

Couples therapy research paper

[Sociology](#), [Community](#)



Introduction

The position of Couples Therapy in society was strengthened ever since the turn of the century. The foundation upon which this field is based was established twenty years ago. Over the years, a combination of the strongest elements of a myriad of clinical approaches has been intelligently integrated into Couples Therapy. In comparison to other forms of therapy that are typically sought out, therapy for marital-related problems is more sought out (Veroff, Kulka, and Douvan). Although couples usually divorce each other because of marital affairs, however, the major factor that contributes to marital dissolution is that couples begin growing apart, which leads to fights and ultimately affairs (Gigy and Kelly).

The rise in the number of marital issues has broadened the scope of couples therapy so that all the factors involved can be addressed. Almost three decades ago, couples therapists served the purpose of preserving marriages at any cost, today; couples therapy has evolved into a highly effective tool to assist spouses to develop and mature at a personal level. Usually, the outcome of couples therapy is that either the couples work things out and stay married, or decide to obtain a divorce, whichever is better for them. The knowledge of couples therapy is now also being applied in marital enrichment programs, in increase personality growth and marital satisfaction in spouses.

History of Couples Therapy

It is true that couples therapy emerged in the twentieth century; however, ever since people started getting people, attempts would be made to resolve

marital conflicts and strengthen marital relationships. Traditionally, it was the responsibility of the extended, older family members to help resolve marital conflicts that young married couples would face. Their own marital experiences would serve as a foundation for their perspective on marital stress. By the twentieth century, extended family members were losing their influence, and troubled couples started seeking assistance from clergy and physicians. Since family members would be in contact with both groups, especially during stressful times in their family life cycle, so it was natural for them to address marital problems.

It was somewhere between 1920s and 1930s that professional couples counseling emerged. Various theoreticians, such as C. P. Oberndorf (1938), B. Mittleman (1948), are responsible for establishing the theoretical foundation for marital therapy. During the mid-1960s, the application of behavioral techniques to marital disorders resulted in the establishment of the experimental foundation of marital therapy. Initially, assertiveness and desensitization training were applied, and later contingency on the basis of operant conditioning started to be used. Consequently, behavior therapists began broadly applying cognitive and therapy concepts. During the 1990s, different practitioners applied eclectic interventions, thus integrating multiple theoretical models into couples therapy. The 1950s marked the years of the advancement of couples therapy. These years also marked the application of the concepts of communication, family, conflicts, and homeostasis to marital relationships.

Definitions

Couples therapy, the therapeutic approach to treat a couple's relationship, refers to a wide variety of treatment methods that aim to correct marital dysfunction or enhance marital satisfaction by trying to modify the marital relationship. The marital dysfunction may take the form of an evidently dysfunctional, conflicting marriage, or it may be sheltered but result in dysfunction or symptomatology in either or both spouses, or even their children. In couples therapy, instead of the individual spouses, their relationship itself is regarded as the patient. This emphasis alludes that a dysfunctional or symptomatic marriage can be formed between two reasonably healthy individuals who are married to each other. The interlocking of the emotional disorders and neuroticism of both spouses tend to contribute to the formation of dysfunctional marriage.

Indications

A broad variety of situations in which relational dysfunction or symptomatology is present, or one of the spouses is disabled, indicate the need for couples therapy. Similarly, the presence of obvious marital conflicts that cause recognizable and severe discomfort for both spouse also explicitly indicates the need for couples therapy. Often, couples therapy is sought out by such couples who are afraid they might get divorced or because they are aware that their effective problem management has its limits. However, in many situations, a marital disorder may not always be overt and may display itself in dysfunction or symptomatology in either of the spouses or the children.

