Marital Therapy

from Encyclopedia of Applied Psychology

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The term “marital therapy” is something of a misnomer because the same therapies apply for couples who are not married, including those who are cohabiting and those who do not live together. However, some treatments specifically target couples at certain points in the marriage process such as prior to marriage or during the first years of marriage, particularly during the transition to parenthood. Often, treatments during the early stages of marriage focus on prevention. Treatments during subsequent stages of marriage usually aim to ameliorate relationship distress. Because individual psychological disorders, such as depression and anxiety, are major risk factors for relationship distress, several investigators have also evaluated the efficacy of treating individual disorders through couple therapy. When relationship problems are contributing to or maintaining individual disorders, couple therapy can assist in treatment of the individual disorder or can change relationship patterns that influence the individual disorder. The current focus, however, is on couple therapies that address relationship problems. Several couple therapies have been empirically supported, meaning that randomized clinical trials have found couples undergoing the treatments to have superior outcomes to couples not experiencing those treatments. Although several approaches have been shown to benefit distressed couples, important questions remain about whether specific therapies can be matched to specific couples and whether couple therapy has long-term effectiveness.

GLOSSARY

behavioral marital therapy	Behaviorally based couple treatment focusing on behavior exchange and training in communication and problem-solving skills.
brief strategic couple therapy	Family systems-based couple treatment emphasizing a reduction in attempts to solve problems when such attempts may maintain or even worsen problems.
cognitive-behavioral marital therapy	Couple treatment combining a behavioral marital therapy approach with a focus on partners' cognitions.
emotion-focused therapy	Couple treatment focusing on resolution of insecure attachment patterns and processing of emotion.
insight-oriented marital therapy	Couple therapy emphasizing resolution of unconscious maladaptive relationship patterns that arise from previous developmental experiences.
integrative behavioral couple therapy	Acceptance-based couple treatment combining a behavioral marital therapy approach with a paradoxical reduction in the struggle to change.
Prevention and Relationship Enhancement Program (PREP)	One of several approaches attempting to prevent couple distress; it is often applied to couples prior to their wedding or early in their marriage.

INTRODUCTION

The vast majority of partners report high satisfaction at the beginnings of their marriages. Yet

relationship satisfaction tends to decline over the first 10 years of marriage. Nearly half of all U.S. marriages end in divorce, and most couples are likely to have suffered considerable marital distress prior to divorce. Many other couples whose members remain together also experience marital distress. Marital distress is not stable across the life span. Researchers generally report one of two patterns over time: either a steady decline of marital satisfaction or a complex pattern in which satisfaction is high initially, declines during the child-rearing years, and returns to a higher level during the later years. Marital distress is linked to a variety of individual psychological and physical health problems (e.g., depression, substance abuse). Children growing up in families with marital distress, especially high levels of overt marital conflict, are at risk for psychological problems such as aggression and anxiety. Although approximately 30% of marrying couples receive some form of preventive premarital counseling or relationship education, only 10 to 20% of divorcing couples have met with mental health professionals. The most common sources of disagreement in marriage are money, children and other relatives, the division of housework, communication, and sexual intimacy. It should be noted that the specific interventions available to treat individual or couple sexual problems are not presented in this article.

ASSESSMENT

Before commencing treatment, it is important that the clinician perform a thorough assessment of the couple. Such an assessment can encompass a variety of methods. The clinician virtually always interviews the partners, whether separately or together, about their individual and relationship histories, aspects they would like to change, and areas of strength. Couples can complete standardized questionnaires about various aspects of their relationship and individual functioning. These questionnaires provide a measurement of partners' overall marital satisfaction relative to that of other distressed and nondistressed spouses. The questionnaires also evaluate the extent and nature of disagreements in specific relationship domains (e.g., household management, sex, religion, personal habits). Some clinicians perform a formal behavioral observation in which the partners spend a short period interacting with each other so that the clinician can observe their communication style. Patterns of conflict escalation and differences in affective expression are important relationship features that can be observed directly. Clinicians who do not conduct a formal observation invariably observe these dimensions of couple interaction throughout the course of the sessions. Finally, some couples are asked to systematically record information reflecting the nature and tone of their everyday interactions on a daily basis between sessions. These data can include tallies of salient relationship behaviors, both positive (e.g., instances of emotional support) and negative (e.g., arguments), and ratings of important relationship dimensions (e.g., feeling understood by the partner).

