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Therapeutic Assessment with couples

Évaluation thérapeutique de couples

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Abstract

Therapeutic Assessment can be helpful to many types of couples, including (1) those who are considering marriage and wish to know each other more deeply, (2) long-term couples who are in distress and considering separating, and (3) couples who have decided to separate but wish to better understand why they were unable to stay together. This article comprises the first complete case study of Therapeutic Assessment (TA) with couples. I describe how those steps common to all forms of TA (initial sessions, extended inquiries, assessment intervention sessions, and summary/discussion sessions) differ when applied to couples. I also discuss the use of the Consensus Rorschach as an assessment intervention with long-term distressed couples engaged in problematic projective identification. The case example involves a young heterosexual couple married for 12 years who were at an impasse in couples therapy. The assessment helped the partners explore mutual conflicts around the expression of anger and dependency needs, and to resolve a power imbalance within the couple. Long-term follow-up showed that the Therapeutic Assessment helped the couple have more compassion for each other and move beyond the destructive role-lock they had fallen into. Also, the referring therapist reported that the TA helped resolve the impasse in the couples' therapy.

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Keywords: Therapeutic Assessment; Collaborative assessment; Psychological assessment; Couples therapy; MMPI-2; Rorschach

Résumé

L'évaluation thérapeutique peut d'avérer utile à de nombreux couples et notamment (1) à ceux qui envisagent de se marier et souhaitent se connaître de manière plus approfondie et personnelle ; (2) à ceux qui, ensemble depuis longtemps, sont en souffrance et envisagent la séparation ; (3) à ceux qui ont déjà pris la décision de se séparer mais aimeraient mieux comprendre les raisons pour lesquelles ils ne peuvent plus

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continuer conjointement. Cet article présente la première étude de cas entièrement dédiée à l'évaluation thérapeutique avec des couples. Je décrirai comment les étapes communes à tout type d'évaluation thérapeutique (les séances initiales, l'enquête élargie, les interventions évaluatives, les résumés écrits et les séances de discussion) diffèrent lorsque ce modèle est appliqué aux couples. Je discuterai également l'utilisation du Rorschach Consensuel comme intervention évaluative avec des couples en souffrance depuis un important laps de temps et fonctionnant, de manière problématique, dans l'identification projective. L'exemple présenté décrit le cas d'un jeune couple hétérosexuel, marié depuis 12 ans, dans l'impasse dans leur thérapie de couple actuelle. L'évaluation a aidé les deux partenaires à explorer leurs conflits mutuels en lien avec les manifestations de colère et les besoins de dépendance et de résoudre ainsi un problème de déséquilibre dans leur couple. Le suivi à long terme a montré comment l'évaluation thérapeutique a été bénéfique à ce couple qui a réussi à exprimer une compassion réciproque et à dépasser l'enfermement dans un rôle, éminemment destructeur, qui était le leur par le passé. Par ailleurs, le psychothérapeute ayant adressé ce couple a confirmé l'intérêt de l'évaluation thérapeutique qui a aussi contribué à lever les obstacles présents dans le cours de cette thérapie. © 2015 Société française de psychologie. Publié par Elsevier Masson SAS. Tous droits réservés.

Mots clés : Évaluation thérapeutique ; Évaluation collaborative ; Évaluation psychologique ; Thérapie de couple ; MMPI-2 ; Rorschach

Over the past 22 years, my colleagues and I have practiced Therapeutic Assessment (TA) with hundreds of couples, and almost all of them have been helped by and expressed appreciation for our work. However, with a few exceptions (Finn, 2004, 2012) I have written very little about this application of TA; I think this is mainly because it is difficult to convey the complexity and power of these couples' assessments without overwhelming a reader. My goal in this paper is to present a concise case example that illustrates the main features of couples' Therapeutic Assessment and gives a "feel" for the intricate nature and power of the work.

First, here are some general comments about applying collaborative psychological assessment to exploring intimate relationships.

1. Types of couples' assessments

1.1. Long-term couples in distress

The most frequent type of couple we see in TA have been together for many years and either: (1) have never achieved the intimacy and satisfaction in their relationship that they desired, or (2) previously were closer in their relationship but then confronted a crisis that the partners were unable to resolve. Many couples of this second type are referred by couples' therapists or pastoral counselors who feel "stuck" or unsuccessful in their efforts to help the couples relate better. Other couples hear about our assessments from neighbors or friends who have undergone a couples' assessment. Many, but not all of these distressed couples are seriously considering separation or divorce, and the assessment is a "last-ditch" effort to do all they can do before taking such a step. I will write much more about working with distressed couples in my case illustration.

1.2. Pre-marital assessments

About 20 years ago, several ministers in Austin who were impressed by our work with distressed couples approached me about helping to prepare couples for marriage by conducting pre-marital

Therapeutic Assessments. At first, these ministers mainly referred couples they had concerns about, but after a while I developed a brief Therapeutic Assessment protocol that could be used with most couples—even those who seemed to be a good match. These pre-nuptial assessments typically involve an initial 2-hour session in which I gather assessment questions and collect background information about the couple. A typical question is “What potential problems might arise in our marriage, and how should we handle them if they do?” Each partner then completes the MMPI-2 (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989), the Family Assessment Measure-III (Skinner, Steinhauer, & Santa-Barbara, 1995), and we do a Consensus Rorschach together (Finn, 2007, 2012), followed by a summary/discussion session.

In general, these assessments are rewarding to do. Although a few couples decide to call off or delay their wedding plans as a result of the Therapeutic Assessment (and I typically agree with and support this decision), most move ahead with their marriages feeling they understand each other better and are closer. I have had feedback from many of these couples that the assessments were extremely helpful to them after they were married.

1.3. Couples who are separating

The least frequent type of couples seeking Therapeutic Assessment are long-term pairs who are in the process of separation and/or divorce and who come for an assessment with the goal of better understanding “what went wrong,” typically in hopes of having a better separation. In these couples, the Therapeutic Assessment helps the partners construct a more accurate, coherent, and compassionate “eulogy” for the relationship, and the assessment helps the couple in their grieving process. In my experience, almost all of these couples ask themselves at some point during the TA, “Do we really want to go ahead with our separation?”; but, I have never yet seen a couple change their minds. However, I have seen these post-separation TAs greatly assist couples in getting along together after they part.

A final type of post-separation couples’ assessment is where TA is used as part of a child custody/parenting plan evaluation. I refer readers to the chapter by Evans (2012), who developed and provides an excellent description of this adaptation.

2. Common patterns in long-term couples in distress

From years of working with long-term couples in distress, I have come to recognize frequent patterns that both make sense theoretically and also provide insights into how to use collaborative assessment to help such couples. Let me summarize these patterns:

- typically, one or both partners in these couples have histories of trauma, insecure attachment, or mental illness that have led to in “imbalances” in their personalities, for example, the inability to express anger, an extreme sensitivity to rejection/criticism, or rigid counter-dependence;
- often the partners in these couples are attracted to each other initially in part because the other person’s personality complements their own, e.g., one partner is highly logical, the other emotionally sensitive; one tends to overwork, while the other is good at relaxing and having fun; or, one longs for admiration and mirroring, the other is adoring and humble;
- early in the couple relationship, these differences are generally a source of satisfaction and appreciation, e.g., the person who tends to overwork is helped by the other partner’s ability to “lure” him/her into relaxing, or the logical partner benefits from the other’s emotional sensitivity. A kind of healthy “projective identification” gets established, where one person’s strengths

compensate for the other's weaknesses, and each person experiences a kind of balance in life that he/she would be unable to achieve alone;

- in some couples, both people become more balanced in their personalities as a result of learning from and internalizing the complementary strengths of the partner. The couple grows closer and their relationship becomes more stable as this occurs. However, in most of the distressed long-term couples we see, trauma, insecure attachment, and/or mental illness have reduced the relational flexibility of one or more of the partners. Also, sometimes a stressful event (e.g., death of a child, loss of a job, illness of a parent) leads each person to cling more tightly to his/her characteristic ways of coping. As a result, differences that were once a source of appreciation and enjoyment become more and more exaggerated, e.g., the emotional person becomes more emotional, leading the logical person to become more logical, and vice versa. The partner who overworks becomes more and more annoyed by the other's lack of initiative, and compensates by overworking more. Conflict increases in the couple, creating more and more anxiety, and leading to a vicious cycle of problematic projective identification, where each person becomes more and more a caricature of who he/she was at the beginning of the relationship and the couple can no longer remember why they got together;
- until we are taught how to do it, it is almost impossible for any of us to think systemically or intersubjectively (Finn, 2002). We tend to see the world and our relationships in simple linear terms, —such as “I want more sex and my partner does not. If only my partner would agree to more sex, I would be happier.” In fact, complex interaction effects are closer to the truth, such as, “When I don't get as much sex as I want, I get anxious and pushy. My partner is very sensitive to being controlled and when I am pushy she backs away from sex. When she retreats, I get angry and more insistent, which scares her more and makes her even less interested in having sex with me. Then I get even angrier”;
- thus, most distressed long-term couples arrive for a Therapeutic Assessment convinced that their relationship problems are the other person's fault, and each partner is largely unaware of his/her own part in the marital “dance.” This cycle of mutual blame and projection is very destructive to the relationship and to the individuals over time and often leads to a seemingly hopeless impasse in the relationship;
- if the Therapeutic Assessment can illuminate the systemic aspects of the couple problems and help each person see how she/he is contributing to the vicious interactive cycle, the couple can begin to see each other in more compassionate terms and each partner can learn what he/she can do to improve the couple relationship. The couple can also come to see the “dance” they get into as the real problem, and this helps them stop blaming each other so much;
- this kind of intervention requires a combination of both individual and couples sessions and involves both confrontation and emotional support by the assessor.

