

ADLERIAN MARRIAGE COUNSELING¹

MIRIAM L. PEW, ACSW AND W. L. PEW, M.D.²

St. Paul, Minnesota

The authors, a husband-wife team, have worked as co-therapists and co-counselors for over a decade in a number of settings: private pediatric practice, private marriage counseling practice, in-patient and out-patient psychiatric settings, correctional institutions, community-based correctional facility, family education centers, and marriage education centers. Our basic theoretical framework is Adlerian, but we have borrowed from communication theory, family therapy approaches (especially the Palo Alto group), psychodrama, social group work, and probably many other sources of which we are not consciously aware. We aim for flexibility and creativity, not following any rigid pattern but employing a variety of techniques.

Therapy, counseling, and education are seen as qualitatively similar processes. We depend heavily on style-of-living assessment and strive toward cognitive, attitudinal change, as in traditional therapy. Specific recommendations may be given, as in counseling. Finally, principles of improved human relationships are being taught which can be generalized to all human relationships, and are educational in nature.

Adlerian therapy has, as formulated by Dreikurs (e.g., 7, pp. 65-71), the following four aspects: (*a*) establishing a proper working relationship, (*b*) assessment, (*c*) interpretation, (*d*) re-orientation and re-education. They are applicable in counseling as well as therapy.

These aspects are not sharply separated steps, but may appear together. For example, the establishment of a good working relationship is greatly facilitated if we can demonstrate that something about the counselee makes sense to us. This can be done often within the first few minutes of the initial interview if we have the courage to "guess." Adlerian "guessing" is far from "coin flipping," as our colleague Maurice Bullard has lately pointed out. It is the

¹Prepared for the Fourth Brief Psychotherapy Conference, Chicago Medical School, Chicago, March 24-25, 1972.

²For reprints write to authors, 2334 Como Avenue West, St. Paul, Minn. 55108.

formulation of a quick working hypothesis, or stochastic hypothesis, on the basis of cues so far obtained, and inferences drawn from them on the basis of our general understanding (2, p. 141). By our guessing correctly, the counselee becomes convinced that we understand him. Thus assessment and interpretation (*b* and *c* above) are used to facilitate the good working relationship (*a*), while some re-orientation (*d*) may be involved at the same time. If we make a wrong guess, that is, our hypothesis about the counselee is not confirmed by him, we have a chance to model "the courage to be imperfect" (see below).

ESTABLISHING AND MAINTAINING THE PROPER RELATIONSHIP

We work hard to establish the relationship quickly, gathering only a minimal history and working directly toward a contract. Generally this contract will involve an agreement to meet together as a foursome for five or six interviews (the time necessary to complete style-of-living assessments on each partner) with an agreement to re-evaluate and renegotiate the contract at the end of that time. Weekly interviews are preferred but in some instances the first interviews have been completed in a few days. The partners may be asked to defer certain areas of discussion until the life styles are completed. The married pair usually receives more help with their problems when the therapists understand both life styles.

Our bias is in favor of marriage, and we feel it is important to be explicit about our beliefs in order to reach an agreement on goals with the couple. If they can agree on a goal of maintaining their marriage and enriching it we are probably in the best situation. However, we do work with un-married couples, with couples whose goal is an amicable divorce, and sometimes with only one partner for a time before the other partner chooses to join us. The important principle is that of shared, explicit goals. When resistance is encountered, we realize it is time to renegotiate the goals of the therapy.

ASSESSMENT AND INTERPRETATION

Family Constellation and Early Recollections

A style-of-living assessment is desirable. To this end we diagram the childhood family constellation and make a few guesses about how the person may have found a place in that group. Then we ask for early recollections (ERs) and check out our guessing by finding out what attitudes, convictions, opinions of self and others,

and life in general he has recorded in the ERs. Sometimes a single ER will encapsulate the broad strokes of the life style, while in other instances the life script is epitomized in a favorite childhood song, fairy tale, or nursery rhyme.

We prefer to conduct the collection of these data in the presence of the partner. Then all four of us participate in interpretation. The procedure seldom requires more than four to five hours, total, taking first one and then the other partner.

But such a comprehensive assessment is not necessary in all cases. Many times, especially in the public setting, a "mini life-style assessment" is quite adequate.

Two Shortcuts

Dreikurs has described a useful approach to understand quickly a life style, which he calls "two points of a line" (6). The unified movement toward a self-determined but unadmitted goal can be discovered by identifying two points on a line of movement on which line then an infinite number of points can be located. This technique demonstrates our understanding to the couple especially well when two apparently contradictory points can be shown to be constituents of the same line.

