

[Couples Therapy](#)

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All individuals have a basic need to form attachments and develop meaningful relationships. At the same time, we also have a basic need to be separate and develop our individual potential. Balancing these conflicting needs is the central issue of intimate relationships and helping couples establish or reestablish that balance is the central issue for couples therapy. This is addressed by understanding how the couple manages, respects, and accepts differences. Accepting differences supports individual development and frees partners to be truly intimate by reducing the inevitable power struggles which emerge when changing a partner takes precedence over acceptance.

Couples therapy can address the needs of married couples, same-sex couples, premarital couples, or couples in a committed relationship who have chosen not to marry. It is indicated when one or both partners feel their needs are not being met in the relationship, yet want to see if their relationship can succeed. Couples therapy is not indicated if domestic violence is an issue. The issues that couples bring to therapy can include finances, sex, infidelity, addiction, parenting, communication, difficulty in resolving conflict. They can also be related to external events such as job loss, illness, or family crisis. Often couples come for counseling at transition points in their lives such as the birth of child, job change or move, or midlife crisis.

There are many models of couples therapy. Most couples therapists operate from a primary theoretical model but draw on other practice models to meet the needs of a particular couple. Structural Therapy developed by Salvatore Minuchin views a couple as a system that operates by its own rules and repetitive patterns. Structural therapists describe the conflict between attachment and individuality as an issue of boundaries and assess how strong the boundaries are around the couple and around each individual. A boundary that is too rigid around a couple does not allow for individual growth. Boundaries that are too rigid around each partner undermine attachment. The goal of the therapy is to help the couple shift the rules and patterns of their system that keep their boundaries rigid and prevent a balance that meets each partner's needs.

Intergenerational Therapy as developed by Murray Bowen considers the impact of extended family across generations on the couple relationship. How families historically have managed togetherness and individuality affects succeeding generations' ability to couple. Goals of therapy are to help the couple through insight, understand their family of origin issues so they are less likely to repeat them.

Cognitive Behavioral Therapy as developed by such theorists as Albert Ellis and Neil Jacobson focuses on cognitions and beliefs. The cognitive therapist helps the couple pinpoint how they act toward each other to try to control each other in order to get their needs met. The goals are to increase cognitive awareness of their destructive behavior and the beliefs that support that behavior and to improve their problem-solving skills.

Solution-Focused Therapy as developed by Steve DeShazer and his colleagues proposes that a couple does not need to understand a problem to develop a solution for it. The focus of the work is identifying strengths and resources to be adapted to create a solution. Goal setting is central to the approach and is accomplished by identifying specific behaviors and interactions that the couple would like to increase. These behaviors are determined by examining the couples' previous attempts

at developing solutions and focusing on what has worked.

Object Relations Therapy as described by Rubin and Gertrude Blanck views becoming a couple as a developmental phase with the goals of establishing sexual relations, establishing a new level of intimacy, separating from parents, and increasing the opportunity for developing autonomy. Object relations therapists focus on what each partner internalized about significant relationships in their families and how/what they learned impacts how they interact with and attach to their intimate partner. Understanding and insight are necessary to meet the goal of separating what was previously internalized from the present relationship.







Couples therapists may be licensed social workers, counselors, psychologists, or psychiatrists. Because couples therapy is a subspecialty of therapy, couples therapists should have additional training and experience in working with couples. The American Association of Marriage and Family Therapists (AAMFT) provides referral information.

Insurance does not generally pay for couples therapy. One partner must usually be identified as a patient with a mental health diagnosis in need of therapy. The other partner then participates in the therapy which is billed as conjoint therapy. Each partner in couples therapy needs to be prepared to examine his or her own role in the relationship problems.

SEE ALSO

[Cognitive-behavioral therapy](#), [Divorce mediation](#), [Psychoanalysis](#)

Suggested Reading

- Blanck, R.; Blanck, G. (1968). *Marriage & personal development*. Columbia University Press New York.  [Link](#)
- Bowen, M. (1985). *Family therapy in clinical practice*. Jason Aronson New York.  [Link](#)
- DeShazer, S. (1985). *Keys to solutions in brief therapy*. Norton New York.  [Link](#)
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- Gerhart, D. R.; Tuttle, A. R. (2003). *Theory based treatment planning for marriage and family therapists*. Brooks/Cole-Thomson Learning Pacific Grove, , CA.  [Link](#)
- Minuchin, S. (1974). *Families and family therapy*. Harvard University Press Cambridge, , MA.  [Link](#)

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