Marital Therapy with Alcohol-Affected Couples: Treatment Strategies

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When problematic drinking interferes with an individual's physical health or life functioning, the alcohol use itself must be interrupted. Before a therapist can address other life-style issues, he or she must help the client to change the specific behaviors related to alcohol consumption. Thus, the treatment plan for an individual with alcohol-related problems must focus, at least in part, on measures that promise to alleviate the immediate problem of alcohol use. Depending on the severity of the alcohol problem, these measures may include detoxification and inpatient treatment. Treatment focused narrowly on alcohol consumption, however, provides a short-term solution at best. Long-term sobriety requires a holistic approach and attention to all elements of the client's life-style.

Adlerians know that individuals can be understood and treated only in a social context, that each human is "embedded in the community of his fellow man, which furnishes both the resources and the problems of his life" (Rattner, 1983, p. 4). This is as true of alcoholics as of any other group of clients. Alcoholism, like all problems, develops in a social milieu and can best be resolved in the social context. In the case of adult alcoholism, the most important social system affecting treatment outcome has been found to be the family; in fact, "the more cohesive and supportive the family . . . the better the prognosis for an individual who has been treated for alcoholism" (Finney, Moos, & Mewborn, 1980, p. 27). Within the context of the troubled alcoholic family, the spousal subsystem plays a major role in

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the development and maintenance of alcohol problems and must play an equally important role in their resolution. Steinglass (1979), after studying the interactions of a number of marital couples affected by alcoholism, determined that these couples tended to use the alcoholic's intoxication as a way of dealing with conflict and as a way of stabilizing their interactions. Clearly, effective therapy for alcohol problems must be directed toward helping couples to change these highly dysfunctional patterns. Although a large number of treatment alternatives are available, treatment strategies can best be categorized in terms of three general types: (1) alcohol-focused interventions aimed at supporting the alcohol abuser in modifying or quitting his or her drinking, (2) interventions aimed at improving the quality of the marital and family relationship, and (3) relapse prevention strategies.

Alcohol-Focused Interventions

Interventions with alcohol-affected couples need to begin by helping them to interrupt the ongoing patterns that have characterized their past interactions (Lewis, in press). Part of the therapist's role at this point involves helping the nondrinking individual to decide whether it is possible or appropriate to press the alcoholic into treatment. In some cases, the best alternative may involve disengagement; the nonalcoholic spouse may seek a more positive life-style with or without the participation of the alcohol abuser. If the nonalcoholic spouse has previously behaved in ways that enabled the alcoholic to drink without negative consequences, a change in this pattern might precipitate a change in the alcoholic's drinking even without direct confrontation. "The alcoholic who is sheltered from the reality of his behavior has little reason to stop drinking. He continues to derive satisfaction (no matter how unhealthy) from his drinking and if he does not have to face the consequences, why should he stop?" (Krimmerl, 1975, p. 16). Forcing the alcoholic to face the consequences of his or her drinking behavior might bring about a crisis that leads to change.

The ideal situation, however, is one in which the couple decides as a unit to move in the direction of recovery. In this case, the alcoholic and his or her spouse must come to a clear and specific agreement between them about the goal for the alcoholic's drinking and the role of each in achieving this goal. If moderation in drinking is the mutually-accepted goal, then agreement must be reached concerning acceptable limits, drinking situations, and consequences of excessive drinking. If abstinence is the goal, an initial target time period for such abstinence needs to be established, at the end of which the goal should be reviewed. The benefits

to be gained by adherence to the agreement, as well as the effects of violations, must also be clearly identified.

Some alcoholics use disulfiram (Antabuse), a drug that produces violent nausea when combined with alcohol. If Antabuse has been prescribed, it is taken daily in the hope of discouraging impulsive alcohol use. Couple involvement in Antabuse procedures has been used with some success (Azrin, 1976) to ensure daily Antabuse ingestion and to prevent nagging and arguments between the alcoholic and the spouse. When this approach is used, the alcoholic agrees to take Antabuse each day in the presence of the spouse. The spouse agrees to record the event on a calendar provided by the therapist and not to mention past drinking or any concerns about future drinking. As O'Farrell (1987) stresses, this process must be viewed by the couple as a cooperative, trust-building procedure, not as a surveillance operation.

