

# The Triad Model for Counseling Couples in Groups

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Counseling couples in groups is a relatively new development. Until quite recently most marriage counselors advised against treating a couple together in a group. Papanek (1971) believes that Mittelman (1944) was the first to propose treating husband and wife together. Most who present themselves for marriage counseling want closeness, but they also fear it (Papanek, 1971). Today, there is growing support for counseling couples in groups, for marriage-enrichment groups, for family counseling, for parent education groups, and for using the triad model described in this article for group counseling with parts of families (e.g., father-son, mother-son, sister-brother, etc.) as well as couples who are faced with conflict and/or who contribute in other ways to each others' malfunctioning.

## The Triad

Most counselors and laypeople know the problems involved with a group of three. A child learns quickly to use a triad to his or her own advantage: pairing up first with one parent (or friend), then the other, and playing them off against each other.

On the other hand, clients discover that they can be taught within this treatment model to pair up to help the third member (wife, husband, and counselor) rather than to hurt him. In his presentation of group marriage counseling and during the intake interview, the counselor helps each spouse learn to talk openly about what really worries and upsets him or her and to be a special helper while his or her spouse is functioning as a client (Ohlsen, 1977, chap. 13).

When, for example, the wife speaks first, the counselor listens to her very carefully, tries to detect and reflect precisely how she feels, facilitates her

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discussion of what really worries and upsets her about her own feelings and behaviors rather than to gripe about her husband, helps her decide precisely how she would like to change her own behavior, encourages her to practice new behaviors, and helps her to solicit reinforcements of desired new behaviors from significant others (friends, relatives, and co-workers, but especially her husband). Instead of criticizing her husband and complaining about his faults, as spouses usually do in marriage counseling, she is encouraged to discuss her own guilt, failures, shortcomings, and feelings of inadequacy; to decide what new behaviors she would like to learn; and to implement her own desired new behaviors. While she is talking and/or using psychodrama techniques to define, practice, and implement new behaviors, the counselor watches for opportunities to teach other clients, but especially the husband, to *empathize* with her and to *encourage* her to implement desired new behaviors. The counselor also watches for other clients who may be struggling with similar problems, experiencing affiliative feelings with the speaker, and willing to say, "Me, too. I'd like to talk about a similar problem when you are willing to let me have the floor for a while."

In particular, the counselor teaches her husband (and other clients, too) to listen empathically, to detect how she feels, to reflect these feelings in order to facilitate open discussion of her problems (and to check out how she feels rather than to act on his assumptions about how he thinks she feels), and to provide encouragement and quality support while she struggles to implement desired new behaviors. As each partner listens and tries to help his/her spouse, he/she experiences increasing empathy and compassion for his/her spouse, learns to improve communication by checking out hunches about how he/she feels (rather than taking for granted that he/she knows), and becomes more motivated to help him/her learn his/her desired new behaviors.

### **Counseling Outcomes**

Within such a safe, working atmosphere, recently married couples discuss their mistaken goals concerning marriage and family and request assistance in learning to be intimate; to cope with sexual inadequacy; to share home management problems; to share successes and failures (and learn from them); to learn to make requests of one's mate rather than demands; to learn to recognize the early symptoms of conflict, to deal with it openly (rather than to ignore or deny it) and to resolve it; and to make crucial partnership decisions cooperatively. In addition to any of the above which they have not resolved, older couples seek assistance in coping with aging parents, in freeing themselves from parenting responsibilities of their grown children, and in planning for their retirement.

Of course, couples with children discuss child-rearing problems. When appropriate, such a couple may be referred for family counseling. Sometimes an extra treatment hour is scheduled just before the regular marriage-

counseling session for a family-counseling session to help the entire family explore what their primary problems are; to help them decide cooperatively what each can do to help resolve their problems; and, if they do not already have one, to help them introduce the family council. For these family sessions the writer follows Dreikurs' (1972a) Adlerian family-counseling model. During the family-counseling session, the other three or four couples in the marriage-counseling group observe. Following the session, the other couples provide feedback to the family and encourage them to implement specific changes.

## **Introducing Counseling**

My first contact with prospective clients for marriage counseling are usually made in parent education groups and in presentations of group marriage counseling at churches, mental health centers, or other community agencies. I try to convey precisely what will be expected of them as clients and as helpers, including how the triad works and how they expect to be helped before they decide whether they want to participate in marriage counseling. Since some people who seek marriage counseling have already decided that they want a divorce and therefore do not expect or care to be helped, the counselor is obligated to point out that if they elect to participate and accept the responsibilities for which they contract that they will run the risk of changing their minds concerning divorce.

In the intake interview, I begin by helping the couple discuss briefly what the problems are as they perceive them and whose cooperation is required to solve them. Early in this first session I help each discuss what really worries and upsets him about himself and what new behaviors he wishes to learn. Each soon discovers that he must and can accept responsibility for discussing his problems openly, for getting himself ready for counseling, for defining desired new behaviors, for learning to trust fellow clients and the counselor, and for convincing himself, his spouse, and the counselor that he is ready for counseling (Ohlsen, 1977, chap. 1). When a prospective client cannot make such a commitment, he is helped to explore why he cannot and what are the natural consequences of such a decision (Ohlsen, 1977, chap. 12). For instance, the client may not feel that he has had sufficient opportunity to get even with his mate. Reflecting back to him his need for more revenge tends to be somewhat shocking, but productive. Another client may be fearful of change or fearful that his expressed willingness to change will call forth demands for even more changes. The latter is minimized when he observes his spouse discussing her own problems and defining desired new behaviors for herself rather than asking him to change to meet her expectations.

