Chapter 16

Systems Approaches to Couple Therapy

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There is an enormous variety of systems approaches to couple and family therapy. The approximately 40-year history of the field of couple and family therapy has been characterized by much debate among the proponents of these various approaches. As a result, the differences among the systemic approaches have generally been highlighted more than the similarities (Nichols & Schwartz, 1995), despite several attempts to develop syntheses of two or more systemic models, or overarching “metaframeworks” (Breunlin, Schwartz & Mackune-Karrer, 1992; Nichols, 1987; Schwartz, 1994; Todd, 1986).

In addition to differences among what are now often called the “traditional” systems theories—MRI (Mental Research Institute), structural, strategic, Milan-systemic, Bowenian, contextual, family of origin, and experiential—the growing popularity of social constructionist ideas since the early 1980s has led to a bevy of new perspectives and practices. Social constructionist theorists have questioned some of the fundamental premises of systems theory (Anderson & Goolishian, 1988), essentially seeking to redefine what is meant by a systemic orientation—in some cases, even going so far as to reject entirely the metaphor of families as “systems” (Paré, 1995). Thus, any attempt to bridge facilely the theoretical divides that separate systems approaches risks missing each one’s important subtleties and distinctive flavors.

Nevertheless, there are many ideas that link these approaches, and where there are differences, these are often complementary rather than contradictory. However, this chapter does not profess to provide a new synthesis. Rather, the purpose of this chapter is to provide, in a small space, a concise description of the major principles and practices of systems-oriented couple therapy. The emphasis will be on the traditional systems approaches, which, despite the postmodern...
critiques lodged against them, appear to continue to flourish (Nichols & Schwartz, 1995). It begins with an historical overview, briefly discusses the major concepts of couple organization, development and dysfunction; moves to consider key aspects and issues of couple assessment; and then addresses principles and techniques of therapeutic intervention, illustrated by case vignettes.

**HISTORICAL DEVELOPMENT**

Systems approaches to couple therapy developed as part of the broader family therapy movement, and it is impossible to discuss the history of one apart from the other (see Nichols & Schwartz, 1995, for an excellent account of the field). Many of the early, seminal descriptions of core systemic ideas in family therapy—such as complementarity and symmetry in interaction (Bateson, 1972; Lederer & Jackson, 1968), the notion of underlying rules that structure interactions (Jackson, 1965) and feedback loops (Bateson, 1972)—centered on patterns observed in couples, or at least in dyads (Watzlawick, Beavin & Jackson, 1967). In addition, therapists who work from a multigenerational perspective with families often work directly with only the adult couple (Kerr & Bowen, 1988).

Thus, although couple therapy is often described as distinct from family therapy, with its own particular challenges (Jones, 1993), the two modalities draw from the same body of concepts and techniques. In practice, couple therapy is often one aspect or stage of a broader family therapy, which may have begun with a child as the identified client (Kaslow, 1988; see also Sanders, Nicholson & Floyd, this volume). Although the focus of this chapter will be on working systemically with the adult couple in the therapy room, the reader should realize that in any particular case, couple and family therapy may be intertwined. Indeed, it is a common belief among systemic therapists that much change in the couple can be accomplished in a family therapy in which a symptomatic child or other family member is the overt focus. In this view, the adult dyad is considered the core subunit of the family that largely establishes the family's range of acceptable patterns of interaction (Minuchin, 1974) and emotional expression (Satir, 1972; Whitaker & Keith, 1981), and that transmits patterns and beliefs from one generation to the next (Boszormenyi-Nagy, Grunebaum & Ulrich, 1973; Kerr & Bowen, 1988). The central role of this dyad in the family makes it an important fulcrum for change.

Systems approaches developed in large part as a reaction against the perceived limitations of therapies that attributed psychological and social dysfunction to problems lying solely within the individual, whether these were viewed as biological, psychodynamic or behavioral in nature. Up until the early 1980s, the systemic approaches focused largely on refining theoretical positions distinct from those that highlighted individual-based pathology. As a result, there was a focus on general concepts of family and couple organization, development, dysfunction,
and treatment, with less attention paid to differences among families, or among family members.

Over the last 10 years there has been a growing appreciation within the field of the great diversity of family forms and norms of functioning predicated on ethnic, racial, cultural, religious, class, education, sexual orientation, regional and other differences among persons and families in Western societies (Falicov, 1988; Hardy, 1989). In addition, differences organized by gender—particularly around the distribution of power between the adult male and female partners—have become central concerns (Goldner, 1985, 1988; Hare-Mustin, 1986).

Another important development in systems approaches over the past 10 years has been a rapprochement with perspectives that recognize the role of factors within the individual in shaping his/her social interactions. The chapters by Halford, Kelly & Markman and Halford & Bouma, this volume, examine the various patterns of influence that may obtain between individual psychological disorder and health, and couple functioning. Whereas in the early systems formulations, individual pathology was often viewed as produced or maintained by problematic interactions, current research suggests that individual psychological disorders may also lead to relationship problems, and that the pattern of influence between the individual and the interactional is frequently bidirectional.

Although there are many interesting theoretical sequelae of these developments for systems thinking, one key practical implication for couple therapists is that they must broaden their purview beyond the interactions of the partners, and even beyond the couple’s immediate social network, to include “internal” aspects of each partner as well as the multilayered social ecology within which the couple (and the therapist) lives. For instance, in a couple in which the female partner repeatedly sought increased commitment of time from the male partner and he repeatedly distanced her—an interaction that appeared at first glance to be a “pursuer-distancer” sequence organized along typical gender lines (discussed in detail later)—it was crucial to know that the woman was a socially isolated, severe epileptic who could not travel with her developmentally-delayed son by a previous marriage for long distances without someone else present, in case she had a seizure. The pursuer-distancer pattern was unlikely to end without attention to the woman’s realistic medical concerns. As another example, in understanding the power struggles in a middle-class, college-educated African-American couple, it became important both to explore the man’s experience of oppression and “invisibility” as a Black man in US society (Franklin, 1992)—as demonstrated by his sense of being passed over for promotions awarded to White colleagues, experiences of being ignored by sales clerks, and so on—as well as the woman’s experiences of oppression on the basis of race and gender. Within this broader explanatory frame, the man was able to recognize that his attempts to have his wife “obey” him derived in part from his wish to have at least one person in the world show him unflagging respect, and that by insisting on this, he
was unwittingly recreating within their relationship the oppressive forces of the society.

Given that the concept of the "system" relevant to an individual, couple or family has expanded, and that theoretical formulations of couple problems and change have become ever more diverse, it may be useful to identify the one core assumption at this juncture in the field's history that is shared by all those who work systemically, and which provides the central rationale for conjoint therapy. At the broadest level, it can be argued that all systems therapies agree on the idea that the problems of individuals always occur in context. An individual's problems are influenced by many elements of his/her context, and in turn, influence that context. Context includes most directly the persons that make up the individual's family (including the partner in the couple, as well as the couple's children and members of each partner's family of origin), but also includes friends, peer group, teachers, and others who hold an important position in the individual's life. On a broader level, the context of problems includes internalized values and beliefs about appropriate and inappropriate social behavior beliefs that are drawn from the dominant culture, as well as the subcultures to which the individual, couple or family belongs. The broader context of problems also includes the effects on the individual and the couple of the work setting and each partner's employment status (income, job stability, time requirements); the degree to which the socio-political environment affords privilege or oppression to the couple partners on the basis of their cultural affiliations and physical characteristics; the physical environment (housing, limitations of space, pollution); as well as the role played in people's lives by the "larger system" public institutions with which they are involved (e.g. schools, child welfare, child protective services, hospitals, and the various branches of law enforcement). Many of the chapters of the current volume highlight the growing base of empirical data that document the effects of these contextual variables on individual and couple functioning; thus, from this broad perspective, this entire book reflects a systemic viewpoint.

It is important to note that from a systems perspective, elements of the social context may either contribute to sustaining the problem, or may serve as untapped resources for change. In many cases, the key to the solution of a couple's problems lies in reconsidering and reapproaching elements previously viewed as part of the problem, and finding ways to transform them into part of the solution. A classic example is that of a young couple for whom the in-laws have become intrusive and controlling around the raising of the grandchildren; the solution may involve recruiting the parents into a role that is experienced as mutually beneficial, rather than the couple either attempting to force the parents away, or becoming resigned to experiencing the parents as an uncontrollable nuisance.

As will be discussed in greater detail, in inquiring about the nature of a couple's problems and range of possible solutions, it is important to consider how all aspects of the social context might be involved. Interventions may target change in the couple's interaction, in partners' beliefs and expectations about the
relationship, or in the interface between the couple and some aspect of its broader context.

SYSTEMS CONCEPTS OF COUPLE ORGANIZATION, DEVELOPMENT AND DYSFUNCTION

In systems approaches, theory, assessment and intervention are inseparable. Murray Bowen, a founder of the field, often noted that it was more important for a trainee to learn to think systemically than to learn any particular techniques of assessment or intervention (Kerr & Bowen, 1988). And Mark Karpel (1994) has recently commented that “it makes little sense to launch into a discussion of ‘how’ to evaluate without first introducing ‘what’ is being evaluated” (p. 1). The following discussion of the basic concepts of systems theories is intended to equip the reader with a practical set of systemic “lenses” with which to view and think about couples, their problems and the possibilities for change.

