

Marital Therapy

*Concepts and Skills for
Effective Practice*



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Marital Therapy:

Concepts and Skills for Effective Practice

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Preface

Three important reasons motivated the writing of this book. First, the book was designed to help entry-level marital therapists learn the concepts and skills necessary for effective practice. The skills and concepts selected for inclusion in the book are theoretically based and empirically tested; however, coverage of theoretical concepts and research associated with the skills is limited, because these areas are covered adequately in other texts.

The second reason for this book is related to current trends toward accountability and the requirements of mental health care. Because of such trends, therapists may well have to defend their very existence in the future. This can best be done through demonstrating skills with clients and being able to show through various measures that positive behaviors do, in fact, take place as a result of marital therapy. Still a third reason for the book is to provide a format that emphasizes skill acquisition and application. Each chapter includes an introduction, chapter objectives, information about the area, case examples, key points, and a marital skills inventory.

The book is based on our belief that beginning practitioners need to know how to work from a relational perspective, whether they are working with individual spouses or the marital dyad. When therapists are able to develop multiple views of the problem and select appropriate skills, they will be more likely to reach their goals. Thus, we have attempted to present both assessment and treatment skills in a logical order of the therapeutic process.

PART I: FOUNDATION OF MARITAL THERAPY

Chapter One begins with an overview of the normal developmental processes of marriage. The developmental perspective has become increasingly important to the field in recent years, and information concerning issues of the marital life cycle provides a necessary foundation for understanding the theory and practice of marital therapy. The marital relationship evolves as the needs and resources of individual members change over the cycle of family life. The first major task of the couple is for both spouses to function as a separate branch of the family system. Spouses must establish different relationships with families of origins; their roles as sons and daughters must become secondary to those of husband and wife. The birth of a child, or the decision not to have a child, requires spouses to reorganize to deal with new tasks. These new tasks may trigger underlying conflicts and challenge early resolutions. Couples who have

been able to resolve conflict and have achieved a sense of intimacy without extreme cost to autonomy will be more likely to handle the challenges of midlife marriage and later life following retirement.

Chapter Two begins with a brief review of each of the therapeutic models: structural, strategic, transgenerational, behavioral, and solution-focused models. Differences in content and process between the models are emphasized in order to provide the beginning practitioner with a conceptual background from which to appreciate the challenge of integration. We also think that it is important for the student to attempt an integration of the various theoretical models that have much in common. To assist the reader, we have chosen to offer an example of how the various models might work with a specific case. As students begin to develop their own theoretical integration, they may wish to consult primary sources to broaden their conceptual base.

PART II: ASSESSMENT CONCEPTS AND SKILLS

Chapter Three provides detailed instructions on how to process a referral and structure a marital intake interview. Emphasis is given to the unique role of the marital therapist. This often helps to alleviate the spouse's anxiety regarding the therapeutic relationship and how to avoid unexpected events, which can confuse the spouses or cause negative feelings. There is considerable evidence to suggest that when the therapist and the marital dyad are in agreement regarding reciprocal responsibilities and similarity of expectations, harmony or stability is more likely to occur in their interpersonal relationship.

Chapters Four and Five provide guidelines on how to conduct an initial marital interview. Chapter Four illustrates skills for assessing marital problems. The reader will learn how to use circular questions and genograms to create multiple views of marital problems. Emphasis will be given to integrating marital assessment into the therapeutic process. The beginning practitioner will learn how to track both interactional and longitudinal sequences to understand how the marriage has evolved over time. This chapter is also designed to help the student gain a sense of direction in therapy by developing (with the couple) goals that fit the unique characteristics of their culture. Goals are developed from assessment data so that they fit each unique situation. The readers will learn to analyze hypotheses in order to: (1) prioritize areas of change, (2) make goals concrete and specific, and (3) build on existing strengths. Chapter Five provides specific considerations and guidelines for treatment recommendations, as well as indications and contraindications for individual and marital therapy.

PART III: TREATMENT CONCEPTS AND SKILLS

This section covers those systems concepts and skills that have demonstrated their effectiveness in treating marital problems. Each chapter breaks down complex skills into behaviors that can be easily learned. Guidelines for when to use each skill are provided so that the practitioner can develop a compre-

hensive treatment strategy. Case examples and learning activities emphasize skill acquisition and application.

PART IV: EVALUATION OF TREATMENT OUTCOME

This section covers basic concepts and skills for conducting evaluations, terminations, and follow-ups. This chapter helps the practitioner understand how to evaluate the couple while they are in therapy, with emphasis given to evaluating marital processes and outcomes from multiple perspectives. It also provides guidelines for conducting the final session. Once termination is agreed upon, the practitioner learns to plan transfer of learning and follow-up, since newly learned behaviors rarely generalize to other environments unless others support them. Follow-ups help the therapist to further evaluate behavior change and facilitate the couple's new behavior.

