

**HOW THERAPISTS HARM MARRIAGES AND WHAT WE CAN  
DO ABOUT IT\***

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Two dangers face now married people who seek therapy as individuals or as couples. The first danger is individually trained therapists who are incompetent in working with couples. The second is therapists, whether competent or not, whose individualistic value orientation leads them to undermine marital commitment when the marriage causes distress for an individual. In our consumer culture, some therapists follow the cultural script that regards marriage as lifestyle to be abandoned if it is not working for either of its customers. We need a searching discussion in the field about how to address our complicity in unnecessary divorces, and a series of reforms to improve how marital problems are treated in clinical practice.

I take no joy in being a whistle blower, but it's time.

I am a committed marriage and family therapist, having practiced this form of therapy since 1977. I train marriage and family therapists. I believe that marriage therapy can be very helpful in the hands of therapists who committed to excellence in its practice. But there are a lot of problems out there with the practice of therapy for people with marriage problems. I first started to talk about this in my 1995 book, Soul Searching, and I have been growing more concerned since (Doherty, 1995).

According to a national survey, 81 percent of all private practice therapists in the United States say they do marital therapy (American Association for Marriage and Family Therapy, 1997). But only about 12% of them are in a profession that requires even one course or any supervised experience. Only marriage and family therapy as a profession requires any course work or supervised clinical experience in marital or couples therapy. So most people who say they're doing this work picked it up on the side or not at all.

Beyond conjoint marital therapy, however, there is no doubt that most discussions of marital problems occur in individual psychotherapy, which is the most common form of therapy in everyday practice. And that's where a lot of the damage to marriage goes on. The other damage occurs when couples see a therapist together for marital therapy.

Since I am going to be telling a number of stories to bolster my argument, I offer a caveat up front. I was not in the room to hear what the therapist said in each case, and you cannot always assume a one to one connection between what somebody reports the therapist said and what the therapist actually said. However, when after hearing these

stories over and over from a lot of different people, including those who are not angry at the therapist, I think we can trust the gist of what we're hearing people say that the therapist told them. And I have personally heard similar statements from therapists in public presentations and case consultations. Thus, although I can't stand behind the accuracy of behind every word in the stories, I do feel I can stand behind the patterns and the trends I will describe.

Another preliminary point: For purposes of this critique and set of proposals, I am using the term "marriage" to mean a sexually bonded intimate relationship in which the partners have made a public, lifelong commitment to one another, regardless of the gender of the partners. I begin with a story.

#### Paul and Marsha's Near Miss

Soon after her wedding, Marsha felt something was terribly wrong with her marriage. She and her husband Paul had moved across the country following a big church wedding in their hometown. Marsha was obsessed with fears that she had made a big mistake in marrying Paul. She focused on Paul's ambivalence about the Christian faith, his avoidance of personal topics of communication, and his tendency to criticize her when she expressed her worries and fears. Marsha sought help at the university student-counseling center where she and Paul were graduate students. The counselor worked with her alone for a few sessions and then invited Paul in for marital therapy. Paul, who was frustrated and angry about how distant and fretful Marsha had become, was a reluctant participant in the counseling.

In addition to the marital problems, Marsha was suffering from clinical depression: she couldn't sleep or concentrate, she felt sad all the time, and she felt like a

failure. Medication began to relieve some of these symptoms, but she was still upset about the state of her marriage. After a highly charged session with this distressed wife and angry, reluctant husband, the counselor met with Marsha separately the next week. She told Marsha that she would not recover fully from her depression until she started to “trust her feelings” about the marriage. Following is how Marsha later recounted the conversation with the counselor:

Marsha: “What do you mean, trust my feelings?”

Counselor: “You know you are not happy in your marriage.”

Marsha: “Yes, that’s true.”

Counselor: “Perhaps that you need a separation in order to figure out whether you really want this marriage.”

Marsha: “But I love Paul and I am committed to him.”

Counselor: “The choice is yours, but I doubt that you will begin to feel better until you start to trust your feelings and pay attention to your unhappiness.”