Properties of Systems

Basic Definition of Systems

Many of the key ideas about the properties of systems were originally introduced to the study of couples and families by anthropologist Gregory Bateson and his colleagues in the 1950s, and were drawn from work on self-guided machines (the field of cybernetics), biological systems, information theory and anthropology. A system is defined as a set of elements that interact with each other regularly and in patterned ways over time. The characteristic patterns of a system organize the behavior of the constituent elements, such that the whole of the system becomes greater than the sum of the parts. In a couple, it is the patterns that develop between the partners, or between them and others in the system, that define and determine both the quality of the interaction as well as each partner’s internal life and accessible range of behavior. The colloquial expression “You bring out the best in me” captures the positive side of the power of patterned interaction to define each partner.

Unfortunately, patterns may also draw out less adaptive, less useful aspects of each partner. On the broadest level, the systemic theory of couple dysfunction holds that problems are the result of overly rigid, limited interpersonal patterns, in which certain attributes of one or both partners become highlighted and other, more adaptive abilities are underutilized.

Circular Causality and Other Theories of Problem Maintenance

Most systems theories (MRI, structural, strategic, Milan-systemic, solution-oriented) hold that the causal links among elements in a pattern are circular or
recursive, rather than linear. Linear causal thinking holds that an element A leads to a reaction in element B often and predictably enough that we would consider A to cause B. Circular causal thinking expands the "punctuation" (Bateson, 1972) of the observer's attention, so that B's reaction to A is found to elicit, or "cause", a reaction in A, which then again leads to the reaction in B. Each element's behavior provides "feedback" to the other, which stimulates a further reaction.

From this perspective, there is relatively little interest in how a couple's patterns originated. Whether the presenting problem is a symptom in one member or dissatisfaction with some aspect of the relationship, the focus is on how patterns are maintained in the present and what role each partner plays in the overall pattern.

There are two basic forms of circular pattern in couples: symmetrical and complementary (Bateson, 1972; Lederer & Jackson, 1968). A symmetrical pattern is one in which each partner contributes a similar type of behavior. (For the remainder of this chapter, consider the term "behavior" to include action, thought, feeling, and perception—any aspect of the individual's psychological and behavioral response.) A classic example is the "negative escalation", in which the partners trade increasingly negative remarks and behaviors, with each partner's reaction stimulating more of the same from the other partner. Researchers working from a cognitive–behavioral perspective have done much to substantiate empirically the characteristics and predictability of symmetrical circular patterns, showing that partners in distressed marriages become both affectively and physiologically linked to one another's responses (for review, see Gottman, 1994).

A complementary pattern is one in which each partner contributes a "different but mutually fitting behavior" to the interaction (Jones, 1993, p. 11). Each partner's behavior requires the other's in order to make sense and continue, and so each partner's contribution reinforces and is reinforced by that of the other partner. A classic type of problematic complementary pattern, often called the "overfunctioning—underfunctioning" pattern (Guerin et al., 1987), is when one partner consistently behaves more competently than the other—for instance, one partner always nurtures and protects the other, and the other's behavior is limited to acting in ways that require this nurturance and protection.

For example, in one couple, the woman came from a family of ten siblings, in which she was the youngest and was treated as the "baby". The family had immigrated to the USA from a Central American country when she was 15, requiring her to finish high school in English, of which she spoke little. Her struggle with the language and her general shyness reinforced her role as the family baby and increased her tendency to withdraw from opportunities to become more independent. Unlike several of her siblings who became doctors and lawyers, she did not go to college but instead remained at home, unemployed.

Her husband, on the other hand, was a third-generation Italian American, the oldest of two brothers, a successful lawyer, and had functioned in his own family as the "protector" of the parents. When he met her at a flea market that he and his parents ran (and at which her parents had a table of wares), he saw her as a
"beautiful flower needing only to be watered". He courted her gently and romantically, which she enjoyed; guided her around the city; and helped her become more independent from her family, which she desired. After they married, he, according to both of them, "took care of her every need", but after a year became less attentive, eventually ignoring her almost completely, and made important decisions (such as purchasing a house in another location, further away from her family) without consulting her. She got a job as an office clerk, and became increasingly independent. He continued to ignore her, attending to his business, and she had an affair with a co-worker, a Spanish-speaking man whom she considered more of an "equal". According to the husband, the affair "woke him up"; He attempted to return to taking care of her, but she now found his care cloying and infantilizing. The couple's struggle to continue the marriage, which was eventually successful, centered around the partners finding new ways of connecting that did not require him to overfunction and her to underfunction.

Another classic complementary pattern is the "pursuer-distancer" (mentioned in an example earlier), in which one partner attempts to increase intimacy or closeness (through dialogue or physical contact) while the other responds by withdrawing, leading the pursuer to intensify his or her efforts, resulting in more withdrawal by the distancer, and so on. Complementarity may also take the form of a kind of cognitive-emotional "division of labor", in which one partner plans and thinks about the future, while the other encourages having fun in the moment; or in which one partner takes a positive position about a matter of concern to the couple, while the other voices the negative position; and so on.

For example, in one couple in their mid-30s, the wife, a high-powered businesswoman, advocated having a baby soon (although she didn't know how she would fit it into her schedule), while the husband, an artist, always identified the possible drawbacks. As it turned out, she too had reservations, but feared sharing these with him lest he garner her statements for his arguments against; while he actually wanted to have a baby, but took the negative position as a way to reassure her so that she wouldn't feel inadequate each time another couple they knew announced a pregnancy. Once they began an open dialogue about the issue, they became less polarized in their positions.

Symmetricality and complementarity in the behaviors of partners are not by definition problematic: indeed, well-functioning couples generally display a mix of patterns, some in which each partner contributes similar behaviors and some in which each partner's contribution balances the other's. Problems occur mainly when these patterns are rigid, limiting the couple's ability to meet changes and challenges. For example, a couple in which the wife generally initiates conversations about feelings, and the husband initiates problem-solving, may function quite well until faced with a situation in which the wife needs the husband to initiate feeling talk and in which problem-solving is not immediately appropriate, such as when the wife loses a beloved parent. Many of the problems of couples in which one or both partners adhere to traditional gender roles center around complementary patterns that may have worked for a time, but which are maladaptive given the couple's changed circumstances.
Not all systems theories ascribe to the notion of circular causality, at least as the sole explanation of couple problems. Some object to restricting understanding of a couple’s problems to present patterns of interaction. For instance, by definition, intergenerational approaches (Boszormenyi-Nagy, Grunebaum & Ulrich, 1991; Kerr & Bowen, 1988), discussed in more detail later, do seek to understand the roots of a couple’s present patterns in each partner’s past family relationships. The Milan systemic school of therapy (Boscolo et al., 1987) attempted to combine attention to transmission of patterns across generations with notions of circularity by formulating hypotheses that included intergenerational circular patterns.

Other approaches, notably those based on social constructionism (including the increasingly popular narrative approach pioneered by White & Epston, 1990), eschew entirely the application of mechanistic notions of causality to human systems (Paré, 1995). Stated briefly, these approaches take as their first premise the notion that what we experience as “reality” is circumscribed by the language we use to describe our experience. Thus, these approaches view problems as sustained by the type of language (descriptions) used to define them, as well as by the processes of discourse or dialogue among persons about the problem, which “privilege” (give greater power to) some languages over others (Anderson & Goodishian, 1988; Paré, 1995; White, 1992). According to these approaches, problems are maintained when focused on, talked about in ways that emphasize their salience or importance to the exclusion of recognizing exceptions to the problem pattern, and when described in terms of language that implies little possibility of change. In simple terms, this view argues that it is how people think and talk about a problem that holds it in place.

From one perspective, these approaches have simply rediscovered and highlighted the role of cognitive processes long familiar to cognitive-behavioral psychologists, such as selective inattention and the confirmation bias (Baum & Epstein, 1990), as well as the restrictive power of labeling (Sarbin & Mancuso, 1980). The emphasis is on understanding couple partners’ experiences, with relatively little attention or explanatory power given to circular, repetitive patterns of interaction. Rather than observe or inquire about sequences of behavior between couple partners, the narrative therapist might be more likely to inquire, in a linear fashion, about the history of when the problem first got identified and named, who named it, and how the problem narrative increasingly came to define each partner’s sense of him or herself and of the relationship. Narrative therapists generally hypothesize that couples are, in the words of White & Epston (1990), “recruited” into viewing themselves as having a problem by the power of persuasive perspectives (referred to as “voices” or “available narratives”), which are often provided by persons or institutions that hold the status of “experts” in the society.

For example, one couple became alarmed that their marriage was flawed after repeated exposure to pop psychology books and talk show programs suggesting that having sex less than three times a week was a sign of “intimacy problems”. As it turned out, the couple experienced satisfying levels of intimacy through
many other, non-sexual means. In another couple, a husband had been told by a
previous therapist that he “had a chronic character disorder”, leading him and his
wife to assume that his “selfish” behavior in the relationship could not change.
Detailed review of times when he had acted differently and more positively
towards her, and she had responded enthusiastically, began a process in which
these exceptions became more the rule, and his problematic behavior receded in
frequency and salience.

Feminist family therapists have also critiqued the notion of circular causality,
suggesting that it implies a kind of “no-fault” approach to couple problems, in
which both partners are viewed as holding an equal role in sustaining problematic
interactions and equal power to interrupt them (Jones, 1993). Feminists argue
that whereas circularity is useful in explaining many couple patterns, it does not
account well for situations in which one partner abuses power—as in relations-
ships in which the man batters the woman (Goldner et al., 1990). Application
of circular causal notions to such situations risks absolving abusive partners of
moral responsibility. As Goldner (1985) writes, “The systemic sine qua non of
circularity looks suspiciously like a hypersophisticated version of blaming the
victim and rationalizing the status quo” (p. 333). The feminists’ recognition of the
differences in power between members of a couple and the reality of coercive
force has been echoed on a larger systems scale by the multicultural perspective,
which points to the impact of oppression on minority couples and families (Boyd-
Franklin, 1993; Pinderhughes, 1989).

