

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/5248202>

# The Multi-level Approach: A Road Map for Couples Therapy

Article in *Family Process* · July 2008

DOI: 10.1111/j.1545-5300.2008.00248.x · Source: PubMed

---

CITATIONS

23

READS

1,054

1 author:



**Michele Scheinkman**

The Ackerman Institute for the Family

13 PUBLICATIONS 269 CITATIONS

SEE PROFILE

Some of the authors of this publication are also working on these related projects:



Couples Therapy [View project](#)



couple project Ackerman [View project](#)

# The Multi-level Approach: A Road Map for Couples Therapy

MICHELE SCHEINKMAN, LCSW

---

*This paper presents a multi-level framework and road map to guide the therapeutic process. Starting with the couple's reactive pattern, the multi-level approach first orients the therapist on how to create a "holding environment." It then suggests how the therapist, in collaboration with the couple, can proceed to explore interactional, sociocultural/organizational, intrapsychic, and intergenerational processes that might be fueling the couple's dynamics. Central to this approach is the construct of the vulnerability cycle, a nexus of integration that helps the therapist stay anchored while moving through the many layers of therapeutic work. The overall goal is to help the partners move from reactivity to responsibility for their own feelings and behavior; from impasse to a greater ability to reflect, express feelings, listen, negotiate, and make choices about how to be in the relationship. This paper describes a range of concepts and interventions from basic to complex; it is intended as an organizational tool for practice and clinical training.*

*Keywords: Couples Therapy; Integrative Approach; Clinical Training*

*Fam Proc 47:197–213, 2008*

When starting to work with couples, therapists can easily feel overwhelmed by the couple's dynamics, as well as by the wealth of models and ideas available to them in the couples and family therapy field. This paper describes a road map to guide the therapist on where to start, what areas to explore and when, and how to promote changes, layer by layer. Initially developed as a response to the divisiveness in the field—when one was either strategic, structural, psychodynamic, or Bowenian—the multi-level approach evolved as a comprehensive framework that addresses many facets of a couple's relationship. The construct of the vulnerability cycle emerged as a nexus of integration, combining strands from various schools into one model that describes couples in impasse (Scheinkman & Fishbane, 2004).

The multi-level approach is informed by the interactional model of the Mental Research Institute (Lederer & Jackson, 1968; Watzlawick & Weakland, 1977; Watzlawick et al., 1974), narrative ideas by White (1989, 1993), applications of

---

I am grateful to Mona Fishbane for our special collaboration teaching couples therapy at the Chicago Center for Family Health for ten years. I thank Froma Walsh and Cheryl Berg for their feed back on several earlier drafts and continuous support.

Correspondence concerning this article should be addressed to Michele Scheinkman, 220 20 Madison Avenue, #11J New York, NY 10016. E-mail: michelescheinkman@gmail.com

Minuchin's (1974) and Haley's (1976) contributions on family organization, formulations of intrapsychic/interpersonal processes (Feldman, 1982; Scheinkman & Fishbane, 2004), and attention to multigenerational patterns and legacies as described by Boszormenyi Nagy and Spark (1984), Kerr and Bowen (1998), and McGoldrick, Gerson, and Shellenberger (1999). It incorporates the family life cycle (Carter & McGoldrick, 1998) and multicultural perspectives (Falicov, 1995; McGoldrick, Giordano, & Garcia-Preto, 1996) as well as feminist contributions about dilemmas related to power inequities and gender roles (Goldner, 1985; Goodrich, 1991; McGoldrick, Anderson, & Walsh, 1989).

In integrating the intrapsychic level, this framework focuses on subjective meanings and individual history, but it eschews the deficit approach of psychoanalysis, highlighting instead a perspective of resourcefulness and resilience (see Walsh, 2006). In terms of the process of therapy, it is influenced by Pinosof's (1983) sequential strategy, it incorporates the notion of deconstruction (White, 1993; Zimmerman & Dickerson, 1993), and it addresses the processes of change so well articulated throughout the family therapy field (e.g., Papp, 1983). It does so within a collaborative relationship, rather than the hierarchically based "expert" stance toward clients proposed in some earlier models.

The multi-level approach has evolved over 30 years of supervision and clinical work with a variety of couples from diverse cultural, ethnic, and socioeconomic backgrounds, sexual orientations, and life stages. It is applicable to both short-term and long-term therapies. It is intended as a base for practice and clinical training, covering many concepts and interventions, from the very basic to the more complex.

### THE ROAD MAP

The starting point of therapy is the problem as presented by each partner, and as it is wrapped up in a *pattern of reactivity and escalation* that keeps the couple stuck. The therapist moves sequentially (Pinosof, 1983) through four levels of exploration and intervention: interactional, sociocultural/organizational, intrapsychic, and intergenerational. Each level addresses one dimension of the couple's relationship; each prepares the couple for work that may follow. Presuming that "the map is not the territory" (Bateson, 1972), this road map is to be used flexibly and should be updated as research and knowledge about relevant areas are expanded.

### The Couple's Dance

A basic assumption in the multi-level approach is that the couple's presenting problem is usually embedded in a circular pattern that is maintained by the reciprocal actions and reactions of the two partners. Although reciprocity is a necessary ingredient for coexistence (Papp, 1983), reciprocal patterns become problematic when they escalate through recursive loops of negativity and misunderstandings. These patterns eventually render the partners unable to listen, empathize, communicate, negotiate, and solve their problems; they are referred to here as the couple's "dance" (see this metaphor as used differently by Lerner, 1989).

### Choreographies

Couple's dances always involve the moves and countermoves of both partners. Yet, each couple creates their unique choreography that varies in form, rhythm, and pace,

and cluster around three major configurations: conflictual, pursuer-distancer, and mutual disengagement.