Marsha: “Are you saying I should get a divorce?”

Counselor: “I’m just urging you to trust your feelings of unhappiness, and maybe a separation would help you sort things out.”

A stunned Marsha decided to not return to that counselor, a decision the counselor no doubt perceived as reflecting Marsha’s unwillingness to take responsibility for her own happiness.

It gets worse: Marsha talked to her priest during this crisis. The priest urged her to wait to see if her depression was causing the marital problem or if the marital problem was causing the depression--a prudent bit of advice. But a few minutes later, the priest

said that, if it turned out that the marital problems were causing the depression, he would help Marsha get an annulment. Marsha was even more stunned than she had been by the therapist. The rest of the story is that they did find a good marital therapist who helped them straighten out their marriage, Marsha's depression lifted, and they are currently doing well. They survived two efforts at what I call "therapist-induced marital suicide."

Now Paul was a very nice guy. But he was young for his age and he didn't know much about feelings. I didn't know about feelings at his age either, and he was just really befuddled that his new bride was depressed all the time. I had been to their wedding six months before this and was appalled at this turn of events in therapy. How did we get here? It's not that therapists or pastoral counselors are out to hurt people and deliberately undermine marriage. What is going on here?

#### Where We Have Come From and Where We Are Now

I want to give you my version of a cultural overview of the problem I have identified. It was in the 1950s that people really began to pay attention for the first time, in a systematic way, to marital problems. The field of marriage counseling got started then. As we look back at the 1950s from a current perspective we see a focus on traditional marriage, with traditional gender roles, a reluctance to allow women to be in the workforce. We see divorce being viewed as a personal failing. If you remember in those days a woman was a divorcée her entire life. If she was in an auto accident, the newspaper headline said, "Divorcée in Auto Accident." A tremendous amount of social stigma was attached to divorce. Therapists often saw divorce as a treatment failure, based on personality problems of an individual. As we look back we often see that the therapist supported certain gender arrangements that society revisited later on. And in the

1950s most people who were doing any work in the marriage area were oblivious to marital violence; it was only in the 70s we began to pay attention to that problem.

So, what we do in our country is, of course, swing from one kind of model to another. When the 60s and 70s came along, we had the rise of the culture of individualism, of marriage based not on duty anymore, but on personal happiness. The dark side of marriage now became apparent as we began to understand the amount of abuse that went on. The divorce rate skyrocketed, no-fault divorce laws began to be passed in the early 1970s, and we had the cultural revolution in which we were liberating individuals from the traditional strictures of conventional morality.

Therapists took two stances towards marriage during this era. The first stance was "neutrality" on the subject of marital commitment. In a short time, therapists moved from an era in which a prominent psychiatrist in the 1950s said that he never supported a couple's decision to get a divorce, to an era where the therapist was supposed to be neutral. A recent survey of clinical members of the American Association for Marriage and Family Therapy found that nearly two-thirds said that they are "neutral" on the subject and marriage and divorce. As a prominent family therapist told the press a few years ago, "The good marriage, the good divorce, it matters not."

The other stance emerging during the 1970's was beyond neutrality, to therapists seeing themselves as liberationists to help people out of unhappy marriages and other commitments in their lives. We had the introduction of the idea of liberation from marriage, particularly when somebody sees an individual therapist. If you describe your marriage as painful for you, the therapist wants to liberate you from this toxic influence. This stance is still with us. If someone raises a concern about the fate of their children,

many of us were trained to say that kids will do fine if their parents do what they need to do for themselves. That's what I used to say at the beginning of my career.

The 1980s and 1990s were a time when market values---the norms of the marketplace--triumphed in American culture. Consumerism prevailed. If the 1970s were the "I gotta take care of my own psychological needs" decade, the 1980s added the element of material greed. The business model invaded everywhere. I'm not against the business model in business, but look how it has invaded the professions with managed health care and universities having "customers" (previously known as "students"). For an analysis of the consumer culture of childhood, see Doherty (2000).