Extramarital relationships and poor communication are the most common

reason married couples are referred for couples therapy. Married couples should consider marital therapy when individual therapy has not succeeded, or is unlikely to succeed. Married couples should also consider couples therapy when marital conflicts are leading to the development of symptoms in another family member, or when the couple jointly hold gross distortions of reality that increase the risk of marital instability. One prominent example of marital dysfunction and instability that manifested in the form of depression is the case of Andrea Yates, the mother who drowned her five children because of marital stress that developed due to lack of attention from her husband.

Types of Couples Therapy

Today, the type of couples therapy that is favored the most is conjoint couples therapy, but some practitioners also practice group therapy with couples as well. In the past, the most prevalent type of couples therapy was concurrent couples therapy. Research on the relative effectiveness of different modalities of couples therapy is still insufficient, and the findings of the research that currently exists is inconsistent.

Individual Therapy

In individual couples therapy, the therapeutic emphasis is on the conflicts with the spouse and the marital relationship. When the marital crisis occurs, the therapist may opt to acquire a more extensive perspective on the instantaneous marital crisis by opting to meet the other spouse. Individual couples therapy is usually recommended when either of the spouses is considering a divorce, is not willing to undergo psychotherapy, or is suffering

a wide range of symptoms apart from marital dissatisfaction. When healthier spouses display integrated personalities with the least of masochistic and self-destructive tendencies, individual couples therapy can prove to be really helpful to them. However, when severe psychopathology, such as physical abuse and psychosis are present along with marital disturbance, then individual couples therapy is not a good choice.

Concurrent Couples Therapy

In concurrent couples therapy, the same therapist sees each of the spouse in a separate session. Concurrent therapy allows the therapist to readily establish and maintain a strong therapeutic alliance with both spouses. Concurrent couples therapy can make a couple less apprehensive and defensive, while making them more introspective and self-revealing in an empathic and therapeutic environment.

Conjoint Couples Therapy

In conjoint couples therapy, both spouses are treated in the same session by a single therapist or a team of several therapists. For the past two decades, conjoint couples therapy has been the most common form of couples therapy, having been used by a majority of therapists. The benefit of conjoint couples therapy is that the therapeutic efforts are emphasized directly on the interactions of the couple where the problems are exhibited. Through this emphasis, the factors that support dysfunction and symptomatology in a marriage can be recognized by the therapist. Contradictions between obvious and sheltered messages and marital interactional patterns can be observed by the therapist. The rehabilitative capacity of the couple is

optimally mobilized through conjoint family sessions for constructive marital changes. However, it can also end up mobilizing the latent forces toward separation, encouraging the couple to break up at an early stage.

Impending divorce is among the limitations of using conjoint couples therapy because either the couples have different therapeutic goals, or the spouses may be facing radically different issues. Sometimes, spouses can use conjoint therapy destructively for power struggles and to blame each other, in which case it is recommended to permanently or temporarily shift to concurrent therapy. In couples who are deeply divided, who deeply mistrust and resent each other, an effective neutral posture cannot be maintained by the therapist, while therapeutically allying themselves with both spouses.

Combined Couples Therapy

In combined couples therapy, both concurrent and conjoint couples therapies are combined, although other forms of couples therapies can also be combined, such as group couples therapy. It is possible to hold conjoint couples therapy sessions at regular intervals, during a marital crisis, or when concurrent treatment is not progressing for some reason. The benefit of the combined treatment is that communicational and transactional patterns easily become accessible in joint sessions while making it possible to use fantasies.

Couple Group Therapy

In couple group therapy, couples can take part in the therapy with a group of other couples. This helps the couples in learning from one another, while marital support is also rendered. Apart from the conventional group therapy

procedures, often didactic teaching is also included in some couple groups (Coché). When a spouse does not have enough ego strength, i. e. has a borderline personality, and may feel that the group is a threat, couple group therapy is not recommended for the couple. During the 1950s and 1960s, concurrent marital therapy was the type of marital therapy that was most commonly used. Presently, conjoint therapy is favored by most of the couples therapists because observable information is provided on the marital interactional problems that are most critical.