Despite specific criticisms of the notion of circular causality, the idea that
members of the system may interact in repetitive, fairly predictable ways
around problems and reciprocally influence each other remains one of the central
concepts of most systems approaches. It may be that early approaches
overextended the application of this concept, and that the field now can benefit
from a more diverse conception of how problems occur—one that also allows
for the impact of the past on the present, and that accepts the differential
power of members of the couple or larger system to create and sustain
problems.

**Stability and Change**

Another important property of systems is the tension between stability and
change. In the early systems approaches based on mechanical cybernetics, the
focus was on how systems preserved themselves (Watzlawick, Weakland & Fisch,
1974). The notion was that when a system was challenged to change by stimuli
from within or without, the elements of the system interacted in ways that
preserved the equilibrium, or “homeostasis”. This premise was developed fur-
ther, particularly by the strategic schools (Haley, 1987; Selvini Palazzoli et al.,
1978b), in the notion that the symptoms of one family member serve a “function”
in stabilizing a system in crisis. For example, as partner A’s increased involve-
ment in career leads to a change in the available amount of time and energy for
couple activities, partner B might become symptomatic (depressed, anxious,
alcoholic), requiring partner A to decrease the time spent in career and increase attention to partner B. Partner B's symptoms thus function so as to restore the balance of couple involvement that preceded partner A's increased career commitments, albeit at a cost to both partners and to the quality of the relationship.

It should be noted that this early view of an individual's symptoms as serving protective systemic functions has come under question—particularly by those in the psychoeducational movement who work with families in which one member has a chronic mental illness which, far from being sustained because of a homeostatic need of the family, is viewed as biologically based (Falloon, Boyd & McGill, 1985).

The concept of the homeostatic "closed" system was also criticized as not adequately explaining how systems grow and change. It was largely replaced by the notion of "open systems" (Davidson, 1983; Minuchin, 1974), in which the system is conceived as being in constant interaction with its broader context, transferring energy and information in and out, and is stimulated to grow by events occurring within the system as well as within the context. Thus, although the original concept of family homeostasis is considered outdated, the notion that couples and families strive to find a balance between change and continuity, or between novelty and familiarity, remains a guiding premise of systems approaches.

Couple Development: Life-cycle and Idiosyncratic Transitions

For the couple system, a major stimulus for change and development is provided by the challenges of life-cycle stages (Carter & McGoldrick, 1989), the content and timing of which are in turn largely defined by the particular culture(s) within which the couple is embedded (Falicov, 1988). In many societies across the world, couples evolve through the stages of "courtship" leading to marriage, or some commitment to life-long permanency of the relationship; bearing and raising young children; raising adolescents; launching the children to more independent living; and adjusting to couplehood in later life. There are many variations of these generic stages, some predicated on ethnic, class, racial and other differences; some on societal trends, such as the high divorce and remarriage rate in US society; some on the individual needs, wishes and capacities of particular couples, such as the decision to have or not have children, or the inability to do so because of fertility problems (Meyers et al., 1995); and some on social constraints provided by the society—for instance, the legal impossibility of homosexual marriages (in most states of the USA).

Whatever the precise set of stages experienced by particular couples, they will be challenged at each one to balance maintenance of established patterns with the need to grow and change. For instance, a number of studies have documented the challenges faced by couples experiencing the "transition to parenthood" (Bradt, 1989). Among other things, this event stimulates re-evaluation and often
change in how the couple utilizes the resource of time (Fraenkel, 1994a). Partners usually must reallocate time amongst their various activities—time spent in leisure activities alone or with each other, in work and career pursuits, with friends and family—in order to parent. Couples that attempt to make this transition with little accommodation to the challenges of the stage may be thrown into a crisis that threatens the future of the marriage.

In addition to life-cycle transitions shared by many couples in a particular reference group, most couples experience “idiosyncratic” events that challenge them to adapt (Minuchin, 1974)—events such as loss of a job, illness of one or both partners, premature death of a parent (or child), forced or chosen migration, and so on. In responding to generic and idiosyncratic events and transitions, couples that can alter their patterns and access individual and shared resources tend to function better than those stuck in patterns with restricted range and flexibility.

**Concepts of Couple Organization: Power and Connectedness**

Another key feature of a system, human or otherwise, is its organization—the manner in which it is regularly patterned over time and space. In many of the traditional systems approaches, the term “rules” is used to denote the organizing action patterns that obtain across particular contents and contexts, as well as the underlying beliefs and expectations that guide interaction. Much of the work being done from a multicultural perspective delineates racial, ethnic and cultural group differences in terms of family organization (McGoldrick, 1993).

In contrast to these continuing efforts, social constructionist approaches have essentially abandoned the project of delineating typical features of couple and family organization, arguing in part that such normative descriptions cannot do justice to the great variability of family forms. At present, these approaches generally limit their conception of organization to the notion that the relevant group for addressing a couple or family problem is all persons who are “in conversation” about the problem—that is, all persons who share a language and meaning system about the problem (Anderson & Goolishian, 1988; Paré, 1995).

Although conceptions of organization vary widely across different systems theories, as a whole, these theories characterize the rules or understandings that underlie couple patterns primarily in terms of two interactional dimensions:

- Power, control, hierarchy
- Connectedness, togetherness, proximity, involvement, closeness, cohesion

In plain language, when observing the interactions of couples, and hearing them describe their interactions outside the therapy room, the systems-oriented therapist notes who is together with whom in which particular activities and contexts, how partners describe the quality of emotional connection between them and others, and who has the most control or power around particular activities, or in the relationship in general. At the most general level, couple problems involve
struggles around the balance of power and degree of closeness, not only between the partners, but often between them and others in their lives.

Two of the most influential theories of family organization are those of structural family therapy (Colapinto, 1991; Fishman, 1993; Minuchin, 1974) and the intergenerational approaches, particularly Bowen theory (Kerr & Bowen, 1988). The core organizational concepts of these theories are described below.

The structural theory of family organization—which is also central to the strategic approaches of Haley (1987) and Madanes (1981)—holds that families are divided into subsystems, each defined by particular types of interactions, activities and functions. For instance, a two-parent family with children includes marital, parental, sibling and individual subsystems. Note that as a dyad, the adult partners in such a family are involved in two subsystems, the marital and parental. The specific roles and activities of each subsystem define them as different, although involving the same two people. Families with regular involvement of the parents of the adult partners include a number of other subsystems (adult parent-child subsystem; grandparent-grandchildren subsystem).

Subsystems are defined by “boundaries”, a metaphorical term that denotes the rules, often unspoken, that specify who is and who is not a member of a subsystem. For instance, partners who take care not to talk in front of the children or in-laws about issues relating to them as spouses (for instance, sex, personal habits, friends) have established a certain type of boundary around the marital subsystem.

Boundaries are described as varying in “permeability” from highly exclusive to extremely open and fluid, depending on the ease with which others can enter and exit a subsystem. A multicultural perspective suggests that the clinician’s assessment of the adaptiveness of a particular couple’s boundaries needs to take into account the norms of the cultural group(s) to which the couple belongs—with degree of “belonging” being determined not only by which groups partners are born into, but the degree of identification each partner feels with those groups. For instance—speaking very generally—in some ethnic or racial groups, it is common for the boundary around the marital subsystem to be quite fluid, with parents, siblings and other relatives involved in the couple’s important decisions and daily social life (Boyd-Franklin, 1989; McGoldrick, 1993). However, any particular couple may vary widely in the degree to which they feel comfortable with and live out the level of boundary permeability characteristic of the group(s) to which they belong.

A large number of couple difficulties can be viewed as centering on the regulation of boundaries around the parental, marital and other subsystems, as well as around the family as a whole. One partner may repeatedly act in a manner that contributes to an open boundary, while another attempts to enforce a more exclusive boundary. For example, a common issue encountered with parents of young children is that of when to begin to create “private time” when they cannot be interrupted by the children, except in the case of an emergency. Often this involves a quite concrete boundary issue—that of whether to lock the partners’ bedroom door at certain times so that the couple can have uninterrupted sex.
Often, one partner is more in favor of this arrangement than is the other. These sorts of specific struggles over the permeability of the boundary around the marital subsystem may reveal previously unarticulated differences between each partner's desired level of intimacy.

As another example, one of the ways in which couples may attempt to distinguish themselves from their cultures of origin (and their families of origin) is by setting a different type of boundary than that which each partner experienced growing up. Such attempts to change the level of boundary permeability across generations may precipitate crisis and conflict. For example, one third-generation Italian-American couple I worked with broke with family tradition by moving out of the close-knit, working-class neighborhood in which both had been raised. This move, motivated by both partners' wish to "get some distance" from their families and their "old-fashioned ways", also represented their wish to affiliate more closely with what they felt was now their more relevant "culture"—that of young, professional couples.

In addition, partners may agree on the desired permeability of a system or subsystem boundary, but may disagree about whom to include within the system. For instance, in one couple I worked with in which the husband was of Iranian descent and the wife of Iraqi descent, he wished to include the in-laws in many decisions and activities, whereas she wanted to maintain distance from in-laws, and instead wished to form close, family-like relationships with other couples. Each saw their desired boundary as carrying on their particular ethnic traditions.