COMMON CONSIDERATIONS ACROSS TREATMENT APPROACHES

A defining feature of couple therapy is that both partners are seen together in the therapy sessions. This mode of therapy, known as conjoint therapy, raises unique ethical issues. For example, will the therapist keep individual confidences of the partners or will the therapist share information between the partners? How the therapist manages these issues has important consequences for therapeutic alliances and the development of therapeutic goals. Even if the therapist schedules occasional individual sessions with each partner, an overarching principle of conjoint therapy is to balance the therapeutic relationship with both partners and to guard against benefiting one partner to the

detriment of the other. Having both spouses in therapy means that the therapist must plan interventions that take into account the well-being and goals of both individuals, and this is a challenge when the partners' goals are at odds.

A common goal in marital therapy, regardless of the specific theoretical perspective, is to improve partners' communication. This goal generally involves exploring new ways of sending and receiving messages so that communications are clearer, less polarized, and more productive. An important benefit of doing conjoint therapy is that the therapist can directly observe dimensions of the couple's communication style that contribute to relationship distress. The therapist can observe problematic styles such as withdrawal from emotional or conflict-laden discussions and escalation of hostility. The way in which partners communicate in the therapy sessions reveals recurring relationship patterns and provides opportunities to explore how each partner thinks about and responds to those patterns.

Although most marital therapies are designed to relieve distress and to help partners become more satisfied with their relationship, therapy also can be used to help partners decide whether or not to end their relationship. The therapist must balance the extent to which he or she promotes improvement of the partners' relationship versus acknowledges irreconcilable differences between the partners.

SPECIFIC THERAPIES

Behavioral Marital Therapy

Behavioral marital therapy, as originally presented by Jacobson and Margolin, grew out of a social learning perspective of marital distress that focuses on the ways in which partners shape each other's behaviors and on couples' skills deficits. Behavioral marital therapy has two major interventions: behavioral exchange and training in communication and problem-solving skills. Behavioral exchange, through a variety of specific strategies, enables partners to engage in a greater number of pleasing and positive interactions. The therapist assists the partners in planning and carrying out mutually enjoyable activities as well as in showing their affection and caring in small everyday actions. An important part of this intervention is getting partners to switch their focus of attention from negative relationship events to positive ones by becoming more mindful of the exchange of pleasing interactions. The second major intervention is training in communication and problem-solving skills. Communication is one of the most common areas of concern and intervention; partners who communicate well are most likely to maintain high levels of satisfaction. The therapist instructs the partners in listening skills as well as in skills for brainstorming solutions to specific, carefully identified problems. The skills training is designed to help partners discuss important problems in a non-blaming fashion and to develop a specific course of action that reflects the objectives and opinions of both spouses. Concrete plans are made to try the solution on a time-limited basis, to reevaluate the plan at a specific point in time, and (if necessary) to revise and try a modified solution to the problem.

Behavioral marital therapy, with its focus on reducing negative relationship interactions and increasing positive interactions, generally emphasizes the present over the past. One goal of the clinician is to make the partners self-sufficient in solving their own future problems once therapy has ended. Partners who are more attuned to the positive dimensions of their relationship and who have had some success with resolving major conflicts are then more prepared when they are confronted with the future problems that are inevitable in any relationship.

Cognitive-Behavioral Marital Therapy

Cognitive-behavioral marital therapy, as described by Baucom and Epstein, supplements the elements of behavioral marital therapy by additionally focusing on partners' cognitions about one another and the marriage. Each person brings his or her own interpretation to every moment of every interaction. Sometimes, these interpretations are faulty or can lead to relationship distress as well as individual distress. For example, a wife's disappointment in her husband depends not only on the husband's behavior but also on the wife's expectations of the husband. If the wife's expectations of her husband are unreasonably high, she will find him to be disappointing more often. Cognitive-behavioral therapy might address this problem by focusing on a combination of the wife's expectations and the husband's behavior.