We have less loyalty now, in all spheres of life, than we did 20 or 30 years ago. Employers are less loyal to their employees; employees are less loyal to their employers. People are less loyal to their particular church or faith community; they shop around for the best show, the best services. In a generation we have moved rapidly from being citizens to being primarily consumers. Can you imagine any politician now saying, without people laughing at him or her, "Ask not what your country can do for you, ask what you can do for your country?" It would not be believed. We moved from this idealism to Ronald Reagan winning an election by asking, "Are you better off than you were four years ago?"

We are now primarily customers. And customers are inherently disloyal. Marriage, I believe, has been strongly influenced by a combination of the individual fulfillment culture and the consumer culture. Marriage is becoming another consumer lifestyle. The traditional marriage vows in some parts of the country are changing to "as long as we both shall love," instead of "as long as we both shall live." I think people now



are beginning to see themselves as “leasing” a marriage. A counselor who works in the military told me that a number of young adults that she counsels tell her that, if they’re not sure whether they should get married, “if it doesn’t work out, we can always get a divorce.” That’s like saying, “I’m not sure if this car will last long, so I’ll lease,” and then if it falls apart, it’s somebody else’s problem.

An example: Levi’s is attempting to make a comeback after its jeans have lost their trendiness. (If you lose your trendiness in the consumer culture, you’re dead.) Levi’s has an ad, a lavish ad across six magazine pages, featuring the ups and downs of dating couples whose relationships don’t last very long. The final page shows two female roommates, one consoling the other about a recent breakup. Just behind the two roommates, on the kitchen wall, is an art poster in Spanish that says, “My parents divorced.” The caption underneath the ad contains the take home message from Levi’s. “At least some things last forever--Levi’s. They go on.” You have to look at marketers to see what’s happening in the culture.

Another example: A New York Times journalist reported being at a wedding and hearing a woman at the wedding reception (apparently she was a relative of the groom) say in a loud voice about the bride: “She will make a nice first wife for Brian.” Could you imagine if this was your daughter? This is like a first job, or a first house. When our daughter moved into a grubby basement apartment, with bugs, but one that she could afford, we said, “It’ll make a nice first apartment.” Or, maybe we say “a nice first girlfriend,” when our son is a teenager--but a nice first wife?

As therapists, we are far more absorbed in the culture than we are observing of the culture. Most of us like to think we’re counter cultural, but we’re not-- we’re just

swimming along in the mainstream. When I began to pay attention to the language that therapists use in clinical consultations, talk shows, and self-help books, here is what I came up with:

- "The marriage wasn't working anymore." This is saying your car not working anymore, and it not worth putting more money into repairs? If it's not working, get another one.
- "It was time to move on." That's what we say about a job. I invested in the job, I've lost my creative edge, and it's time to move on.
- "You deserve better." This is a very consumerist saying, which friends, not just therapists, will say this to each other about a marriage. You complain about your marriage and your friend or your therapist says, "You deserve better." That is a market-oriented language when it is not balanced with what the client's responsibilities are as well.
- One well-known therapist and social scientist refers to "starter marriage." Starter marriage? Now when you hear the word "starter," what do you think of... a starter home? A starter home – a little home that you plan to leave. So you have a starter marriage.
- Futurists are now talking about "ice breaker marriages" and "renewal marriage," the latter being five year contracts (like renewable interest-rate mortgages). The difference, of course, is that your bank will always be there for you with a new interest rate, but will your spouse?

In sum, I am suggesting that this kind of language represent the invasion of a market, consumerist ethic into marriage, on top of the already prevalent messages about

individual fulfillment and satisfaction. This is a powerful combination. I'm also saying that as therapists and marriage educators, if we do not counter this culture, we're not going to have any influence at all. Which is why the twenty first century versions of marital therapy and marriage education has to be based on moral principles about commitment, not just based on ideas about enriching your marriage and reaching your potential. The discourse of marriage as a healthier and more fulfilling lifestyle will not give our marriages enough depth to withstand the cultural teachings that our current partner is not serving our needs well enough and that a different, improved partner will do a better job.