The issue of boundary regulation also interacts with that of adjusting to new life cycle stages and other transitions. Certain stages may be better negotiated by opening boundaries (for instance, taking in information from teachers and other parents when the child begins school) and others by closing them somewhat (for instance, when the couple needs a period of relative privacy in order to mourn the loss of a family member, or to come to terms with a chronic illness).

Within and between subsystems, relationships are described along a dimension of proximity or involvement with "enmeshment", or high degree of involvement and emotional closeness on one end, and "disengagement", or emotional distance, on the other. Although couples at either extreme on this dimension may function well for a long time, inflexibility around degree of closeness may lead to problems when the couple is challenged. For instance, one partner of an enmeshed dyad is given a job promotion (including a much-needed raise) that will entail taking occasional business trips, which threatens the couple's high degree of proximity, and results in one or the other partner becoming so anxious that the partner must turn down the promotion.

Couples and families are organized in terms of power hierarchies between and within the subsystems. Hierarchy is viewed as an essential aspect of the organization and optimal functioning of a system: lack of clarity about who is in charge of whom or what results in a breakdown of the system as a whole, because neither those higher or lower in the hierarchy know how to act (Haley, 1987).

One formulation of the way in which complementarity in power differences may serve to maintain problems (and that sheds a different light on the Bowenian
Often, one partner is more in favor of this arrangement than is the other. These sorts of specific struggles over the permeability of the boundary around the marital subsystem may reveal previously unarticulated differences between each partner’s desired level of intimacy.

As another example, one of the ways in which couples may attempt to distinguish themselves from their cultures of origin (and their families of origin) is by setting a different type of boundary than that which each partner experienced growing up. Such attempts to change the level of boundary permeability across generations may precipitate crisis and conflict. For example, one third-generation Italian-American couple I worked with broke with family tradition by moving out of the close-knit, working-class neighborhood in which both had been raised. This move, motivated by both partners’ wish to “get some distance” from their families and their “old-fashioned ways”, also represented their wish to affiliate more closely with what they felt was now their more relevant “culture”—that of young, professional couples.

In addition, partners may agree on the desired permeability of a system or subsystem boundary, but may disagree about whom to include within the system. For instance, in one couple I worked with in which the husband was of Iranian descent and the wife of Iraqi descent, he wished to include the in-laws in many decisions and activities, whereas she wanted to maintain distance from in-laws, and instead wished to form close, family-like relationships with other couples. Each saw their desired boundary as carrying on their particular ethnic traditions.

The issue of boundary regulation also interacts with that of adjusting to new life cycle stages and other transitions. Certain stages may be better negotiated by opening boundaries (for instance, taking in information from teachers and other parents when the child begins school) and others by closing them somewhat (for instance, when the couple needs a period of relative privacy in order to mourn the loss of a family member, or to come to terms with a chronic illness).

Within and between subsystems, relationships are described along a dimension of proximity or involvement with “enmeshment”, or high degree of involvement and emotional closeness on one end, and “disengagement”, or emotional distance, on the other. Although couples at either extreme on this dimension may function well for a long time, inflexibility around degree of closeness may lead to problems when the couple is challenged. For instance, one partner of an enmeshed dyad is given a job promotion (including a much-needed raise) that will entail taking occasional business trips, which threatens the couple’s high degree of proximity, and results in one or the other partner becoming so anxious that the partner must turn down the promotion.

Couples and families are organized in terms of power hierarchies between and within the subsystems. Hierarchy is viewed as an essential aspect of the organization and optimal functioning of a system: lack of clarity about who is in charge of whom or what results in a breakdown of the system as a whole, because neither those higher or lower in the hierarchy know how to act (Haley, 1987).

One formulation of the way in which complementarity in power differences may serve to maintain problems (and that sheds a different light on the Bowenian
The concept of “overfunctioning” and “underfunctioning” partners) is that advanced by Cloe Madanes (1981), a leading strategic therapist. She argues that in couples in which one partner has a symptom—depression, alcohol abuse, anxiety—the interaction around the symptom defines “simultaneously their power and their weakness in relation to each other” (p. 30). She writes: “Typically, the symptomatic person is in an inferior position to the other spouse, who tries to help and change him; yet the symptomatic spouse is also in a superior position in that he refuses to be helped and to change” (p. 30). These patterns, which evolved because of the couple’s inability to confront issues around the balance of power directly, become rigid because if the symptom abates, the non-symptomatic partner loses her status as superior (and powerful) and the symptomatic partner loses his power, which he gained through helplessness. Of course, prior to working with such an interactional formulation, it is essential to consider other explanations for an individual’s symptomatic behavior and the impact this may have on the couple’s interaction (again, see chapter by Halford & Bouma, this volume).

Whereas the structural and strategic approaches assess functional and dysfunctional aspects of the couple’s here-and-now organization within the family and larger system, intergenerational theories (Boscolo et al., 1987; Kerr & Bowen, 1988; Boszormenyi-Nagy et al., 1991), focus on the manner in which the couple’s problems around power and closeness represent a distillation and intensification of patterns drawn from each partner’s family of origin. The focus of assessment in these approaches includes not only the couple and the current extended family, but at least the two previous generations, some members of which may be deceased.

 Bowenian therapists conceptualize dyads as inherently unstable due to each partner’s vacillation between a need for individuality and a need for togetherness (Kerr & Bowen, 1988). When one partner seeks more individuality or togetherness than the other, anxiety results. A wide variety of problem patterns may ensue from each partner’s attempts to reduce anxiety. The “pursuer—distancer” is an example of such a pattern: as one partner attempts to lower anxiety about too much individuality by drawing closer and increasing intimacy, the other partner attempts to lower his or her anxiety about too much togetherness by withdrawing. Another common pattern is that of “pseudoharmony” (similar to the early influential notion of “pseudomutuality”; Wynne et al., 1958), in which partners tacitly “agree to disagree” and work to minimize conflict, sometimes at the expense of a sense of warmth or connectedness. From another (e.g., behavioral) theoretical vantage point, Gottman (1994) has described these couples as “conflict-avoiders,” and presents longitudinal data showing that these couples often stay married for many years. However, further data are needed to identify how such couples handle stressors that might require them more directly to handle strong emotions and solve problems.

Another process that may ensue in the couple’s attempt to reduce anxiety about closeness is known as “triangulation”. In a triangle, anxiety in the couple is reduced and contained through involving a third party: a child, parent, friend.
drug, activity or therapist, to name a few possibilities. This allows the couple to redirect the conflict between them onto issues of managing the third party; alternatively, the third party may support one partner against the other (a pattern termed a “coalition” in structural-strategic theory), or may mediate between them.

Consistent with their intergenerational emphasis, Bowenian therapists hold that triangles can only be fully understood by considering the manner in which they replicate aspects of triangles in which the adult partners have participated in their respective families of origin. In this way, the current couple is organized by patterns of power and closeness extending backward and forward in time, much as a triangle in a geodesic dome is held in place by the other triangles to which it is connected.

According to Bowen theory, the degree to which the couple engages in problematic patterns depends on each partner’s level of “differentiation”. Differentiation includes an intrapsychic aspect—the ability to distinguish thought from emotion, and to base judgments and actions primarily on thought—as well as an interpersonal dimension—the ability to be in relationship with one’s partner and members of one’s family of origin without automatically responding to the implicit and explicit demands of those persons. The current couple’s patterns of relationship are more likely to be organized by intergenerational triangles to the degree to which each partner is not well differentiated from his or her family of origin.

For example, in one couple I worked with, the husband, Jeff, was caught in the role of mediator in renewed conflict between his divorced parents, in which the father’s retirement (NB: life-cycle change as precipitant) led him to decide to cut off alimony payments. The father had left the mother several years prior, complaining that she was not sufficiently emotionally supportive of him. Jeff’s wife, Christine, had become closer to Jeff’s father over the years than to his mother, and had felt shunned by the mother. When the conflict between Jeff’s parents occurred, she found herself more supportive of the father. This deeply disturbed Jeff, who was more protective of his mother in this conflict, and led him to question the viability of his own marriage, stating that Christine did not “support him” well enough—the same reason his father had given for leaving his mother.

Feminist family therapists (Goldner, 1985; Hare-Mustin, 1986) have critiqued structural and Bowenian formulations of couple and family organization, arguing that these theories need to take account of the variable of gender. In particular, they argue that beliefs about the appropriate and inappropriate behaviors for men vs. women form an irreducible substrate in couple relationships, and greatly shape couples’ patterns and problems around power and connectedness. For example, feminists hold that without considering gender, a structural therapist might assume that partners who parent effectively, and so have an appropriately hierarchical relationship towards their children, have a “healthy” family structure. However, the lens of gender might lead the therapist to inquire about differences in decision-making power between the partners, revealing that the
husband enforces his position through subtle intimidation and threat. In other words, in assessing the functioning of a couple, the therapist needs to consider organization and power not only in terms of “generation” but also in terms of gender (Goldner, 1988).

Just as it is important not to assume a priori that a particular couple whose members are of a particular ethnicity, race, or cultural group perfectly fit even well-researched group descriptions or norms (McGoldrick, 1993), in viewing a particular couple through the lens of gender, it is important not to assume a priori the existence of power discrepancies between the male and female partner. This caution is particularly important now that feminism has had some impact on changing and loosening gender norms (Ellman & Taggart, 1993). Rather, the lens of gender (and of race, ethnicity, and culture) is best used as a source of possible hypotheses developed and tested during assessment.

