

Improving Marital Relationships: Strategies For The Family Physician

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Abstract: *Background:* Marital conflict and divorce are prevalent in our society, and patients frequently ask family physicians to assist them with marital difficulties. These difficulties are often associated with a decline in health, resulting in additional stress to the marital unit.

Methods: A MEDLINE search was undertaken using the key words "family medicine," "marital therapy," "marital counseling," "brief psychotherapy," and "short-term psychotherapy." The bibliographies of generated articles were searched for additional references. The authors used the resources of their individual behavioral science libraries, as well as their clinical experiences.

Results and Conclusions: With adequate training, many family physicians can include marital counseling skills in their clinical repertoires. Family life cycle theory provides a framework for understanding the common stresses of marital life and also guides the family physician in recommending strategies to improve marital satisfaction. The physician's role is twofold: (1) to identify couples in crisis, and (2) to provide preventive strategies geared to assist couples in achieving pre-crisis equilibrium or higher levels of functioning. For physicians whose practices do not include marital counseling, an understanding of the basic techniques can be beneficial in effectively referring appropriate couples for marital therapy. (J Am Board Fam Pract 1992; 5:511-6.)

A stable marriage not only is associated with higher levels of wellness, but it also provides support to assist families when faced with crisis and illness. Despite the numerous benefits a stable marriage offers, marital conflict and divorce so plague our society that more than 50 percent of marriages will ultimately end in divorce.¹ As with other types of preventive health care strategies, family physicians can help to recognize early those families at risk for divorce and intervene to improve the marital relationship.

Family physicians often have frequent and extended contact with families during all stages of growth and development, including stressful events that can aggravate and prolong marital problems. Many couples face additional stress related to societal changes (e.g., dual careers, remarriage, step-parenting). Using principles of preventive, holistic health care, family physicians can ameliorate marital stressors by offering a perspective aimed at preventing many of the bio-

medical and psychosocial problems that ensue when stress overwhelms the family unit.

Research supports the role of the family physician in providing assistance to couples experiencing difficulties. It has been observed that inappropriate utilization of health care decreases when the family physician attends to psychosocial problems.² Additional evidence suggests that patients often request help for personal problems from their primary care physicians.^{3,4} Many patients who might feel stigmatized by seeing a mental health professional would consider seeing a primary care provider.

Researchers at the National Institute of Mental Health have documented that treatment of psychosocial problems is frequently left to first-line providers rather than mental health specialists.⁵ Finally, insurance coverage for marital therapy is often nonexistent or considerably decreased as the result of cost-containment measures adopted by prepaid or managed health care plans. To meet the needs of patients and their families, many family physicians can provide and appropriately bill for a variety of mental health services, including marital counseling.

Within the context of family life cycle theory, this article describes common stresses that all

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couples might encounter during the life of a marriage. Assessment of and interventions for the couple experiencing these common difficulties are discussed from a holistic wellness perspective. During stressful times couples who receive supportive anticipatory guidance and normalization of experiences might well avoid relationship complications that necessitate marital therapy. Those techniques that can be applied within the primary care setting are presented. For couples whose problems warrant intervention from marriage and family therapists, a discussion of appropriate referral is also included.

Methods

A MEDLINE search was undertaken using the key words "family medicine," "marital therapy," "marital counseling," "brief psychotherapy," and "short-term psychotherapy." The bibliographies of generated articles were searched for additional references. The authors used the resources of their individual behavioral science libraries, as well as their clinical experiences.

Family Life Cycle Theory

Family life cycle theory has been identified as a useful and important theoretical concept for family physicians.⁶ Grounded in the theoretical frameworks of Erikson⁷ and Duvall,⁸ this developmental theory portrays the family as dynamic and evolutionary, passing through predictable stages of development in much the same way as a child grows to maturity. It also provides the basis for the primary interventions of anticipatory guidance, normalization and validation, emotional support, and patient education.

A major principle underlying family cycle theory is that during each stage there are predictable events each family will experience. Examples include marriage, pregnancy, birth, parenting, young adults leaving home, retirement, and loss of marital partner. While these events are normal and expected, each can precipitate a family crisis.