When a couple is caught in a “conflictual pattern” the partners tend to attack and counterattack symmetrically. For some, in a matter of seconds the conflict becomes explosive. For others, the conflict simmers, escalating through soft put-downs or bickering that over time corrode the positive aspects of the relationship (Gottman, 1994). In the pattern of “pursuer and distancer” the “dance” may be subtle (Daniela complains that Paul is messy; Paul stonewalls; she nags harder) or dramatic (Ben pursues Jenny with jealous accusations; she withdraws sexually; he becomes violent). In a pattern of “mutual disengagement,” the more one partner recoils, the more the other distances as well, leading them into an increasing sense of mystification and disconnection. Regardless of the choreography or genesis of the dance, whenever two partners are interlocked in a reciprocal pattern they feel trapped. Eventually, the dance may become their primary mode of relating.

### **Anxiety: Fuel to the Dance**

Another assumption in the multi-level approach is that the couple’s dance is fueled by undercurrents of anxiety that may spring from a variety of sources. Anxiety may spring from the escalation process itself in which the partners experience their relationship as ever more confusing and threatening. It can result from contextual pressures such as from a job or a recent immigration. Or, it may arise when the organization of the relationship does not adapt to changing conditions and no longer fits the needs of one or both partners. Alternately, anxiety may be related to an accumulation of hurts in the history of the relationship itself (Johnson, Makinen, & Millikin, 2001). Sometimes the person experiencing anxiety is not aware of its source, as when it is related to a catastrophic fear rising from the past (Scheinkman & Fishbane, 2004), from a concurrent situation, or from stresses emanating from a partner’s family of origin, which may be infecting the couple’s relationship below awareness.

When an individual is overcome by anxiety, he or she becomes prone to fusion. In this state, he or she tends to be intolerant of separateness and of differences and becomes intent on getting the other person to do things his or her way. This pushing of boundaries of the partner triggers defensiveness that usually backfires as it generates automatic cycles of pursuing and distancing, attacking and counter attacking (Kerr & Bowen, 1998), or mutual withdrawing.

## **THE THERAPEUTIC PROCESS**

The therapist starts with the basic tenets of any good therapy: She listens to each partner’s perspective and tries to understand what each expects from the process. She explores the history of the couple’s relationship: how they met, what attracted them to each other, when they started having problems, and how they have been trying to solve them. She draws an initial genogram (McGoldrick et al., 1999), inquiring about family structure, relational patterns, and major events and transitions that may have precipitated or exacerbated the couples’ difficulties as she tries to understand, “Why now?”

### **Creating a Holding Environment**

Couples usually arrive in the therapist's office polarized, overtaken by anxiety and blame. They may have been fighting a lot, may be feeling increasingly disconnected, or are on the verge of breaking up. An affair—secret or disclosed—may have crystallized their difficulties (Scheinkman, 2005) and they may fear the therapy will push them to divorce. As they feel vulnerable and simultaneously defensive, the therapist must help them lower their guard. Most of the interventions on level one are aimed at creating safety by interrupting escalation. However, a few preliminary measures are also usually necessary to calm the system down:

1. The therapist positions herself in a balanced way, giving each partner equal time, empathy, and consideration. She must hold both perspectives, no matter how polarized the couple is. Couples usually do not come back if the therapist is partial.
2. The therapist may need to actively lend hope (Scheinkman & Fishbane, 2004; Walsh, 2006), reassuring the couple that their situation is one she often sees, and that there are ways to resolve it. She reminds them that the process of change is incremental; it occurs step by step.
3. The therapist may suggest a time-limited period in which the couple will suspend making decisions about their future and instead will review when and how they got off track, and how they might try possible solutions. This “review process” grants the couple time to become less reactive and more reflective. A 6-week period is helpful, if possible.
4. The therapist may instruct the couple on how to interact in the sessions, as well as between sessions, vis a vis their problems. In the sessions the therapist may work as “traffic controller,” not allowing one partner to interrupt the other or respond automatically in defensive ways. Outside the sessions she may recommend that they avoid problem saturated conversations and save them for the therapy instead. To this end she may ask them to write down their feelings and bring them to the sessions.
5. The therapist needs to acknowledge the strengths of the relationship, celebrating and amplifying the positive steps each partner takes. This is essential as it invites the couple to consider positive narratives and stimulates them to enter a virtuous cycle (Scheinkman & Fishbane, 2004).
6. The person of the therapist is a crucial factor in the process of therapy, as our feelings, vulnerabilities, and family of origin dynamics inform the ways that we engage, intervene, and get blocked. Sometimes it is necessary to obtain personal consultation in order to deal with the interface between our personal issues and those of the couple (see Baldwin, 2000).

### **Deconstructing the Dance: Level by Level**

The term deconstruction is used here to describe a collaborative process in which the therapist, in dialogue with the couple, first identifies the couple's overall pattern and then explores sources of anxiety and distress that may be fueling the dance. The therapist respectfully challenges each partner's position with the goal of dissipating reactivity and stimulating more effective ways of communicating, negotiating, and feeling connected.

*Level One: Interactional*

On level one, the primary task of the therapist is to determine if and how the presenting problem is embedded in a dance, and if so, how to “disarm” the pattern. The therapist legitimizes both partners’ feelings and distress. However, a fuller exploration of their subjective experiences in terms of their vulnerabilities and family history is left to a later moment in the therapy. The goal in this initial stage is simply to de-escalate the couple’s interactions and to encourage concrete steps in a preferred direction. The conceptual basis is the Interactional perspective (Watzlawick & Weakland, 1977; Watzlawick et al., 1974) combined with narrative ideas (White, 1993, 1998 and Zimmerman & Dickerson, 1993).

Major goals on level one are:

- To track the couple’s problematic interactions in order to ascertain their pattern.
- To identify and challenge each partner’s mode of participating in the dance.
- To block their misguided attempted solutions and escalation and to encourage behaviors and meanings that lead them in a preferred direction.
- To further establish the therapist as a bipartisan mediator.