ASSESSMENT

Overview

It is probably fair to say that for most systems-oriented clinicians, the interview is the sole modality of couple assessment and evaluation. Books and articles on systems-oriented couple assessment generally emphasize details of the interview, with little or no mention of standardized assessment instruments (Guerin et al., 1987; Haley, 1987; Karpel, 1994; Selvini Palazzoli et al., 1980). In addition, the results of a recent survey indicate that relatively few clinicians regularly use assessment instruments in their practice of marriage and family therapy (Boughner et al., 1994)—despite the availability of well over 1000 marriage and family assessment instruments and techniques, many of which measure constructs relevant to a systems approach (Filsinger, 1983; Fredman & Sherman, 1987; Grotevant & Carlson, 1989; Markman & Notarius, 1987; Jacob & Tennenbaum, 1988; Touliatos, Perlmutter & Straus, 1990).

Before outlining a general guide to couple evaluation through use of the clinical interview, I will mount an argument for the inclusion of standardized assessment instruments in couple evaluation.

Use of Standardized Assessment in Couple Therapy

The underuse of standardized instruments in systems-oriented couple evaluation appears to reflect a broader rift between researchers—who develop these instruments—and clinicians (Liddle, 1991; Sprenkle & Bischoff, 1995). The reasons for this rift and for the underuse of standardized instruments in clinical work are thought to be multifarious, including ideological differences between researchers and clinicians, especially in regard to the question of whether norms of couple or family functioning—which form the backbone of standard-
Elsewhere, I have characterized this ideological split partly as one between nomothetic and idiographic thinking (Fraenkel, 1995a). A nomothetic approach seeks to understand patterns of adjustment, organization and dysfunction that obtain across different couples and families, whereas an idiographic approach seeks to appreciate the uniqueness of the individual case. I have argued that rather than remaining polarized, these two approaches would be better viewed as complementary and mutually informing. Knowledge of how many other couples respond to certain situations, experiences, or stimuli can assist in evaluating the meaning of the responses of a particular couple; and the responses of the particular couple can be used to revise and enlarge the knowledge base about couples in general.

Clinical assessment is the perfect arena for linking the nomothetic and idiographic perspectives. The unique contribution of standardized instruments (including here self-report questionnaires and projective instruments, behavior rating scales and observational coding systems) is that they can provide a ready means with which to compare a particular couple’s issues and strengths on dimensions of interest to those of a range of other couples, especially where normative data have been collected. In addition, the obvious value of standardized assessments is that the theoretical constructs of interest are clearly operationalized. In contrast, because of the lack of clear, standardized operationalizations of key systemic constructs, clinicians often make judgments about the couple’s “boundaries”, degree of “enmeshment-disengagement”, degree of “differentiation” and “triangulation” and the like, based on their particular, possibly idiosyncratic, definitions of these constructs. Clinicians also rely on their “internal norms”, which are entirely dependent on range and level of experience and education, to place a particular couple on the theoretical dimensions of interest.

The logic involved in selecting multiple assessment instruments that provide subjective (self-report) and more “objective” or observational data, and that tap the different levels of the system (individual, dyadic, family as a whole, family in the larger system) has been detailed in numerous publications (Gurman & Kniskern, 1981; Gurman, Kniskern & Pinsof, 1986; Wynne, 1988). The philosophy of those on the cutting edge of couple assessment and outcome research has long been in line with the notion, more recently made popular by constructivist and social constructionist theorists and therapists, that “...there exists no single ‘objective’ reality, only multiple realities” (Gurman, Kniskern & Pinsof, 1986, p. 607).

However, a useful reminder from the social constructionist perspective is that the clinician using standardized instruments needs to remember not to view them as providing data that are better or “more true” than those provided by the couple through the interview. In this way of thinking, the clinician needs to avoid presenting the results of standardized assessment as the final, “scientific” word on the couple. A more collaborative approach involves presenting the data to the
couple without interpretations or conclusions, noting that these data represent only one, limited type of information, and asking the partners to evaluate the degree to which these data reflect them or not. This more tentative stance towards the products of standardized assessment reflects both a respect for the idiographic uniqueness of each individual couple, as well as a more accurate understanding of the limits (e.g. regarding generalizability, reliability and validity) inherent in all nomothetic, scientifically-based methods.

A Brief Guide to the Clinical Interview

There are numerous published guides to interviewing couples and families, some of which attempt to be atheoretical (Karpel, 1994), and most of which are tailored to address a specific theory of therapy, such as structural-strategic (Haley, 1987) or problem-focused (Weber, McKeever & McDaniel, 1985); brief and solution-oriented (Walter & Peller, 1992); narrative (White & Epston, 1990); Milan-systemic (Selvini Palazzoli et al., 1980; Tomm, 1987); and Bowenian (Guerin et al., 1987). Space does not permit a recapitulation of the many interesting and important points covered in these excellent texts. Rather, I will present a more general orientation to useful principles for interviewing couples.

Interviewing as Hypothesis Testing

Effective interviewing of a particular couple (defined here to include both question-asking and observation) is guided by theory about couples in general. Although there are general issues to assess about couples regardless of one’s theoretical approach (covered in detail in Karpel, 1994), many of the specific foci of a particular couple’s evaluation will be guided by the theoretical orientation of the clinician, and by the presenting problems of the couple, rather than by a standard list of “systemic questions”. Theory provides a set of generic hypotheses about couple functioning and dysfunction, which the therapist then uses as a guide to frame specific interview questions. The couple’s responses to these questions serve as data that allow the therapist to confirm, modify or disconfirm the usefulness or “fit” of a particular hypothesis as an explanation of the couple’s patterns and problems (Selvini Palazzoli et al., 1980). The following basic framework guides the interview in this process of hypothesis testing:

These sorts of problems in couples are usually due to X, Y, and Z variables (specified by a particular systems theory). In what ways do this couple’s statements and behavior (including reactions to therapist interventions) reflect X, Y, and Z variables? Do ideas from another theory provide further clarification of this couple’s problems?

Rather than directly ask couple partners the theory-based or “hypothesis” question of interest, it is best to frame open-ended questions that will elicit
narratives (accounts of unique or repeated events in their lives) that the clinician can then "comb" to support or modify hunches (Fraenkel, 1994b; see also Alexander, 1990, for an excellent description of this interviewing technique). When the clinician directly asks the hypothesis question, partners often provide only general opinions or "Yes/No" answers, rather than the important details of sequence that assist the clinician to ascertain the patterns of interaction and specific experiences that characterize problems as they happen in the life of the couple. Open-ended questioning typically begins with the phrase, "Tell me about a time when . . . ," and usually follows with the probe, "And then what happened?" to encourage the couple to describe details. For example, if the clinician wishes to explore the degree to which the couple works together as a parenting subsystem, rather than asking the hypothesis question—"Do you two normally work together as a parenting unit, or is one of you aligned with the child against the other?"—he or she might ask the couple, "Could you tell me about some times when your child misbehaved?" By eliciting a number of detailed vignettes about their parenting—including times that went well and times that did not, from each partner's perspective—the clinician is provided with raw data with which to test hypotheses about the degree to which the couple's approach to parenting represents a strength or a problem. In addition, by attending not only to the content of these narratives, but also to the partners' interactions with each other and with the clinician, the clinician can formulate hypotheses about the patterns of closeness and power between the partners.

TECHNIQUES OF CHANGE

General Principles of Intervention

There are numerous logistical issues and choice points in conducting systems-oriented couple therapy, not the least of which is deciding whether the couple is the appropriate unit to work with in treatment, or whether individual, family or group therapy might be preferable or used in combination with couples work. Space does not permit discussion of these issues: an excellent recent discussion of them can be found in a book by Mark Karpel (1994). Rather, the focus here will be on the link between systems theories and particular techniques of intervention.

Each of the specific systems approaches has its own intervention philosophy, language and body of techniques, and there are many important differences and debates among them (Fraenkel & Markman, in press; Nichols & Schwartz, 1995). However, these approaches do share several principles and practices: an emphasis on strengths, resources and health; attention to the formation and maintenance of the therapeutic system; a focus on pattern identification, interruption and substitution; redefinition of problems as a first step towards change; and an attempt to make therapy economical. These general principles will be discussed first, followed by a discussion of prominent specific techniques.
Emphasis on Strengths, Resources and Health

A guiding principle of systems approaches is that each partner, and the couple as a unit, operate from a base of health (rather than from a base of intrapsychic conflict or interpersonal dysfunction), and generally have the potentials and resources to solve their problems and achieve their personal and relationship goals. In the initial session, the therapist may express this resource orientation by asking about individual and shared interests and abilities (in career, hobbies) prior to discussing the presenting problem. An opening sentence might be, “Before we talk about the problems that have brought you here, I’d like to hear a bit about your life apart from these problems.” Often, partners’ interests and abilities provide metaphors that can be applied to change efforts.

For instance, one husband, an emotionally-reserved computer scientist uncomfortable talking with his wife about intimate feelings, warmed to the idea once it was explained in terms of informational “input” and “output”. A successful businesswoman who felt stymied in her attempts to become accepted by the husband’s mother and sister, despite his attempts to facilitate this, was asked how she would handle the situation if the in-laws were potential clients: she immediately found a solution. A couple in which both partners were architects despaired that the relationship was “fundamentally flawed”: however, once attention was drawn to some of their strengths in handling a particularly stressful transition, they decided that their “foundation” was solid and that they needed only to “renovate and remodel”. Through introducing metaphors from their areas of interest and expertise in discussions about problems, the therapist engages the “strong sides” of couple partners and helps to cast threatening topics in a more familiar language and way of thinking. In addition, by introducing metaphorical language about which they are the experts, the therapist subtly empowers the partners—they can correct the therapist’s misuse of particular terms, educate the therapist about their areas of knowledge, and so on—an interaction which may result in the couple feeling less in a “one-down” position vis-à-vis the “expert” therapist and the process of therapy.

