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## Couple Therapy with Religious Couples

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**Abstract**

Although 95% of married couples identify with a particular religion, there is great variation in how couples rely on their religion to define or structure their relationship. Various denominations will imply particular “rules” or will shape how the couple deals with interpersonal and family challenges, such as sexuality, parenting, and power. In this article, we review couple relationships within a religious context and advance several treatment principles for treating religious couples. We present a clinical case to illustrate marital therapy with a religious couple, with an Adlerian context.

Key Words: religious, couples, psychotherapy, couple therapy, treatment

Approximately 95% of married couples identify with a particular religion, which makes it essential for psychotherapists working with religious couples to carefully consider the complexity of the word “religious.” There are frequently variances of religiosity and religious motivation within couples, such as religious practice, involvement, activity, or belief intensity (Lara & Duba, 2008). Two partners who identify as Presbyterian, for example, may well differ in the strengths of their religious faith, as well as in desire to take part in religious activities and services. A Jewish couple, for another example, may differ in religious motivation. For extrinsically motivated persons, religious affiliation is not necessarily associated with self-identity but more as a practice (Brimhall & Butler, 2007). Going to a synagogue is important; however, living one’s life based on the Talmud is not a priority. On the other hand, intrinsically motivated religious persons would define their identity as primarily guided by the tenets of their religious faith, making religious practice the “aim of their lives.”

How a couple’s religiosity plays out is an important narrative to understand. A couple’s shared religion may inform them about: (a) expected gender-related roles in the marriage, (b) how and when to forgive a spouse for his or her wrongdoing, (c) how to deal with parenting or (d) the degree to which it is one’s filial duty to provide care for older parents. This particularly becomes a challenge when a difference in religious commitment and beliefs exists between partners. For example, Altareb (2008, p. 95) wrote that some “Muslim men erroneously believe that women are solely responsible for the housework.” Muslim women married to such men may become resentful or hurt and feel emotionally injured. In some conservative Christian relationships, women are still expected to follow traditional role expectations, such as being subservient and/or being silent in the marriage and in the Church (Zink, 2008). If a woman is not supportive of these expectations, conflict will probably develop in the marriage.

Moreover, a large number of couples are inter-religious. In the United State, one member of a marriage is affiliated with a different religion or religious denomination than his or her spouse in 23% of Catholic marriages, 33% of Protestant marriages, 27% of Jewish marriages, and 21% of Muslim marriages (Lara & Duba, 2008). Such relationships can remain successful when differences like frequency of worship attendance, shared religious activities, and respecting differing worldviews are addressed. Or these differences can be experienced as divisive and threatening to the couple.

Despite the potential problems religion may bring to a relationship, the research evidence continues to indicate positive links between: (a) a couple's shared religion and the promotion of marital satisfaction, (b) greater interpersonal intimacy, (c) sexual adjustment, (d) commitment, and (e) use of conflict resolution skills (Brimhall & Butler, 2007). Since each couple presenting for therapy comes with a unique narrative, psychotherapists will need to understand how the couple's religious beliefs impact their relationship.

In this article, we begin by succinctly reviewing a clinical understanding of couples from a religious context. We then present principles for treating religious couples in conjoint therapy. Finally, we provide a detailed case example of couples therapy with a Catholic couple who were treated from an Adlerian context. Like many other religious couples, the degree to which each partner desired to and practiced their faith differed.

### **Understanding Couples from a Religious Context**

Goodman and Dollahite (2006) studied ways in which religion (or God) can impact couple relationships. Thirty-two couples identifying themselves as either Christian, Jewish, or were interviewed regarding how they perceived God being directly involved in their marriages. They reported that God serves as an example, namely, in terms of mercy, forgiveness,

unconditional love and patience. God also serves as a source of accountability. That is, feeling accountable towards God provides motivation for change or actions that lead to the betterment of the marriage. Couples found God to be a resource, particularly in overcoming distress and as a source of guidance. In Goodman and Dollahite's study, couples indicated that God was involved in their marriages by providing stability and unity (in overcoming challenges), motivation to continue to grow together, and peace and happiness.

