

Couple Therapy

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The Inevitability of Conflict in Couple Relationships

- There is universal agreement among couple therapists that conflict is inevitable in a marriage or any long-term, dyadic relationship.
- Authorities agree that how couples deal with such inherent conflicts determines the quality and duration of their relationship.
- Distressed couples are often beset by a wide range of difficulties including:
 - communication problems
 - problem solving and negotiating deficits
 - emotional intimacy and trust issues
 - autonomy
 - fidelity
 - sexual difficulties
 - parenting issues
 - financial and/or career stressors
 - division of labor issues
- More often than not, distressed couples experience difficulties in several of the above areas over extended periods of time.
- This leads to the development of strong negative emotions (such as anger, resentment, hostility, etc.) which invariably weaken the positive, emotional bond that once existed. Needless to say, these leave partners feeling emotionally disconnected and, at times, even doubting their love and/or commitment for the other person.
- It is often in this very distressed and disillusioned state that couples turn to professional help.

The Wide Ranging Effects of Marital Distress

Empirical studies associate high levels of couple conflict with a variety of other psychosocial and health difficulties including:

- Depression (Beach, Fincham & Katz, 1998)
- Alcohol abuse in men (O'Farrell, Choquette, & Birchler, 1991)
- Eating disorders in women (Van der Brouk et al., 1997)
- Physical abuse of one of the partners (Murphy & O'Farrell, 1994)
- Physical health problems for women (Fincham & Beach, 1995)
- Ineffective parenting practices (Erel & Burman, 1999)
- Poor adjustment on the part of the children (Margolin, Christensen & John, 1996)
- Increased parent-child conflict (Margolin, Christensen & John, 1996)

Cummings & Wilson (1999) report that the most damaging impact of partner conflict on children occurs when:

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- Children witness the conflict
- When the conflict is intense and/or physical
- When the conflict revolves around the children

There are significant consequences to marital distress and the problems need to be addressed and, ultimately, resolved.

Conceptual Approaches to Couple Therapy

- Couple therapy may be best viewed as a subtype of family therapy in which the family unit is the couple.
- Couple therapy does not denote any one set of conceptual and/or clinical procedures.
- Although the focus is on at least two members of the family unit, how therapist views the problem, what techniques are chosen to alleviate it, as well as the goals of specific interventions are all variables which are largely related to the theoretical orientation of the therapist.
- Common approaches to couple therapy include: psychodynamic, object relations, systems, behavioral, cognitive-behavioral, emotion focused as well as a host of eclectic and integrative models.

Common Elements to Couple Therapy

- The focus is on the dysfunctional relationship between the two individuals, rather than difficulties experienced by any one of the individuals.
- Couple therapy can be combined with individual interventions when necessary by the same or other therapists.
- Focus on improving communication and analyzing role relationships in an attempt to improve dyadic interactions.
- As part of the communication focus, each partner is sensitized to become a better, more empathic listener and to state clearly to the other partner that he (or she) understands what is being said and the feelings that underlie these remarks.
- This approach can be applied to all the areas of discontent and/or conflict experienced by the couple in an attempt to facilitate further empathy and understanding.
- By improving communication and understanding of each other's needs, it is hoped that personal needs can be met without sacrificing the needs and wishes of the other.
- These improvements over time can, ultimately, strengthen the emotional bond that was weakened by years of conflict and negative affect.

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- The general purpose of couple therapy is the healthy resolution of the difficulties in the relationship which may, or may not, entail the continued existence of the couple relationship.
- In the more intervention-oriented paradigms, couple therapy may evolve into separation or divorce counseling when the termination of the relationships becomes the desired goal of one or both partners.

Emotionally Focused Couple Therapy (EFCT)

(Greenberg & Johnson, 2005; Johnson, 2007; Woolley & Johnson, 2006)

- The essence of this model is that marital distress stems from maladaptive and distressed forms of emotion in the couple context and that destructive interactions follow from this maladaptive emotion.
- This approach also incorporates a contemporary focus on adult attachment styles in relationships.
- It conceptualizes adult romantic relationships from an "attachment" perspective and focuses on the "innate adaptive needs for protection, security, and connectedness with others" (Johnson & Greenberg, 1995, p. 124).
- From this vantage point, relationship distress occurs when the attachment needs have not been met and the relationship does not provide a secure base for one or both partners.
- The EFCT clinician will focus on the re-establishment of a "secure attachment bond" and the reduction of relational distress.
- This is typically achieved by the process of encouraging partners to experience their primary emotions (such as fear of abandonment) and to voice them to their partners.
- This above process often results in significant insight into the self and the issues truly impacting on the relationship.