3. Case example: David and Ann

I will now present a case example of a distressed long-term couple that benefited from a Therapeutic Assessment. Names and major identifying information have been changed, and the couple also gave me permission to write about our work together.

David, age 35, and Ann, age 31, had been married for 12 years and had 3 small children when they entered marital therapy. Ann was severely depressed at the time, and David felt perplexed and hopeless about how to support her. Initially Ann had sought psychotherapy on her own, but after one session, the therapist, Dr. Perlman had suggested that they include her husband. After several months of couples' sessions, Dr. Perlman asked if I would see David and Ann

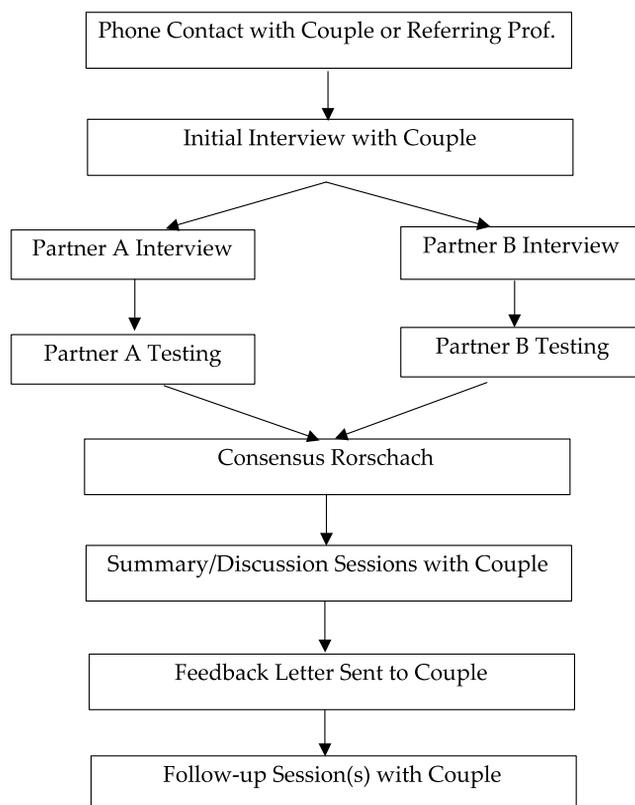


Fig. 1. Flow chart of a couples' Therapeutic Assessment.

for a couple's Therapeutic Assessment, saying that he already felt perplexed about how to help them. Dr. Perlman described David as overbearing and self-centered, and Ann as submissive and self-sacrificing, and reported that he spent couples' sessions trying to get David to "shut up" and Ann to "speak up" for herself, with little success. Dr. Perlman wondered how much of the couples' relationship problems reflected "traditional Texan stereotypes about the roles of men and women," and he confessed that as a "Jewish socialist from New York City" he felt disoriented by this "traditional, conservative, Christian couple." I was intrigued and told Dr. Perlman I would meet the couple and advise him and them if I thought a Therapeutic Assessment could help. Shortly after, David contacted me to schedule an initial appointment for him and Ann.

3.1. Initial session with the couple

3.1.1. General format

Fig. 1 shows the general flow chart for a couples' Therapeutic Assessment (Finn, 2007). As this chart shows, after the phone contact with the referring therapist and/or couple, the first step is an initial meeting with couple. As described by Frackowiak, Fantini, and Aschieri (this issue), the goals of this session are to, as is generally true of all forms of Therapeutic Assessment, answer any questions the clients have about Therapeutic Assessment, begin to form a collaborative relationship with the clients, develop "assessment questions" the clients wish to have addressed through the

assessment, collect background information about the couple and their presenting concerns, and complete a verbal contract for the assessment.

One modification unique to TA with distressed long-term couples concerns the assessment questions clients develop to guide the assessment. We invite the partners in these couples to pose questions about themselves and questions about the couple relationship, and we do not accept questions from one partner focusing solely on the other, such as “Why doesn’t my wife ever want to have sex?” Instead, we work to reframe such questions into versions that “include the person asking the question” in them, such as, “What can I do that might help my wife want to have more sex?” or “Is there anything I am doing that is turning my wife off sexually?” or even, “Why do I get so angry when my wife turns down my requests to have sex?” This kind of “reworking” of the questions begins to disrupt the blaming and projections occurring in these couples and is a first step towards teaching them to think systemically. As you might imagine, some couples require a great deal of explanation and support and are confused about why we have this “rule.” We patiently explain our belief that most relationship problems involve both partners (i.e., “It takes two to tango”), even if that is not immediately apparent, and that we have found these “systemic” questions to be much more helpful to couples. We recognize that imposing this framework is a therapeutic intervention in itself, and we are not surprised if things do not go smoothly or quickly at this stage. For couples that are deep in the throes of projective identification, continuing to blame each other can be an important way of each person maintains his/her psychological equilibrium, and asking them to stop this presents them with quite a dilemma.

Obviously, one other difference in initial sessions with couples is that the assessor must maintain a respectful, empathic stance towards each partner: listening to each person without taking sides, managing the time and power balance in the session so that each partner gets to speak, mirroring the feelings of each person, showing compassion for the difficulties the couple is experiencing, and mirroring their desire to get help. This equidistant stance often “settles” the couple, allowing their curiosity to emerge. When all goes well, the assessor ends the session by clarifying what is entailed in the couples TA and asking whether the couple wishes to proceed. Many couples agree immediately; others say they need to talk and that they will notify the assessor later of their decision.

3.1.2. Case example

When I greeted David and Ann in my office waiting room, the first thing that struck me was how depressed Ann looked. Her eyes were closed and had dark circles around them, she stood slowly and laboriously when I said hello and shook my hand limply, and I had the impression of someone who had completely given up. David seemed tightly wound, speaking rapidly with a strained look on his face, and protectively ushering Ann into my office with a hand on the small of her back. They were attractive and conservatively dressed and had very strong Texas accents; I could see how Dr. Perlman might feel a cultural gap.

When I inquired what they knew about the couples’ assessment Dr. Perlman had proposed, David launched into a long monologue that was difficult to interrupt. Ann sat quietly, looking very subdued, as David described that the two of them had been married 12 years and that for the first 9 years he had been “a real jerk.” David said he had had a drinking problem that was now under control since he “found Jesus” three years earlier. He traveled frequently in his job as an engineering consultant, and admitted that he “used to take Ann for granted,” but had now seen the light. “She and the children are the most important things in my life,” he said, patting Ann on the leg. “I’m trying to show that to her now, but it doesn’t seem to be working. Maybe it’s just too

late.” I thanked David for filling me in and turned to Ann, asking what she hoped to accomplish with the assessment. She seemed very tired as she explained that she had “disappeared” in her relationships with David and their 3 children, all of whom were under the age of 7. She described long periods at home with David away on business trips, no support from extended family (his parents lived in the Virgin Islands and Ann’s had died in a car accident shortly before they met), and few friends. She said she felt “de-served” and that she had tried explaining this to David, but did not feel he understood. At first, the sessions with Dr. Perlman had helped, but now the couples’ therapy seemed to be at a standstill. Dr. Perlman had suggested that she see a psychiatrist to investigate anti-depressant medication, but she was reluctant, believing this implied that her depression was the main cause of the couple’s problems.

As Ann talked, I had to keep David from jumping in at several points, telling him I wanted Ann to talk and would get his perspective soon. Each time I held this limit, I noticed that Ann’s voice got a little stronger and by the end of the 2-hour session she seemed to have more energy than when she arrived. During the meeting, I was able to assist the couple in developing the questions below. They quickly understood my request to form questions about themselves and their relationship, and neither needed help reframing their questions to be more systemic.

3.2. David’s questions

3.2.1. Why doesn’t Ann feel that I respect her, when I try so hard to show her that her point of view counts?

As mentioned earlier, David said that he had treated Ann badly in the past, for example by asking her to handle the children and all the housework on her own. He explained that he was raised to be extremely frugal and that he had initially been resistant to Ann’s request for someone to clean the house or stay with the children so she could have a break. When Ann got extremely depressed, however, he realized that he had been asking too much of her and had agreed to these requests. Ann still complained, however, that he treated her like a servant overall.

3.2.2. How can I learn to be more emotionally in tune with Ann?

David said he greatly valued Ann’s emotional sensitivity and that it was one of the things that had attracted him to her. His analysis of their current struggles was that he was “deaf” to emotions and that he kept hurting Ann without meaning to. He told about several times in the couples sessions when Dr. Perlman had challenged him on things he had said, for example, that Ann “used to keep up her figure more.” He said that he had not meant anything by this, and that he had not realized Ann might take offense until Dr. Perlman had stopped and asked her. David said that he saw himself as having a “very thick skin,” but that he wanted to learn to be more in tune with Ann’s emotions. At several points he also implied that Ann was overly sensitive.

3.2.3. I don’t let people or things get close to my emotions so I’m never exposed. Why? What are some of the steps I can take to change this?

I asked David how in tune he was with his own emotions, and he confessed that he did not focus on emotions and did not like to show people his emotions, but he was not sure why. He also wondered if it was possible to change this in order to help his relationship with Ann and if so, what would be required.

3.2.4. *What emotions are down there that would come up if I opened up more?*

As David and I talked more about emotions, he said that sometimes he felt that he had “a lot of emotions inside” but that he did not know what they were. We agreed to use the assessment to explore this issue.