Thus, there is great variation in terms of how couples rely on their religion to define or structure their relationship. Each couple's relationship will be affected by the couple's level of religiosity. Furthermore, various sects or denominations within any given religion will imply particular "rules" or will shape how the couple deals with various interpersonal and family issues (e.g., sexuality, parenting, power).

We believe couples should be invited to share how their religion brings meaning to their relationship. Therapists are cautioned to avoid relying solely on a general understanding of any given religion's doctrine in terms of understanding how it may affect the couple. That being said, there are some basic religious underpinnings worthy of considering specifically in terms of separations or divorces.

In most Christian denominations, divorce is acceptable only under certain circumstances including sexual immorality and desertion or abandonment (Duba, 2008b; Zink, 2008). Cultural factors embedded in the religion also affect the status of the marriage. For example, Hindu couples living in India may be more likely to stay together despite unfavorable circumstances than face the stigma associated with divorce. In addition, many Muslim groups have strong cultural oppositions to breaking off a marriage regardless of the circumstance, especially when children are involved (Altareb, 2008). Regardless, if the marriage succeeds or fails, most couples

are encouraged by their affiliated faith doctrine to seek assistance and support (e.g., ), while making sincere efforts towards reconciling.

Most religions (e.g., Christianity, Islam, Judaism, Eastern religions) view sexual relations outside of the marriage as unacceptable (Duba, 2008a). For Christian couples, the Christian scriptures support this position: “Whoever divorces his wife, except for sexual immorality, and marries another, commits adultery” (Matthew 19:9). Catholics might also refer to the Catechism of the Catholic Church (2003, no. 2381): “Adultery is an injustice . . . and undermines the institution of marriage by breaking the contract on which it is based” (Catholic Church). These cases become even more complex when couples consider how to incorporate the notion of forgiveness within their religious context. Take for example the difference between two religious concepts of forgiveness in the case of infidelity. The offended Christian partner will be commanded to forgive regardless of whether the partner has repented. What may become challenging is balancing one’s feelings of forgiveness with assertiveness (e.g., choosing to leave the partner). On the other hand, an offended Muslim partner is not required to forgive (although preferred) and is allowed to retaliate “but only to the degree of the harm done” (Holeman, 2008). The “degree of harm done,” however, is a matter of perception.

### **Psychotherapy with Religious Couples**

All ethical codes of mental health professions require clinicians to be respectful of their clients’ religious affiliations. For example, the 2005 American Counseling Association (ACA) Code of Ethics (C.5.) expects counselors to “not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality . . .” Furthermore, therapists are required to “recognize the effects of age, color, culture . . . religion, spirituality” (E.8.). Psychologists also are required to be “aware of and respect cultural, individual, and role

differences, including those based on age, gender . . . ethnicity, culture, national origin, religion . . .” and must “try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices” (American Psychological Association Ethics Code, Principle E).

Although clinicians may be “aware of and respect” such differences, research suggests that most therapists are not prepared nor feel competent in addressing the religious experiences of their clients (Duba, 2008a). Multiple reasons for this have been noted, including a lack of attention given to treating religious clients in training programs, and the markedly lower levels of religious affiliation among mental health professionals than among the American population. Consequently, secular therapists may not be familiar with religious-based experiences and activity and are left to rely on their ethical codes and generalizations from training in other diversity areas to guide them (Levitt & Balkin, 2003).

Religious psychotherapists may have an advantage in some respects. Some therapists will use scriptures, sacred writings, and religious doctrine to help clients cope with their presenting problems (Worthington, Hook, Wade, Miller, & Sharp, 2008). For example, a conservative Christian client contemplating divorce may be directed to what the Bible says about the acceptable conditions for divorce. Other religious therapists will rely on their own religious values and experiences to direct interventions (Walker, Gorsuch, & Tan, 2004). Even in this case, simply relying on one’s own religious experience does not assure that the clinician will be “aware of and respect cultural, individual, and role differences, including those based on . . . religion” (ACA Code of Ethics, 2005, C.5.).