Another issue of importance involves the behavior of the nonalcoholic spouse and other family members with regard to alcohol use. Decisions must be made about whether to keep alcoholic beverages in the home, whether to accept invitations to social events where alcohol will be served, and whether to socialize with friends who drink heavily (O'Farrell, 1987). In their consideration of these issues, the alcoholic and his or her spouse are, in effect, agreeing together on the life-style changes that they hope to make.

Destructive communication or interaction patterns that generate tension also need to be identified and addressed if drinking behaviors are to change. Frequently, married couples engage in behaviors that exacerbate alcohol abuse or allow drinking to substitute for problem solving and conflict resolution (Steinglass, 1978). The couple working toward abstinence or moderation in alcohol use needs to analyze the true goals of their behaviors and, at the same time, learn new skills that can take the place of dysfunctional interactions.

General Marital Improvement Strategies

Improving a marital relationship involves work on attitudes, behaviors, and feelings, with improvements in feelings seen as a by-product of improvements in the other two areas. Partners in an alcohol-affected marriage often have a history of resentments, breaches of trust, and disappointments. They are typically enmeshed in a circular pattern of blaming behavior, with *both* members feeling that they are unappreciated for their contributions and *neither* willing to take responsibility for difficulties.

The overriding task of a marital therapist is to build in such couples the mutual conviction that each partner has positive intentions toward the

other. This process, like the encouragement process used with individuals (Dreikurs, 1953), increases the individual's confidence in himself or herself and in the efficacy of the relationship. If a conviction of positive intentions exists, displeasing behaviors by one's partner, when they occur, will not automatically be escalated into a personal attack or viewed as a deliberate effort to hurt or annoy. Such misinterpretations and faulty conclusions are the crux of interpersonal conflict. Creating positive conviction requires regular demonstrations of good will and good faith by each partner toward the other, as well as recognition of past contributions and demonstrations of good intentions.

The process can be summarized in terms of the "4 R's" (Manaster & Corsini, 1982). It begins cognitively, with *respect*. "I decide to respect my partner and believe in his or her good intentions." The next step is positive action: *responsibility*. Instead of worrying about the other's doing his or her share, each behaves "as if" he or she were responsible for 100%. Only after a pattern of positive, responsible action is demonstrated and acknowledged can feelings begin to change and *responsiveness* become a reality. *Resourcefulness*, the fourth R, is demonstrated when a couple begins to solve problems flexibly and creatively, exploring and drawing upon many alternatives instead of using the old, automatic ways that are typical of alcoholic families.

The importance of good intentions is stressed in the following adaptation of O'Farrell's (1987) Increasing Pleasing Behaviors exercise. A series of activities can be initiated to increase a couple's appreciation of their mutual good intentions, as well as their knowledge about what actually pleases the other. Each spouse is asked to complete a list of five things the partner has done that demonstrated his or her good intentions *and* which were pleasing. Another list identifies things the partner has done that were *not* pleasing but that probably were done with good intentions; in this list, the good intentions are also described. The two lists are then read aloud and discussed. The first list provides encouragement and mutual awareness of the other's appreciation. The second list provides an opportunity for reframing or refocusing on positives; even though displeasing behavior is mentioned ("husband is working too much overtime; wife is nagging me about my drinking"), there is acknowledgment that, in performing the behavior, the partner's well-being is being considered ("he wants to provide financially for the family"; "she is worried about my health and safety"). The discussion might conclude with the couple negotiating alternative behaviors that might be performed in place of the well-intentioned ones that were not pleasing.

If a couple is finding they are having difficulty pleasing each other, it may be that they are unaware of what the other wants or needs. "Give the customer what he or she wants" is an unquestioned maxim in the retail

world, and market researchers constantly work to discover what desires customers have so that these desires can be met. Yet, at home, many people are in the dark as to what pleases their partner. The woman who prepares elaborate meals for her husband may be sabotaging the partner's attempt to maintain a normal body weight. The man who massages his wife's back before lovemaking in the hope that she will do the same to him may very well *not* be pleasing her; he may not get what he wants unless he tells her specifically what he likes. Many couples need to be taught how to get more of what they want by articulating their wants in positive, clear, and specific terms.