Dreikurs also described the "hidden reason" (6) for behavior, or the "private logic" of the individual which can be uncovered by "guessing" what he may have told himself to justify a certain behavior. If the guess is correct, an adult version of the "recognition reflex" seen in children can often be observed.

History of the Marriage

Sometimes we choose to approach the problem through a brief history of the marriage, beginning with the couple's initial meeting. This is similar to asking a family in family counseling to describe a typical day and gives a quick insight into problem areas. Dreikurs (8, p. 89) has pointed out that the very attributes that attract a couple to each other in the first place are the areas they often choose for conflict when they have decided to discontinue cooperation. The husband who admired his girl friend's verbal facilities now complains that she talks too much. The wife who liked strength of decision making, now complains of domination.

We should emphasize, however, that a long arduous history is seldom desirable and should only be considered at a later stage if

therapy is not proceeding well or the therapists cannot put the picture together satisfactorily.

Rating Oneself and One's Partner

One quick technique for evaluating the current relationship and pin-pointing trouble spots is through asking each partner, in the other's presence, to rate himself in seven areas (life tasks) on a scale of 1 to 5, 1 being high. After rating himself, e.g., on occupation, he is asked how he thinks his wife would rate him, and then we turn to her for her rating. Hypothetical results of such ratings are shown in Table 1.

TABLE 1. HYPOTHETICAL RATINGS IN SEVEN AREAS OF EACH SPOUSE (*a*) BY HIMSELF, (*b*) AS HE THINKS THE OTHER WOULD RATE HIM, (*c*) AS THE OTHER DOES RATE HIM

Area	Ratings					
	John			Mary		
	<i>a</i>	<i>b</i>	<i>c</i>	<i>a</i>	<i>b</i>	<i>c</i>
Occupation	2	4	2	3	1	1
Love and marriage	5	4	5	5	5	3
Friendship	1	1	1	3	3	3
Getting along with self	3	5	5	4	5	5
Finding meaning in life	2	2	2	4	5	5
Leisure and recreation	1	3	5	4	5	4
Parenting	2	4	1	2	2	2

We see from the table that John rated himself lowest on love and marriage, highest in friendship, with Mary concurring. He also rated himself highest on leisure and recreation, but here Mary rates him lowest. Mary, like John, rates herself lowest on love and marriage, while John gives her a somewhat higher rating. She feels that John would rate her lowest not only on this, but also in three other areas. Sometimes a partner hears for the first time something encouraging. Other times a partner realizes for the first time his spouse's discouragement. Or both partners may be surprised to find strengths or weaknesses in their relationship that they had not recognized. Or marked discrepancies become clear. Or a pattern of one partner always accepting a one-down position may emerge.

Self and Ideal Self

We also ask each partner to place himself on a 10-rung ladder with the top rung representing his ideal self, a modification of the Kilpatrick and Cantril technique (11). Here we can often see graphically demonstrated the high-flown ambitions and the low self-esteem and discouragement.

Both the ratings and the ladder position provide a baseline which can be referred to later in therapy as evidence of improvement or to point out trouble spots still inadequately dealt with.

RE-ORIENTATION AND RE-EDUCATION

Conflict Resolution

The four principles of conflict solving delineated by Dreikurs (9) are relevant to re-orientation in cases of marital conflict. They are (a) mutual respect—neither fighting nor giving in; (b) pinpointing the problem—the underlying issue; (c) reaching a new agreement, and (d) participation in decision making and responsibility.

These four principles are *not* steps in a sequence. (a) Mutual respect is an ideal to be worked toward and may emerge from some of the other facets. (b) The “problems” presented by the couple are seldom the basic issue, i.e. common complaints concerning sex, money, child rearing, in-laws, etc., are actually only battlegrounds agreed upon by the couple. The underlying issue will always be some threat to personal status, prestige, superiority: Who’s going to decide? Who will control? Who is right? etc.

(c) When a couple is fighting they have reached an agreement to fight. Therefore if conflict is to be resolved, a new agreement must be reached. Ultimately this means each partner speaks in the first person stating what *he* is willing to do without demanding from the other. Whenever a partner is concentrating on what his spouse should be doing, he is overlooking the part he plays and the possibility that he can change the balance by changing his own behavior. This is best exemplified when a spouse learns to deal with a tyrant.

A severely depressed, paranoid wife had just been released from a psychiatric hospital and complained that her physically abusive husband dominated her through temper tantrums. She was advised to retire to the bathroom without comment at the beginning of each provocation. Although she protested bitterly that her husband would break down the door, she did carry out our recommendation and came back in one week describing a miraculous change in the relationship. Her husband quickly caught on that she was taking her sails out of his wind, and they could soon laugh together.