Psychodynamic Theories of Couples Therapy

Concepts of the complementary relationship of early identification, introjections, object, projective identification, needs, and self are the focus of psychoanalytic theories. In projective identification, people begin considering themselves a victim, as a result of which internalized introjects are split off and projected onto others. In marriage, polarization is created because of these split-off introjects, as a result the spouse is viewed as a victimizer and the self is viewed as the victim. Married couples may opt to act according the polarized half of their conflicted selves, while the other half is projected on their partners. They renounce the introjected parts of the self, split them off, and project them onto the other person, who acts according to the partner's wishes. Apparently, everyone has unconscious neurotic needs, and we all select a mate who can gratify these needs. Thus, the spouses have to compromise because of their internalized intrapsychic conflicts, which leads to marital conflicts. If either or both spouses do not have significant individual psychopathology, this can also lead to marital conflict. In terms of the marriage, development of neurosis in either or both spouses can lead to

this phenomenon, which is known as marital neurosis.

Primarily, psychoanalytic couples therapy aims to restructure and reconstruct the internal perceptions of both spouses, their expectations of and reactions to one another, based on their early experiences, and intervene with their current communications and relationship. A sense of self that is more internally integrated and differentiated needs to be developed by marital partners, and the other spouse needs to be experienced as a real and safe person. In terms of practice, psychodynamic therapists tend to select the actual therapeutic interventions a bit eclectically and pragmatically. Even though the basic posture of the therapist can vary between active and directive, it remains as that of acceptance, so the unacceptable aspects of each spouse's inner perceptions can immerge and can be integrated into their personalities. Since couples therapy has a comparatively brief character, so rather than making regressive interpretations, the therapist should make more integrative interpretations (Sonne). However, psychoanalytic couples therapy does not pay sufficient attention to present issues in marital interactions, which are the foundation of projective identification in marriages.

Behavioral Couples Therapy

A wide variety of learning theories and techniques are adopted in behavioral couples therapy (BCT) in order to evaluate and treat marital disorder and transaction. In the 1990s, the scope of contemporary behavioral couples therapy significantly expanded. Operant conditioning, social exchange and social learning models served as the foundations for the establishment of behavioral couples therapy. In operant conditioning, behavior is

conceptualized in terms of particular consequences and antecedents.

Behavior analysis focuses on four basic types of behavior. Two of these types are reinforcements that increase or maintain the probability of the behavior they follow. The other two types are punishments as a result of which the probabilities of the behavior they follow are decreased. The first positive reinforcement type of behavior is performed to reward someone with something they want. The second negative reinforcement type of behavior is performed to eliminate or reduce an unpleasant stimulus. For instance, if one of the spouses ceases an unpleasant behavior it would be more likely that the other spouse would behave in a pleasing manner. The third punishment type of behavior is performed to present an aversive condition so that unwanted behavior can be decreased or eliminated. The fourth punishment type of behavior is performed to remove or withdraw something the other partner wants.

There are at least two main types of reinforcement patterns that can form as a result of these four types of behavioral contingencies, namely reciprocity and coercion. In reciprocity, the first reinforcement pattern, reinforcement is mutually exchanged by spouses over time in a way that it is seen fair. In coercion, the second reinforcement pattern, one spouse uses aversive control to coerce desirable responses from the other spouse. Temporarily, one spouse can effectively control the other through coercion and punishment, but sooner or later punishment leads to avoidance or punishment.

Based on the simultaneous comparative strengths of reciprocity and coercion, the lack of enough reinforcements, and the prevalence of avoidant

behaviors and punishment, it becomes possible to reliably differentiate dysfunctional marriages. Marital difficulties are a result of attempts made to change faulty behavior such as demanding the spouse to immediately change his or her behavior and using coercion when the spouse does not comply.