As the therapist focuses on interrupting escalation she is simultaneously building safety that is necessary for the introspective and self-exposing work that will follow. In my experience, if the therapy moves too quickly into an exploration of personal history and family of origin matters, it runs the risk of backfiring. The therapist may unwittingly spend more time with one partner’s side of the story than the other, thereby unbalancing the process. Alternately, because it is common for reactive couples to use sensitive information as ammunition in their fights, premature exposure of vulnerable material can overload the system before enough trust has been established with the therapist and between the partners.

On level one, the pattern itself is deemed the villain to be defeated. It is named and externalized (White, 1998) so as to allow the couple to explore it with curiosity and enough distance (Scheinkman & Fishbane, 2004; Zimmerman & Dickerson, 1993). The following case illustrates how the therapist proceeds on level one.

Mary and John were married for 9 years when they came to therapy. They fought constantly. Mary complained that John had a drinking problem; John complained that Mary was always angry. Their fights had become cruel and violent and the week before they called me, John had moved out. The fighting started 5 years earlier, shortly after Mary gave birth to premature twin sons, one of whom died within 1 week. Two years later, they had a daughter. All along, John continued to work in the same job, while Mary went from working full time to being full time at home. She resented being a housewife and blamed John for her predicament.

I acknowledged the significance of their tragedy, and of the changes in family structure that had ensued with child rearing. But I explained to them that before we talked about this important history, I needed to understand their current situation. Then, through a series of questions, I proceeded to track the sequences of actions and reactions related to their most recent fight, the one that had led John to move out.

“Can you tell me about the last fight you had? What happened exactly?” I asked them.

“John went out with clients after work, and as it always happens, he came home drunk. He said he would be home by 8:00; the dinner sat there cold and he showed up at midnight,” Mary answered.

“What happened from your perspective?” I asked John.

“I called Mary when I realized I was going to be late, and she was already mad. I admit, I was afraid to come home, and I kept postponing it. Sure enough the minute I walked through the door she was fuming.”

“And then what happened?” I continued.

“I didn’t want to talk or to fight, but Mary followed me to the basement, screaming and yelling, and she grabbed the remote control out of my hands and threw it against the wall . . .” John answered.

“And then?” I probed.

Mary responded, “I told him that if we did not talk about what happened right then, he should call my lawyer. He stormed out and only came back the next morning to change his clothes before going to work.”

At this point, the couple’s dance was clear: John’s avoidant behavior triggered Mary’s anger, which in turn fueled his distancing . . .

As the therapist ascertains the couple’s interactional pattern—pursuer-distancer in this case—she demonstrates to them how their actions and reactions are triggering one another. In doing so, she invites them to move away from a linear narrative of accusation and blame toward a circular understanding in which they are equally responsible for the maintenance of their problem.

The focus on level one is on:

- a. How the couple’s attempted solutions become the problem. Mary tries to “talk about” their problems by nagging and yelling, John attempts “to avoid fights” by withdrawing.
- b. How the couple’s interactional sequences lead them into increasing loops of misunderstandings. Initially, Mary was disturbed by John’s chronic lateness; eventually, she began to assume he was cheating. When she accused him of betrayal, he mocked her indignantly and a new level of escalation was set in motion.
- c. How the couple’s dance constrains their relationship. When John and Mary came to therapy the pattern had become their *modus operandi*; they either bickered or distanced.
- d. Regardless of other issues that might be informing the couple’s dance, the interactional pattern itself promotes anxiety and pain. In the case of John and Mary, their tragic loss and subsequent changes in family structure were obviously crucial. However, the escalation of their fights was exacerbating their distress.

Interventions on level one:

- (1) *Tracking sequences.* The therapist asks questions about a specific instance of their problem tracking the sequences of actions and reactions that are forming their dance.

- (2) *Talking through the therapist.* The therapist blocks the partners' habitual reactions inviting all communication to go through her. In this mediating role she legitimizes their feelings and positive intentions. At the same time she suggests alternative narratives about what might be going on.
- (3) *Suggestive reframing.* The therapist promotes these new narratives by translating anger and frustration into a language of needs and yearning. For example, when Mary complains, "John is stubborn" the therapist reframes it as "It sounds like you would like him to listen to you." In response to John's accusations that "Mary is a witch, always fuming," the therapist may translate, "It sounds like you wish Mary could make her points without all the anger." As the therapist highlights the partners' positive intentions, the couple's interlocked defensiveness begins to dissipate. Progressively each partner begins to see the other as vulnerable, as a subject, rather than as a perpetrator or a villain.
- (4) *Interpreting/interrupting the attempted solutions.* The therapist points out the discrepancy between each partner's intentions and the effects of his or her actions. For example, Mary's angry pursuit may be her attempt to communicate her feelings, but in effect her behavior leads John to shut down and distance.
- (5) *Generating alternatives.* As the partners see that their attempted solutions are counter productive they are encouraged to come up with alternative behaviors. When they do not, the therapist may need to be directive. For instance, with the goal of interrupting Mary's automatic participation in the dance, the therapist suggested she write down her feelings and thoughts instead of expressing them in the heat of the moment.
- (6) *Externalizing the pattern.* The couple's dance is reframed as external to the couple and potentially controllable by them. The therapist helps the couple recognize the constraining impact of relating through their "dance" and invites them to observe the pattern from a distance (Scheinkman & Fishbane, 2004).
- (7) *Identifying small steps in the right direction.* The therapist focuses on the future by defining small steps each partner might take during the week. This encourages each to take responsibility for moving forward. John may choose to count his drinks, Mary to initiate conversations that are not about problems.