3.3. *Ann’s questions*

3.3.1. *Am I too sensitive, or is David really too rough?*

This question came in reaction to David’s implying that Ann was overly sensitive. She said that she experienced David as incredibly insensitive, and at times very rude. When I asked for an example, she told of David’s insistence that she manage the children and the house on her own when she had first asked for help. “He said that he could do all this with one hand tied behind his back, suggesting that I was incompetent or lazy!” Apparently, when she later told David this in a meeting with Dr. Perlman, he was mystified how she could have drawn such a conclusion. When I asked how all this had made her feel, Ann said “hopeless and discouraged.”

3.3.2. *Are my expectations too high in our marriage?*

Ann said that she had been attracted to David because he was so “kind, strong, and stable.” They had met shortly after her parents had died in a car accident, and she had appreciated how caring and supportive David was to her at the time. She had expected to feel cherished and taken care of after they married, but now wondered if this was unrealistic. She knew that David worked hard and supported the family financially. Was it too much to expect that he would also be there more for her emotionally? And what had happened to the man who had been so kind when her parents were killed?

3.3.3. *Why do I feel so put down in our marriage?*

Ann said that she could see David trying to show her that she was important to him but that it did not feel “real” to her, and instead she ended up feeling patronized. She had tried explaining this to David, but she could not really find the words or tell him how to act differently. Perhaps, she mused, the problem was really her.

3.3.4. *Am I a nag, or is David just overreacting when I say something that isn’t totally positive?*

As I listened to Ann’s concerns, I asked if she had expressed her unhappiness directly to David. She said she did not, because David got defensive and accused her of “nagging” him. She talked about feeling “boxed in” by David’s “overreaction” whenever she said something that was not positive. This made her doubt whether she was truly off base in her complaints.

Clients’ assessment questions serve many purposes in a Therapeutic Assessment (Finn, 2007), including giving the assessor a window in to how the clients think about their problems in living at the beginning of the assessment. I found David’s and Ann’s questions to be very informative. I noticed that 3 of David’s 4 questions focused more on him than on the couple relationship, while all of Ann’s 4 questions seemed to be of the type, “Is it me or is it him?”. This fact made me wonder if David was more differentiated within the couple, perhaps because he had a rich work life outside the relationship. Ann’s “world” seemed more focused on David and the family, and this made sense in that she had few outside relationships. I also wondered if David was simply more egocentric.

Also, neither spouse had attempted to use the assessment questions to blame the other, e.g., “Why is he so insensitive?” “Why is she so thin-skinned?” and had easily accepted my instructions to focus questions on themselves and their relationship. This gave me hope that any projective identification between them was not so entrenched that they needed it to maintain their individual psychological equilibrium and that they would be able to be truly curious about their couples problems. Nevertheless, as is common in distressed couples, none of their questions showed a ready understanding that couples’ problems might be systemic. Ann’s “Is it me or him?” questions implied she did not yet see “It’s both” as a likely answer; and David’s questions—while showing concern for Ann and a recognition of his own emotional blocks—lacked a sense that both people would have to collaborate in finding a new way of being together. And so I moved on to the next steps of the assessment with guarded optimism.

3.4. *Individual testing sessions*

3.4.1. *General format*

As shown in Fig. 1, after the initial session, each member of a couple is seen individually, is interviewed, and takes a number of standardized psychological tests. The goal of these sessions is for the assessor to establish a secure individual relationship with each partner and to begin to understand—by means of testing and discussion—each individual’s personal “dilemma of change” that impacts the couple relationship.¹

Standardized testing sessions in Therapeutic Assessment are very similar to those in traditional assessment, with the exception of what is called the “extended inquiry” (Finn, 2007). Following the standardized administration of a test, TA assessors often ask clients to comment on their experiences with the test and reflect on interesting features of their responses. This might involve discussing the context of critical items the client endorsed on the MMPI-2 or whether any responses to the TAT or Rorschach have personal meanings for the client. Extended inquiries are typically focused on aspects of test responses or behaviors that are linked to the clients’ assessment questions. For example, a man might ask “Why does my wife experience me as demeaning?” and then make a number of critical comments during the Rorschach administration, e.g., that the test “is stupid”, “not scientific” and “no better than astrology.” Afterwards the assessor might invite the client to reflect on such comments, perhaps sharing the assessor’s own reaction to the client’s comments. This discussion might lead to insights about what happens in the couple, and to a partial answer to the client’s assessment question.

3.4.2. *Case example*

David and Ann both completed the MMPI-2 and the Rorschach during their individual sessions with me.

3.4.2.1. *MMPI-2s.* Fig. 2 shows the basic MMPI-2 profiles for each person. Focusing first on David’s results, the validity scales could be interpreted as his trying to present himself in a favorable light during the assessment ($K = 64 T, S = 66 T$), or possibly as showing that David was a man who did not “wear his feelings on his sleeve” or show vulnerability easily (Lewak, Marks, & Nelson,

¹ By “dilemma of change” I mean that aspect of a person’s psychological make-up where adaptive behaviors are blocked because of past trauma, shame, or previously learned coping strategies.

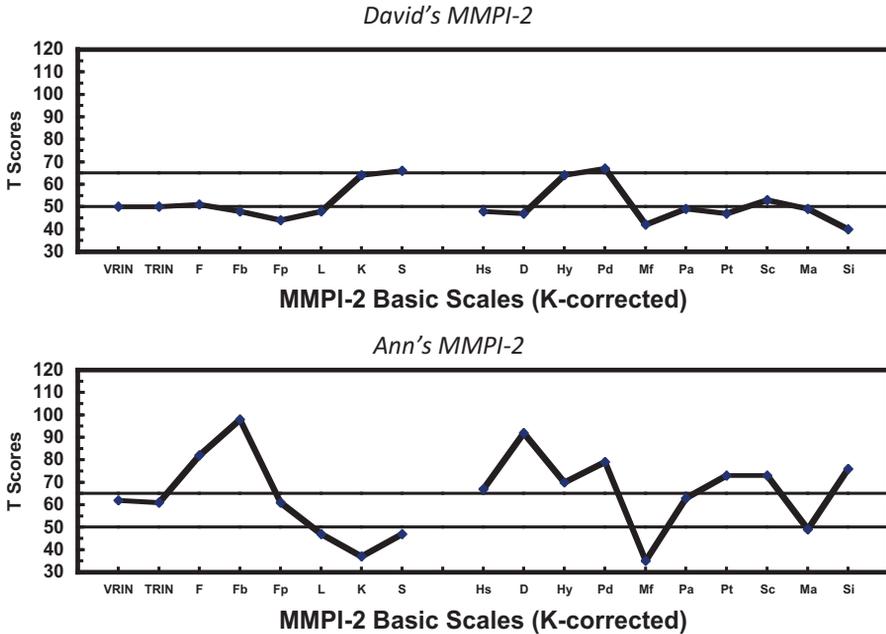


Fig. 2. David and Ann's MMPI-2 Profiles. VRIN: Variable Response Inconsistency Scale; TRIN: True-Response Inconsistency Scale; F: infrequency; Fb: infrequency back page; Fp: infrequency psychopathology; S: superlative self-presentation; Hs: scale 1, hypochondriasis; D: scale 2, depression; Hy: scale 3, hysteria; Pd: scale 4, psychopathic deviate; Mf: scale 5, masculinity–femininity; Pa: scale 6, paranoia; Pt: scale 7, psychasthenia; Sc: scale 8, schizophrenia; Ma: scale 9, hypomania; Si: scale 0, social introversion.

1990). This latter interpretation was consistent with David's third assessment question, "I don't let people or things get close to my emotions. . ." Moving on to the clinical scales, there were little or no signs of emotional distress in David's profile (Scale 2 = 47 *T*, Scale 7 = 47 *T*). People with similar profiles suppress anger and then blow up, and have underlying needs for affection but present themselves as highly independent (4-3 code type). Marital conflicts and substance abuse are frequent, and partners of these individuals typically complain that they are self-centered and controlling, sensitive to rejection, and hostile when criticized (Graham, 2012). Overall, David presented himself as a confident, extraverted man (Scale 5 = 42 *T*, Scale 0 = 40 *T*) who was highly practical rather than emotionally focused (Scale 5 = 42 *T*). People with similar scores often want to know how to "fix" problems, rather than understand emotional or relational patterns.

In contrast, Ann's MMPI-2 showed a high level of emotional distress, so much so that her profile could be read as a "cry for help" or as an attempt to present herself at her worst ($F = 82$ *T*, $Fb = 98$ *T*, $K = 37$ *T*). Ann reported a severe level of depression (Scale 2 = 92 *T*), moderate anxiety (Scale 7 = 73 *T*), and feelings of isolation and alienation (Scale 8 = 73 *T*, Scale 0 = 76 *T*). Her profile also showed severe conflicts around the expression of anger (underlying 4-3 code type), and suggested that she tended to deny anger and express it indirectly (Scale 4 = 79 *T*, Scale 5 = 35 *T*, Scale 6 = 63 *T*). Women with similar profiles have a strong need to be taken care of, and often feel unappreciated and victimized in their intimate relationships (Graham, 2012). Typically, they are unable to see how their lack of assertiveness sets them up to feel taken advantage of (Lewak et al., 1990).

