

MARRIAGE THERAPY

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October 10, 2025

RECOMMENDED CITATION

mohammad looti (2025). *MARRIAGE THERAPY*. PSYCHOLOGICAL SCALES. Retrieved from <https://scales.arabpsychology.com/?p=41072>

Marriage Therapy

Primary Disciplinary Field(s): Psychology, Clinical Counseling, Family Studies

1. Core Definition

Marriage therapy, a specialized form of psychotherapy, is fundamentally directed toward the improvement and stabilization of the marital relationship itself. It is defined as a therapeutic approach "centered on the effort, the psychodynamics and behavior of two persons who are married" (Sager, 1966). Unlike traditional individual therapy, which focuses solely on the intrapsychic conflicts of one person, marriage therapy treats the relationship system--often referred to metaphorically as the "sick marriage"--as the primary patient. This framework requires the couple to possess a shared understanding and awareness that their interactional patterns constitute the source of the problem, committing both partners to the therapeutic process aimed at restructuring their relationship dynamics and enhancing communication. The ultimate goal is not necessarily to resolve underlying individual pathologies, but rather to foster greater harmony, complementarity, and functional collaboration between the spouses, addressing the specific friction points that compromise the union.

2. Historical Recognition and Influences

The formal recognition of the potential inherent in marriage therapy as a distinct therapeutic modality only emerged definitively in the 1960s, marking a significant shift in psychological practice from purely individual analysis to systemic approaches. Despite its relatively late institutionalization, the principles and varied approaches utilized in modern marriage therapy are rooted in a rich tapestry of preceding therapeutic and sociological disciplines. The most direct antecedent is traditional marriage counseling, which provided an early framework for addressing relational difficulties. Crucially, psychoanalytic explorations laid essential groundwork, notably through Oberndorff's pioneering psychoanalytic treatment of a married couple afflicted by **folie à deux**, and his subsequent treatment of married couples in succession. Furthermore, the development was bolstered by Mittelman's experiments involving the simultaneous analysis of marriage partners, albeit conducted in different sessions, and early investigations into the efficacy of joint treatment of couples.

Beyond clinical psychoanalysis, the field drew heavily upon advancements in broader systemic and group theories. Studies concerning small-group dynamics provided insights into how interdependent individuals interact within a closed system, offering models for understanding marital power struggles and communication patterns. Perhaps most influential was the growth of group therapy for families, as developed and championed by prominent figures such as Ackerman, Bell, and Midelfort. These various streams--from individual psychoanalysis adapted for dyads to

the burgeoning field of family therapy--converged to provide the theoretical and practical foundation necessary for establishing marriage therapy as a recognized and multifaceted specialty focused on dyadic intervention.

3. General Therapeutic Methods (Sager's Classification)

The methodology of marriage therapy is highly flexible, incorporating multiple structures to address the specific needs and resistances of the couple. Sager outlined seven general methods that were being explored during the field's formative years, illustrating the early diversity of practice. These methods range from sequential treatments to complex multi-therapist models.

Successive Treatment: This traditional approach involves treating the husband and wife sequentially, focusing on one partner's issues before moving to the other, often with the primary goal of improving individual insight that might subsequently benefit the marriage.

Simultaneous Treatment in Separate Sessions (Concurrent Therapy): In this method, both spouses receive individual therapy concurrently, seeing the same therapist, but in separate, non-overlapping sessions. The therapist holds a comprehensive view of the marital dynamic but addresses each partner's perspective individually.

Simultaneous Treatment in Joint Sessions (Conjoint Treatment): This is the hallmark of modern marriage therapy, where both spouses attend sessions together with a single therapist. When combined with concurrent individual treatment for one or both spouses, it is referred to as **Combined Therapy**.

Therapy Conducted by Two Therapists (Collaborative Therapy): Here, two different therapists are involved, each seeing one spouse individually. They maintain regular consultation and communication outside of sessions to coordinate their understanding and therapeutic strategy regarding the couple's dynamic.

Treatment of Each Spouse by a Separate Therapist with Joint Sessions (Four-Way Sessions): An extension of collaborative therapy, this highly intensive approach involves two analysts and their respective patients meeting together periodically for joint, or "four-way," sessions to directly address relational issues in a structured group setting.

Various Types of Group Therapy: This method includes groups composed entirely of couples, managed by either a single therapist or by co-therapists, allowing couples to gain perspective by interacting with and observing the dynamics of other marriages.

Family Therapy Focused on the Parental Relationship: In cases where the marital friction is projected onto or intertwined with issues concerning the children, therapy is oriented primarily toward resolving the core conflict in the parental relationship, rather than solely focusing on the children's symptomatic behavior.