Figure 1 illustrates the various stages through which each family will eventually pass during the life of the marital dyad.⁶ While most families will successfully achieve the developmental tasks at each stage of the life cycle, some families that have been reconstituted because of divorce or death can be expected to repeat certain

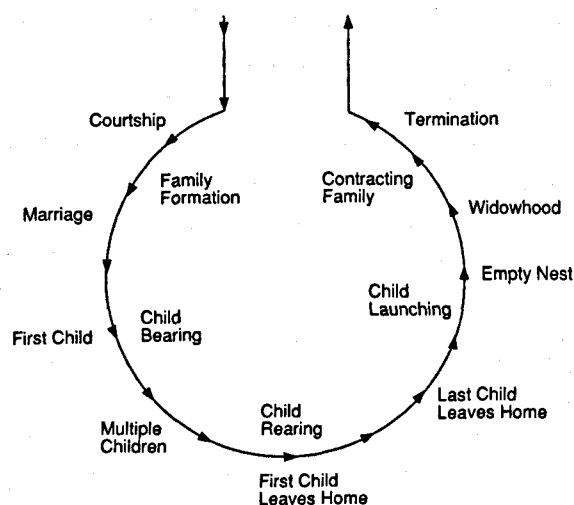


Figure 1. The family life cycle.

From Medalie JH. The family life cycle and its implications for family practice. *J Fam Pract* 1979; 9:48. Reprinted by permission of Appleton & Lange, Inc.

life stages. Successful resolution of the developmental tasks at each life cycle change will ensure the continued growth and development of the family unit.

Family physicians can use principles of family life cycle theory to predict, identify, and intervene with family problems before they escalate to such an extent that primary prevention strategies become ineffective. Couples frequently complain of medical or family problems that are directly precipitated by underlying marital stress. Failure to recognize these hidden agendas will contribute to family and provider frustration and prolong the resolution of presenting complaints. Again, the task for the family physician is to differentiate those couples experiencing normal life cycle stress from those experiencing more serious or longstanding relationship problems. The former are appropriate candidates for primary office interventions (including short-term counseling), the latter for referral to credentialed marital therapists. It should be noted that the following primary interventions can be successfully used with individual patients, although they are most effective when used with couples. Because these interventions are offered within the context of the physician's usual schedule, time allocation and fees can be consistent with regular office visits.⁹

Primary Interventions

Anticipatory Guidance

Anticipatory guidance, defined as "preparing for stresses by discussing them in advance and normalizing them after they occur,"^{1 p 155} is a major preventive strategy within primary care that can be useful when working with couples. Many marital difficulties are predictable, as, for example, during the couple's adjustment to parenthood. Routine office visits offer the opportunity to discuss anticipated stresses and appropriate management techniques. Anticipatory guidance is particularly important before marriage, at each life cycle transition, and during the management of serious or acute illness. Couples can benefit universally from this type of support and guidance.

Normalization and Validation

All couples experience some degree of marital strain, especially at certain developmental stages during the life of a marriage. Yet many couples perceive this strain to be abnormal, tending to think of other married couples as blissfully happy and conflict-free. Sadly, our society perpetuates this myth. Couples whose conflict can be seen as normal will gain insight and thus experience a reduction in the anxiety and frustration that often surrounds marital conflict. Open discussion and validation of the couple's feelings as real and normal can reopen closed channels of communication.

Emotional Support

Often the family physician can provide support during a difficult time in the family life cycle, such as the onset of a disabling disease or death of an extended family member. During these trying times, the coping skills of each marital partner will be severely tested, and there is an increased risk for marital estrangement as each partner "suffers in silence." It is more appropriate for the family physician to call in both partners for a conjoint meeting, listen empathically to the troubling issues, and encourage the couple to function as a team in overcoming the adversity. The partners can then be assisted in identifying their strengths and in mobilizing their resources for reducing marital stress.

Patient Education

The educational and interpersonal skills for successful patient education are already included in

the family physician's clinical repertoire and can be extended into the mental health arena. Basic healthy communication skills can be taught to and modeled for the couple. Each partner should be encouraged to do the following:

1. Maintain a present orientation during conflict and avoid the temptation to remind the partner of unresolved past conflicts or hurts.
2. Use "I" statements, which own one's own feelings, rather than "you" statements that imply blame, e.g., "I feel so angry," as opposed to "You make me so angry."
3. Listen respectfully (maintaining eye contact and attentive posture) to the partner's opinions and suggestions without interruption.
4. Make positive requests for change, e.g., "Ask me what I did today" as opposed to "Stop ignoring me."
5. Persist in problem resolution rather than withdrawing or shutting out the partner. If an impasse is reached, both partners need to agree on a suitable time to continue their dialogue. A cooperative rather than a competitive model of problem resolution should be encouraged.