Regardless of their religious affiliation, or lack thereof, many clinicians are consulting and collaborating with religious leaders in order to enhance their understanding of and better

treat religious couples (Duba, Minatrea, & Kindsvatter, 2008; Watts, 2000a, 2007). For example, in divorce and separation matters, religious leaders can help clinicians understand the acceptance of divorce, as well as the processes and procedures for divorce.

An interesting summary of how clinicians approach religious issues in psychotherapy is posed by Zinnbauer and Pargament (2000). These four approaches are the rejectionist, exclusivist, constructivist, and the pluralist. A *rejectionist* approach is based on the denial of sacred realities that are fundamental components of religious beliefs (e.g., God). An *exclusivist* approach, on the other hand, is based on the belief that there is only one pathway to spiritual or religious reality. Clinicians using this approach can be tempted to adopt the position that, because there is only one “right” way, they must share the religious worldview and values of their clients in order to be successful. Consequently, a Protestant clinician seeing a secular humanist couple considering divorce may not be open to reasons for the divorce other than what the clinician’s interpretation of the Bible suggests.

The third approach, the *constructivist*, is predicated on multiple religious realities. Consequently, both religious and secular therapists are more interested in how the couple is making sense of their *own* religious perspective in ways that can guide their relationship. A Jewish therapist, for instance, would be able to work with a Catholic ex-spouse pursuing an annulment by entering her worldview, while assisting her in making meaning out of the constructions she places on this experience. Finally, the *pluralist* perspective assumes the position that there is one absolute divine reality; however, this reality can be expressed in various ways and by various people. The pluralist clinician respects the religious views of the client, and may also bring his or her religious views into treatment.

Research indicates that many spiritually devout clients might be reluctant to seek therapy from a secular psychotherapist because they fear their spiritual beliefs will be discounted, ignored or labeled pathological (Bergin, Payne, & Richards, 1996). Although clinicians do not have to share their clients' beliefs to provide effective therapy, it is nevertheless important to create a climate of respect, safety, and trust. Demonstrating sensitivity to and respect for clients' spiritual values is important from the outset of the relationship. However, even with sensitivity, religious couples may challenge the ability of rejectionist therapist, for example, to be able to adequately help or understand them. Such couples have the choice to pursue therapy with someone who aligns with their particular faith perspective. On the other hand, we urge clinicians to first welcome a discussion about the potential and possibilities of a working relationship between him- or herself and the couple. Possibilities on the part of the therapist include: (a) ongoing collaboration with a religious leader (e.g., Catholic deacon or priest, rabbi); (b) agreeing to ongoing supervision or consultation with a knowledgeable colleague; (c) being willing and open to using the couple's religion as a resource (e.g., praying with the couple, incorporating religious tenets in homework assignments or directives); (d) discussing how the couple would like their faith to be incorporated into therapy, as well as what role they perceive the therapist as having; and (e) agreement to discontinue therapy while providing a suitable reference if and when the couple should find that treatment is not working due to value differences.

As clinicians introduce themselves and begin to establish a therapeutic relationship (for example, providing informed consent), they can ask couples, either verbally or as an item on an intake form, whether they would like their spirituality or religious faith to be discussed or included in the therapy process. In doing so, the couple understands from the outset that clinicians are sensitive to the matter and are welcoming into the process (Watts, 2008). Couples

also may inquire about their therapists' religious affiliation. Therapists are behooved to take such questions seriously, while describing their faith perspectives honestly (Worthington et al., 2008). When there are differences, couples may want to know how the therapist will be able to work with them. We suggest following the above mentioned possibilities. In addition, religious and secular therapists might consider their stance on how much of their faith to incorporate into therapy, or how comfortable they are with meeting the expectations of highly religious couples. In some cases, referrals may be the most ethical option.

Some research has examined matching treatment approaches with certain religious faith. In a representative study, investigators found the following positive correlations: (a) Eastern beliefs with humanistic, existential orientations; (b) orthodox Christian beliefs with cognitive and behavioral orientations (Bilgrave & Deluty, 1998). The ideology of Christian clinicians may conflict with concepts and injunctions of humanistic theories. For the same reasons, Christian clinicians might use cognitive and behavioral based theories.