(d) Full involvement in the decision making process is essential for an equalitarian cooperative relationship of mutual respect. We teach this very specifically in our interviews and emphasize that decisions need not be for life, rather, often only until the next interview.

Assignment of Tasks

We give specific tasks to be carried out between interviews. One of the most effective, in the beginning, is to suggest to the couple that each continue doing exactly what the other is complaining most about, and do it on schedule, deliberately—"the benevolent ordeal," one of Haley's "therapeutic paradoxes" (10, p. 187). In this way many couples quickly recognize the absurdity of their particular conflict, and are unable to carry out the recommendation without laughing after the first few days. This is a change of behavior, and new methods of problem solving become believable.

Other tasks we may assign are of a more educational rather than paradoxical nature. We may ask each partner to list, independently, his expectations of his spouse as wife and mother (husband and father). These lists are considered at the next interview, clarified, and discussed in terms of whether they are reasonable (usually they are). Sometimes we will ask a couple to live according to these expectations for a time-limited period.

Couples in conflict often don't listen to one another. We teach them listening techniques, e.g., having to paraphrase to the partner's satisfaction what he has said before answering. A more complex technique is the marriage conference described by Corsini (3). We ask the couple to schedule three or four one-hour appointments in a place and at a time when they won't be interrupted. One partner has the floor for the first half-hour and the other partner listens and avoids disrupting. Then the process is reversed. The couple is admonished not to discuss in between appointments the subjects dealt with in the marriage conference. Some couples have found this process so helpful they have continued it on a weekly basis.

This last technique illustrates our goal, i.e., to teach the couple principles, attitudes, techniques which they can generalize to child-parent, employer-employee or and other human relationships. Some couples return occasionally for a "check-up." Others find that by the time they have terminated they can, with the support of appropriate reading (e.g., 4), work out their own conflicts.

General Adlerian Attitudes

The following attitudes which we bring to the therapeutic situation are the logical accompaniment of Adler's concept of man, developed by a therapist for its usefulness in psychotherapy. They are, of course, not exclusively Adlerian.

Courage and optimism. Adler considered courage and an optimistic outlook as one aspect of mental health and as a requirement of any kind of leadership (1, pp. 155, 450). We share Adler's view that a human "is not obligated to his symptoms" (1, p. 292) and really believe that he can change and grow. Given a relationship of trust, mutual respect, courage and cooperation any problem can be solved. The counselees, like the patients, are likely to be fearful and pessimistic. Thus re-orientation involves the following:

Encouragement. This is effected in various ways. We list, in addition to a person's mistakes, his assets. Sometimes this involves re-definition, e.g., stubbornness, as persistence. Adlerian psychology being one of use, even apparent deficiencies may not be inhibiting, depending on how they are used. We encourage by discussing how others have similar problems; giving honest recognition for useful behavior; always minimizing useless behavior. In the Marriage Education Center we often ask the larger group to list the strengths they have noted in the particular marriage. Participation, only as an observer, may be very encouraging, not only in becoming aware that one's problems are not so hideous and unique, but also in hearing other couples report their successes. "If they can do it, so can we!"

Positive expectations on our part. These are revealed in the contract. "We don't see your marriage as hopeless and we care enough about what happens to schedule a series of interviews with you." Many couples have come to us after years of conflict and many disappointing marriage counseling experiences, wondering if there is any hope for their marriage. The fact that we are unimpressed with the history but willing to start from today is apparently very reassuring.

Courage to be imperfect (12). This attribute which we deliberately try to instill in our counselees is essential for the therapist. Mistakes are seen, not as disasters, but opportunities for learning. All human failures are seen as mistaken efforts to find belonging in the human community.

Emphasis on the present. We want to know only enough past history to identify present convictions and guidelines. Themes that are discovered in the marriage history are related to here and now problems or events. Recounting of past injustices is discouraged because both past and future are fictions; they are not concrete reality. Attempts by the marital partners to discourage themselves or each other by reliving the past or anticipating the unknown future are pointed out until they catch themselves, an "aha" experience.

FOUR-WAY THERAPY

We had been working as a therapeutic team for several years before we heard the process described as therapy of couples by couples, or conjoint marital therapy. Today this process is not uncommon. Our decision to work this way was based on the multiple therapy principles adumbrated by Dreikurs (5) and the comfort that Adlerians in general have in various group approaches.