Behavioral Techniques

There is a wide variety of therapeutic techniques that are employed by behavioral couples therapists. A variety of procedures are included in each of the cognitive, operant, and respondent approaches. The focus of each approach is to maximize subjectively satisfying interactions between spouses by changing concrete. Particular behavioral techniques include building communication skills, exchanging behaviors, and taking assertiveness training. Currently, behavioral couples therapy techniques focus on informal marital agreements.

Cognitive-Behavioral Therapy

The irrational, unconscious, and unrealistic beliefs of people about themselves and their spouses are addressed by this approach. The basic cognitive model demands that people respond to appraisals and perceptions of an event instead of the situation's objective characteristics. It is possible to use self-instructional training to interrupt irrational spouse interaction that can be destructive. In the 1980s, a focus on cognition began to be introduced by behavioral marital therapies to make it more effective for a larger group of patients (Christensen). The areas of assumptions, attributions, expectancies, selective attention, and standards were explored.

The new behavior couples therapy approaches consequently introduced the role of emotions. The late 1990s marked the emergence of some stirring new models in behavior couples therapy where some of the latest developments are in field of couples therapy are incorporated into it. Emotionally focused couples therapy is an approach that is empirically validated (Johnson, Hunsley, Greenberg, and et al). The interactional position of a couple is expanded, and emotional engagement is fostered so that bonding needs and attachment-related affects are uncovered by this form of couples therapy. This form of couples therapy aims to foster a secure emotional bond between married couples because it is based on Bowlby's attachment theory.

Integrative couples therapy is an approach that helps couples emotionally accept each other before communication and problem-solving patterns are changed. Initial results data shows that couples experienced more satisfaction in their relationships a year after undergoing cognitive-behavior couples therapy (Jacobson et al.).

Conclusion

Couples therapy has strengthened its role as an effective therapeutic technique to reduce marital stress, enhance interpersonal relationships, and prevent future marriage-related relational conflict and dysfunction. In the past two decades, specific emotional disorders that are caused and maintained because of marital dysfunction have been productively explored. Alcoholism and depression, as in the case of Andrea Yates, are two of the most common emotional disorders that occur as a result of marital dysfunction, and therapeutic results of treating these disorders can be

enhanced by employing couples therapy. Now that behavioral and cognitive couples therapy have been incorporated into couples therapy, have significantly enhanced and increased the effectiveness of couples therapy (Lebow).

Works Cited

Christensen, A. " Assessment of behavior, in Assessment of Marital Discord." Trans. Array Assessment of Marital Discord: An Integration for Research and Practice. K. Daniel O'Leary. 1st. Hillsdale, NJ: Psychology Press, 1987. 130-157. Print.

Coché, J.. " Group therapy with couples." Clinical Handbook of Couple Therapy. Neil S. Jacobson and Alan S. Gurman. New York City: Guilford, 1995. 197-211. Print.

Gigy, L., and Kelly, J. B. " Reasons for divorce: perspectives of divorcing men and women." Journal of Divorce and Remarriage. 18. (1992): 169-187. Print.

Jacobson, N. S., Christensen, A., Prince, S. E., et al. " Integrative behavioral couple therapy: an acceptance-based, promising new treatment for couple discord." J Consult Clin Psychol. 68. (2000): 351-355. Print.

Johnson, S., Hunsley, J., Greenberg, L., et al. " Emotionally focused couples therapy: status and challenges." Clin Psychol. 6. (1999): 67-79. Print.

Lebow, J. L., and Gurman, A. S. " Research assessing couple and family therapy, in Annual Review of Psychology." Annual Review of Psychology. 46. (1995): 27-57. Print.

Sonne, J. " Transference considerations in marriage and marital therapy." The Handbook of Marriage and Marital Therapy. Sholevar G. P. New York City: Spectrum Pubns, 1981. 154-168. Print.

Veroff, J., R. Kulka, A., and Douvan, E. Mental health in America: patterns of help seeking from 1957 to 1976. New York City: Basic Books, 1982. Print.