One issue that may be important for couples involves leisure time. Quitting or curtailing drinking creates a vacuum for many couples in terms of how to spend nonworking time. A common solution is for the alcoholic spouse to commit large blocks of time to Alcoholics Anonymous meetings. The spouse's response may be one of resentment, along with feelings of being neglected or left out. Some will choose to join Al-Anon, thereby getting their own needs for support met but, on occasion, increasing the distance between the spouses. Although involvement in mutual help groups should be encouraged, the alcohol-affected couple should also be encouraged to cooperate in planning and carrying out leisure time activities without an alcohol focus.

Sometimes, new competencies are needed by couples in order to carry out previously untried behaviors. The need for skills in communication, assertiveness, problem solving, and conflict resolution might have been covered up by the couple's previous focus on alcohol. Now, the leisure time vacuum may be joined by a communication vacuum and intensive skill-building efforts become imperative.

Good communication involves a cooperative interaction. The therapist can teach the couple how to structure communication sessions (Hahn, 1984) that begin with positive or neutral topics. In such a planned, face-to-face discussion, each partner takes a turn expressing his or her point of view without interruption. When one partner is finished, the listening partner responds by repeating back both the words and the feelings of the speaker's message, thereby checking to make sure that the intended meaning was received. Only when the feedback loop is complete does the second partner begin his or her turn. As skill increases, communication sessions can be increased in duration and frequency and attempted with more controversial topics. Couples can use *Time for a Better Marriage* (Dinkmeyer & Carlson, 1984), a self-contained marriage enrichment manual that includes communication exercises and daily discussion topics.

Relapse Prevention

No matter how motivated the client may be or how effective the therapy, the danger of relapse is always present when dealing with addictions. The recovering couple has to remain vigilant, working together to recognize the signs of incipient relapse and to prevent minor slips from developing into major binges.

Effective relapse prevention work depends on the counselor's ability to view the client from a holistic orientation that sees the person as a unity (Mosak, 1989). The most frequently used relapse prevention model, which is based on the work of Marlatt and Gordon (1985), depends on a recognition of the complex interactions among psychological and social factors. Drinking behaviors are seen as important but are addressed in the context of the person's general life-style, environment, and emotional well-being.

In the Marlatt and Gordon approach, relapse prevention begins with an analysis of the alcoholic's typical drinking patterns. High-risk situations are identified and coping strategies developed and practiced. Typical strategies employed are assertive drink refusal, avoidance of high-risk situations or people who drink, relaxation routines, and use of substitute activities. Homework assignments are aimed at providing a feeling of mastery or confidence that can help in dealing with future high-risk situations. Role-playing or rehearsal in the therapist's office also helps to prepare the client for forthcoming activities, such as office parties. The more success experiences the person has, the more encouraged he or she becomes concerning the ability to master difficult situations in the future.

Alcoholics also need to learn to distinguish between "cravings" for alcohol and states of emotional arousal brought on by conflict, stress, or crisis. The Marlatt and Gordon model uses a number of self-monitoring activities, suggesting that clients keep logs of cravings, alcohol refusals, drinking incidents, and the circumstances and feelings associated with each incident. The self-knowledge that is enhanced through these methods can lead in the direction of life-style changes, with clients learning how to avoid situations that threaten their sobriety and how to create positive growth opportunities for themselves.

In addition to addressing situations and skills that are directly related to alcohol use, the Marlatt and Gordon model stresses the use of global intervention strategies that are designed to increase the client's overall ability to deal with stress, to train the client in identifying early warning situations, and to address the need for a balanced daily life-style. The recovering client needs to lead a life that balances work and leisure, growth and stability, self-control and reasonable indulgence. Threats to this life-style balance, whether personal or situational, need to be recognized early if relapses are to be prevented.

Clearly, the nonalcoholic member of the couple has a major role to play in relapse prevention. Early training regarding the nature of the relapse process and its prevention needs to be provided to both members so that they can work together in the relapse prevention effort. The kinds of lifestyle changes that can prevent relapse require the joint effort of the alcohol-affected couple. This effort can become a reality only if both members agree on the steps that they will take together and only if both members carefully maintain an awareness of their own goals and behaviors. In the final analysis, alcohol problems are resolved when couples recognize the purpose that alcohol has played in their relationship and find better ways to meet their life goals.

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Life is a tragedy for those who feel and a comedy for those who think.
Oscar Wilde