Resources continue to be emphasized through inquiring about and building on exceptions to the problem—identifying times when the couple successfully handled difficulties, times when the problem was less severe, entirely absent, and what part the couple played in these positive outcomes. Often, exploration of the early history of the relationship reveals forgotten sources of affection and pride that can stimulate hope. In addition, many of the therapist’s “reframes” (discussed below) or other means of redefining problems lend a positive cast to aspects of the relationship previously viewed by the couple as negative.

Formation and Maintenance of the Therapeutic System

In order to intervene effectively with a couple, the therapist must first engage in activities that forge a connection with the couple in which the partners feel safe and respected as persons by the therapist, and in which they see the therapist as
someone who can potentially be helpful to them. Minuchin (1974) coined the term “joining” to denote these activities of building the “therapeutic system”. Joining techniques include acting as a courteous host, “tracking” (careful listening and paraphrasing of what each partner says), “maintenance” (offering support and validation), and “mimesis”, subtly matching the couple’s verbal and non-verbal style—for instance, speaking in a formal or informal style to match the style of the particular couple.

Although “joining” is a term specific to structural family therapy, all systems therapists emphasize the importance of developing and maintaining the therapeutic system—essentially, the systemic version of the “therapeutic alliance” (Pins0f & Catherall, 1986)—which is essential to all effective therapy, not only at the beginning but throughout.

Systems therapists also monitor the ways in which the couple “inducts” or “triangulates” them into particular roles—as a cheerleader, judge, common enemy, and so on (Colapinto, 1991). Depending on the particular systemic approach, the therapist might use this inducted role strategically, or might comment on how it replicates triangles in the couple’s relationships with family and others. By adopting a general stance of “curiosity” (Cecchin, 1987)—an equal interest in each partner’s perspective—the therapist can maintain a basic connection with each partner, even at times when he or she deliberately sides with one or the other in order to stimulate change (a technique known as “unbalancing”, described below).

**Focus on Pattern Identification, Interruption and Substitution**

All systems approaches agree that change occurs through identifying and interrupting the rigid patterns of interaction and meaning that block access to the couple’s resources, and by substituting new and more flexible patterns. In the words of Minuchin, “the therapist must introduce novelty” (Fraenkel, 1995b). Generally, the systems therapist assists the couple to initiate the smallest change that will make a positive difference in the experienced quality of the relationship, the assumption being that a small alteration in a pattern will become amplified by the system’s natural, recursive “feedback” loops.

For example, with couples in which each partner complains that the other does not initiate affection, a useful first intervention is some variant of the “odd days—even days” prescription developed by the Milan strategic school (Selvini Palazzoli et al., 1978a), in which the therapist suggests that the partners alternate days in the week on which they will initiate some affectionate contact (with one day reserved for spontaneity). The same intervention can be adapted to interrupt standoffs around other issues—the doing of housework, handling the children, and so on.

When the couple follows through with the activity, it often helps them revive a sense of hopefulness, commitment and trust in one another that then fuels other changes. It also begins to substitute a more symmetrical pattern between the partners for the previous, problematic complementary pattern, in which one
person overfunctioned and the other underfunctioned in a certain domain of
couple activity. When the couple (or one partner) does not fully follow through
with a suggested activity that both partners had agreed might be useful to them,
this provides further information about the couple’s patterns around the prob-
lem, and may lead to a more careful consideration of each partner’s feelings,
beliefs and expectations on the topic. This is an example of how intervention and
assessment are inextricably linked.

Of course, it would be simplistic and insensitive to cultural and other differ-
ences among couples to assume that what all want and need is to become
perfectly symmetrical in terms of partners’ contributions to the relationship.
However, it can be argued that the value and need for fairness in relationships is
a common assumption of the “culture” of therapy (whether or not it is shared by
all the cultures in which couples are embedded), and that the therapist will work
to assist partners to find ways to treat each other more fairly and respectfully
(Karpel 1994). In some cases, this will translate into more symmetrical contribu-
tions by each partner, and in others into a different and more egalitarian
complementarity. It is critical that the therapist try not to impose his/her particu-
lar preferences, but rather, work collaboratively with the couple to define what
seems fair and just for each partner.

Redefinition of Problems as a First Step Towards Change

Novelty is introduced to the couple first by reformulating the presenting problem
in a manner that is more amenable to change (Haley, 1987). In most cases, this
means redescribing the problem so that it is no longer viewed as due to enduring
character flaws in one or both partners, or as reflective of general deficits of the
relationship, but rather as the result of specific beliefs, sequences of interactions
or circumstances that can be altered. The particular content of the reformulation
depends on the specific systems approach used, as well as the particular meaning
of the problem to the couple. For instance, in a strategic approach, “depression”
(for which medical/psychiatric etiologies have been ruled out) might be
redescribed as one partner’s “irresponsibility” (Madanes, 1981), which requires
the other partner to be overly responsible. In a narrative approach (White &
Epston, 1990), “depression” might be viewed as a constraining description of
experience that draws its power from the influence and overuse in the culture of
the prevailing psychiatric nomenclature, and the couple might be encouraged to
find other, more transformable ways to describe this experience. In a structural
approach, one partner’s depression might be reframed as “loneliness”, and ad-
dressed by finding ways to increase communication and affection between the
partners. In a feminist approach, a woman’s depression might be attributed to her
frustration with her lack of power in the relationship, and measures might be
taken to examine further and redress these power inequities. And in an approach
sensitive to social forces of oppression, one lesbian partner’s angry, brooding
“depression” might be in part viewed as an expectable response to her repeated
experiences of discrimination in the workplace based on her sexual orientation,
and the partners might be encouraged to find ways to keep the impact of this discrimination from negatively influencing their relationship—possibly by connecting with support and legal action groups.

In addition, the therapist might work with the couple to develop a more complex redescription of the problem that combines features of several of these perspectives. As with offering suggested activities, it is important that the therapist not use his/her position as an expert to impose or insist on a particular redescription of problems (Jones, 1993). Rather, the therapist needs to offer new ideas tentatively, in the spirit of “trying out ways of thinking differently,” and needs to engage the couple actively in considering and revising these ideas until all agree upon a useful redescription of the problem.

**Therapy Should Be Economical**

A guiding premise of systems approaches is that therapy should strive to be brief. The belief is that therapeutic brevity saves time, energy and money, and reduces the chance that the couple will become dependent on the therapist (Cade & O’Hanlon, 1993). In addition, by communicating the belief that therapy can be brief, the therapist may increase the couple’s sense of hope and the energy partners direct toward change. Although the MRI, strategic, and solution-oriented approaches may emphasize brevity more than do others, even approaches that explore each partner’s family history tend to do so in a more abbreviated and problem-focused manner than would occur in a typical psychoanalytic individual therapy. Research has generally supported the notion that systems approaches can result in clinically useful change in brief periods—between 1 and 20 sessions (for reviews, see Gurman, Kniskern & Pinsof, 1986; Sprenkle & Bischoff, 1995).

**Specific Systems Techniques**

One useful way to organize a brief synopsis on systemic intervention is to group the techniques in terms of time-frame focus. Certain techniques work mostly on directly changing present patterns; others focus on the relationship between the couple’s present and each partner’s past; and others change the present by turning attention towards the future. In a pragmatic integrationist approach, the couple therapist can shift between these time frames when one frame fails to stimulate productive hypotheses and change.

**Present-oriented Techniques**

The early MRI and strategic approaches pioneered many of the standard present-oriented interventions. “Reframing” involves redescribing problem behavior so that its significance (both meaning and importance) changes; as its significance changes, the couple is freed to interact in new ways not defined by the problem. Reframes often locate meanings for the behavior opposite to those the
couple had assumed, and often find something positive about a situation viewed previously as negative. For instance, persistent arguing, viewed by a couple as a sign of distance, might be reframed as a sign of passion and involvement, albeit expressed somewhat destructively; differences of opinion about how to spend money, decorate the home, or raise the children might be reframed as a potential richness of perspectives, in which each partner’s ideas might serve to balance out the other’s; and so on.

The key to effective and respectful reframing is that the reframe must be experienced as “true” by the couple; it must emphasize a neglected aspect of the problem pattern that, on consideration, the couple can also see. Otherwise, the couple may experience the reframe as irrelevant or even insulting. For instance, one type of reframe that gained widespread use but was later criticized for leading to negative reactions on the part of some families (Jones, 1993) was the positive connotation (Selvini Palazzoli et al., 1978b). In this technique, the therapist would suggest that there were positive intentions behind each family member’s behavior, no matter how overtly destructive or pathological.

“Paradoxical directives” are related to reframes in that they introduce novelty by contradicting couples’ assumptions about their problems, and about what to do with them. The two classic paradoxical directives are “prescribing the symptom” and “restraining change”. In prescribing the symptom, the therapist suggests that the couple do more rather than less of the problem. In restraining change, the therapist suggests to partners beginning to change that they should slow down, not change too quickly, because they may not be prepared to face the consequences of eliminating their problem.