### My Own Values About Marriage and Divorce

You have a right to know where I am coming from. I do not believe that we can or should go back to the 1950s or before. I believe that some divorces are necessary. All major religions recognize that some married people cannot live together, that some relationships break down irretrievably. Some marriages are dead on arrival at the therapist's office. Some people just drop their spouse off at the therapist's office and head out the door. I think divorce is a necessary safety valve for terminally ill marriages. I have a friend who discovered her husband and coparent was a pedophile, and he would not admit wrongdoing and get help. The moral thing to do was to send him packing. As much as believe there is much that we can do to save many marriages, it is important to understand that there can be a dark, tragic side to marriage. But divorce ought to be the tragic exception, not the norm.

I view divorce as being like an amputation to be avoided if at all possible because it brings about permanent disability, especially when children are involved. But

sometimes, an amputation is necessary. I also believe that we can reduce the divorce rate substantially, without increasing the number of miserable conflicted marriages. I would not be pleased if we reduced the divorce rate by one third and increased by one third the rate of truly miserable couples. We can do both: we can reduce the divorce rate, and we can increase the percentage of people who are working out successful marriages. We have to do both. This is not just a divorce prevention movement.

### How Therapists Undermine Marital Commitment

Having stated my own values, my critique focuses on the unnecessary pain and unnecessary divorce created by incompetent therapists and by therapists who have hyper-individualistic approaches to marriage. In this view of marriage, marriage is a venue for personal fulfillment stripped of ethical obligations. And divorce is a strictly private, self-interested choice, with no important stakeholders other than the individual adult client. The result is, in my opinion, is that it is dangerous in America today, to talk about your marriage problems with a therapist. You don't know what their attitude is. I don't have any research on this, but I believe you may have a better than even chance of having your marriage harmed, especially if you go to therapy as an individual to discuss your marital problems—but even if you go to marital therapy.

Now I'm going to talk about the most common ways that therapists undermine marital commitment. And I want to underline again that I believe in therapy. I do this for a living. I train therapists, and I think that therapy can be enormously helpful in the right hands. There are four ways that therapists undermine marital commitment: incompetent therapists, neutral therapists, pathologizing therapists, and overtly undermining therapists.

First, incompetent therapists. The biggest problem I see in this area is that most therapists are not trained to work with couples, and they see working with couples as an extension of individual psychotherapy. It is not. In individual therapy, depending on your model, you can be laid back. You can be empathic and clarifying, you can even be fairly passive if you want. People will tell their story, they will feel heard, and they will be helped to think through their concerns and their options. If you take that approach in marital therapy, you will fail. If you have a warring couple in your office, and you do not create a structure for that session, they will overwhelm you. They will repeat in the office that which they do at home. A lot of therapists end a stormy session with, “Well, we’ve clarified some of the issues, haven’t we?” Which means they've put in psychological terms the stuff that the couple already knew they were doing. And these therapists offer no direction, no structure, and no guidelines--under the pretense that this is being helpful. This may be helpful to some individuals in therapy, but it is not helpful to couples.

Another thing that incompetent therapists do is to focus on only one partner’s problems and contributions. Feminists have pointed out how therapists with traditional assumptions about gender may hold the wife responsible for what is wrong and for making it right. Although women sometimes get more than their fair of the therapist's negative attention, an under-recognized problem is that men also get seriously disadvantaged in some couples therapy. Men often come to therapy to save their marriage, not primarily to seek insight into themselves. Their light bulbs have gone on: I could lose this woman, I could lose these children, and I have to shape up. When they come to a therapist who is only used to dealing with individuals, they may be in trouble.

The therapist begins with “And how do you *feel* about being here, Joe?” And Joe says, “Well, I’m just here to save my marriage.” “No, Joe, that’s not a feeling.” “Well, I think it’s important that we....” “No, no, that’s a thought, Joe, that’s not a feeling.” It turns out that Joe is not a candidate for individual psychotherapy, which to the therapist means that he’s got big time problems. The therapist and the wife decide that both partners need a lot of individual help. And so you try to trot Joe off to an individual therapist. He doesn’t go, because he’s there to save his marriage, not to understand his psyche--which proves that he is not serious about change.

