models of couple therapy intended to treat couple distress and promote individual and relationship well-being. That said, the contexts in which various couple-based interventions were developed, and in which couple therapists are trained, may not mirror the diverse and emerging contexts shaping the set of values that each partner brings to therapy. How can couple therapists conduct effective therapy in a world in which values differ so mightily within and across couples? Couple therapy and, more importantly, couple therapists, must remain aware, flexible, and responsive in a world in which both conceptual models and related interventions are applied across diverse populations and cultures with dramatically differing core beliefs and customs.

CONCLUDING COMMENTS

This is an exciting time in the history of couple therapy. Both collectively and individually, the chapters in this *Handbook* present the best of contemporary couple-based interventions. Each offers an integration of evidence-informed principles with clinical wisdom in the best of the scientist-practitioner tradition. With a strong foundation in relational science and evidence for their efficacy, these approaches are mature in their development. This *Handbook* highlights the diversity of not only our most prominent approaches but also an emerging and shared understanding of couples and couple-based interventions.

Similar to the challenges of choosing among various dishes at the most elegant buffet, readers may feel challenged to consume and digest all that the various chapters have to offer. We encourage you to take your time, savor the unique flavors, and return frequently to discover subtle nuances and pleasures not initially recognized. Embrace both the familiar and the new—allowing your own therapeutic *palate* (as well as *palette*) to develop and mature with time and experience.

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