Perhaps the most remarkable feature of the David's and Ann's MMPI-2 profiles was how complementary they appeared when considered together. In some ways, they were almost perfect mirror-images of each other: David's MMPI-2 was somewhat guarded, Ann's was not guarded enough; David's scores showed little distress, Ann's a great deal; David seemed decisive and controlling, Ann submissive and unassertive; David presented himself as highly extraverted, Ann depicted herself as socially isolated and anxious; David seemed very unemotional, Ann highly emotional. I have come to believe that this pattern of "opposing" MMPI-2 profiles in long-term distressed couples reflects the process of projective identification I wrote about earlier. The two people are initially drawn together by their complementary strengths, but over time—as mutual wounding occurs and anxiety increases—the original differences become exaggerated, so that the couple appears incompatible. Thus the "opposing" MMPI-2 profiles represent the end of a long-term process of mutual alienation. However, such couples also have difficulty separating and typically continue to be bound together by underlying similarities, which are also often visible in the testing. For example, David's and Ann's MMPI-2 profiles showed that both of them were conflicted about their wish to be taken care of and were confused about how to appropriately express such needs to the other. In addition, both struggled to integrate and express anger in a healthy manner.

3.4.2.2. David's Rorschach results. As I have written about (Finn, 1996b), I believe the Rorschach is extremely useful in revealing aspects of clients' emotions and experiences that they are unable to report and in giving a glimpse of their functioning in emotionally stimulating, interpersonal, unstructured situations. In couples TA, the Rorschach often helps me find empathy for clients' dilemmas of change and their challenges in intimate relationships.

David's scores from the Rorschach Comprehensive System (Exner, 1993) suggested that he backed away from and constricted his emotions ($R = 14$, $Afr = .27$, $SumC = 3.5$) in part because he was so easily overwhelmed by emotions ($FC:CF + C = 1:3$). He appeared to be harboring many painful affect states ($DEPI = 6$) including unconscious feelings of shame and insecurity ($V = 3$, $Egocentricity\ index = .31$) and painful longing ($T = 4$, $Fd = 2$). His interpersonal scores ($COP = 0$, $H = 2$, $GHR:PHR = 1:3$, $Isolate/R = .36$) were typical of individuals who have a dismissing attachment status (Finn, 2011), i.e., they learned early on that relying on others for emotional care and attunement would result in inevitable disappointment, and they learned to cope by keeping busy and focusing on work, achievement, and activities where they felt successful and in control.

These results helped me "get in David's shoes" and begin to understand potential answers to many of his assessment questions. He had difficulty being in touch with Ann emotionally because he was so cut-off from his own deeper feelings. If David did make contact with his split-off emotional self, he would be flooded with shame, insecurity, anxiety, and depression, and his detachment was a major way he maintained his psychological equilibrium. By operating in a "1-person system," David kept people from "opening Pandora's box" and exposing him to a vulnerable side of himself he could not tolerate. And although David needed Ann and longed to stay in relationship with her, he was so anxious about his needs getting met that he tried to control her and to maintain an image of his being the strong one.

3.4.2.3. Extended inquiry. Following the standardized administration of the Rorschach, I asked David what he had noticed during the test, and the following discussion took place:

David: It was OK, except for those last three cards. I didn't like all those colors, and in fact, I think I said fewer things on those ones.

Finn: *I noticed that—you only gave one responses to each of those last three cards card, whereas on the other ones, you saw more. What didn't you like about those three cards?*

David: *I don't know. It's hard to put into words. I think it has something to do with emotions. They made me uncomfortable.*

Finn: *That's interesting, because there is a theory that those three cards stir up emotions in people—because of the colors.*

David: *That seems right to me. I just wanted to be done with them and give 'em back to you. I didn't feel that about the other cards. As I told you, I don't really "do" emotions. My whole family is that way.*

Finn: *That makes me think about your assessment question, "I don't let people or things get close to my emotions. Why?" It sounds like your discomfort with emotions came into play when you were doing this test.*

David: *I guess so.*

Finn: *Do you have any sense of what would have happened if you had stuck with those three cards and not given them right back?*

David: *Not really.*

Finn: *Are you willing to trying a little experiment with me that might help us answer your question better?*

I then proposed to David that I give him Cards VIII–X again and that he try to see more responses. He agreed and gave me several additional responses to each card. I noticed that these new responses contained a lot of traumatic content (i.e., blood, damage, aggression, and sex), while David's previous responses to the cards had not. For example, on Card VIII, David had initially seen the popular "two bears climbing a mountain." During our second pass at the card, David saw "a demon coming out of hell, intent on destroying the world" and "a very damaged spine." On Card IX, during the standard administration, David had seen a horse's head. During the extended inquiry, he saw "two demons fighting" and "a woman with her legs spread. . . here's the vagina" (a response that seemed to make him very uncomfortable). Card X of the extended inquiry involved warring creatures trying to capture a pole. After he had finished I asked David what he had noticed.

David: *I don't like the things I saw.*

Finn: *In what way?*

David: *There's a lot of evil and fighting, and this one (pointing to the vagina) seemed lewd.*

Finn: *Yes, these responses were much more emotionally intense, weren't they?*

David: *Yes! What does that mean?*

Finn: *Well, I'm wondering if it helps explain why these cards made you so uneasy, and why you gave only one response the first time to each card.*

David: *You mean like I didn't want to see these things?*

Finn: *What do you think?*

David: *I guess that's right. They remind me of when I was younger, before I met Ann, and I did a lot of bad things. Now I try not to think about those days.*

Finn: *And when you do think about them, what do you feel about that period of your life?*

David: *Guilty, I guess, and sad. I was a real asshole back then.*

Finn: *So perhaps we are beginning to answer your question, "What emotions would come up if I opened up more?"*

David: *I guess that's right. So what should I do about all this?*

I reassured David there was nothing he had to do right now, and thanked him for trusting me to do our “experiment.” I told him we would be talking more about all this as the assessment progressed and how it related to his and Ann’s relationship.

3.4.2.4. Ann’s Rorschach results. Ann’s Rorschach Comprehensive System scores showed how easily she became flooded in highly emotional situations ($R = 60$, $\Lambda = .20$), how sensitive she was to her environment, and how difficult it was for her to detach from her emotions ($Afr = 1.4$). Interestingly, she appeared less depressed on the Rorschach ($DEPI = 3$) than she had on the MMPI-2. Ann’s dilemma of change seemed to revolve around her passive interpersonal style ($Ma:Mp = 1:5$) combined with her buried unconscious rage and anger ($S = 22$, $AG = 4$, $AgC = 14$). Because this rage was so intense, Ann had to keep it out of her awareness, which set her up to turn it against herself and be depressed. At this point I also began to have a sense of potential answers to Ann’s assessment questions. She was very sensitive emotionally and it was likely she felt so “de-served” in part because she was unable to be assertive in relationships for fear of opening up a tidal wave of anger and resentment that she could not contain. David could certainly be pushy, but Ann needed to reintegrate her anger in order to hold her own in the relationship.

3.4.2.5. Extended inquiry. When I asked Ann if anything had struck her about her Rorschach responses, she could not think of anything. I said I thought I had noticed one thing and I wanted to see if she noticed it too. I then selected and read all 14 Aggressive Content (AgC) and 4 Aggressive Movement (AG) responses: “a bat flying right at you, attacking” (Card I), “two people kicking each other, they are bleeding” (Card II), “grizzly bears” (Card II), “two women fighting over a purse” (Card III), “a monster” (Card IV), “a dragon” (Card IV), etc. I then asked:

Finn: *Do you notice any theme in those responses?*

Ann: *They’re not very nice, are they?* (laughing)

Finn: *In what way do you mean?*

Ann: *They’re all angry and trying to hurt somebody!*

Finn: *Any ideas what that tells us—that you saw all those things?*

Ann: *That I’m an angry person?* (sounding confused) *But I don’t think of myself that way!*

Finn: *Right, in fact from what I’ve seen, you seem to express anger less frequently than most people.*

Ann: *I think that’s true. Dr. Perlman said he doesn’t understand why I’m not angrier at David. But I don’t feel it. . .*

Finn: *Right. If we don’t feel it, we can’t express it, right? But I wonder if your responses tell us that the anger might be in there somewhere.*

Ann: *You mean like I push it aside?*

Finn: *And keep it out of awareness. Does that seem possible to you?*

Ann: *Yeah. . . I guess I really don’t like to feel angry. It feels “un-lady-like.”*

Finn: *Really? I see. I guess women in the south aren’t supposed to be angry, are they?*

Ann: *My mother always said we shouldn’t. . . that patience was a feminine virtue, and it was a woman’s responsibility to be gentle and kind to her family.*

Finn: *Does that still seem right to you?*

Ann: *I think so (long pause) but maybe there’s a downside to being too patient. Maybe I’ve been that way with David. I think it’s good he finally realizes he’s been putting work and himself before me and the children.*

Finn: *Right. Although it also seems he doesn't like it if you're critical of what he's been doing.*

Ann: *Exactly. Then I get told I'm being ungrateful and nagging.*

Finn: *So you're really in a dilemma here with your anger. You've been taught it wasn't good for a woman to show anger, but if you're too patient, David never gets feedback on how he's affecting you and the children. But if you speak up, sometimes he reacts badly to that.*

Ann: *You're right! So I feel hopeless. Is there anything I can do?*

Finn: *This is what you and David and I will be exploring in our next sessions. But for now I think we can say that it would help you if you could feel more comfortable and less guilty about your anger. That will involve rethinking some of what you've been taught about being a woman.*

Ann left the session looking thoughtful and more hopeful.