Clinical and theoretical literature suggests that an Adlerian approach might be useful in working with Christian couples. Watts (2000a, 2007), for one, has demonstrated the significant common ground between Adlerian therapy and Christian beliefs. Both perspectives are relationship-focused and affirm that relationships (e.g., between client and clinician, between client and others, between client and God) is an integral aspect of one's growth. Both Adlerian psychology and the Bible highlight the importance of understanding one's style of life and how such schemas affect one's relationships, one's sense of belonging or attachment, and one's ability to contribute to the well-being of others (which is the Adlerian understanding of *social interest*). We encourage therapists working from any theoretical orientation to consider the

following questions in order to facilitate reflection about how they can best integrate religion into their theoretical approach.

1. How would **the** founder of this theory (e.g., Freud, **Adler, Perls**) view religion? What would he/she say about how the couple's religious beliefs are helping them, or making their problems worse? Do I agree? How might I reconcile possible discrepancies?
2. How open would these founders be to various worldviews of clients? How have contemporary leaders conceptualized or addressed religion?
3. Are the core beliefs (or values) of my theoretical approach compatible with the couple's religious beliefs? Is the theoretical language similar to what the couple might hear in church or in other religious settings (e.g., about the source of depression or obsessions, about hope in the future; the meaning of life; forgiveness and interpersonal conflict)?
4. If not, how might I work with this couple from another viewpoint? Am I willing to do this?
5. How is my alignment with this theoretical approach related to my own religious and spiritual beliefs? How does this transpire into my work with clients, religious and secular?
6. Am I experiencing dissonance between how I am approaching my work with this couple and what their needs are?
7. What am I willing to do differently if my theoretical approach cannot be merged with the beliefs of my clients (e.g., alter techniques, consciously monitor *my* worldview, adopt other theoretical based techniques)?

Finally, psychotherapists can help couples explore perceptual and behavioral alternatives by engaging them in a spiritually reflective dialogue. Therapy methods may be more familiar, accepted, and ultimately effective when consistent with the couple's faith tradition. Of course, clinicians should be careful in challenging the spiritual beliefs of clients on both clinical and ethical grounds. In working with Christian couples, for example, it may be useful to create a dialogue between biblical teachings and their discouraging beliefs and maladaptive behaviors that are contributing to the marital problem. Thus, couples are encouraged to consider perceptual or behavioral alternatives without feeling like the therapists is challenging their core spiritual beliefs (Watts, 2007, 2008).

### *Case Conceptualization*

Our couple case conceptualization typically consists of three components including: a diagnostic impression, an assessment and a treatment formation (Bagarozzi & Sperry, 2005). The diagnostic formulation becomes more important when there are third party pay sources, and is directly related to the assessment. The assessment may be divided into three dimensions of information including psychodynamic, interpersonal, and systemic. When working with religious couples, particular factors within these dimensions may be explored as seen in Table 1. In addition, we have found particular assessment tools helpful, including The Oral History Review (a qualitative assessment by Gottman, 1999), Locke-Wallace Marital Adjustment Test, and the Marital Satisfaction Inventory. Most often the factors within the three dimensions noted above are explored in more detail during the treatment phase which may include the following interventions: construction of family constellation, religious-based genograms, lifestyle assessment, and an exploration of early childhood recollections and dreams (while listening for religious themes).

### Case Illustration

#### *Presenting Problem*

Lynn and Joe married five years ago in a large Catholic wedding. During their second year of marriage, they lived with Joe's parents for one year while their house was being built. They experienced a high degree of stress in their relationship due to Lynn's strained feelings with her in-laws and also because Joe was required to travel throughout his work week. However, the couple reported that the stress at this particular time in their relationship was tolerable. After being married for two years, the couple had their first child, Kyle. Ten months later, they had Renee. Although it was a difficult decision for Lynn, shortly after Renee's birth she decided to resign after five years of work as a physical therapist in order to care for the children full time. When Kyle was 1 years old, he was diagnosed with a urea cycle disorder. Although Kyle was not in urgent need of a liver transplant, he cried inconsolably at least four times a week, was easily agitated and hyperactive, and refused to eat certain foods. Lynn's mother also suffered from urea cycle disorder and until just recently had been waiting for a liver transplant.