### *Level Two: Sociocultural/Organizational*

Couple's dances do not happen hermetically. On the contrary, they are usually triggered by stresses in the couple's social context and/or by tensions that spring from the organization of the relationship itself. Transitions such as starting graduate school, moving in together, getting married, having children, parenting adolescents, relocating to a new city, illness, immigration, unemployment, and retirement are all normative. However, these transitions tend to generate stress as they challenge and alter the couple's patterns of relating. In working on level two, the therapist tries to understand if and how the couple's distress stems from contextual changes or from fault lines such as differing cultural perspectives, disparities in education or earnings, or other implicit inequities that promote confusion about status and power. The therapist focuses on each partner's sense of power or lack of it, and encourages the couple to negotiate new arrangements that are experienced as equitable and fair.

This level is informed by the family life cycle (Carter & McGoldrick, 1998) and multicultural frameworks (McGoldrick, Giordano, & Garcia-Preto, 2005); formula-



tions about family organization and structure (Haley, 1976; Minuchin, 1974); the feminist perspective (Goldner, 1985; Goodrich, 1991; Walsh & Scheinkman, 1989; Walters, Carter, Papp, & Silverstein, 1988); notions of the marital quid pro quo (Lederer & Jackson, 1968; Walsh, 1989); and the role of money as a structural factor in couples' relationships (Shapiro, 2007).

Major goals on level two are:

- To deconstruct reified meanings about the partner, that is she is “lazy,” he is “mean,” and instead help the couple locate their difficulties in terms of contextual stresses and/or organizational dilemmas that can be addressed.
- To recognize the impact of a particular event, situation, or context on the couple's relationship, considering the effectiveness of their coping strategies.
- To identify tensions that spring from organizational dilemmas such as dissatisfactions regarding division of labor, financial responsibility, lack of personal time or of time for the couple as a twosome, and to encourage negotiations.
- To identify power inequities, empowering each partner to express individual needs and wishes.
- Negotiation of an equitable quid pro quo.

Going back to the case of Mary and John, the birth of the twins, the loss of one, and later the birth of another child pushed them from a symmetrical to an asymmetrical arrangement. They went from having similar roles to John becoming the sole breadwinner and Mary, a full-time caregiver. As is common after the arrival of children, this reorganization of their relationship generated confusion about status and division of labor (Scheinkman, 1988). Mary's job had been important to her self-esteem and being full time at home made her feel like a loser. However, she was uncomfortable leaving her children with babysitters and kept postponing her job search. During the 5 years she was at home she felt trapped, and she blamed John for her predicament accusing him of being selfish. Reciprocally, John began to think of Mary as “spoiled.” Over time, the tensions from their arrangement became attributed as fixed qualities of the partner and a vicious cycle ensued: the more Mary criticized John, the more he distanced, which only led her to become angrier and angrier.

The focus on level two is on:

- a. The context of the couple's relationship in terms of social, cultural, financial, situational, and life cycle factors.
- b. Organizational dilemmas specific to cross-cultural, same sex, and divorced couples as well as tensions related to age differences or health gaps between the partners.
- c. Clarity of boundaries. Those that protect the individual, as well as those that protect the couple from interference from children, parents, parents-in-law, friends, and work pressures (Minuchin, 1974). For instance, when Gabriel's mother came to visit from Columbia, he insisted on giving her the bedroom while he and Carol slept on the living room floor, sometimes for more than a month. Gabriel also insisted that his mother should always sit in the front seat of the car. Carol felt displaced and, devalued, and was constantly angry.

- d. The fit between the organization of the relationship and the needs of each partner. A couple may arrange their lives to fit certain needs without realizing the tension engendered by the arrangement. For instance, Mary chose to be the primary caregiver for their children only to find herself later unfulfilled and depressed. The mixed feelings of the partner who feels oppressed by the arrangement need to be fully considered.
- e. The couple's quid pro quo. Every couple makes implicit and explicit exchanges such as "I will clean the house, if you take care of the garbage and the bills." These exchanges must be experienced as equitable or else one or both partners will feel unhappy.
- f. Power Inequities:
  1. Sometimes couples enter their relationship experiencing a sense of disparity about rights and power relative to earnings, educational status, gender expectations, and social class backgrounds. These inequities are typically unarticulated, yet they generate confusion and outrage. For example, Betty is a middle-class, college-educated, white American from Boston who, on a vacation to South America, fell in love with her salsa teacher Raul, a "jack of all trades," illiterate, and from a very poor socioeconomic background. After a long-distance relationship they married and Raul immigrated to the United States. Four years later, literally unable to speak the same language, they are in my office mired in power struggles. Raul often feels in a one-down position and he is outraged that Betty does not understand his informal working style; he peddles his crafts on the streets during the day, teaches salsa a few nights a week, and works as a carpenter when jobs are available. Betty is indeed frustrated. According to her middle-class values Raul should be working "like any normal person from 9 to 5." While in his village Raul felt he was admired for his versatility; in his marriage he feels "colonized" and judged by standards he does not recognize. Being in a one-down position educationally, financially, racially, and in terms of his immigration and language difficulties, Raul feels diminished even when Betty is loving and praising him. Betty also feels misunderstood and angry. As the primary breadwinner she is pressured to keep a corporate job she dislikes and to work very long hours. She becomes infuriated when Raul, caught up in his anger, accuses her of being "a bad mother" for working so much. Their skew in terms of power, as well as different assumptions about work, gender roles, and cultural norms, lead both to feel misunderstood and disrespected.
  2. Changes in power balance. Sometimes a relationship starts with the presumption of being egalitarian, but for practical reasons the partners assume dissimilar roles and responsibilities such as in situations of graduate school (Scheinkman, 1988) or during the child-rearing years. The shift from a symmetrical relationship (in which the partners' roles and responsibilities are similar) to an asymmetrical arrangement (where roles and responsibilities are dissimilar and ascribed different values by the culture) creates confusion about entitlement and power. In asymmetrical arrangements division of labor tends to be particularly challenging as couples get confused about what constitutes reciprocal and fair exchanges. Decision-making also tends to become the focus of power struggles. One example is the case of Ralph and David, a same sex couple who maintained a satisfying relationship for 2 years as long as both had

full-time jobs and lived in separate homes. When they moved in together, Ralph encouraged David to stop working and focus on his art work. To reciprocate David took on most of the household chores. However, as time went on he began to feel increasingly subordinate, infantilized, and unentitled to opinions in a variety of areas. Despite having suggested the arrangement, Ralph resented being the sole provider and perceived David's moodiness as a sign of ingratitude. David felt powerless; Ralph felt like a parent. Confused by their predicament, they bickered.