3.5. *Consensus Rorschach*

As shown in [Fig. 1](#), following the individual testing sessions, I reunite the couple for the latter parts of the Therapeutic Assessment. The next step is an *assessment intervention session* (Finn, 2007) designed to help the couple become aware of assessment findings that might otherwise be too difficult to hear in the feedback sessions. As described by Frackowiak et al. ([this issue](#)), the goal of a couples' assessment intervention is almost always to highlight systemic aspects of the couple's difficulties. As mentioned earlier, helping distressed couples become aware of their intersubjective "dance" can lead to breakthroughs in understanding and behavior. Very often I use the Consensus Rorschach (Finn, 1996a, 2007, 2012) for the couples' assessment intervention. This procedure—in which couples are asked to negotiate conjoint responses to the Rorschach cards—has a long history (Handler, 1997) and can even be used as a standardized test with couples (Aschieri, 2012). When used as an assessment intervention, I find the Consensus Rorschach very helpful in undoing problematic projective identification (Finn, 2012). I use a subset of the cards and a procedure I have described in detail previously (Finn, 2007).

Case example. My goal for the session with Ann and David was to build on the work I had done with each individually and help them begin to understand the dance they did—where David functioned as a combination "rescuer" and "insensitive persecutor" for Ann, and she was in the role of the "demoralized, sensitive, victim." I had not seen the couple together for several months when we met for the assessment intervention. During our check-in, they both said they had already learned things from our sessions; Ann said she felt less depressed and that David seemed more attentive. David said he had thought a lot about our last individual session (the extended inquiry of the Rorschach) and was eager to learn more. I explained that I wanted to do an activity with them to explore several of their assessment questions. I said that in particular I hoped we would gain insights into David's questions: "Why doesn't Ann feel that I respect her, when I try so hard to show her that her point of view counts?" and "How can I learn to be more emotionally in tune with Ann?" We would also be considering Ann's questions: "Are my expectations too high in our marriage?" and "Why do I feel so put down in our marriage?" I then gave the instructions for the Consensus Rorschach—briefly, that I would give them some of the same Rorschach cards we had used in the individual sessions. Their job was to find responses they both could see and both could agree on and then to report them to me. I would be videotaping the whole interaction so we could discuss it later.

I found the couple's interaction on Card I fascinating. David took charge immediately, taking the card from my hand and directing Ann ("You say what you saw first") to give a response (she saw "a Jack-o-lantern"), which he appeared to briefly consider before sharing his response "a bat." They then looked to me, and I reminded them the task was to find responses they both could see and agree upon reporting. David said he could see the Jack-o-lantern, but that it looked "mangled" (i.e., damaged) to him because it "wasn't round." Ann at first protested that pumpkins did not need to be round, but when David said, "You have to agree on the 'mangled' part," she acquiesced and said, "I guess it's a little mangled." They then considered David's bat response and he showed it to Ann. She could see it easily, and followed David's directions to show it to me during the inquiry phase. I noticed that she added "antennae" (D1) to the bat when explaining it, laughing softly and glancing sideways at David, but he did not seem to notice.

To my eye, this interaction was an example of projective identification in action during the Consensus Rorschach. David was the partner with more underlying depression on the individual Rorschachs, and by changing Ann's Jack-o-lantern response to being "mangled" and getting her to go along with this, he got her to "take on" one of his morbid (i.e., depressive) responses. Ann "accepted" David's depression after initially resisting, but then she retaliated indirectly by adding the incongruous "antennae" to his bat percept. It was as if Ann was unconsciously communicating, "If you're going to ruin my Jack-o-lantern, then I'll ruin your bat." I sincerely doubted each of them was aware of the dynamics I had witnessed.

David continued to direct the task on the other cards, and there was an interesting moment on Card V, when David suggested a "bat" and Ann a "butterfly." It was clear that they both could see the other's response, although Ann said she did not think the lower details of the blot (D9) were part of the bat. David then prompted Ann to tell me what they had agreed on, and at first she appeared uncertain, telling me, "He sees a bat." At David's urging ("put butterfly first!"), she then reported her butterfly response, and then David asked, "Can we also say a bat?" She agreed. When I asked where the bat was located, David took the card from Ann and circled the whole image with his finger—including the D9 area she had previously excluded. Ann said nothing and looked away. That time I was fairly sure she had noticed something.

After completing the initial set of 5 cards, I asked the couple to take 15-minute break and to refrain from discussing the task. While they were out of the room, I cued up my video to the interaction to Card V. When the couple returned from the break, I asked them how they had felt during the task. They both said they had enjoyed it. David asked Ann, "Did you feel like I was pushing on you too much?" and she said, "A bit. More at the beginning." At that point, David became visibly upset and started explaining how he had been working hard for Ann to feel important and included, but that it only got him "rebuked." I interrupted and slowed him down and asked Ann to say more. She said David had frequently told her to show and explain their responses during the task, and she had not wanted "to be the only one in that role." She added, "I don't like having the same role all the time." (I made an internal note of this comment). David started to defend himself, and I interrupted again, suggesting that we view an excerpt from the video and then come back to our discussion. They agreed. I then showed them the recording of their interaction during Card V and asked what they saw.

Ann: I didn't really care what it was. I could see the bat and the butterfly. I think it wasn't all that important to me.

Finn: You didn't really care. And what did you see, David?

David: I saw myself bending over backwards to show Ann that her responses were important to me. It's just what I said before.

Finn: *And how were you doing that?*

David: *Well, right there, I told her “put butterfly first.” And then I politely asked if she could also see the bat. That was my way of trying to make her feel important but also to put my part in.*

Finn: *Ann, did that make you feel important?*

Ann: *No, not really. . .*

David: (interrupting) *See, that’s what I’m talking about. In my mind I’m doing something very clearly to show Ann I respect her, but it doesn’t ring the bell, and instead I get criticized. That’s what I was talking about earlier when. . .*

Finn: *David, I’m going to break in again, because I have an idea.*

David: *OK.*

Finn: *I think I might have an insight into one of your questions—the one about why Ann doesn’t think you respect her even though you’re trying hard to show her you do.*

David: *OK.*

Finn: *I did see you working hard to include Ann in this process, and I also noticed when you told Ann to give me her response first. I can see how that was a way of showing that her opinion counts. But do you also see, if you’re the one who includes Ann, decides how she is to be included, and tells her what to do to include herself, then you’re still in charge. That’s not true collaboration. You’re still directing the show (Ann nodded vigorously.)*

David: *I am guilty as charged. That is my nature. But I’ll tell you what happens if I don’t. We get to a virtual gridlock. Ann can’t make-up her mind. You should see when we have to agree on a restaurant to go to. I keep suggesting ones, but Ann can’t choose or give her own idea. She is unable to pull the trigger on anything, and I’ve never had a problem pulling the trigger.*

Finn: *I agree. . . this is a pattern both of you contribute to, and if Ann spoke up more, you might respond differently. For example, Ann, I noticed that you did express an opinion that the lower things were not part of the bat, but then when David circled the whole blot, you didn’t speak up.*

Ann: *Yes, I know.*

Finn: *Do you know what you were thinking?*

Ann: *That it just wasn’t that important.*

Finn: *So you see, this is a pattern you both contribute to.*

I then proposed that we try an experiment. I told the couple I would give them one of the cards we had not yet worked with, and I suggested they approach it differently. I asked Ann to speak up first and to “act more like she cared.” I asked David to sit back and let Ann direct the task. They agreed and I handed Card IX to Ann. There was a 5-second pause while she studied the card, then David prompted her:

David: *So say what you see. . . Uh oh, there I go again. (covering his face) I’m supposed to just sit back right now, aren’t I?*

Finn: *That’s what we agreed on. What do you think happened?*

David: *I don’t know. In this instance I think I presumed—because Ann often is uncomfortable entering into new situations—that she might need my help easing in.*

Finn: *Ann, were you feeling uncomfortable right at that moment? (Ann, shook her head negatively.)*

David: *Probably not. So I’m just gonna have to sit back and not grab the ball.*

Finn: *Which means?*

David: *Waiting and tolerating the silence. I've always been that way. In school, when the teacher asked a question in class and no one answered, I would feel uncomfortable and raise my hand and grab the ball. Not for me, but so the teacher wouldn't feel bad.*

Finn: *So my guess is this, David. When the silence comes, there is some uncomfortable feeling in you, and you grab the ball to get away from that feeling. (Of course, I was thinking about his Rorschach results.)*

David: *I think that's right.*

Finn: *And I think that uncomfortable feeling has something to do with the difficult things you saw when we were alone and went back and did the Rorschach the second time. So for you not to act, you're going to have to tolerate some discomfort. Are you up for that?*

David: *I'll try.*

We then entered a phase of working on Ann's part of the dance. I gave Ann Card IX and asked her to lead the task and to say what she saw in a strong voice. (David literally sat on his hands and locked his lips so as not to speak.) Ann looked down and said in a weak voice, "I think. . . I guess. . . it could be an alien from outer space." I intervened:

Finn: *Ann, let's pause. How would you describe the way you just gave your response?*

Ann: *I don't know. . . I guess you're asking because it wasn't very strong.*

Finn: *That's right. You're supposed to be the leader, no? So let's start again and see if you can act as if you care and you feel confident.*

We then did several trials of this, with me encouraging Ann to be more convincing, speak in a strong voice, etc. Finally, she managed to do this, saying, "I see an alien!" with confidence. But right after she gave her response, she literally cringed, as if she expected to be hit. I stopped and asked her what had happened.

Ann: *I suddenly felt really scared, like I was in big trouble.*

Finn: *You flinched liked you were expecting to be hit.*

Ann: *I was. . . (looking very uncomfortable)*

Finn: (Very seriously) *Ann, I want you to tell me the truth. Has David ever hit you?*

Ann: *No!* (David also vigorously nodded his head No.)