Despite their multiple stressors, the couple identified strengths in their relationship. For one, they believed they were good parents. They adhered to the rule of no fighting in front of the children. For another, Joe and Lynn both agreed that they still loved each other and wanted to honor their marital vows.

On the intake form that Joe and Lynn completed, they reported that they were Catholics and attended mass at least twice a month. Joe and Lynn were asked to describe how God was involved in their marriage. Lynn had been a practicing Catholic since childhood. Incorporating God in all of her daily actions was paramount. In terms of her marriage, Lynn's perspectives

were much in line with the Catechism of the Catholic Church. That is, she believed that their marriage was a “sacrament” blessed by God, which can never be dissolved. She believed in the importance of sacrificing self for the good of the marriage, even though she continued to struggle with her “selfish inclinations.” Lynn attended mass as often as possible in order to receive the Eucharist, which increased her feelings of strength and grace in coping with the challenges in her marriage and with her “selfishness.”

Joe, by contrast, was a baptized Catholic but was not raised in the Church. He accepted most of the Catholic teachings on marriage, but did not necessarily live his life “thinking about God everyday.” For example, Joe stayed home to watch the children while Lynn went to mass each weekend. Joe mentioned that he was open to incorporating their religious beliefs as therapy ensued.

Their presenting problem for treatment was a mutual feeling of physical and emotional disengagement. Joe and Lynn were afraid that they had forgotten how to be close.

From Lynn’s perspective, the problem between the couple manifested itself over time, becoming greater with each new stressor. Lynn reported that it seemed more difficult than ever to bring up any challenging topics for fear that Joe would retreat and withdraw as he often did during arguments or when they expressed differences in opinion. Lynn also believed that Joe’s career got in the way of their closeness. However, by Joe working in this capacity, she was able to stay home with the children on a full-time basis, and Lynn believed that staying home with her children was something God wanted. In her mind, this was the “ideal Catholic family set-up, but sometimes it posed a detriment to [her] marriage.” Lynn reported having an abortion with Joe four years prior to their marriage. She continued to experience guilt. One way she coped with her

regrets was by dedicating her life to the children (even when she was “feeling absolutely stressed out”) and doing everything she could to maintain a “model family.”

Joe described the problem as his confusion and his need to step away from conflict. On one hand, Joe thought that he had met Lynn’s expectations as a provider for the family; on the other hand, when he was tired and did not want to participate in family functions, he felt as if Lynn gave him “guilt trips.” He knew that it bothered her when he was away for long business trips, especially when Kyle was unmanageable. However, he felt uncertain about how to talk to Lynn about his own feelings. To “escape his own thoughts,” Joe would retreat by going into work earlier and staying late. Joe also believed that watching his parents “verbally attack each other” during every argument made him afraid to get into any conflicting discussions with Lynn for fear that this would happen to them as well.

#### *Case Conceptualization*

Although it appeared that both partners were experiencing pressure and strain due to ongoing external stressors, Lynn reported factors that I diagnosed as an Adjustment Disorder with both anxiety and depression (309.28). In addition, I suggested a diagnosis of V61.1, Partner Relational Problem. Neither Joe nor Lynn was suffering from any other diagnosable mental disorder.

An Adlerian perspective was used to assess and treat this couple due to the author’s affiliation with it as well as its applicability in treating Christian clients. The clients and clinician opted for conjoint couples therapy every two weeks following two evaluation sessions. We (the first author and couple) agreed that their religious faith would be incorporated throughout therapy. I was also a practicing Catholic. I was cognizant of the human tendency to generalize our experiences. Thus, I am particularly respectful when persons practicing the same religion

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may still have varying beliefs and traditions associated with that belief. During the third couples session, Joe mentioned that Lynn was “stuck in her ways and was using Catholicism to punish him.” Lynn immediately broke into tears and said that she felt the same way he was feeling when she was a child. I decided that it would be helpful to work with Lynn alone for one session given the understanding that our focus would be on this issue specifically, rather than on the marriage.