The wife can also lose out in this scenario if she is the only one to admit that she has "issues." She’ll say that she’s depressed a lot, and that she’s read a lot of self help books and knows she is co-dependent or something worse. So the therapist and the husband become co-therapists to help her with her problems. And it goes nowhere.

Another situation in which therapists inappropriately try to turn marital therapy into individual therapy is when the therapist can’t handle the in-session conflict. The therapist can’t handle the hot conflict, feels overwhelmed by it. This work is not easy. Jay Haley, one of the founders of family therapy, says that marital therapy is the most difficult form of therapy. The pulls, the triangles, the hot conflict right in the room make this therapy very challenging for the therapist. The problem isn’t just that some therapists can’t handle it. The problem is they don’t know they can’t handle it, and they assume that there is a lot of individual pathology going on. So they turf the spouses off to their individual therapist colleague, or keep one of the spouses in individual therapy and send the other to a colleagues. I have seen a lot of unnecessary divorces because of this scenario.

Second, neutral therapists. In the 1970s and 1980s, I was a neutral therapist on marriage and divorce, which is what over 60 percent of marriage and family therapists currently report themselves to be (Wall et al., 1999). I helped people do a cost-benefit analysis--what does the individual gain and lose by staying married or getting divorced. This consumerist cost-benefit analysis disguises itself as neutral. A sole emphasis on the questions "What do you need to do for you?" and "What's in it for you to stay, what's in it for you to not stay?" are not neutral because they focus only what the individual sees as his or her own personal gain or loss. Neutrality when somebody has previously promised before their community, and perhaps before their God, to be married to this person until death do them part--neutrality on whether somebody can fulfill this commitment--is an undermining stance, not a neutral stance. And it often sides with the more self-oriented spouse. When people are seriously considering getting out of a marriage, listen to their language. They are often using the language of individual self-interest, not the language of moral commitment. "I have needs." "I have a right to happiness." Without the language of moral commitment being part of the equation, this is the language of self-interest, of the psychological market place. If the therapist's language is the same, now you have an alliance between the reluctant, distancing spouse and the therapist, a collusion it undermines the marital relationship in ways that the therapist probably does not recognize.

An alternative to neutrality is to let the couple know that, except where there's abuse and danger, I will try to support the possibility that they can salvage their marriage. I am an advocate for their marriage. They can call me off but they're going to have to

look me in the eye and call me off. I'm going to try to support the possibility they can work this out, knowing that they must want it and that it is not always possible.

Third, therapists who pathologize. This is really an insidious one. You go to individual therapy, you criticize your spouse, and your therapist is likely to come up with a diagnosis for your spouse. "I'm afraid you're married to a narcissistic personality disorder." When you get a therapist giving you labels to pathologize your partner, it leads to hopelessness. Sometimes the therapist pathologizes the reason you got married. For almost any marriage, we therapists can figure out what pathology fed its inception. This can lead to a sense of fatalism and hopelessness. You should never have bought that car to begin with; it was a lemon from the beginning.

Another version is to pathologize the current relationship, telling the individual or couple that they have no marital assets, that this is a sick relationship, that anyone who stays is in questionable psychological health. Let's say you see an individual therapist after your spouse has an affair, and you're thinking of taking your spouse back. You may be pathologized for your very commitment to keep trying. What's wrong with you that you are hanging in there? The therapist can highlight a one-sided sense of victimization. Or take the introduction of the word "abuse" to describe ordinary marital conflict. There is a lot of marital abuse out there, genuine physical and psychological abuse, but this word gets thrown around a lot. You can take ordinary unhappiness and conflict and transform them into the sense of being abused. You were unhappy, took and gave back a goodly amount of negativity, but now your therapist has convinced you that you are a victim, and this then propels you out of the marriage.



A final form of pathology is one for this era of turbo-consumerism: being "bored" with one's marriage. I've seen therapists get very exorcised about how awful it would be to be in a boring marriage, and be quite sympathetic to why these spouses have affairs and move on to a new partners. In a consumer culture, when we want stimulation and satisfaction all the time, boring is the new pathology.