Interventions on level two:

- (1) *Normalizing the problem.* The therapist legitimizes the couple's problems in terms of contextual pressures, life cycle transitions, and organizational dilemmas that are often implicit but unclear to the partners.
- (2) *Bringing forward individual needs.* The therapist helps the partners talk about their individual needs as well as their shared priorities. This exploration is sometimes more easily done in individual sessions where the therapist can help each partner explore his wishes and desires without interference from the partner. She then helps him or her to bring these needs into a conjoint session.
- (3) *Updating the marital quid pro quo.* The therapist encourages the couple to negotiate explicitly, helping them reach a sense of reciprocity, equitability, and fairness.
- (4) *Delineating boundaries.* The therapist addresses each partner's need for autonomy and for togetherness. She explores if each has sufficient time for individual interests. She also explores if they have enough time together that is pleasurable and not simply managerial.
- (5) *Implementation of agreements.* The therapist may give home assignments based on what was negotiated in the sessions. Those tasks become barometers of change or difficulties in changing. When a couple repeatedly does not implement what they agreed upon in the sessions, the therapist views their lack of compliance as indicative of an emotional block that needs to be explored.

### *Level Three: Intrapsychic (The Vulnerability Cycle)*

Whenever the therapist is working on the interactional and organizational levels and is not able to bring about changes by offering suggestions, tasks, or encouragement of negotiations, she must shift gears. She does so by changing the focus of the therapy from their interactions, context, and organizational dilemmas to the subjective experiences associated with their entrenched positions in the dance. Level three takes an "inside" look at the individuals and considers how assumptions, beliefs, expectations, feelings, and meanings about the self and the relationship may be working to maintain the couple in impasse. This level, influenced by psychodynamic ideas (Feldman, 1982), is here primarily based on the construct of the vulnerability cycle (Scheinkman & Fishbane, 2004) (Figure 1).

Very often couples say they want to change, but are unable to take the necessary steps required to do so. This seeming "resistance" is viewed here as being based on legitimate feelings and premises, often related to vulnerabilities and survival

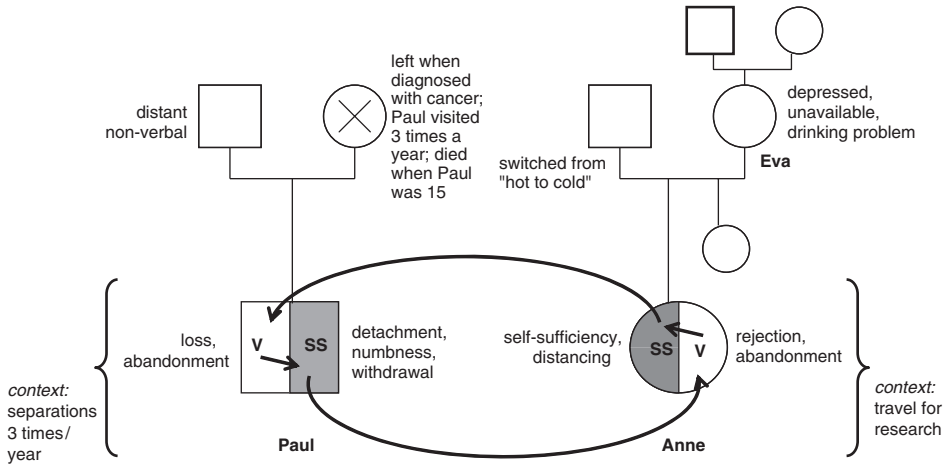


FIGURE 1 The Vulnerability Cycle

strategies, that keep the individuals stuck. Examples of such feelings and premises are: “Men are dangerous,” “Women cannot be trusted,” “If I get too close, he will pull the rug out from under me.”

Our vulnerabilities are usually a result of experiences in our families of origin where we may have felt hurt, criticized, yelled at, neglected, rejected, or abandoned. Alternately vulnerabilities may be related to extra-familial experiences such as bullying in school, rape, war, or poverty. They may emanate from hurts perpetrated in the history of the couple’s relationship itself, such as recurrent disappointments or an affair. Or they may be the result of a current stressful situation such as being exhausted by 12-hour work days, dealing with a loss, or an illness. Individuals also feel vulnerable about physical characteristics such as being short, overweight, having an unusual learning style, or having a mental or physical illness.

In the case of Mary and John, despite their negotiations regarding Mary’s return to work, week after week she procrastinated looking for a job. When the therapy eventually shifted to an exploration of Mary’s subjective experiences, the catastrophic fear that was paralyzing her became clear: “If I go back to work, something terrible will happen to my children.” Upon exploration the therapist found out that her fear had two layers. One had to do with the loss of her baby 5 years earlier and the fact that she still blamed herself for having been away from the hospital when he died. In addition, the meaning of this tragedy was compounded by another event in her life. When Mary was 3 years old, her older sister died of pneumonia. Mary did not know the details of her death but, she did know that her mother felt responsible for what happened and was clinically depressed for years. Even though Mary had only been vaguely aware of the significance of these past events, her feelings about them were stumbling blocks in her pursuit of a job. Before making these connections Mary had tackled the issue of returning to work superficially by stalling the process and blaming John. Soon after Mary talked and cried about these events and John responded empathically, they

moved forward. Mary found a babysitter and a part-time job, and the couple's mutual blame dissipated.

