

Psychotherapy Guidebook

MARITAL THERAPY

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Marital Therapy

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DEFINITION

Marital Therapy, generically speaking, is any psychotherapeutic treatment that is aimed at producing change in the relationship between marital partners. A number of treatment formats have been used to this end. For example: individual psychotherapy (of one partner), concurrent therapy (in which each partner is treated by the same therapist, but separately), collaborative therapy (in which each partner is treated separately by two different therapists who communicate with each other about the treatments), conjoint therapy (in which the partner are treated together by the same therapist or co-therapists) and combinations of these arrangements. Conjoint therapy, which is sometimes conducted with groups of three to five couples, is by far the most common treatment format for marital problems. In addition to the research evidence for the superiority of this approach (Gurman and Kniskern, 1978; Gurman and Rice, 1975), there are theoretical reasons for believing that the conjoint method is generally the most appropriate strategy. The most basic and important of these reasons is that the marital therapist does not view psychological dysfunctioning or “psychopathology,” as residing within individuals only, but as the result of dysfunctional interpersonal

patterns and styles of adaptation. While viewpoints vary on the issue (Gurman, 1977), most marital therapists are concerned with producing change in both individual partners as well as in their interactions.

HISTORY

Marital Therapy has been an outgrowth of family therapy, where the husband-wife relationship was focused on as a subsystem of the family. As such, it has been referred to as “a technique in search of a theory.” Indeed, it is probably accurate to say that existing theories and techniques that are specific to the treatment of couples have followed rather than preceded the practice of Marital Therapy. The earliest practitioners in the area were referred to as “marriage counselors” and were much more likely to be social workers and pastoral counselors than psychologists or psychiatrists, who are now very active in the field. As with family therapy, there are now relatively few training centers that specialize in the treatment of marital problems, few agreed upon criteria of adequate training, no encompassing national professional organization, and little legal regulation of its practice. Therefore, owing to the history of the field, most marital therapists see themselves as primarily affiliated with other disciplines; e.g., psychiatry, psychology, social work, sociology, and the ministry.

TECHNIQUE

Marital Therapy, like many psychotherapies, does not have a unified body of techniques but, rather, is represented by a number of theoretical persuasions, among which are significant similarities as well as differences (Gurman, 1977). What these approaches have most fundamentally in common is the belief that relationships are of at least as much importance in the behavior and experience of people as are unconscious intrapsychic events. Three major contemporary approaches to Marital Therapy exist: the psychodynamic approach, the systems approach, and the behavioral approach. The psychodynamically oriented marital therapist is interested in helping both spouses understand intellectually and emotionally how their earlier experiences, especially in their families or origin, influence their expectations of, behavior with, and style of relating to their partners. The psychodynamic marriage therapist also places a good deal of emphasis on each partner's manner of relating to the therapist. Systems-oriented marital therapists are distinguished by their interest in the power dimensions of the marital relationship and in the "rules" that have evolved in a couple's characteristic style of communicating. While it is not true of all systems-oriented therapists, the majority are primarily concerned with achieving symptomatic change in the couple's presenting problem. Behavioral marriage therapists are noted by their interest in pinpointing the specific changes that are desired by each partner in the relationship and by using an educational, teaching approach to help spouses identify sources of satisfaction and

dissatisfaction in their relationship, develop effective communication skills, conflict resolution skills and behavior change negotiation skills. Their interventions, based primarily on (social) learning theory, are intended to facilitate couples' abilities to develop the necessary interpersonal skills to carry out their own behavior-change goals in the inevitable absence of the therapist.

While these differences among the major approaches to Marital Therapy are real, they tend only to reflect dominant themes and emphases. Most marital therapists, regardless of theoretical persuasion, borrow heavily from apparently competing and disparate "schools" of treatment. Most marital therapists share an interest in achieving a number of mediating or intermediate goals, such as:

- 1) the clarification of each partner's individual desires and felt needs in the relationship;
- 2) encouraging each partner to recognize his/her mutual contribution to the marital discord;
- 3) the recognition and modification of communication patterns;
- 4) increasing reciprocity;
- 5) decreasing the use of coercion and blaming; and
- 6) increasing cooperative problem solving.

In addition, there are a number of ultimate or long-range goals toward which most marital therapists work:

- 1) increased role flexibility or adaptability;
- 2) resolution of presenting problems and decreased symptomatology;
- 3) open and clear communication;
- 4) a more equitable balance of power and influence; and
- 5) increased self-esteem and sense of autonomy.

To achieve these short- and long-range goals, a number of common techniques are usually used: clarification of each partner's feelings; redefining the nature of the relationship problems and their meaning; offering focused help in the development of decision making, communication and conflict-resolution skills; examining and changing each partner's expectations of the relationship; working to achieve insight or understanding of the factors that bear directly on the couple's felt satisfaction in their marriage; confrontation of defensive behavior in the session, for example, denying anger toward one's spouse.

APPLICATIONS

While Marital Therapy is commonly applied to the treatment of

straightforward relationship problems (e.g., poor communication; crises, such as a partner's extramarital affair; sexual difficulties; frequent arguing and lack of emotional closeness; disagreements regarding relationships with other significant people, such as each partner's own parents), different marital treatment methods have been used with success in dealing with such apparently "individual" problems as alcoholism, depression, and compulsive gambling. In general, most Marital Therapy deals with one or more of the following fundamental issues in establishing and maintaining a workable and adaptable marital relationship: dependency and autonomy conflicts, achieving a comfortable level of emotional and sexual intimacy, establishing each partner's individuality and separateness, establishing flexible rules regarding decision making and role responsibilities, and establishing equitable means of using power and influence. Clearly, the emphasis on these different issues varies from one theoretical persuasion to another; marital therapists are quite selective about working toward specific goals and dealing with specific themes and issues that have particular relevance for a given couple.