4. The Conjoint and Combined Approaches

The **conjoint treatment** approach, where the couple meets jointly with the therapist, is particularly powerful because it allows the intervention to be directed immediately to the "sick marriage." The effectiveness of this model is predicated on the couple's acknowledgment that they share a common problem requiring mutual effort. The joint sessions provide the therapist with an immediate, unfiltered view of the couple's interactional field, accelerating the diagnostic process. This setting quickly brings to the fore the couple's characteristic defense mechanisms and their established, often rigid, methods of dealing with one another, significantly enriching the therapist's knowledge of the psychological dynamics operating both within and between them. Furthermore, historical material is more reliably and readily available in the presence of both partners, as each spouse can corroborate, fill in the other's memory gaps, and immediately correct factual or perceptual distortions, thereby constructing a more accurate shared history.

In instances where the intensity of the conjoint dynamic may be overwhelming or where deeper individual issues need simultaneous processing, **combined therapy** (conjoint sessions supplemented by concurrent individual treatment) is often employed. This hybrid model leverages the benefits of systemic intervention while ensuring that individual pathologies or resistances that might sabotage the joint effort are adequately addressed. Investigators have often suggested that the conjoint approach can prove effective even when individual therapy has failed to resolve the marital discord, particularly when distorted attitudes seriously threaten to disintegrate the family unit, or when the therapeutic leverage can be used to manipulate the relationship toward greater functional harmony. However, the use of triadic sessions (therapist and two spouses) is not universally applicable.

5. Dynamics of Joint Sessions

Joint sessions can be conducted on varying levels of depth and focus, depending on the therapeutic stage and the couple's readiness for insight. On a foundational level, sessions can be primarily **cathartic**, providing a necessary forum where each partner has the opportunity to safely and constructively air their grievances, thus beginning the process of uncovering the underlying sources of discord and revealing unexpressed tensions. Sessions may also be utilized to work through highly specific, immediate problems, such as resolving conflicts over domestic authority or control--addressing issues like "Who's in charge?"--or identifying areas where the marriage is functioning well versus where clashes predictably occur.

For couples ready for deeper exploration, joint sessions can be conducted on a profound psychological level, integrating techniques more commonly associated with intensive individual analysis. This advanced stage focuses on **free associations** within the relationship context, the interpretation of dreams shared between the partners, and the careful analysis of unspoken

communications and subtle non-verbal cues. This level of intervention aims to trace the origins of defensive behavior and maladaptive relational patterns back to their psychological roots, often linking them to each spouse's history and early developmental experiences.

6. Evaluation and Flexible Treatment

A core tenet of effective marriage therapy is the recognition that no single treatment approach can be universally recommended for all types of cases. Much like individual psychotherapy, each marital situation must be evaluated independently and handled with considerable flexibility, adapting the modality to the unique difficulties and personalities involved. Sager suggested that while individual sessions alone or joint sessions alone might often prove helpful, there are numerous instances where a combination of the two--the aforementioned combined therapy--yields the most comprehensive and effective outcomes.

A structured initial phase is crucial for effective treatment planning. Typically, three initial sessions are required to fully elicit the presenting symptoms, thoroughly evaluate both the difficulties and the positive potentialities inherent in the relationship, and gather a detailed history of the marriage. This comprehensive assessment covers every significant aspect of the relationship, including the couple's prior expectations of marriage, the obligations engaged in before and during the union (often termed the "marriage contract"), each spouse's role perceptions, how effectively they feel they are fulfilling those roles, the specific origins of friction, and the extent of their natural **complementarity**. Furthermore, the assessment delves into the relationship of each spouse to their own parents and siblings, checking whether the current marriage is unconsciously repeating negative themes from their parents' marriages, analyzing current emotional attitudes toward the spouse, and examining the dynamics of each spouse's relationship with the children.

The early conjoint sessions are devoted primarily to broadening and deepening communication channels between the couple. It is essential that the therapist maintains a rigorously impartial attitude throughout this phase, acting as a neutral facilitator rather than an immediate problem-solver. Suggestions aimed at modifying the couple's established attitudes or behaviors are consciously avoided until communication is robust and the therapeutic transference between the therapist and both parties is thoroughly established, ensuring that interventions are received constructively rather than defensively.

7. Contraindications and Limitations

While conjoint therapy offers significant advantages, it is not appropriate in all circumstances, and certain contraindications must be respected to prevent therapeutic harm. Triadic sessions can be excessively threatening for some mates, potentially heightening anxiety and defensiveness to an unmanageable degree. A serious risk inherent in joint sessions is the possibility that one mate may

actively use the public therapeutic forum to attempt to destroy the other partner, employing the session as a weapon rather than a space for resolution. Furthermore, conjoint treatment is strongly contraindicated if one of the patients is adamantly opposed to maintaining the marriage, as the foundational commitment required for systemic repair is absent, making any intervention futile or damaging. In such cases, individual therapy focused on separation or grief might be more appropriate.

Further Reading

[Psychotherapy \(Wikipedia\)](#)

[Family Therapy \(Wikipedia\)](#)

Sager, C. J. (1966). Marriage Therapy. (Source material cited by original text, representing foundational literature in the field.)

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