There are certain distinct advantages in having the therapeutic couple be married. We provide a model and can share some of our own problems and give encouragement that such problems can be solved. We sometimes, almost deliberately, disagree, thereby providing an opportunity to demonstrate that conflict can be resolved peacefully. Since we are parents too we can empathize with problems involving children. Often one of us can empathize with one partner, providing a great source of encouragement. We have learned to work together in such a way that we can substitute roles comfortably, one being more observer, or more diagnostic, or more supporting, etc. Marriage therapy is often completed so much more quickly that we can justify, in our clinic, the use of two therapists purely from an administrative point of view. Co-therapy is probably the most effective teaching process. Although one therapist may be senior in some respect, this does not make him superior since his partner is sure to be senior in some other respect, e.g., a male therapist can never know what it is like to be pregnant or to menstruate or to be discriminated against as a female.

One of the advantages of four way therapy is that it is fun. We have learned to keep a rather light, whimsical, often humorous air in the face of even the grimmest tragedy with the result that both couples find themselves looking forward to the next session, with keen anticipation and we, as a therapeutic team, often don't feel that we have really been working.

MARRIAGE EDUCATION CENTERS

After many years of working in the private office, we decided to apply our experience in public, before an audience, similar to Adler's counseling centers of 50 years ago, and along the lines of the various family education centers set up under Dreikurs' guidance. We established two marriage education centers as pilot projects in which the sessions were open to the public.

The first center was in an outpatient psychiatric clinic, to which couples were referred not only by the clinic, but also by other agencies, lawyers, pastors and other clients. Other professionals interested in marriage were welcome to attend the sessions. The usual procedure was to interview a volunteer couple who had attended for a few weeks. They were identified as co-educators with us since we, through talking with them, could elucidate general principles that could be of use to anyone attending. The rest of the group was encouraged to participate through offering suggestions, testifying as to their own experience with a given approach, but, probably most important, offering encouragement. We would see a couple for a single interview or for a series of weekly interviews or for brief follow-ups. Many couples who were never interviewed described improvement in their marriage relationship through merely attending the weekly meetings. We varied the format considerably, at times relying more on lecture-discussion, at other times using psychodramatic techniques or conducting a complete psychodrama. We often gave specific recommendations to the couple and asked them to return in one week and report their experience to the group.

The second center was organized in a small theater at a theological seminary, which could accommodate up to two hundred people. The process was similar though often somewhat more formal with the separation inherent in the elevated stage which made it easier for a large group to see and hear but took away some of the intimacy. In terms of providing services economically to large numbers of people, we demonstrated that couples will discuss the most intimate details of marriage in such a setting just as families will discuss their problems in the family education centers. No one is asked to discuss anything he, or she, does not want to, and the therapist must remain sensitive to the couple they are working with while at the same time keeping in touch with a large audience. Again the team effort facilitates this: one of us might be working more

intensively with the couple while the other might be more tuned in to what was going on in the larger group. The marriage education center provides a remarkably effective training ground for professionals who are working with or wish to work with marriage problems.

Each center has advantages and disadvantages. The type of center established would probably be most dependent on the skills of the leaders. Not all couples could be helped in this setting. Thus the centers became referring agencies also, if we felt that more frequent interviews, individual or group therapy, drug therapy, or hospitalization was desirable. Our choice was to work with intact couples. But we were not averse to working with one partner—always with the willingness to incorporate the other partner when he or she chose to join us. Among our couples there were failures, one partner continuing to attend after separation or divorce. And there were unexpected successes, such as the following.

John was referred to the marriage education center immediately following a second psychiatric hospitalization. He had been both seriously suicidal and homicidal. His wife refused to accompany him, later came with him and then alone. Both were seen individually for drug therapy. The situation was very serious when John was arrested and Mary became acutely psychotic and was hospitalized. Five months later Mary called to say they had reconciled, were living peacefully with their children and John was attending the university, a life-long dream, while working part time. Independent contact with John and with their attorney confirmed Mary's optimistic report.

We think this example is crucial to our thesis that anyone can be helped, and would allay the likely criticism that only the simple problems can be dealt with in public and that these "more serious illnesses" can only be helped through a medical-model approach behind closed doors. More recently we saw this couple with their children in a restaurant and the remarkable improvement persists.

We decided we would not deny anyone attendance, though we might decide at any point in an interview to stop working, directly, in that setting at least, with the couple that had volunteered.

A preliminary report on marriage education centers was presented in 1970 at the Centennial Conference of the International Association of Individual Psychology (13). As far as we know, the marriage education center model has not been replicated. We would like to see the process tried in other settings.

CONCLUSION

We see the final goal of the marriage therapist to work himself out of business and to do this as quickly as possible. One of our greatest satisfactions as a therapeutic team has been to help a couple out of the "professional patient" role, help them to stop the rounds of interminable therapy and to learn to accept responsibility for their own behavior and to solve their own conflicts.

Because marriage is such a close relationship it tests in each partner a willingness to cooperate, and measures social interest. Cooperation and sense of community can be taught in marriage counseling or therapy and in marriage education centers.

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