For instance, in the traditional use of these interventions, partners who complain of “uncontrollable” arguments about money might be told that their problem is that they don’t ever argue long enough to get to the bottom of their disagreement, and that they should schedule three arguments during the next week, each for twice as long as they usually argue, beginning and ending precisely at certain preselected times. When the partners return the next week having not completed the task and instead, having argued less, the therapist might restrain change by suggesting that they really should keep arguing, because they might not yet have other ways to connect with each other. The intent of paradoxical directives is to redirect the couple’s resistance to change into resistance of the therapist’s directive to do more of the symptoms and not to change: by resisting the therapist, the couple changes. In addition, when the partners perform a symptom they described as “uncontrollable”, they realize that they can control and eliminate it.

As with the positive connotation, paradoxical directives have been criticized for their potential to insult couples. However, if delivered with humor in the context of a supportive therapeutic relationship, and developed with input from the couple, paradoxical directives can be well received and quite effective. For instance, I worked with one middle-aged couple that had become divided around how to handle their 29-year-old son, who had recently begun calling at unpredictable times to berate his parents about how they had raised him—blaming them,
especially his mother Sally, for his current difficulties holding a job. The son, named Michael, would often end these diatribes with a request for money, which the parents often agreed to send, in order to placate him. Although by their description of raising Michael it did not appear that they had made any egregious errors, each phone call from Michael would send Sally into paroxysms of guilt. In a panic, she would express these feelings to her husband Larry, who would listen for a while but then become annoyed and withdraw, leading Sally to attempt to engage him further in guilty reflections about the past, leading him to withdraw, resulting in a classic “pursuer–distancer” pattern.

The partners agreed that they needed to take a more “united front” against Michael’s accusations and requests (strengthening the boundary around the spousal and parental subsystems). They came up with the plan that Larry would comfort and support Sally after an upsetting phone call rather than withdrawing, and that they would then try to put Michael “out of (their) minds”. Although this approach disrupted the pursuer–distancer pattern and led them to feel more like a team, both described continuing to feel “traumatized” and “thrown off guard” by Michael’s unpredictable calls. In addition, both parents found themselves worrying that Michael might call at some point during the day.

I suggested that the problem was that they were trying to force themselves not to think about Michael, and that they might better prepare themselves for his surprise calls by purposefully thinking about him together each day. I engaged the couple to come up with an exercise they could do each morning and evening to think together about Michael. We came up with the plan that they would spend a half an hour each morning and evening chanting his name over and over, an exercise that they came to refer to as “Michaeling”. This exercise—which the couple found absurd but agreed to do anyway—had an immediate and lasting effect, drawing the partners together, giving them a sense of control, and making them laugh each morning and evening about the problem with their son, rather than cowering in fear of his phone calls.

Another technique that was pioneered by the Milan group as an extension of paradox and positive connotation, but was then broadened in scope and application by others (Imber-Black, Roberts & Whitaker, 1989) is that of “rituals”. Rituals involve sequences of action, which may or may not include words, and which occur once or repeatedly (often at a set time and in a set place). Rituals are attributed a special, symbolic meaning, and elicit a sense of heightened experience for all participants. Therapists have used rituals to assist couples to make transitions through the life cycle, to reaffirm aspects of the relationship, to keep certain memories alive, or to let others go, as in rituals of forgiveness.

For example, the paradoxical directive of “Michaeling” used in the case of Sally and Larry (see above) was a ritual. I had also encouraged this couple to develop a ritual to perform each time Michael called, one that would strengthen the boundary around the spousal subsystem by representing the partners’ wish to reaffirm their current life cycle stage as an older couple with children living out of the home. They came up with the idea of playing a Peggy Lee record and dancing together, followed by toasting their future.
Like those of the early MRI and strategic schools, structural family therapy techniques (Colapinto, 1991; Minuchin & Fishman, 1981) seek to change present patterns of power and closeness, but rely less on directives and tasks for couples to do between sessions, and more on changes initiated in the therapy room. "Enactments" involve asking the couple to demonstrate problem interactions (although couples will often spontaneously do so, needing no special invitation!), as well as to try new interactions suggested by the therapist, in which the usual patterns of proximity and power are blocked and new patterns are encouraged. Building "intensity" involves use of the "dramaturgical" elements of therapeutic communication to emphasize a reframe or other new ways of thinking about problems: gestures, qualities of speech (tone, volume and pace); mantra-like repetition of a phrase; metaphors or other powerful imagery; and changes in the physical proximity of the therapist to one or the other partner. The goal of enactments and intensity-building techniques is to create with the couple a memorable, novel experience in the therapy room that will stay with them between sessions and hopefully stimulate continued change.

For instance, in one couple, the husband was regarded as "depressed" and "ineffective" by both partners. As an example of his depression, he claimed that he was unable to initiate or complete household activities, yet continually complained about his wife's failure to do so (despite her actually handling 95% of the couple's chores). Only when his wife yelled at him several times would he complete some part of a chore. The couple appeared to be stuck in a complementary pattern in which the husband's under-responsibility and passivity stimulated the wife's over-responsibility and activity, which in turn allowed the husband to remain passive.

Examination of their expectations, including beliefs about gender and home responsibilities, as well as attempts at straightforward problem-solving discussions, had been ineffective in changing this pattern. In order to emphasize a novel way of thinking about the couple's pattern, each time the husband complained about his wife, I built intensity by slowly and repeatedly intoning to the husband, "How is it that you have trained your wife to be your trainer?" Occasionally, I also turned to the wife, stating, in a sympathetic tone, "How did he recruit you to be his trainer?" The intent of the intervention was to reframe the husband's passivity as activity and interpersonal power, and to encourage indirectly the wife to refuse to support his passivity. Once she recognized his "hidden" activity in organizing her behavior, the wife refused to complete the chores they had previously designated as his responsibility. The husband, who did not like the idea that his wife was training them, began to complete his chores, which started him in the direction of assuming greater competence both at home and at work.

In addition to building intensity to emphasize the reframe, this intervention made use of another structural technique, "unbalancing". In unbalancing, the therapist temporarily supports one partner's perspective or position more than the other's, in order to disrupt a problematic pattern of power inequality. In the example above, the wife's position was temporarily supported over the husband's in order to empower her to re-evaluate her willingness to fill in for him around the house.
The constraining effects of expert knowledge and other sources of problem definition constitutes the major focus of intervention in the narrative approach to therapy (Freedman & Combs, 1996; White & Epston, 1990). One of the core practices in this approach is called "externalizing" the problem. The goal of externalizing is to assist persons to separate their sense of themselves from their "problem-saturated" narratives, a process which then allows them to build on more positive narratives of success and competence. The steps of externalizing include: identifying all the ways in which the problem has affected couple partners' lives; identifying "unique outcomes", instances in which partners have acted in ways that defy the influence of the problem; redefining the problem, often by giving it a name that characterizes it as an entity separate from the person or persons said to "have it"; and expanding on unique outcomes to take further action against or in spite of the problem. Couple partners are then encouraged to incorporate these problem-defying instances into their individual and joint self descriptions.

For example, I worked with Sarah and Jim, a couple in their early 30s. Both partners had prior histories of drug and alcohol abuse. In addition, each reported extremely difficult childhoods with parents who had been verbally abusive, leading them each to feel extremely sensitive to criticism from one other. Their relationship was characterized by frequent escalations which, in their words, would lead Sarah to become "depressed and hopeless" and Jim to be "filled with archetypal rage". Although these escalations decreased somewhat as a result of learning and using communication and problem-solving skills, and identifying their unarticulated expectations and hidden issues (Markman, Stanley & Blumberg, 1994), the couple frequently lost the sense of "teamwork" necessary to initiate these cognitive-behavioral techniques.

I introduced them to the basic ideas of narrative therapy, obtained their agreement to try this approach, and engaged each partner in giving a name to the experience of being criticized. Sarah named her experience "Rotunda", and described the image of an enormously fat woman (which reminded her of her mother) who would sit on her and "crush" her in response to criticism. In turn, Jim captured the effects of criticism on him in the image of the "Dark Knight", which would spear a lance into him and raise him helplessly into the air, leaving him with intense feelings of shame. Each partner agreed to refer to these characters when feeling criticized by the other, rather than directly to complain that the partner was being critical—for instance, when Sarah felt Jim was being critical of her, she would say "I feel Rotunda coming!" Each agreed to stop criticizing once the character was invoked, and instead, to offer a comforting response that aimed to decrease the effects of these now externalized problems.

The results of this intervention were dramatically positive and sustained, and when therapy ended, both partners commented that they found themselves less sensitive to criticism from friends, colleagues and family members as well. In particular, Jim, who had believed his reactions to be "deeply rooted in the unconscious" and unlikely to change, expressed surprise that a technique that focused on here-and-now interactions could affect the way he felt about himself in general.
Past-oriented Techniques

A shift of focus from the details of the couple's present problem patterns to hypotheses about possible sources of the patterns in each partner's family-of-origin experiences can be useful in several ways:

1. Reducing blame. As each partner becomes more aware of the historical roots of the other's sensitivities and behavior, blame is reattributed from the partner to unfortunate aspects of the partner's family of origin. As Gerson and colleagues write, "It is easier to become more accepting and respectful when a partner's behavior is seen not as out to thwart or frustrate, but as the product of previous life experiences and expectations" (Gerson et al., 1993, pp. 341-342). Additionally, blame of self and of the other is reduced as partners become aware of the family-of-origin sources of their own behavior. Each partner comes to take greater responsibility for unwittingly transmitting their particular family issues to the current relationship.