The goals on level three are:

- To understand how the perpetuation of the couple's dance is related to the stimulation of individual vulnerabilities.
- How these vulnerabilities automatically trigger survival strategies that in turn activate the vulnerability cycle.

The case of Anne and Paul illustrates well the processes involved in the vulnerability cycle. Paul was a 29-year-old computer programmer, Anne a 28-year-old graduate student in anthropology. They were referred to me by Paul's individual therapist, who said over the phone: "This is a couple who cannot be together, nor be apart." Nine months before they had separated, after having lived together for 7 years. They remained connected by sharing a car; however, they could not have a simple conversation without feeling misunderstood and hurt. They asked for help in separating. Nevertheless, it became immediately clear to me that Paul and Anne still loved each other. I suggested they suspend any decisions about their future and instead, for a period of 6 weeks, we would review how their relationship had gotten off track.

Their problems started when Anne entered graduate school and had to travel three times a year to do research in India. Paul explained, "Whenever she started getting ready to go, I began to feel *numb*." Paul's *numbness* mystified Anne, who reacted by feeling *rejected*. Her interpretation was, "He turns from hot to cold; he does not love me." On these occasions, Anne managed her feelings by becoming extremely self-sufficient and by expressing skepticism about their future. Paul responded to her skepticism by distancing even further. Together, Paul and Anne evolved a dance of "mutual disengagement": he became increasingly detached, she increasingly distant. Over time they could begin to see their relationship mostly through this pattern. In the therapy, upon reflection, we were able to see that Anne's travels dislodged their vulnerabilities and consequently their survival strategies.

When Paul was 12 years old, his mother became terminally ill and went to live with her parents in California. "Being left" was a terribly loaded issue for him. No one had explained why his mother moved, or how seriously ill she was. For the last 5 years of her life Paul went to visit her during the school holidays, three times a year. During these visits, she often tried to engage him in intimate conversations. However, as he felt he needed to protect himself from caring too much, he learned the strategy of withholding his feelings and remaining detached.

Anne, on the other hand, feared being "emotionally abandoned" by men. Growing up she experienced her father as turning quickly from "hot to cold"; attentive one moment and jabbing her with criticism the next. During her adolescence she experienced her mother as emotionally absent. Now, in her adult life, whenever Paul got into his "funk" she perceived it as him "pulling the rug out from under her," just like her father, and "not there," just like her mother. As a child, she had learned to protect herself from her parents unavailability by becoming prematurely self-sufficient.

Paul's vulnerability to separation and loss led him to perceive Anne's comings and goings, as well as her self-sufficiency, through the filter of the past. So, whenever his vulnerabilities were activated in the relationship with Anne, so were his survival strategies of becoming numb and detaching. Anne, on the other hand, was vulnerable

to emotional abandonment, and she perceived Paul's detachment as a rejection of her. So now, whenever she anticipated rejection, she applied the strategies that had worked so well for her in the past. She behaved as if she "did not care," increasingly self-sufficient. Consumed by their vulnerabilities, and driven by their survival strategies, Paul and Anne were mystified by each other's behavior. Unable to see the other's pain, they kept acting and reacting in ways that generated self-fulfilling prophecies. By the time they came to see me they had been caught in this confusing pattern for many years.

Focus on level three is on:

- (a) Each partner's vulnerabilities, and the automatic reactions they trigger. When Anne *felt* rejected, she *acted* in overly independent ways. When Paul *anticipated* abandonment, he *acted* in a detached manner.
- (b) How our self-protective behaviors impact the other person. Anne's self-sufficiency led Paul to feel dispensable; Paul's aloofness led Anne to feel rejected.
- (c) Overlaps between the present and the past. The two partners need to sort out what in their experience comes from the present situation, and what is being filtered through experiences from the past. Anne and Paul realized that their survival strategies worked well for them in the past but had the opposite effect in their current relationship, leading to the abandonment each so deeply feared.

Interventions on level three:

- (1) *Freeze-frame technique*. The therapist stops the couple in the midst of a heated interaction and invites them to step back and observe their own feelings, thoughts, and actions in that very moment (Scheinkman & Fishbane, 2004).
- (2) *Labeling of hot buttons*. The therapist helps the partners name their vulnerabilities, for example, abandonment, rejection, men being dangerous, women being unreliable, etc., and also the survival strategies that are triggered by these vulnerabilities, that is blaming, withdrawing, and pursuing.
- (3) *Awareness of a disconnect between subjective experience and manifest defensive behavior*. When we feel pain we automatically put on a shield. We may become prickly, irritable, quick to anger, pushy, or disengaged. Typically, we get so caught up in our vulnerabilities that we are not aware of our behavior and its impact.
- (4) *Separating the present from the past*. The therapist clarifies to the couple that there are elements in their reactions related to both the present and the past. She may say, "The reason it hurts so much is because there is an old wound behind the current punch." I pointed out to Paul that indeed Anne's research took her away three times a year creating separations that were similar in form to those with his mother. However, Anne was not his mother, she was not dying, and she was capable of considering his needs.
- (5) *Empathy training*. The therapist encourages each partner to talk explicitly about his or her vulnerabilities, while the other listens. The listener then articulates his or her understanding of the feelings behind the speaker's defensive reactions.
- (6) *Encouragement of stretching behaviors toward the partner*. Sometimes understanding is not enough; the partner may need to act in ways that will help separate the present from the past. When Anne understood that Paul felt

abandoned when she travelled she proposed to take shorter trips and invited him to go with her whenever he could. Paul realized he needed to become more talkative about his feelings when he was in a funk so that Anne could see he was not pulling the rug out from under her.