Finn: *Has he ever threatened to hit you?*

Ann: *No. . . (shaking her head and started to cry)*

Finn: *Ann, who hit you?*

At that point, Ann started to sob and told a story from when she was 15 years old. She had been arguing with her father about her curfew and at one point raised her voice. He had slapped her hard across the face and said, "Don't you *ever* talk to me again like that! I am your father and a man. You are my daughter and a woman, and women do *not* talk to men like that." She had fled to her room and the incident was never discussed again. Her mother had witnessed the whole thing and never said anything. David said he was unaware of the incident and was surprised—Ann had always talked about her father in such glowing terms. I told him Ann and I had been discussing that maybe there were lots of things she was angry about that she had not been aware of. Ann said she had been thinking a lot about our discussion after the individual Rorschach. We agreed that her task at the moment was to use her assertiveness on the Consensus Rorschach and to see what happened. I asked, "Do you think there's any chance David will hit you?" She wryly said, "No, if anything he'll just talk a lot and I am used to that." David looked relieved and seemed to smile with recognition. We went back to Card IX:

Ann: (in a strong voice) *I see an alien from outer space.*

David: *Hmmm. . . I can't see it. Can you show me the parts?*

Ann: *Here are the eyes, this is the top of his head, and these are some kind of ears or antennae sticking out.*

David: *Now I see it! Wow, that's neat.*

Ann beamed, and we kept practicing, with her taking the lead and giving her responses in a confident voice. David could see each one, sometimes after Ann's explanation. At one point she started off a response saying, "This one is kind of weird. . ." but stopped mid-sentence when she caught my eye, and then continued more confidently. By the end of the "experiment" both people were smiling and laughing, and David also looked relieved. I asked David how it felt to have Ann take charge.

David: *I like it. I'm surprised. . . but I like it. In fact, it's a big relief. I'm not good at things like this, and I'm really happy that Ann led the way and that I could see the things she saw.*

Finn: *Yes, it seems that when Ann speaks up, you are able to get more emotionally in tune with her. And it looked like the two of you were having a lot of fun. Is that right?*

Both: *Yes!*

Ann: *And I feel closer.*

David: *Me too!*

As we closed the session, I asked them to go home and try this same method when they were next discussing what restaurant to go to. They agreed then walked out smiling and holding hands. I felt very happy too.

3.6. *Summary/discussion sessions*

In TA, we use the term "summary/discussion sessions" for those meetings at the end of an assessment where test results are reviewed. This phrase highlights that such meetings are literally occasions for *summarizing* and *discussing* test findings collaboratively with clients, and using them to address clients' goals for the assessment. In couples' TA, this process is typically broken into two parts: in the first session, each person's test results and "individual" assessment questions are discussed, while the other person listens.² In a second session, this information is integrated into a systemic case formulation followed by a discussion of those assessment questions concerning the couple relationship. Then, suggestions for next steps are discussed. As in all forms of TA, the assessor takes responsibility before the meeting to think about which information gleaned from the assessment is *Level 1* (congruent with the clients' existing views and likely to be accepted easily), *Level 2* (slightly discrepant from the existing story but not likely to cause severe anxiety or defensiveness), and *Level 3* (very incongruent with the clients' current views and likely to be experienced as threatening). Generally, information and questions are discussed in order of this hierarchy (Finn, 1996c).

When clients are in ongoing treatment with other mental health professionals (e.g., psychotherapists, psychiatrists) I often tell clients that it can be helpful to have these professionals join us for the summary/discussion session. Whether or not they attend, with clients' permission I often brief

² When assessing couples who are separating or who have already separated, some portions of the individual feedback may be given without the other person present.

collateral professionals on the assessment results prior to my meeting with the clients, to get these colleagues' reactions, suggestions, and help defining viable next steps for after the assessment.

Research shows that different clients are impacted by different parts of a Therapeutic Assessment (Smith, Handler, & Nash, 2010). Nevertheless, in my clinical experience summary/discussion sessions are often powerful opportunities to solidify and expand changes that began earlier in the assessment. With couples, summary/discussion sessions are a chance to present a new “story” to the partners about why they struggle and what would help them be more intimate. This new narrative is typically more systemic (i.e., “It takes two to tango. . .”), more compassionate, and more coherent than the previous narrative, in which partners typically blame each other for their difficulties. These sessions are also a chance to help each partner find empathy for the other's psychological dilemmas of change, and thereby help each person take “less personally” those traits and behaviors of the other that are upsetting or hurtful. In brief we indirectly (or sometimes directly) give the message, “She/he doesn't do these things to hurt you or reject you, but because he/she had to adapt to a difficult situation earlier in life, before you ever met. This is painful for you, but it isn't personal. And if you can modify the way you approach him/her, this could help your partner act differently.”

Case example. I met with Ann and David for a total of 5 hours over 2 days. In the first session of 3 hours, we discussed each of their individual testing and questions; the next day we talked for 2 hours about them as a couple. Dr. Perlman, the referring couples' therapist, declined to attend the sessions as it was not clear if the couple would work with him after the assessment. However, I did speak with him beforehand about the assessment and he found the test results illuminating and said he would be interested in seeing David and Ann if they wished to continue.

When I checked in with the couple at the beginning of the first session they said they felt very positively about the session with the Consensus Rorschach and that they had applied what they learned to choose a restaurant one evening. They said they were very anxious to hear about the other test results. I explained the plan for the two sessions, and suggested we begin with David; I did this to disrupt Ann's position as the identified patient, and the couple readily agreed. Ann seemed relieved that she was not in the “hot seat,” and David was eager to get information about himself.

4. David's assessment results

I first showed David his MMPI-2 profile and used it to praise his character defenses, i.e., that he was a well functioning man, a “sturdy survivor” (pointing to Scale 4) who had learned to cope with difficult emotions by putting them aside (Scale 3). This strategy typically worked so well that he appeared to others as a kind of “superman” who could handle stressful situations easily (Scale S). This kind of ego-strength had served him extremely well in his business, and it was part of what had attracted Ann to him when they first met. Both Ann and David nodded in recognition, and David looked pleased. However, I continued, there was a downside to David's way of being. To survive, he had learned to detach from his deeper emotions and “hold his cards close to his chest emotionally” (Scale K), with the result that (1) he was an emotional mystery to himself and (2) he struggled in situations that required emotional sensitivity, empathy, and communication—such as a marriage. In fact, people with similar profiles could sometimes come off as “assholes,” even though they were not really. At that point David nodded soberly, and I paused to ask about his reaction. He said that he was more aware of the shortcomings of the way he approached things and wanted to know how to do things differently. I said that before discussing next steps, there was another important part I wanted to get his thoughts about, and I turned to the Rorschach.

As I have recommended elsewhere (Finn, 1996b) I then explained that the Rorschach excels at showing emotions, dilemmas, and aspects of the person's personality of which he/she is not fully aware. I asked David to share with Ann what he had learned from our Rorschach extended inquiry session, and he said "There are a lot of things I feel bad about from my past and I work hard not to think about them. I'm afraid if I face them I won't be able to go to work and do what I need to do to support our family. So I just avoid emotions, but that makes me look like I don't care. I do care a lot; I just don't know what to do about all this." Ann put a hand on his arm sympathetically, and I asked permission to go on.

I said that David's summary fit really well with the Rorschach, and that I had now scored his protocol and had more information. David's test results suggested that he had pushed aside a lot of painful feelings in order to keep going, including sadness, anger, guilt, shame, longing, and some depression. These feelings did not come just from things David had done in the past, but also from things that had happened to him when he was younger (I had since learned that David's father was an alcoholic and that David had witnessed many traumatic incidents when he was young). I recalled David's saying his family "didn't do feelings," and I hypothesized that his emotions had "gone underground" because he had not had any support for them growing up. He agreed, and at this point Ann spoke up and said that she was always shocked that David's family was so unemotional. For example, when David's grandfather had died some years ago, "not a single tear was shed." I said that David's Rorschach scores agreed with what he had said—that he did care a lot, and he desired and needed emotional contact to feel happy. He just did not look like that was true when he was in his "sturdy survivor" mode. I then turned to David's individual assessment questions and asked if we could try to answer them together based on what I had just explained. David readily jumped in.

Answering David's questions

I don't let people or things get close to my emotions so I'm never exposed. Why? What emotions are down there that would come up if I opened up more? How can I learn to be more emotionally in tune with Ann?

David: *Well if I get what you've been saying it's that I actually have been doing a good thing by not being in contact with my feelings.*

Finn: *That's right. I don't think you're ready to face them on your own or else you would already have done that. Right now it's like you're sitting next to a deep pool of feelings and if you jumped into it, you might drown.*

David: *So that makes sense, but I can't be in tune with Ann unless I learn to swim in that pool.*

Finn: *I think that's right. And in the end the goal is for the two of you to be "swimming buddies" who help each other swim and stay safe.*

David: *How can I learn how to do that?*

Finn: *You need a "swim coach" who teaches you how to safely get in the water and get back out again.*

David: *Can't Ann do that?*

Finn: *No, that's too big a job for a wife, and she has her own deep pools she needs help with. You can do some of this work in couples therapy, but really David, you'll need individual therapy and an expert coach to help you learn these skills and explore your pool.*

David: *That sounds expensive.*

Finn: *It would be an investment of time and money, for sure.*

David: *I see. . . but unless I do this, we'll keep having problems, don't you think?*

Finn: *I think if you work hard in individual therapy, it would really help get you out of your dilemma about wanting to be close to Ann but not being able to do it because it feels too dangerous. And Ann will have her own work to do, as I'll talk about when we go over her test results.*

We discussed all this further and David gave several examples of how he had avoided emotional situations, only to pay some cost afterwards. Ann said she really understood David better, and that it helped to know why he acted the way he did. At that point we took a short break before returning to discuss Ann's testing and individual questions.