PART V: TECHNIQUES IN PRACTICE

The last section includes case studies of special populations to show some specialized techniques for families with special problems. Specifically, case studies related to marital infidelity, divorce, lesbian and gay couples, alcohol addiction, and chronic illness are included.

A FINAL NOTE

While we believe this book will promote learning, there are several issues the reader should consider. Clearly, this book can serve only as a guide; the beginning practitioner who uses it is obligated to use his or her own creative ideas in applying skills to specific marital problems. Technical concepts and skills cannot replace the personal dimension of therapy—genuineness, warmth, and concern. It is our purpose and hope that the readers will find the basic sets of concepts and skills helpful in meeting the needs of the couples they are serving.

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PART I



Foundations of Marital Therapy



Dimensions of Marriage

CHAPTER OBJECTIVES

Upon completion of this chapter, the reader will be able to:

1. Describe characteristics of:
 - The couple system,
 - The effects of gender on marriage,
 - The effects of race and culture on marriage.
2. List the six stages of the life cycle and tell something about each.
3. List the nine psychological tasks of marriage and—given a case example—indicate:
 - Barriers to mastering the tasks,
 - Ways to overcome the barriers.

INTRODUCTION

Becoming married marks one of the most profound transitions an individual can undergo. A marriage represents not only the establishment of a new relationship but the creation of a new couple identity and a whole new set of social relationships with spouses, parents, relatives, and friends.

Marriage requires two individuals in a couple unit to renegotiate personal issues that they had previously defined individually, or that were defined by their parents. That is, they now have to negotiate when to eat, sleep, have sex, fight; how to celebrate holidays; where and how to live, work, spend vacations, and so on. Couples must renegotiate their relationships with parents, siblings, friends, and other relatives in view of the new marriage; this, to some degree, will affect all personal relationships. Carter and McGoldrick (1989) state, "This places no small stress on the family to open itself to an outsider who is now an official member of its inner circle. Frequently, no new member has been added for many years. The challenge of this change can affect a family's style profoundly; the tendency of members to polarize and see villains and victims under the stress of these changes can be very strong" (p. 210).

Every spouse enters marriage with a set of unspoken expectations, based largely on past experiences. Through their families of origin, they have observed how their parents related to each other, and this is often the model on which their expectations are built—expectations for how spouses relate to each other, how they express affection, how they handle conflict, how they spend free time, how they handle money, and so on. Expectations are further determined by gender and ethnic differences, and spouses often enter marriage with a set of assumptions of how the mate will behave based on these differences. If the therapist is to work effectively with couples, he or she must have an understanding of how the couple system functions (what the boundaries or rules are), what messages each spouse has brought from his or her family of origin, and what messages they bring to marriage related to their gender and ethnic backgrounds. Each of these areas will be discussed in turn.

THE COUPLE SYSTEM

The family system contains three key subsystems (marital, parental, and sibling) within the total family organism (Minuchin, Montalvo, Gurney, Roman, & Schemer, 1967). The marital subsystem is the first to form and is central to the functioning of the family. The marital subsystem's basic role is to provide mutual satisfaction of the couple's needs without compromising the emotional environment necessary for further growth and development of two maturing, changing individuals (Terkelsen, 1980). The marital subsystem is that part of a marriage that includes all the behavioral sequences that have evolved out of the partners' commitment to "love and cherish" each other. The marital subsystem does not include the role each partner plays with other members of the nuclear and extended family. In other words, the marital subsystem includes transactional patterns related to giving attention to one another, but does not include those transactional patterns concerning giving attention to their children.

Boundaries

The boundaries of a subsystem or system are “the rules of who participates and how” (Minuchin, 1974, p. 53), and many couple conflicts are related to boundary issues. An example of this is a couple who came to therapy because of daily conflicts about where the spouse went, when, and with whom. The therapist chose to explore with the couple what their rules were about relationships with others, and determined that the rules that formed this marital system’s boundary were as follows:

1. The husband could make friends at work and occasionally made social arrangements with them that revolved around sports. Any other social activities had to include the spouse. He could not make any female social friends unless they were much older.
2. The wife worked part-time and could make friends at work, but saw them socially only infrequently. Such social occasions had to be announced in advance.
3. Although the wife’s sister and her family lived only a block away, they and other relatives were always seen on a planned basis, the occasion preceded by arrangements made over the phone or through the mail.
4. The couple’s social friends knew they were expected to call first rather than just drop in unannounced.

The couple had rules that formulated a system boundary that everyone understood. The rules were sufficient until they experienced tension in the relationship. Because the couple had established rules which limited their access to friends and relatives, they were dependent on each other to meet all their emotional needs. As the couple’s needs changed, they had to evolve new rules to govern their system’s boundary.