Short-Term Counseling

If the above-mentioned interventions result in a minimal improvement in marital satisfaction, the family physician can decide to offer short-term marital counseling, depending on the physician's interest, skill level, and practice setting. This type of treatment is more structured and intensive. Note that marital counseling by family physicians, although controversial, is central to the practice of family medicine. A strong orientation toward family systems is a prerequisite for success, as is training in the appropriate use of counseling techniques. The physician-counselor must be able to appreciate that homeostasis (i.e., emotional balance) in marital dyads is maintained through the use of patterns of communication and behavior that have evolved over the life of a relationship. By nature, these patterns are resistant to change, even when one or both spouses are experiencing great emotional pain or physical discomfort. A wise physician will respect that each partner has legitimate (albeit often quite different) perceptions of the marital conflict.

The most poignant example of "good intentions gone awry" can occur when the physician

knows one spouse as an established patient and attempts to help that individual with marital problems either to the exclusion of the other spouse or to the favor of the better known patient when the couple is seen conjointly. This assistance will likely be viewed as siding with the known patient while assigning fault or blame to the spouse. Not only is this so-called help ineffective, it is sure to cause harm to the marital relationship and in some cases contribute to divorce.^{10,11}

A strong caveat is also offered against the temptation to rescue one spouse from a troubled relationship. The physician's tendency to want to protect the patient from the emotional pain of an unsatisfactory relationship almost always leads to empathizing with one spouse more than the other, thus dramatically reducing the potential effectiveness of the counseling process. Empathy with a couple's difficulties can also be affected by the physician's emotional biases, e.g., punitive judgment of marital infidelity. Counseling offered by a biased or inadequately trained physician can result in patients not only wasting valuable time and money but also losing the opportunity for a speedier resolution to their difficulties if more qualified practitioners are in the community.

Practice management concerns must also be addressed by a physician who is considering the role of marital counselor. The practice setting should be flexible enough to schedule extended office visits (45 to 60 minutes). Late afternoon or evening appointments might be offered to accommodate working parents with child-care arrangements. Some physicians set aside a specific block of time (e.g., one afternoon a week) in which to schedule a limited number of counseling appointments. Reimbursement for counseling services remains controversial, as some family physicians are not eligible for reimbursement under diagnostic codes related to nervous and mental disorders. Counseling sessions could be billed as extended or comprehensive office visits to ensure adequate reimbursement for the time invested.

The question then arises: Which couples are most likely to benefit from a structured counseling intervention? One prominent textbook on counseling for physicians suggests three kinds of problems that are most amenable to short-term counseling (Table 1).¹ Other characteristics that point to successful counseling outcome include

Table 1. Psychosocial Problems Most Amenable to Short-Term Primary Care Marital-Family Counseling.

Problems	Examples
Family in transition: life cycle changes	Birth of children Retirement Care of aging parents
Problems of recent origin	Nonworking spouse returns to work Newly diagnosed depression in one family member
Illness-related problems	Recovery from myocardial infarction Newly diagnosed disease, e.g., diabetes, hypertension

- (1) an acute precipitant for the identified problem (e.g., diagnosis of a major health problem),
- (2) minimal secondary gain associated with the problem, and
- (3) a minimal number of confounding somatic symptoms.¹²

Principles of short-term counseling include establishing trust and rapport with both spouses, setting specific goals, agreeing on a counseling contract, i.e., number of sessions (generally six to eight^{9,13}), and assisting the couple with change outside the counseling setting.

First Session

The first session should be spent getting to know the couple and putting them at ease. This process (often called engaging) is accomplished as personal contact is made with both spouses. It marks the beginning of trust in the counseling relationship. The family physician then should obtain each spouse's perspective on the problem while encouraging the couple to talk directly with one another about their difficulties. If necessary, the seating can be changed so that communication will occur more freely. The physician should communicate the expectation that spouses will work together on the problem, keeping in mind that, if change is to occur, both partners must show willingness to change in complementary directions.

Each spouse should be encouraged to specify goals and proposed solutions (framed as positive requests for change, as previously mentioned). The physician should then try to restate the proposed solutions in terms that sound as reasonable and positive as possible. Neutrality is maintained by giving equal time and weight to both sides of a conflict, which implies that both views are equally valid. The physician can close the session by com-

menting favorably on the couple's motivation to resolve their difficulties, as evidenced by their discussion. Each successive session should build on the topics discussed below.