Cognitive-behavioral marital therapy is based on the premise that understanding and changing relationship distress must take account of ways in which partners interpret and evaluate their relationship and one another. In addition to focusing on unrealistic ideals of marriage, this mode of therapy also considers discrepancies in the values and standards that spouses bring to marriage. For example, partners often disagree on how much time should be spent together versus in independent activities, whether it is acceptable to maintain friendships with members of the opposite sex after marriage, how special events (e.g., birthdays, anniversaries) are to be celebrated, and who makes decisions about spending money. In cognitive-behavioral marital therapy, as in behavioral marital therapy, an important goal is helping spouses to pay attention to the positive aspects of their relationship and not just to notice what is wrong with their relationship. Although this form of therapy also considers partners' behaviors and emotions, its unique contribution is the focus on partners' beliefs, that is, where they came from and what are the advantages and disadvantages of maintaining those beliefs.

Integrative Behavioral Couple Therapy

Integrative behavioral couple therapy was developed by Jacobson and Christensen to address marital problems that represented serious irreconcilable differences between marital partners and that were not amenable to the change strategies of traditional behavior marital therapy. In integrative behavioral couple therapy, the overriding goal is to increase each partner's acceptance and understanding of the behaviors they would like to see changed in the other partner. Once partners better understand and accept one another and develop a more collaborative approach to their problems, they are more willing to make desired changes. Paradoxically, as each partner “lets go” of the struggle to change the other partner, some changes that could not be achieved before can become possible when both partners accept the situation. Alternatively, for other problems, the therapist's validation of each partner's point of view leads to greater acceptance and greater intimacy, albeit not to specific behavioral change.

An important component of integrative behavioral couple therapy is the formulation of the couple's problems. A couple's problems are understood in terms of thematic issues such as struggles over one partner's desire for closeness and the other's desire for more distance and struggles over which partner has control over a particular area of the relationship. The way in which a couple attempts to solve these differences often polarizes the partners to extreme positions and makes the problems worse. During a feedback session, the therapist shares the formulation about how the partners have become divided over certain issues, with the goal of increasing tolerance of their differences. An important role of the therapist throughout this treatment is to validate each partner's perspective and

to highlight how each partner feels hurt and sad, rather than just angry and disappointed, by what has transpired. As initially described in 1981 in Wile's collaborative marital therapy approach, eliciting spouses' vulnerable emotions facilitates closeness and acceptance in their relationship.

Brief Strategic Couple Therapy

Shoham and Rohrbaugh modified family systems approaches to develop brief strategic couple therapy. The primary focus of this model is the identification and disruption of “ironic processes.” Ironic processes are the negative patterns that develop when partners' efforts to solve a problem actually maintain or even worsen the situation. The goal of therapy is to identify and then interrupt this cycle by reducing the partners' attempts to solve the problem. Thus, this approach requires spouses to do less of their currently used solution or even to do the opposite of what they had been doing. An important part of therapy is accepting the partners' definitions of the problem but also reframing and reshaping their understanding of the problem so that they will interact differently around the problem situation. Less of the solution should lead to less of the problem, and this in turn will require even less of the solution, and so on.

Although the focus on interrupting couples' own solutions to their problems is similar to integrative behavioral marital therapy, other features of this approach set it apart from previously described models. In this model, therapy is directed to the specific complaints that clients present. No attempts are made to assess or identify problem areas beyond what the partners themselves have specified. This therapy can be done with one spouse so long as that person is motivated toward change. This approach does not require that the partners understand or have insight into why their problematic patterns have developed. This approach is particularly applicable to those partners for whom skills-based approaches reaffirm and replicate the ineffective solutions that the partners already have tried, for example, structuring more interaction between partners when one spouse already has been criticized about withdrawing from the relationship.

Emotion-Focused Therapy

As its title suggests, emotion-focused therapy, developed by Johnson and Greenberg, focuses on the emotional experiences of spouses and how these experiences define and maintain interaction patterns. Emotion-focused therapy integrates gestalt/experiential and systems approaches with attachment theory. As an experiential approach, emotion-focused therapy fosters corrective emotional experiences in therapy sessions. As a systems approach, this model attempts to interrupt repeating negative cycles of interaction. According to this model of therapy, rigid and insecure attachment styles make it difficult for partners to be emotionally open and responsive in marriage, and this in turn creates marital distress. Thus, treatment goals include using the therapy situation to evoke new interactional experiences that create a more secure bond between the partners through reprocessing and restructuring of each partner's inner experiences. When partners develop a sense of security and a better understanding of attachment needs, they, can communicate more clearly due to increased empathy and decreased defensiveness.