- (7) *Combining individual and conjoint sessions.* Sometimes it is easier to explore vulnerabilities in individual sessions, away from the reactivity of the partner. The therapist must have an explicit confidentiality policy and explain how she deals with material revealed individually; whether or not she keeps secrets (Scheinkman, 2005).

#### *Level Four: Intergenerational*

Sometimes, even after the couple has gained a solid grasp of their positions in the vulnerability cycle, and worked to transform it, one or both partners may still feel stuck in some aspect of their lives. It is useful at this point to refocus the therapy from the couple's ongoing dynamics to an exploration of unfinished business each may have with his or her family of origin. The therapist considers if ongoing family tensions, cut-offs, hidden loyalties, legacies, or secrets might be contributing to the individual or the couple's current problems. Multigenerational theorists such as Boszormenyi-Nagy and Spark (1984); Kerr and Bowen (1998); McGoldrick et al. (1999); and Fishbane (2005) inform the clinical work on this level.

The major goals on this level are:

- To help each partner with differentiation from his or her family of origin assuming that this work will possibly translate into changes in the ways in which he or she behaves in the couple's relationship.
- To mobilize systemic changes with respect to their families.

In the case of Paul and Anne, after they were able to change their positions in the vulnerability cycle, they felt good about their relationship and they got married. They also stopped coming to therapy. One year later Anne called me saying that her relationship with Paul was going well but there were two issues she wanted to address. The first one was that, given that Paul was a gentle and loving partner, she was baffled by her crying spells nearly every time they had sex. Secondly, she repeatedly found herself in situations where she became the caretaker of female friends who were depressed—far beyond what was good for her. She had a sense this was related to her relationship with her mother who had been depressed since Anne was 16.

In individual sessions Anne and I tried to grapple with the meaning of her crying spells from many angles, to no avail. Then, as we shifted to her relationships with friends we decided to invite her mother Eva to fly in from Miami for a session. This proved to be a major turning point in their lives.

When I asked Eva how she perceived her relationship with Anne, she immediately began to sob. She went on to reveal a major secret that had haunted her for decades. "When I was 15 years old I was brutally raped," she said. Trembling, Anne looked her mother in the eyes and asked, "By your father?" When Eva nodded, they jumped across the room, embraced, and cried together. Eva said she had sought out the help of a psychoanalyst in the 1970s but he tried to convince her that the rape was a fantasy

and she never talked to anyone about it again. Not even to her husband, although she knew the sexual abuse was the major reason for her drinking problem and depression.

After this revelation mother and daughter experienced a new kind of closeness. Back at home Eva started her own therapy. She began to talk with her siblings about the sexual abuse, finding out it had occurred to several of them. Weeks later Anne told me that her crying spells had dissipated. She realized she had learned by "osmosis" that "men were dangerous and not to be trusted." However, now that she understood that the violation happened to her mother and not to her personally, she was able to see that her mistrust did not apply to Paul. She also had felt a new sense of compassion for her mother. Months later she described how her mother's revelation had changed her perception of men in general and she was no longer "afraid of men." She was proud that in a job interview with a powerful professor in her field she was not afraid and she had been very assertive about specific conditions in order to work for him. To her surprise, she had gotten the job.

The focus of therapy on level four:

- a. To develop a detailed genogram to help explore patterns, legacies, and secrets (Imber-Black, 1993).
- b. To understand how one's assumptions and premises, as well as vulnerabilities and survival strategies, make sense in the context of one's family of origin.
- c. To help the partners "wake up from the spell of childhood" (Fishbane, 2005) and uncover parts of the self that have been suppressed, dormant, or undifferentiated in relationship to their families of origin.

Interventions on level four:

- (1) *Mapping multigenerational patterns.* The therapist uses the genogram to map patterns, legacies, and secrets.
- (2) *Establishing family-of-origin connections.* The therapist helps each individual explore the relationship between his or her reactivity in their relationship and the dynamics in their respective families.
- (3) *Coaching.* The therapist helps the individuals rehearse and act in nonreactive ways toward their families (through letters, phone conversations, and home visits).
- (4) *Family-of-origin sessions.* This can be a one-time deal or several sporadic sessions involving the client and one or several family members. These sessions may be broad and exploratory, but they are unusually most effective when they are well planned and focused on the particular vulnerabilities that are being triggered in the couple's dynamics.

## CONCLUSION

The multi-level approach is intended as a road map to help therapists organize the therapeutic process. It considers each level as one dimension of the couple's relationship and it orients the therapist on how to work around different sets of processes and stresses, layer by layer. Depending on the case, time available, or moment in the therapy, one level or a combination of levels will be most relevant.



This road map can be particularly useful to beginning therapists who, faced with a flood of information, need a systematic way to proceed. By starting with the interactional pattern, the therapist helps the couple contain their escalation and take initial steps in a preferred direction. Subsequently, by focusing on the sociocultural and organizational dimensions of the relationship, the therapist strengthens its structural foundation. Sometimes the therapeutic work accomplished on these two levels is sufficient to transform the couple's dynamics. When it is not, the therapy shifts to an exploration of intrapsychic and intergenerational factors that might be contributing to the couple's stuckness. As the therapist focuses on the vulnerability cycle, she discourages automatic reactions based on the individuals' past histories and encourages responses that are congruent with the sustenance and cultivation of their present relationship. Finally, the therapy focuses on individual transformation through intergenerational work. Changes that occur directly in the context of one's family of origin tend to have profound effects on the individual and lead to lasting changes in the couple's relationship as well.