5. Ann's assessment results

As with David, I began by showing Ann's MMPI-2 profile and asking for her input as I discussed the major features. I reminded Ann that she had taken the test at the beginning of the assessment, almost 3 months earlier, and that I was not sure it accurately reflected how she was feeling at that moment in time. But if I had to summarize the profile in one phrase, it would be, "Help me! I'm drowning!!" Ann's eyes glistened with tears immediately, and I sensed she felt understood. I then pointed out the severe depression (Scale 2), isolation (Scale 0), alienation (Scale 8), and anxiety (Scale 7) and said I was amazed that Ann had been able to keep functioning at the time she had completed the test. By this point, Ann was silently weeping and David's face was completely white. When I asked, Ann said this all fit her perfectly, but that she was feeling somewhat better then. I said I was glad, because no one could tolerate the amount of pain that showed up in her profile forever. There was evidence that she, like David, was a "sturdy survivor" (Scale 4) who coped in part by being able to push away painful feelings (Scale 3) and move on. But as a sensitive (Scale 6) more introverted person (Scale 0), she could not do this forever. I then pointed to the K Scale, which I said measured "how strong one's sense of self was." I said I thought Ann's extremely low score confirmed what she had said about feeling "de-served." I also explained that people with similar profiles used their sensitivity to try to "read" other people and give them what they wanted. This was a way of staying safe, but it was very costly. Ann agreed.

At that point we paused and talked for quite a while. David was clearly in shock and kept saying he had not realized how bad off Ann was. To my eye, Ann looked satisfied to see his obvious guilt and discomfort and to have me confirm that she had been in major psychological trouble. Ann did say that things were not "so extreme" at that moment, which relieved David some, but added that she did not want to "go back there." I nodded and said I thought that was a risk. I then turned to her one individual assessment question and used it to summarize what the MMPI-2 and Rorschach suggested about Ann's dilemma of change.

Answering Ann's question

Are my expectations too high in our marriage?

Finn: *Ann, what is your sense of what you were feeling when you posed that question?*

Ann: *Unsure of myself. . . confused. . . and. . . probably mad at David.*

Finn: *That's what I thought. And it's interesting, isn't it, that those feelings go together for you?*

Ann: *I know (seeming to think). Do you think it's just because of that incident with my father? (She was referring to the incident that emerged during the Consensus Rorschach when her father slapped her because she raised her voice at him).*

Finn: *My guess is that it's not just that one incident, but the constant messages and training you received that it was "unladylike" to be angry and that you had to always defer to men.*

And you were just starting to find your own voice and develop some confidence when your parents were killed in the car accident. That pulled the rug out from underneath you, and you were pleased to find David and have him take charge for a while. You needed that and it gave you the space to care for your children. But after a while, you felt trapped, and couldn't figure out how to change things. Is that right?

Ann: I think I was terribly afraid about what would happen if I tried.

Finn: That seems right. And remember what we learned from the Rorschach? Your scores suggest you've been afraid to speak up in part because you were punished in the past for doing so, but also because you're afraid you won't be able to control your anger if you start speaking up. I think there is lots of very legitimate anger in there that hasn't had a chance to see the light of day. . . Do you think that's right?

Ann: I'm starting to think so. In fact, last night I had a dream where I was telling off my mother for having been such a doormat. She let my father walk all over her, and me and my sister too!

Finn: And maybe your dream is telling us you're ready to have that pattern stop with you.

Ann: I'd like to try.

Finn: And if you speak up and David hears you, then you won't be adding to anger piled up inside.

Ann: "Piled up. . ." That seems right. I felt so much lighter after our last session. . . I think because I didn't pile anything up.

Finn: The other thing you'll want to pay attention to is how your sensitivity lets you focus on other people's unspoken needs and give them what they want, putting your own needs aside.

Ann: That's going to be hard to stop.

Finn: I'm sure, because you learned how to do it really well to keep your father's temper in charge. And you were taught it's your job as a woman to do so.

Ann: How will I unlearn that?

Finn: You too will need some good individual therapy. . .

Shortly after this, we closed the session, with the plan to meet the next day to discuss the couples' questions.

6. Systemic feedback and couples questions

The second summary/discussion session also went very well. David and Ann arrived looking excited and hopeful and both said they were amazed how much the testing had helped illuminate the problems they were having. David also made me promise that I would tell them "what to do to now," and I said I would cover that before they left that day. Rather than give a detailed account of this session, in [Appendix A](#), I present an excerpt from the feedback letter I sent David and Ann after the assessment. This section of the letter captures the new narrative I offered to them about their couple relationship (In previous sections of the letter I reviewed the assessment procedures and summarized the individual testing and questions).

Ann and David reacted really well to the systemic picture I laid out and both said that they now saw how "neither was at fault." We reviewed my suggestions and they were both interested in pursuing individual therapy and in returning to couples therapy. They agreed that they wanted to go back to Dr. Perlman, and I shared that he had told me he was willing to work them. We all

decided it would be important for me to meet with Dr. Perlman to go over the assessment results in detail, and I said I would contact him to arrange that meeting.

6.1. *Follow-up session*

Two and a half months after the summary/discussion sessions, I met with Ann and David for a 1-hour follow-up session. We had initially been scheduled two weeks earlier, but when I sent an email reminder Ann wrote back to say they would be on vacation and wanted to come after that. They arrived smiling, holding hands, and looking more relaxed and happy than I would ever have believed possible.

The session began with them telling me about the changes they had made. They had hired a live-in nanny, and Ann was now getting regular breaks from the children. David had cut down his work some, and for the first time ever, they had taken a vacation together without the children and all had gone well. They had been meeting with Dr. Perlman (which I already knew from him) and both felt the sessions were much more productive. Ann had begun individual therapy with a therapist I recommended and liked it. David had not yet begun individual therapy, but told me that he intended to; it was just that with spending more time with Ann and the children, he had not yet found the time. I suspected there was more to it, but let it go. I praised them for the changes they had made and said how happy I was to see them doing well together.

I also asked about their thoughts about the assessment and both said they felt extremely positively about it and had found the summary letter very helpful. I asked if they could say what the most important part of the assessment was for them. David said, “I had my head in the sand about how my actions were affecting Ann. She and the children are the most important thing in my life and I hadn’t been acting that way. The assessment really woke me up, and I’m acting differently now.” Ann thought a moment and said, “For me, I’ve come to realize that David is not trying to hurt me or keep me down. He just doesn’t realize sometimes how his actions affect me, and how could he, if I don’t speak up? I’m speaking up for myself now, and he is really listening. And that helps me feel much better about our relationship.”

I thanked them for these comments and said that I wished them well. I told David I thought the individual therapy would really be helpful in keeping up the positive changes, and that I was available for future follow-ups if they needed any.

6.2. *Long-term follow-up*

Because I had an open release of information with Dr. Perlman and with Ann’s individual therapist, I continued to hear about this couple for a number of years after the assessment. Also, at one point about 14 months after the first follow-up, they did come back to consult with me during a crisis. In short, the post-assessment “second honeymoon” period I had witnessed at the follow-up session gradually waned, and I cannot say I was surprised. Dr. Perlman had been keeping me abreast and had told me that David’s vow to work less had lasted a while, but when a new exciting business opportunity had come up, David and Ann had *both* decided he should pursue it, and that with the extra help she now had Ann could handle his being away for long periods of time. In fact, things had gotten very hard; Ann felt “dropped” and had spoken up about this, and David felt unappreciated and blamed. Around that time they asked for a session with me and I was happy to oblige.

When we met, I asked many questions and the following facts emerged: David never had followed through on my recommendation for individual therapy, and he admitted he had begun

to feel a bit “anxious” with his slower-paced life when the exciting new business opportunity had suddenly come up. Upon reflection, Ann realized she too had been starting to feel a bit unsatisfied with the relationship around the same time, as if “is this all there is?” I suggested perhaps both had “colluded” in agreeing that David should take on the new project, and that this made sense because their testing suggested that “getting really intimate with each other would be quite a mixed bag.” I commended Ann for speaking up when she realized she was feeling “forgotten,” and I told David I thought he had quite a dilemma to face again. I strongly recommended that he consult an individual therapist and that the two of them continue to work with Dr. Perlman. They left feeling more hopeful.

I found out later than David did follow through with individual therapy and that he was able to make changes in the new work project so he could be home more. Dr. Perlman said the couples’ sessions then became more productive than ever, as Ann and David got curious about why they had “backed away” from the growing intimacy they had been developing. This led each of them into exploring their grief about their families of origin, and how their childhoods had made each of them highly ambivalent about getting close to each other.

Almost 5 years after the assessment, I ran into Dr. Perlman at a professional conference, and we had lunch together. He told me that David and Ann were doing extremely well and had recently stopped couples therapy. Ann was taking college classes and hoped to finish her degree; David was successfully balancing work and family and was very involved in coaching his son’s soccer team. Dr. Perlman said he and the couple had repeatedly referred to the assessment results in their work together, and that one of the most frequent phrases had been, “As Dr. Finn said. . .” Of course, I was very happy for David and Ann and pleased that the TA had helped them succeed in their relationship.