All couples evolve such rules, and each couple’s boundaries vary in their degree of flexibility and permeability. Some boundaries may be too rigid (distant), and therefore make it difficult for the couple to adjust to new situations. Permeability of a system or subsystem’s boundary refers to the amount of access spouses have across boundary lines. Some couples’ boundaries are too permeable in that the boundary becomes diffused or ill-defined and allows too much access (or interference) from friends or relatives. Couples such as the one described above may have boundaries around their systems that are impermeable, limiting needed access to each other or the world outside the family.

GENDER DIFFERENCES

In working with a couple, it is imperative that the therapist understand gender differences, because such knowledge is essential in understanding the couple’s relationship and in assessing characteristics that interfere with its effectiveness. Gender differences fall into three broad categories: physiological differences,

role/rule differences, and differences in communication styles/emotional expression.

Gottman (1999) asserts that physiological gender differences are not noticeable in happy marriages. He adds, however, that in conflictual situations, males and females react in very different ways. While females are more likely to self-soothe or calm themselves in stressful situations, males tend to become more aroused and to maintain distressing thoughts. That is, if asked to calm down, women are much more able to do so than men. Furthermore, in a negative relational atmosphere, men are more likely to withdraw, while women are more likely to stay involved—to demand or complain (Christensen & Heavy, 1990). According to Gottman, these physiological differences are very relevant to assessment and treatment because dysfunctional relationships are characterized by chronic levels of physiological arousal and the inability to self-soothe or be soothed by one's partner. Some assessment questions concerning physiological gender differences would include:

1. In conflictual situations, what is the male's capacity to self-soothe (listen to his spouse, show interest, de-escalate the conflict, and so on)?
2. Does the wife attempt self-soothing techniques such as humor or affection?
3. Does the husband accept influence from his spouse?

A second area of differences is in perceptions or rules/roles for the relationship. At the most general level, all couples are influenced by patterns of socialization that lead to rules and roles governing the marital process. Gender-related rules and roles are the most fundamental of these patterns. Karpel (1994) classifies these into four categories: differences in socialization, differences in legal and economic status and power, differences involving childbirth and parenting, and differences in sexuality. In terms of socialization:

- Karpel (1994) notes that women give up more, for example, occupations and names, and McGoldrick (1989) asserts that married women have poorer health, lower self esteem, and lower job success than married men.
- The majority of domestic violence is perpetrated by men against wives;
- Boys are socialized to be active, aggressive, and competitive, while girls are socialized to be dependent;
- Men are socialized to argue their positions in order to meet their needs, while women are socialized to think of others' needs first;
- Women earn less money than men for comparable jobs; and
- Mothers are more likely to be given custody of children in a default situation than fathers.

Obviously, even in situations where couples strive for equality, socialization and economic factors remain a reality. Karpel (1994) asserts that the challenge for couples is to deal with gender differences in ways that are acceptable to

both spouses. This means that each person must be respected and that each is committed to work for fairness in the relationship.

Goldner (1988) has also argued that gender is an important variable to consider in family therapy. Because gender influences marital interaction processes, it should be a fundamental element in marital assessment. Hare-Mustin (1978), in her pioneering work on gender, begins the assessment process by asking the following gender-related questions:

1. Could role inflexibility regarding tasks be related to the problem?
2. Have generational coalitions developed as a result of disempowerment in the marriage?
3. Can disempowering stereotypes (“nag,” “passive-aggressive”) be re-labeled to account for the context of powerlessness?
4. Can the female therapist model more egalitarian relationships with males (husband), and can male therapists affirm female (wife) strengths within the family?
5. What are rules around the female’s (wife’s) personal development and autonomy outside the family?
6. What will the husband and wife each need from the therapist in order to feel understood and accepted?

A third issue involves gender differences in communication styles and emotional expression. In cases of marital conflict, gender difference is often the core issue to be identified. For example, Jacobson, Holtzworth-Monroe, and Schmalings (1989) have found that women often complain more than men about their current relationship. Indeed, women often desire greater involvement and closeness with their husbands, while husbands prefer to maintain the status quo and create greater autonomy and separateness for themselves. Moreover, women are more likely to seek therapy and push for an egalitarian relationship, whereas men are less likely to seek therapy and are inclined to maintain traditional gender roles.

Gottman (1999) refers to a situation in which a couple differs on how emotions should be expressed as a meta-emotion mismatch, and indicates that a mismatch is typically related to gender stereotypes. Women are more likely to want intimacy and believe that expressing feelings will lead to intimacy, while men are more likely to think expressing feelings is a waste of time, wanting to quickly solve the problem instead. Such a mismatch leads to emotional withdrawal and precludes the positive affect that is necessary in an effective relationship. In order to assess a couple’s expression of emotions, Gottman asks them to think about how they have responded to various emotions. Here are some sample questions:

1. When you were growing up, how did members of your family express anger?
2. What kinds of things made you sad? How did you deal with sadness?