Behavioral Contracts

The family physician is already adept at making behavioral contracts with patients related to lifestyle changes, e.g., weight loss, smoking cessation. These same skills can be applied to behavioral contracting with couples. Solutions to marital problems often require specific agreements about what behavioral changes each spouse will exhibit in the future. The key word here is behavioral because most spouses will fall into the common trap of agreeing to change feelings rather than behaviors. For example, a wife might offer that she will be more understanding of her husband's desire to visit his aging parents, which leaves considerable room for spousal disagreement regarding the interpretation. It is much more beneficial for the physician to assist the spouses (in this case, the wife) with specifying the exact and particular changes in behavior that will reduce conflict and improve overall marital satisfaction. In this case both spouses will need assistance in agreeing on the specific time and length for parental visits that will fit in with their lifestyle needs and commitments. At the next session, the family physician will want to help the couple evaluate whether the contract is working or needs to be renegotiated.

Homework Assignments

The most effective way to expand the therapeutic process between sessions is to give the couple a homework assignment to be accomplished before the next office visit, much as a prescription would be given for other health-related problems. For example, a couple feeling stress from the relentless parenting responsibilities for small children might be assigned the task of hiring a sitter so they can go out together. The same couple might be later assigned the task of having each spouse set aside some time during the week (agreed upon within the session) to pursue solitary activities while the other spouse provides child care. It is essential to assist the couple in nailing down specific details of the assignment during the office visit as well as to report on the effectiveness of the assignment at the next visit. It is hoped that the

Table 2. Complex Psychosocial Problems Requiring Referral for Psychotherapy.

Chronic depression or anxiety not responding to previous therapy (either biomedical or psychotherapeutic).
Chemical dependency or substance abuse, for which treatment is multidimensional, prognosis poor.
Chronic, longstanding family dysfunction, pointing to complexity of treatment.
Family violence, particularly child abuse and spouse abuse; other serious, acute family symptoms (e.g., incest); these life-threatening situations need immediate referral to mental health therapists with specialized training.

successful accomplishment of these tasks will provide the foundation for continued behavioral change.

Mobilization of Support Systems

Short-term counseling can be greatly enhanced by involving other support systems within the community, e.g., extended family, social services agencies, clergy, and psychosocial support groups. Of course, the family physician needs a working knowledge of the community resources available. For example, a couple faced with the dementia of an elderly parent will benefit from the emotional support provided by a sensitive family physician. They can then be directed to the appropriate network of services, which might include home health care, Alzheimer education and support groups, and respite programs. By remaining available for continued intermittent support, the family physician provides continuity and follow-up to prevent further disequilibrium within the family system.

Referral

The counseling techniques discussed above are most appropriate for otherwise healthy couples who are experiencing transitions related to life cycle changes and to other recent problems. If six to eight sessions have resulted in either minimal improvement, escalation of problems, or the uncovering of more longstanding or serious difficulties, the physician can be certain that more intensive treatment (referral) is indicated. Couples initially experiencing the chronic or complex problems listed in Table 2 should always be referred for more intensive psychotherapy.¹

Many couples will resist seeing a mental health specialist because of the stigma associated with

mental health treatment. The referral process requires that the physician skillfully articulate the reason for the referral without causing the couple to experience rejection or a sense of hopelessness. Examples from the practice of family medicine can be used to illustrate how family physicians are well-trained to treat common problems seen in primary care settings, but when treatment is not proving effective, they often request a consultation or make a referral to improve care.

Physicians can increase the likelihood of patient compliance with the marital therapy referral by cultivating professional relationships with qualified psychotherapists in the same way that relationships are cultivated with other consultants. In searching for local well-qualified marital therapists, it is advisable to seek out clinicians who are clinical members of the American Association for Marriage and Family Therapy (a credentialing organization that maintains rigorous requirements for experience and supervision). Obviously, the referred patient can more confidently approach psychotherapy when the referring physician vouches for the therapist's skills on the basis of appropriate credentials, personal success with previous referrals, and community reputation. Providing the patient with the telephone number, office address, office hours, fees, and orientation of the therapist will likewise increase the patient's comfort with the referral. Once the referral has been successfully accomplished, the physician will want to remain available to provide intermittent support during subsequent office visits so that the couple does not feel abandoned.

Conclusion

It has been observed and well-documented that patients desire help with psychosocial problems from their family physicians. Approximately 70 percent of all patients with mental health concerns are seen by primary care providers.⁵ The practice of family medicine places physicians in the unique position of observing the functioning of married couples over time. Knowledge of family systems and life cycle theories enables the family physicians to provide anticipatory guidance and support to couples experiencing common, predictable marital stresses. Many of the

skills necessary for structured counseling intervention are already in the family physician's clinical repertoire and can be expanded into the area of marital counseling. Such counseling is a crucial part of the family physician's commitment toward preventive health care. Research studies that document the efficacy of the brief counseling provided by family physicians as described in this article are needed to clarify further the role of family physicians in treating such common psychosocial problems as marital stress.

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