2. Decreasing conflict intensity in the session. When partners are extremely angry and repeatedly escalate in the session, a shift away from direct discussion of their present problems to each partner's family history can decrease conflict intensity. The therapist can ask each partner to speak to her or him while the other listens, and may need actively to block the listening partner from interjecting in a non-productive manner. If escalations continue, the therapist may need to meet with one partner at a time or, if possible, have the partner listen from behind a one-way mirror (Gerson et al., 1993).

3. Widening the frame to include beliefs and expectations. As was noted earlier, exploration of each partner's family of origin often reveals unacknowledged beliefs and expectations about power and connectedness that underlie current conflicts (Guerin et al., 1987; Jones, 1993). According to Bowen theory (Kerr & Bowen, 1988), persons often engage in "emotional cutoff" from their families in an attempt to free themselves from the pull of triangles and other disturbing past experiences; one manifestation of this cutoff may be to deny any relationship between one's current beliefs and those of one's parents. However, exploration of the family of origin can allow partners to identify ways in which they react to each other based on these hidden beliefs, despite their conscious attempts to distance themselves from these beliefs. In some cases, experiences from families of origin serve as direct models for current behavior; in others, partners consciously or unconsciously attempt to reverse the beliefs and values absorbed from their families (Gerson et al., 1993).

The major technique of intergenerational approaches is careful interviewing of each partner to bring about increased understanding of the links between past experiences and present beliefs and interactions. The underlying assumption is that increased recognition and understanding of these links will allow for change in the present patterns (Kerr & Bowen, 1988). Often, patterns linking past and
present are summarized using a diagram called a genogram (McGoldrick & Gerson, 1985). The genogram typically includes basic facts (birth and death dates, salient educational, employment and medical/mental health history) about all members of each partner’s family of origin going back at least two generations, and uses symbols to describe, in a shorthand manner, the kinship connections and quality of the relationships between all members. The clinician then reviews the genogram to identify triangles, emotional cutoffs, and other problematic patterns in family relationships, and looks for evidence of how these patterns have been transmitted across generations.

In some approaches to intergenerational therapy, three or more generations may be invited to join the couple in sessions (Boscolo et al., 1987); in others, couple members are “coached” to return to their respective families to work out old conflicts and forge more positive connections with parents and siblings (Guerin et al., 1987; Kerr & Bowen, 1988). By “differentiating” themselves from their respective families of origin, partners become better able to avoid transferring triangles and other patterns into their current relationship.

The following case vignette, presented in more detail elsewhere (Fraenkel & Markman, in press) illustrates the use of past-oriented techniques. Tim and Laura were a couple in their mid-30s. They reported having a generally satisfying marriage, except that Tim became cold, distant and rageful whenever Laura’s rheumatoid arthritis required bedrest. In Laura’s view, Tim became “selfish” during these periods; for instance, refusing to assist her to complete minor household chores. Tim agreed that his behavior was an over-reaction, but could not explain it beyond noting his feeling of “incredible resentment” about her illness. Both partners felt that this pattern was severe enough to threaten the future of the relationship.

Exploration of Tim’s family of origin revealed that both his father and grandfather had been extremely bitter when their respective financial and career plans had been interrupted because of the need to assume sole responsibility for supporting their chronically-ill mothers. In addition, Tim’s brother had been sick beginning as a child, and as a result received much more attention from the mother than had Tim. And Tim’s father had been ill for the past 10 years and, in Tim’s view, complained excessively as a means of gaining sympathy. Recognizing the family-of-origin sources of Tim’s intense reactions to Laura’s illness greatly reduced the tension in the couple. Tim then met with his father to reduce the emotional cutoff between them, and became more sympathetic to his father’s and grandfather’s experiences, which led him to feel less tied to repeating their ways of coping with illness.

**Future-oriented Techniques**

Some couple therapists have argued that a focus on the link between past and present problems, or on the details of the present problem pattern, impedes change (de Shazer, 1991). These solution-focused (de Shazer, 1991) or solution-oriented (Furman & Ahola, 1992) therapists generally eschew the previously-
discussed theories of couple organization and dysfunction entirely. Instead, these therapists work with couples to locate what they want to be different in the immediate and more distant future, and how to make that happen (de Shazer, 1991; Furman & Ahola, 1992).

Some of the more distinctive future-oriented techniques include asking the partners to reflect on what about their relationship they wish to preserve or even amplify in the future (rather than focusing solely on what they wish to change); examining and highlighting "exceptions"—strategies that have already worked in handling their problems, as well as those that might work in the future (O'Hanlon & Weiner-Davis, 1989); and the "Miracle Question" (de Shazer, 1991), in which partners are asked to identify specific changes that would result if they woke up to find that their problems had magically disappeared overnight: "What would be different, how would you know?" The key to future-oriented techniques is to engage couples in generating detailed images of how life would be without their problems—images at least as detailed as their current, constraining descriptions of their lives with the problems. This specific, future-oriented imagery increases hope and serves as a plan that motivates and guides the couple in attempts to initiate change.

For example, Ben Furman (personal communication) describes the use of a future-oriented approach to assist couples to eliminate escalations. In sessions in which a couple repeatedly engages in bitter, acrimonious exchanges, Furman first asks the partners how they feel the interaction is going, and receives the expected answer—"Not well!" He then suggests that the rest of the session be spent planning how they would prefer to talk with each other in the next session. Encouraging them to identify the specifics of how each would speak with the other more productively and kindly allows the partners to see that they already know how to do so, and sets the stage for change.

Guidelines for Choosing Interventions: the "Therapeutic Palette"

Through the early 1980s, practitioners of systems approaches generally claimed allegiance to one school of therapy (structural, strategic, Bowenian) and tested the limits of their particular school's set of interventions (Nichols & Schwartz, 1995). One effect of the introduction of postmodern thinking into the field has been to loosen these allegiances, as practitioners have come to realize that no theory captures the whole "truth" about families. Attention has turned to the more pragmatic question of which approach works with which couple with which therapist in which moment of the therapy—"effectiveness", at least in the sense of what Pinsof (1988) has called "small outcomes": changes observed and experienced in the session or between sessions that appear linked to interventions. Unfortunately, at the present time the research literature does not generally provide confident guidance for the practitioner to select one systems approach over another for particular presenting problems (Lebow & Gurman, 1995; Piercy
& Sprenkle, 1990; Sprenkle & Bischoff, 1995). More importantly for those who wish to integrate the useful aspects of the different systemic approaches, process research has not advanced yet to the point of identifying clear directions for choosing one approach or technique over another at a particular juncture in therapy—for example, when it might be useful to shift from a structural or strategic approach to an intergenerational approach. In addition, there is still a relative lack of published, manualized couple therapy based on systems concepts. And some researcher-clinicians have noted that manualized treatments may not offer the complete answer in any case, as they “can limit exactly that kind of complex decision-making typical in more complex variants of family therapy” (Lebow & Gurman, 1995, p. 46).

One organizing heuristic for making such choices that I have found useful in practice and teaching is the notion of the “therapeutic palette”. Metaphorically speaking, the various specific systemic approaches and their associated practices represent a range of “colors”, none of which is in itself better or worse than any other. Rather, each approach is selected at a particular time based on the needs of the particular “artist” painting a particular “painting”, and its usefulness is judged based on its effectiveness in developing the painting according to the artist’s vision. In other words, all therapeutic approaches and techniques are potentially useful, and gain their value in the moment based on their effectiveness in reaching the goals of a therapy with a particular couple.

Three of the general principles discussed earlier guide the application of this metaphor in therapy: the need to balance joining and supporting the existing system with the need to introduce novelty; an attempt to make therapy economical; and a belief in accessing the existing health and resources of the couple. Briefly and in turn, the therapist selects an intervention mindful that some will fit better with a couple’s existing ways of thinking about themselves and their problems. For instance, some couples come in ready for present and future-oriented action approaches, and others believe their problems can only be solved by reflection on the past. As part of joining and developing the therapeutic system, the therapist may choose to begin the therapy by intervening in a manner congenial to the couple’s existing ways of conceptualizing problems and change, and may save other, more challenging interventions for when the couple seems more secure in the therapeutic relationship. Alternatively, the therapist might decide to offer from the outset an approach that contrasts with the couple’s ways of thinking. The therapist’s choice will be guided by his or her assessment of how much novelty the couple needs and can handle at a particular moment.

In terms of economy, one way to approach making therapy brief is to begin with present and future-oriented techniques, reserving the more time-consuming family-of-origin approaches for instances when these other techniques fail to stimulate sufficient change.

Accessing the couple’s existing health and resources can be viewed as the superordinate principle of the three. The more readily the therapist enables couples to find solutions to their problems from within their own sets of experiences and accustomed ways of thinking, perceiving, feeling and acting, the less
novelty need be introduced, and the briefer will be the therapy. In addition, this emphasis on discovering what couples already can do fits with a guiding ethic in the field that therapists need to be respectful of partners’ beliefs, values, and capacities, and should avoid overly directive approaches when these are not called for.

Thus, a therapist might begin with less directive approaches, such as highlighting exceptions to the problem, eliciting hidden beliefs, and offering supportive, positive reframes. If these interventions lead to little change, the therapist might engage in more challenging strategic and structural techniques, such as paradoxical interventions and unbalancing.

Even when using more confrontational approaches, the therapist needs to be respectful and to maintain an overall sense of collaboration. To return to the art metaphor, therapy is a painting co-created by the therapist and the couple: the therapist should look for every opportunity to hand the couple the brush.

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