#### *Course of Treatment*

A Style of Life summary (Sweeney, 1975) was used to assess the couple’s presenting problem, as well as to bring greater understanding and awareness regarding the system’s (marital relationship) effect on the presenting problem. For the purpose of brevity, only salient aspects from the assessment and treatment interventions are addressed below.

*Construction of each partner’s family constellation.* Lynn was ten years older than her younger brother, Carl. He was born prematurely and was “sickly” most of his life. Lynn remembered her mother being “stressed out” most of the time when Carl was a child. She would assume her mother’s caretaking responsibilities during these times, because she felt it “was the right thing to do.” If she decided not to do so, her mother would give her the “silent treatment.” She recalls friction between her mother and father especially when it came to issues related to her brother’s health. Lynn described herself as “uncoordinated, lopsided, and ugly” during elementary school. She began to receive attention later in high school and became increasingly promiscuous until the time she became engaged to Joe. For her, this was a way of rebelling against her parents and against the “nerd image.” In addition, she felt as if she never met her parents’ expectations, academically and in the role of “big sister” to her brother.

Joe was the oldest of three siblings. His parents had him out of wedlock when they were both 15 years old. He recalled witnessing his parents argue most of the time he was growing up.

One of the ways he and his siblings coped with their parents' frequent arguments was by "sticking together." To this day, he takes great pride that his two sisters still look up to him. He always felt great responsibility in making sure they were "protected" from being affected by their parent's loud arguments. Joe described his relationship history as being similar to his parents. That is, although he wanted to have amicable relationships with girlfriends, he always found himself in capricious relationships that essentially "pushed him to cheating on almost every girlfriend he ever had." He wished his girlfriends could have respected him like his sisters did.

A *Religious/Spiritual Genogram* (RSG; Wiggin Frame, 2000) was used to construct a multigenerational map of both Joe and Lynn's family members' religious and spiritual affiliations, events, and conflicts. In addition, the RSG provided Joe and Lynn with helpful information regarding how to make sense of their families' religious/spiritual heritage and to explore the ways in which these experiences impacted their present situation. Lynn was struck by how her parents would use religious tenets as reasons for grounding her when she was growing up. For example, she remembered many times wanting to go to the high school football games, but her mom would be tired or not feeling well. If Lynn protested, her mother would insist that "good girls" watch their brothers. She would stay home out of guilt but was filled with resentment. Years after her abortion, she told her mother. Initially, her mother refused to talk to her for a few months based on her disapproval of Lynn's "un-Catholic" behavior. Lynn realized that often religious tenets and beliefs were used to disparage rather than encourage and edify her. She began to wonder if she did the same with Joe. That is, Lynn's viewed the "Catholic father" as one who should be available and open to working out problems as they came. She also became aware of her belief that, regardless of Joe being tired from his work demands, he should be available and willing to participate in family matters as long as he was at home. During

counseling, Lynn and Joe elaborated on how Lynn's religious-based expectations were setting them up for conflict. However, Joe noted that he had become less resistant to Lynn's demands after becoming aware of where they originated. Lynn also was able to "catch herself" when she was placing unachievable demands on Joe.

Through the construction of his RSG, Joe realized that his family was not necessarily impacted by Catholic (or Christian) beliefs, values and experiences. His family took part in religious traditions (i.e., family get-togethers on Christmas and Easter), but the family's behaviors and morals were not governed by Catholicism. It was after making sense of his RSG that Joe realized that he ~~was often not taking Lynn's Christian Catholic values and beliefs~~ seriously. For example, when Lynn wanted for Joe to pray with her, Joe's typical response was to sigh or to ask her to wait until he was done completing whatever task he was doing.