As contrasted with therapy models that focus on skill building or on relationship beliefs, the emotion-focused therapist helps partners to identify, experience, and express clearer and more poignant emotional needs. These deeper emotional experiences generally reveal vulnerable rather than hostile emotions and lead to a need for connection with the partner. An underlying assumption of this model is that when partners are emotionally engaged with one another, conflict can deescalate and new patterns of interaction can emerge.

Insight-Oriented Marital Therapy

Insight-oriented marital therapy, developed by Snyder and more recently called affective reconstruction, is similar to emotion-focused therapy in its focus on unidentified and unexpressed affect as the source of relationship distress. However, this approach asserts that maladaptive relationship patterns arise from previous developmental experiences and exist primarily on an unconscious level. Correction of the current marital difficulties is accomplished through the use of clarification and interpretation to uncover each partner's underlying dynamics. A goal of insight-oriented marital therapy is to reconstruct affective experiences and relationship schemas through exploration of each partner's own relationship history. This treatment is flexible and inclusive and often incorporates traditional behavioral techniques of communication training and behavioral exchange.

Prevention

Prevention-based approaches, such as Markman and colleagues' Prevention and Relationship Enhancement Program (PREP), attempt to improve the quality of the relationship prior to the emergence of problems. Couples can enroll in prevention programs before marriage, early in their marriages, or in long-term committed relationships. Based on research showing that the quality of communication is related to marital distress, skills training in constructive communication, problem solving, and conflict management is a major component of programs such as PREP. Other foci of prevention programs include exploration of each partner's relationship expectations, reinforcement of the partners' commitment, and enhancement of the positive aspects of the relationship. Prevention approaches generally are conducted in groups of couples with a strong educational component through lectures, demonstrations, the practice of new skills through communication exercises, and feedback from the group facilitators. For some couples, the goal of prevention programs is to reduce the likelihood of later distress. For others, the goal is to reverse a downward trend in satisfaction that already has begun.

OUTCOME RESEARCH

Most research to evaluate whether couple therapy is effective has compared couples receiving therapy with a control group of couples receiving no therapy. These comparisons have consistently concluded that couple therapy increases satisfaction and decreases distress more than does no treatment. The possibility that another outcome, such as divorce, might be the best outcome for a given couple is generally not addressed in outcome research. The meta-analysis in 1993 by Shadish and colleagues found an effect size of approximately 60, indicating that the average therapy couple has a better outcome than do 70% of controls. Although reviews generally indicate that more than half of couples receiving couple therapy demonstrate reliable improvement, a smaller proportion of couples show improvements by both partners or show movement from distressed to nondistressed status. Long-term follow-up studies have found that most couples maintain gains over the first year but that some couples deteriorate several years following therapy.

Multiple studies have indicated efficacy for the specific types of couple therapy reviewed in this article-behavioral, cognitive-behavioral, integrative behavioral, brief strategic, emotion focused, and insight oriented-as well as for prevention approaches such as PREP. As yet, there is no consistent evidence that any one of the treatments is better than any other. Although each of these marital therapy treatments seeks to disrupt recurring dysfunctional interaction patterns, the treatments differ

in their emphases on behaviors, cognitions, or emotions. Future efforts to match type of treatment to type of presenting problem or to characteristics of the partners might afford higher rates of treatment efficacy.

See Also the Following Articles

Emotion and Culture ■ Psychological Rehabilitation Therapies

Further Reading

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Fauchier, Angèle, and Gayla Margolin. "Marital Therapy." In *Encyclopedia of Applied Psychology*, edited by Charles Donald Spielberger. Elsevier Science & Technology, 2004. https://lopes.idm.oclc.org/login?url=https://search.credoreference.com/content/entry/estappliedpsyc/marital_therapy/0?institutionId=5865

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Fauchier, Angèle, and Gayla Margolin. "Marital Therapy." *Encyclopedia of Applied Psychology*, edited by Charles Donald Spielberger, Elsevier Science & Technology, 1st edition, 2004. *Credo Reference*, https://lopes.idm.oclc.org/login?url=https://search.credoreference.com/content/entry/estappliedpsyc/marital_therapy/0?institutionId=5865. Accessed 06 Apr. 2021.