As each discusses his own problems in the intake interview, defines goals, and defines criteria that he can use to appraise his own progress, the counselor also teaches the other to be a helper. After each has defined his personal goals and criteria that he can use to appraise his own progress, the counselor

returns again to their goals as a couple: What problems must they solve? What changes would they like to occur to enrich their life together? Some who have difficulty defining their couple goals and deciding whether they are committed to a successful marriage with their spouse learn to do these with the help of the other couples. Rarely are those who resist the definition of personal behavioral goals helped—most interfere with their fellow clients' growth.

### **Selecting Clients**

Selecting good prospects for a marriage-counseling group is more difficult than selecting clients for other counseling groups. Both partners are rarely equally committed to counseling. When one partner cannot accept the need for counseling or accepts it reluctantly, additional intake interviews may be required to help the reluctant spouse examine the consequences of refusing assistance with his marriage problems, to practice discussing what worries and upsets him about himself, to define goals and criteria for evaluating his own growth, and to evaluate his commitment in order to profit from counseling (Ohlsen, 1977, chap. 12). Unless each person is genuinely committed to change, the counselor owes it to both to help the committed partner model good client behavior by talking openly about his problems and how he would like to change, to express his disappointment concerning his mate's unwillingness to accept help, and to explore the possible benefits and consequences for treatment in a group without the reluctant partner. Rather than admit an uncommitted client to a marriage-counseling group, the counselor would do better to admit the committed one to another adult group in which he could learn his own desired new behaviors, solicit his partner's assistance in reinforcing desired new behaviors, and request her assistance in resolving the problems that are the primary obstacles to their successful marriage. Following such conferences some reluctant partners agree to try a few group-counseling sessions and are admitted to a marriage-counseling group on a probationary basis. When this occurs, he should be expected to discuss his problems openly at the beginning of the first session, to explain why he was admitted on probation, and to solicit from the group criteria that they will use to decide by a specified time whether he should be allowed to continue in the group.

For the initial intake interview, the counselor meets with the couple together; then he meets briefly with each separately to solicit their private reactions to counseling and to help each assess their commitment to change; and, finally, he meets with them together to share reactions, to review their individual goals, and to review their couple goals. After the intake interview, the counselor asks himself as he selects couples and considers each partner's needs: Who needs whom for what? He tries to select clients with common problems—but with different underlying causes for their problems—and persons who are required as models. Usually, the best placement of couples is achieved when a counselor has a trusted, competent colleague or supervisor

with whom he can review every prospective client's case in order to create a group for which the chances for successful treatment are the greatest.

### **Facilitating the Process**

The most crucial facilitating elements for the process are a competent counselor, a therapeutic combination of clients, and a safe setting in which growth is encouraged. A competent counselor must be able to develop a therapeutic relationship with clients, to select clients who can accept responsibility for getting themselves ready for counseling, to help prospective clients appraise the worth of treatment for themselves, to help those who elect to participate to define precise behavioral goals and criteria they can use to assess their own growth, to help clients make the necessary commitment to grow, to help clients accept responsibility for establishing and maintaining therapeutic norms, and to teach clients to be good helpers (and reinforce helping behaviors) as well as good clients. An effective counselor must also be able to recognize and cope with resistance and countertransference and be committed to continuing growth as a person as well as a professional.

Most couples can also profit from systematic instruction in cooperative decision making and in conflict management. Since many couples are required to move frequently and are faced with rapid social change, and many are pressured today to experiment with alternate lifestyles without the heretofore known support of extended family, life-long friendships, and strong church ties, many can also profit from systematic instruction in developing a support system (and one that is not merely a rescue service).

Even though the counselor has defined expectations and described the treatment process well, some clients may gripe about their spouses. This situation must be dealt with immediately and considerately: e.g., "I can understand why you want to complain about your spouse's faults, but I must discourage it because it interferes with you, and with others, in getting help. Furthermore, you will discover that the rest of us will accept you better and try harder to help you when you discuss what really bothers you about yourself. Begin with those worries and concerns that you discussed in the intake interview. All of us will really listen, help you discuss them, and decide what you must do to become more like your wished-for self." Dealing promptly with deviation from therapeutic norms and, where necessary, asking a volunteer client to review them and explain why they are crucial helps establish therapeutic norms early.

Dreikurs' (1972a) rationale for his conflict management model also makes a good case for this approach to marriage counseling. Perhaps most readers will recall his four crucial points in that rationale: (a) "change yourself and thereby others"; (b) "stop thinking what the other should do; the only one we can change is ourselves"; (c) "... that we begin to see what we are doing and could do differently ..."; and (d) "... leadership which brings people

together to listen to each other, to realize the reality of their common problem, and to share responsibility” (pp. 204-206).

### References

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