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Regardless of the role Joe perceived prayer to play in their relationship, he came to a greater appreciation of how Lynn relied on it to help her get through their marital conflict. Eventually, prayer became a way for the couple to come together amidst conflict and disagreement.

*Interpretations of early recollections.* Recollections can provide the counselor with information about the client's current attitudes, motivations, and beliefs. Both Lynn and Joe completed a *How I Remember My Family Questionnaire* (Watts, 2000b). This assessment provided the counselor with information about early recollections regarding each partner's family of origin. Also, one of the items in the questionnaire addressed the role of religion in each partner's family of origin and provided space for further discussion in couples counseling. In Lynn's case, this information proved to be especially useful.

Lynn recalled sitting at her maternal grandmother's kitchen table. She remembered feeling "happy and at peace." Her grandmother and mother were cooking something together and

having what sounded like a “light-hearted conversation.” Her father could be heard from the living room laughing with her grandfather. Although during this particular memory there was not direct interaction with her from anyone in the home, she remembers feeling very loved and safe. Lynn experienced these same feelings as a child when she and her family would attend their church’s yearly dance. She recalled everyone being happy. When asked to provide a “headline” to capture this event (Sweeney, 1975, p. 49), she described it as, “My Perfect Life.”

Over time, Lynn was able to identify how having the “perfect life” set her up for resentment and fatigue. For example, she realized that in her efforts to maintain the “perfect family,” she continuously “self-sacrificed” in ways that were beneficial to neither her nor her family. She experienced undue anxiety and exhaustion. She set unrealistic demands on Joe such as expecting him to know what she needed and wanted without her having to ask for it. When Joe did not meet this expectation, Lynn reported that she did indeed give him “guilt trips” that would cause him to retreat even further.

Joe had more difficulty in coming up with an early recollection. He did, however, mention one event that often recurred in his thoughts. He was about 12 years old, and he and his family were on one of their many camping trips. He recalls sitting on a stoop about 20 feet from the family’s camper. His parents “were having another screaming match.” This time, he remembers hearing something break, like a beer bottle. He recalls being cold, but he told himself that he “had to be strong.” The pool where his sisters were swimming was visible. He recalled telling himself that he “had to make sure they were okay.” However, what he really wanted to do was run and never come back. His headline was, “If Only I Could Escape.” Unlike Lynn, Joe did not remember religion playing a role in his family.

Throughout the conjoint sessions, both Joe and Lynn could see how his family-of-origin related experiences played out in their relationship. On one hand, Joe realized that talking through difficult topics with Lynn or even telling her that he was too tired to participate in the family function she desired would not hurt him, nor cause Lynn to react with outrage. Lynn realized that any form of conflict pushed Joe away. Therapy was used to role-play other ways in which Lynn could confront Joe when she needed or wanted something without placing “guilt trips” on him.

*Basic misperceptions and assets.* A discussion about each partner’s basic misperceptions and assets were addressed in couples counseling (as were the above mentioned assessment areas) and proved to be beneficial in terms of bringing greater understanding of each other’s style of life and how this affected the marital relationship. Three of Lynn’s basic misperceptions included: (a) all conflicts and arguments must be resolved or she had failed as a mother, wife, etc.; (b) good husbands know what their wives need; and (c) she is unlovable when she is emotional. Joe’s identified basic misperceptions included: (a) conflict will always lead to trouble in relationships; (b) “I have to please everyone;” and (c) believing that he “just didn’t learn to be a good husband.” On the other hand, Lynn identified her assets as: (a) strong allegiance to her Christian faith; (b) being dedicated to her role as a mother and wife; and (c) being persevering and never giving up. Joe identified his assets as: (a) being a conscientious and hard worker; (b) valuing family and relationships despite conflicts; and (c) being willing to change or exercise flexibility in order to bring peace to conflictual situations. Throughout counseling, such assets and liabilities were examined in terms of how they affected the couple’s relationship, specifically in terms of how the liabilities contributed to the presenting problem, and how the assets could help them move beyond the problem.