Experienced therapists may question the relevance of a sequential strategy altogether, preferring to shift levels without a map. Indeed, therapists need to be flexible and visit and revisit these four levels depending on what goes on in a particular session. However, at least initially, even experienced therapists can benefit from moving through these four levels systematically, making sure they consider key processes that may not be in their preferred maps. For instance, a therapist trained on attachment theory may be inclined to focus right away on feelings and individual history, neglecting a full exploration of ongoing contextual pressures, power dynamics, or cultural injunctions. Or she may overlook how a partner's position in the dance is, at least in part, a way of maintaining loyalty in his or her family of origin.

The sequential approach safeguards against reductionism. It also encourages a progressive building of safety in the therapeutic process relative to sensitive and toxic matters. By interrupting escalation and strengthening the structural foundation of the relationship first, the therapist is more likely to secure an alliance with both partners and to establish herself as bipartisan. In doing so she also creates optimal conditions for subsequent introspection and self-exposure. Intrapsychic and intergenerational works tend to be more productive when the partners are no longer caught up in intense reactivity and instead feel safe with the therapist and with each other. Only then can they pause, reflect, and take responsibility for their actions as well as listen and make thoughtful choices about how they want to be in relation to each other.

## REFERENCES

- Baldwin, M. (Ed.) (2000). *The person of the therapist*. New York: Hartworth Press.
- Bateson, G. (1972). *Steps to an ecology of mind*. New York: Random House.
- Boszormenyi-Nagy, I., & Spark, G. (1984). *Invisible loyalties*. Levittown, PA: Brunner Mazel.
- Carter, B., & McGoldrick, M. (1998). *The expanded family life cycle: A framework for family therapy* (3rd ed.). Boston: Allyn & Bacon.
- Falicov, C. (1995). Training to think culturally: A multidimensional, comparative framework. *Family Process*, 34, 373–388.
- Feldman, L. (1982). Dysfunctional marital conflict: An integrative interpersonal-intrapsychic model. *Journal of Marital and Family Therapy*, 417–428.

- Fishbane, M.D. (2005). Differentiation and dialogue in intergenerational relationships. In J. Lebow (Ed.), *Handbook of clinical family therapy*, vol. 8 (pp. 543–568). Hoboken, NJ: John Wiley & Sons.
- Goldner, V. (1985). Feminism and family therapy. *Family Process*, 24, 31–47.
- Goodrich, T.J. (Ed.) (1991). *Women and power: Perspectives for family therapy*. New York: W.W. Norton.
- Gottman, J. (1994). *Why marriages succeed or fail*. New York: Simon & Schuster.
- Haley, J. (1976). *Problem-solving therapy*. San Francisco: Jossey-Bass.
- Imber-Black, E. (1993). *Secrets in families and family therapy*. New York: Norton.
- Johnson, S.M., Makinen, J.A., & Millikin, J.W. (2001). Attachment injuries in couple relationships: A new perspective on impasses in couples therapy. *Journal of Marital and Family Therapy*, 27, 145–155.
- Kerr, M., & Bowen, M. (1988). *Family evaluation*. New York: Norton.
- Lederer, W., & Jackson, D.D. (1968). *The mirages of marriage*. New York: Norton.
- Lerner, H. (1989). *The dance of intimacy*. New York: Harper & Row.
- McGoldrick, M., Anderson, C., & Walsh, F. (Eds.) (1989). *Women in families: A framework for family therapy*. New York: Norton.
- McGoldrick, M., Gerson, R., & Shellenberger, S. (1999). *Genograms, assessment and intervention*. New York: Norton & Co.
- McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.) (2005). *Ethnicity and family therapy* (2nd ed). New York: Guilford Press.
- Minuchin, S. (1974). *Families and family therapy*. Cambridge: Harvard University Press.
- Papp, P. (1983). *The process of change*. New York: Guilford Press.
- Pinsof, W.M. (1983). Integrative problem-centered therapy: Toward the synthesis of family and individual psychotherapies. *Journal of Marital and Family Therapy*, 9, 19–35.
- Scheinkman, M. (1988). Graduate student marriages: An organizational/interactional view. *Family Process*, 27, 351–368.
- Scheinkman, M. (2005). Beyond the trauma of betrayal: Reconsidering affairs in couples therapy. *Family Process*, 44, 227–244.
- Scheinkman, M., & Fishbane, M. (2004). The vulnerability cycle: Working with impasses in couples therapy. *Family Process*, 43, 279–299.
- Shapiro, M. (2007). Money: A therapeutic tool for couples therapy. *Family Process*, 46, 279–299.
- Walsh, F. (1989). Reconsidering gender in the marital quid pro quo. In M. McGoldrick, C.M. Anderson, & F. Walsh (Eds.), *Women in families: A framework for family therapy* (pp. 267–285). New York: Norton.
- Walsh, F. (2006). *Strengthening family resilience* (2nd ed.). New York: Guilford Press.
- Walsh, F., & Scheinkman, M. (1989). (Fe) Male: The hidden gender dimension in models of family therapy. In M. McGoldrick, C.M. Anderson, & F. Walsh (Eds.) *Women in families: A framework for family therapy*. New York: Norton.
- Walters, M., Carter, B., Papp, P., & Silverstein, O. (1988). *The invisible web: Gender patterns in family relationships*. New York: Guilford.
- Watzlawick, P., & Weakland, J. (Eds.) (1977). *The interactional view*. New York: Norton.
- Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: Norton.
- White, M. (1989). The externalizing of the problem and the re-authoring of lives and relationships. *Dulwich Centre Newsletter*, 3, 21–40.
- White, M. (1993). Deconstruction and therapy. In S. Gilligan & R. Price (Eds.), *Therapeutic conversations*. New York: Norton.
- Zimmerman, J.L., & Dickerson, V. (1993). Separating couples from restraining patterns and the relationship discourse that supports them. *Journal of Marital and Family Therapy*, 19, 403–413.