7. Conclusions

Therapeutic Assessment can help many different types of couples, and in some contexts—such as new couples planning to marry—relatively brief (e.g., 6-hour) TA protocols can be very effective. With long-term distressed couples, my colleagues and I have developed a comprehensive approach that combines individual and couples sessions, and that uses many of the techniques of TA (extended inquiries, assessment interventions, summary/discussion sessions, and written letters) to help disrupt problematic projective identification and interrupt systemic “role-locks” that keep clients from growing with each other and becoming more intimate. Because it is fairly lengthy and time consuming, the protocol I described may be best suited to couples that have previously been in couples’ therapy, but have not achieved the results they hoped for. Also, my colleagues and I are working to identify the specific therapeutic elements of this extensive couples TA protocol, to see if they can be distilled into a more efficient process that would be available to a larger number of couples.

The case example I have presented is fairly typical in terms of difficulty level of the long-term distressed couples we generally see, and the outcome of the assessment is in keeping with other such couples. This couple did stand out, however, in terms of the emotional and financial resources they were able to bring to bear both during the assessment and in pursuing treatment afterwards. The TA helped create a new narrative, a map, and a “taste” of what future work would be like. However additional couples and individual therapy was necessary to resolve the multiply determined destructive interactive cycle the couple was in. In my opinion, this does not diminish the value of the Therapeutic Assessment. In fact, evidence is accruing that in some instances, one

of the most valuable effects of TA is to enhance compliance with and success of subsequent or consecutive treatments (e.g., De Saeger et al., 2014; Smith, Eichler, Norman, & Smith, 2014).

Training in Therapeutic Assessment with couples is available through the Therapeutic Assessment Institute and workshops and certified assessors are listed on the website: www.therapeuticassessment.com.

Disclosure of interest

The author declares that he has no competing interest.

Appendix A. Excerpts from the feedback letter to Ann and David

Implications of the test results: how the two of you fit together psychologically

David and Ann, having discussed your individual test results, now I can discuss how your individual personalities and coping styles come together to reflect your strengths, potentials, and challenges as a couple. I don't think it's an accident that the two of you are you together. Looking at your test results, I can see lots of psychological similarities, and some important differences. I think some of these similarities drew you to each other and have kept you together. Some of the differences may have served the same function. . .

Similarities

1) Both of you have numerous strengths such as intelligence, good social skills, good hearts, and perseverance. You really are exceptional people, and your strengths have served you in handling situations in your lives that might have made other people collapse, e.g., Ann, your parents' sudden deaths, and David, your father's drinking problem and temper. You both are gutsy, stubborn, sturdy survivors.

2) Both of you love each other, have strong family values, and want the marriage to work. You want this for you and for your children. You both are willing to face pain and to struggle in order for the relationship to be better. You have come to see that your problems are not either person's "fault," and that you each have a role in creating and resolving your difficulties. These are key ingredients for relationships to succeed long-term, and they give me a lot of hope for you as a couple.

3) Both of you have a history of early relationships where people were not available or reliably present emotionally to help you manage feelings without getting overwhelmed by them. David, your family "didn't do feelings" much at all and you weren't protected from your father's drinking or outbursts. Ann, your family could be warm and affectionate, but didn't know how to handle differences or conflict in a productive manner and sent the message that women were less capable than men.

4) As a result, both of you get overwhelmed by strong emotions and have various ways of coping when this happens (more later). Although this is changing, the ways you each cope when overwhelmed tend to hurt your relationship rather than pull you together.

Differences

The main differences are in the ways you handle difficult emotions, what hurts you each the most, and how these things affect you individually and in relationships.

1) As described above, David, you excel at keeping "softer" emotions (vulnerability, sadness, anxiety, fear, and self-doubt) out of awareness and pushing ahead to "get the job done." This means that when you get overwhelmed or stressed, your tendency is to retreat into a

“self-sufficient” place where you keep busy, do lots of things, focus on yourself, and seem OK. From this place, you seem confident and self-centered, and you can appear insensitive to others’ needs.

2) Ann, you excel at being patient and understanding, picking up on others needs, and putting your own needs aside to care for others. You also have an incredible ability to carry on even when you are stretched to the maximum. When stressed you get overwhelmed by emotions, become very focused on what other people want, and lose your own ability to speak up for yourself. You “stuff” healthy feelings of anger, but this sets you up to feel trapped, hopeless, and unappreciated.

3) The two of you also have other differences that can be difficult to manage. Ann, although you like people and need friends, you generally feel less confident meeting people and entering into social situations. David, you are more extroverted and feel almost no anxiety about meeting new people. When the two of you are in a good place together, these differences can work well together, with Ann encouraging David to slow down and spend quiet time with the family, and David helping Ann to venture into new social situations and be more comfortable. But when things are hard between the two of you, these differences can lead to conflict and frustration. . .

The Difficult Dance That Gets Created

This leads me to a general fact about intimate relationships. When things get tough each person tends to react to the other, who then reacts back, and before long the two people are getting the *worst* rather than the best of each other. I think this has happened with the two of you. Because it is a cyclical process, I could start at any point to describe the dance you both do, but let’s say for the sake of illustration that David starts to feel worried, anxious, or stressed by work or your relationship. David’s way of handling this is to numb his emotions, throw himself into work, look like he doesn’t need anybody, and tell Ann how to manage the house and the children. Because Ann was trained to never express anger at men, she’s likely to block any anger she might feel at David’s being less available or telling her what to do, put her own needs aside and focus on the children and on keeping the home together. Ann won’t realize that what she is trying to do is too much for any one person, and she’s likely to get depleted and depressed. Underneath, she’ll feel angry at David and at her situation, but she won’t be aware of that and the anger will either get her to withdraw or to say indirect things that hurt David. David will then feel rejected and hurt, and cope with that by working more and getting his satisfaction and approval there. This will lead to Ann’s feeling even more abandoned, and so on. . .

When we discussed this cycle in our last session you both laughed with recognition, and then felt sad about how it keeps you from having the relationship you want. Being aware of a pattern is the first important step to changing it, and I see you both already take steps to get out of this dance.

Answers to Your Couple Questions

Here are the suggestions we discussed together that I think will help you.

Why doesn’t Ann feel that I respect her, when I try so hard to show her that her point of view counts? (from David)

Am I too sensitive, or is David really too rough? (from Ann)

Why do I feel so put down in our marriage? (from Ann)

Am I a nag, or is David just overreacting when I say something that isn’t totally positive? (from Ann)

(In this section I presented brief answers to the questions above.)

Recommendations for Next Steps

1. It's clear to me that Ann is trying to do something not humanly possible: take care of three young children, manage a house, provide a stable base so David can travel, and take care of her own health. The recent additions of a housecleaner once a week and the occasional babysitter so Ann can have a break are good starts, but no where near enough. So either, David will need to work less (more about this later) and/or Ann needs much more help. I think it would be entirely reasonable for Ann to have a full time housekeeper or someone like an au pair/nanny, who lives in the house with her and helps care for the children. David, of course this will cost money, but so would the alternatives (divorce or Ann getting so depressed she has to be hospitalized). Ann, at first you thought I was going overboard in this recommendation, but as you sat with it you realized you actually agreed.

2. David, I worry that if you continue to work at the pace you have been, that a) it will not be good for the marriage and family, b) you will miss out on having relationships with your children, and c) you will not be able to slow down enough to make the psychological changes you say you want to make. I know you are proud of the successful business you have built and that you are a great financial provider—in a way that your own father never was when you are growing up. Still, I think there are costs to your working so much that you haven't been aware of, and therefore haven't been able to list accurately in your "balance sheet" calculations. Now that you are more aware of these costs, I hope you will consider making some changes.

3. The relationship dance you have been stuck in for some time is based in lifetime coping strategies the two of you needed and have used since you were children. Thus, I think you are going to need outside professional help to continue to change this dance. In particular I think you will each need weekly individual therapy, and frequent couples therapy to successfully shift your dance so you don't fall into it when things get stressful. As we discussed, I am willing to help you find good individual therapists.

David, your individual therapy goals would include: a) becoming more aware of uncomfortable feelings you tend to avoid and push out of awareness, b) learning to lean on another person to feel and explore such feelings, c) learning to express your feelings in a modulated fashion, d) learning to ask for help, and e) learning to tolerate the anxiety you will feel in getting close to people without controlling them. It would also help you to understand better the effects your father's alcoholism had on you and your family. Attending some meetings of Al-anon or Alcoholics Anonymous might be very useful in that regard.

Ann, appropriate goals for your individual therapy would be: a) becoming more aware of and comfortable with your anger, b) learning to harness anger and turn it into assertive and self-protective action, c) catching when your anger gets blocked and turned into self-blame and depression, d) becoming more confident in your skills and abilities, e) learning to manage your emotional sensitivity better so you don't lose yourself, and f) re-examining the lessons you received from your family and culture about appropriate behavior for women. I think you would benefit from more support from other women, and we discussed whether you would consider being in a women's support or therapy group.

4. The two of you agreed that it would be important to continue couples therapy, and you said you would like to see Dr. Perlman again. As I told you, he is willing to work with the two of you, and I will meet with him to share the results of the assessment and what I think the implications are for couples therapy. As we discussed one of the major goals of couples therapy right now is to catch and interrupt the destructive cycle you can fall into as a couple. As you have more success with this, I think there are also old hurts and disappointments from earlier in the relationship that it would be good to talk through. . .

In closing, let me say again how much I appreciated the chance to work with the two of you and how much I admired and was touched by the hard work you did during the assessment. I feel very hopeful about your marriage, and I wish you the best as you go forward. I look forward to the follow-up session we scheduled for 2 months from now. I will send you a reminder several weeks before; if you need to make any changes feel free to contact me. . .

Warm regards,
Steve Finn

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