*Outcome and Prognosis*

Joe and Lynn attended a total of seven counseling sessions together over 3 months. They decided to terminate due to Joe's demanding business travel. However, the couple felt confident about how to incorporate the insight and awareness stimulated from the above mentioned interventions. For example, the couple wrote their basic misperceptions out on a large sticky note and put it on their bathroom mirror. Next to it, they stuck a note with realistic beliefs, ones that brought them closer together. Lynn also decided to keep her realistic perceptions in her purse. It should be noted that their insight increased over time. That is, it took time and discussion for each partner to consider seriously how both were responsible for the presenting problem.

During the last counseling session, the couple came to therapy "excited about their progress." A few days prior, the couple got into an argument about Joe forgetting about a theatre date that Lynn had scheduled two weeks prior. He had come home too late for them to attend the show and Lynn reported that her first thought was, "Here we go again. Can't he get it right once!?" She said that she could feel herself "burning with anger and becoming flooded with sadness." However, both partners decided to do something that was contrary to their misperceptions. Instead of Joe retreating to the computer room so as to avoid another argument, he walked up to her, hugged her and asked her with a laugh, "Can you forgive this ol' slug? How can I make it up to you tonight?" Immediately Lynn felt some of her anger dissipate. She was still upset about missing the show; however she considered one of her misperceptions, namely, that all conflicts need to be solved. So instead of remaining fixated on this, she simply said, "I am still upset, but I am willing to try to put it aside tonight, because my time with you is more important."

I also incorporated some grief work due to the struggles that both partners experienced in coming to terms with the imperfections of their families-of-origin. Lynn had requested additional individual counseling and saw me once a month for about six months. Further processing of the above mentioned interventions took place, as well as how reevaluating how her Catholic values and upbringing could be used to enhance her role as a mother and a wife.

### **Clinical Issues and Summary**

The intent of this article was to advance the practice of couples therapy with religious couples. Our approach is obviously only one way, and we emphasize the absence of any controlled outcome research on Adlerian therapy with religious couples. There are probably many ways in which to successfully treat the above case.

In our experience, clinicians working with religious couples are advised to (a) systematically assess the couples' religious faith, preferences, and potential conflicts; (b) demonstrate respect for and strive to use the couple's religious beliefs to establish a therapeutic relationship, (c) collaboratively investigate with the partners the potential strengths, supports, and opportunities of their religious beliefs that might advance their marriage, (d) operate flexibly and integratively in using their preferred therapy and thus be able to incorporate the couple's faith language in the therapy process, and (e) be open to consulting with religious leaders who can bring greater understanding about the needs and belief system of the couple.

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Table 1

Assessment of Couple: The Inclusion of Religious Factors

Dimension	Religious Influences Factors to be Explored
Intrapsychic	<ol style="list-style-type: none"> <li data-bbox="729 380 1146 474">1. How religious beliefs inform one's behavior and thoughts</li> <li data-bbox="729 506 1146 716">2. What feelings or experiences are generated when one is behaving or thinking according to the religious beliefs</li> <li data-bbox="729 747 1146 842">3. How does one's religion/faith bring meaning to life</li> <li data-bbox="729 873 1195 961">4. What intra-personal struggles related to living out one's faith are experienced</li> </ol>
Interpersonal	<ol style="list-style-type: none"> <li data-bbox="729 993 1146 1087">1. How religious beliefs inform one's interactions with partner</li> <li data-bbox="729 1119 1182 1213">2. What guidance religious community providers about one's role in marriage</li> <li data-bbox="729 1245 1187 1455">3. How one's religion helps or gets in the way of developing and maintaining meaningful relationships (e.g., marriage)</li> <li data-bbox="729 1486 1179 1516">4. Beliefs about how partners should (or</li> </ol>

can) share meaningful religious experiences together

Systemic

1. Religious practice in family-of-origin
  2. How religion was used in positive and negative ways in family-of-origin
  3. How religion/faith guided relationship between parents, and among family members
  4. Acceptable practices of faith within family-of-origin
  5. Support from community to practice faith
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