The Process of Change in EFCT

Phase 1

- (a) assessing the current conflicts experienced by the couple and fostering an alliance.
- (b) identifying the problematic interaction style that is maintaining the problem.
- (c) accessing underlying emotions.
- (d) trying to reframe the problem in terms of associated emotions and attachment needs.

Phase 2

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Tries to change interactional patterns by:

- (a) helping the couple identify needs and aspects of the self that have been denied and incorporate these into the relationship.
- (b) learning to accept the partner's new emotional experience and responses.
- (c) learning to express specific needs and developing a sense of positive self engagement.

Phase 3

Consolidation and integration of change.

- (a) attempts are made to arrive at new solutions to old problems.
- (b) new positions and new cycles of attachment behavior must be considered.

Cognitive-Behavioral Couple Therapy (CBCT)

(Baucom, Epstein & Rankin, 1995; Gottman et al., 1976; Wood & Jacobsen, 1985)

- CBCT arose from the behaviorist paradigm and is based on learning principles and social learning theory.
- It focuses on identifying the ABC's of behavior – i.e., the antecedents and consequences and what maintains maladaptive patterns of interaction.
- The emphasis is on identifying the key thoughts, feelings, and behaviors which each partner is experiencing (or displaying) and how these contribute to the current conflicts.
- Like behavioral couple therapy, CBCT focuses on:
 - communication skills training
 - empathic listening and understanding
 - negotiating and problem-solving skills
 - application of these new skills to all problem areas
- Contemporary CBCT clinicians often assume that relationship conflicts arise when key "needs" an individual has are not being met by the current relationship.
- A "need analysis" approach is thus utilized to delineate and discuss each partner's needs with the goal of promoting a deeper understanding of each other's discontent.
- The new communication skills are then employed to negotiate the more successful meeting of each other's needs.
- CBCT approaches stress the importance of partner's perceptions and interpretations of behaviors and situations.

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- Stresses the utility of cognitive restructuring interventions with partner relationship difficulties. Clinicians challenge erroneous assumptions, attributions, expectations and predictions with the goal of helping partners better interpret and understand each others' reality.
- Couples are also encouraged to spend "quality" time (e.g. date nights) together to reconnect in more positive, conflict-free contexts.
- Intervention-oriented with homework assignments to help stimulate the generalizeability of the new skills outside therapy.
- CBCT approaches can easily be extended to include sex therapy techniques to help understand and resolve sexual problems in the couple.

Research on the Effectiveness of Couple Therapy

- A meta-analysis of 20 carefully selected outcome studies meeting stringent methodological standards concluded that, overall, couple therapy has beneficial effects for many couple problems (Jacobsen & Addis, 1993; Lebow & Gurman, 1995; Sexton, Alexander & Meese, 2004).
- Conjoint therapy for couples' problems appears to be more successful than individual therapy with one partner. The state of 10% of clients seen individually for couple's problems worsens.
- Behavioral Couple Therapy (BCT) has been shown to relieve relationship distress and/or increase partner satisfaction. BCT has stronger effects than both no-treatment and placebo-controlled treatments. Studies show that these positive outcomes were present a year later.
- Empirical evaluations also suggest that EFCT is effective. Johnson et al (1999) report the results of a meta-analysis of seven studies. The majority of the couples reported clinical improvement on objective outcome measures. About 70% of the couples reported no longer experiencing marital distress.

Interesting Conclusions from Research on Couple Therapy

- Brief training in communication skills has been shown to enhance future satisfaction with the relationship and even result in lower divorce rates when compared to no-intervention controls.
- Couples' therapy generally works better when people are younger and more emotionally engaged with each other.
- These two findings suggest that prevention efforts seem particularly sensible and promising.