Fourth, overt undermining. A common way that therapists hurt marriages is through provocative questions and challenges. "If you are not happy, why do you stay?" is a directly undermining question. It suggests, "You are an idiot if you stay because your main goal in life is to be happy." I had a student who had postpartum depressions after both of her children. She went to counselors to get help, in the process complaining about her husband for being insensitive to her emotional distress, but never saying that she was doubting her commitment to the marriage. Each time, at the end of the first session, the therapist said some version of this statement: "I can't believe you're still married to him." This is an assertion of the therapist's belief that the couple are fundamentally incompatible, that she is entitled to more, and that an intelligent client should run, not walk, out of the marriage. You'd be amazed at how many therapists say this kind of thing after a session or two. Without knowing it, what they are often saying is not that the couple are fundamentally incompatible but rather that "I am fundamentally unable to help you." Of course, this plays into the agenda of the distancing spouse who is considering divorce.

Then there is undermining by direct advice. It's against the code of ethics of the American Association for Marriage and Family Therapy to directly tell people what they should do, either to stay married or divorced, but a lot of therapists do it anyway through

direct advice to take care of oneself. They don't say, "I think you should break up," but they say, "I think you may need a separation," or "For your own health you need to move out." In one case, a woman with a husband and ten children relapsed from her alcoholism. Her individual therapist told her that she needed to move out and have minimal contact with her husband or kids, for the sake of her recovery. The family therapist I talked was trying to pick up the pieces with the husband and children, who could not understand why their mother's "recovery" meant this kind of cut off.

#### Martha and Rob Dodge a Therapist's Bullet

I'd like to tell you another story, this one happening to a couple in the world of my own family and friends. This was the story that propelled me to become an activist, to sound an alarm.

Monica was stunned when Rob, her husband of 18 years, announced that he was having an affair with her best friend and wanted an "open marriage." When Monica declined this invitation, Rob bolted from the house and was found the next day wandering around aimlessly in a nearby woods. He spent two weeks in a mental hospital for an acute, psychotic depression, and was released to outpatient treatment. Although he claimed during his hospitalization that he wanted a divorce, his therapist had the good sense to urge him to not make any major decisions until he was feeling better. Meanwhile, Monica was beside herself with grief, fear, and anger. She had two young children at home, a demanding job, and was struggling with a serious chronic illness she had been diagnosed with 12 months ago. Indeed, Rob had never been able to cope with her diagnosis, or with his own job loss six months afterwards. (He was now working again.)

Clearly, this couple had been through huge stresses in the past year, including a relocation to a different city where they had no support systems in place. Rob was acting in a completely uncharacteristic way for a former straight-arrow man with strong religious and moral values. Monica was depressed, agitated, and confused. She sought out recommendations to find the best psychotherapist available in her city. He turned out to be a highly regarded clinical psychologist. Rob was continuing in individual outpatient psychotherapy while living alone in an apartment. He still wanted a divorce.

As Monica later recounted the story to me, her therapist, after two sessions of assessment and crisis intervention, suggested that she pursue the divorce that Rob said he wanted. She resisted, pointing out that this was a long-term marriage with young children, and that she was hoping that the real Rob would re-emerge from his mid-life crisis. She suspected that the affair with her friend would be short-lived (which it was). She was angry and terribly hurt, she said, but determined to not give up on an 18-year marriage after only six weeks of hell. The therapist, according to Monica, interpreted her resistance to “moving on with her life” as stemming from her inability to “grieve” the end of her marriage. He then connected this inability to grieve to the unresolved loss of her mother when Monica was a small child. Monica’s difficulty in letting go of a failed marriage, he insisted, stemmed from unfinished mourning from the death of her mother. I call this an attempt at therapist-induced marital suicide.

Fortunately, Monica had the strength to fire the therapist. Not many clients would be able to do that, especially in the face of such expert pathologizing of their moral commitment. And equally fortunately, she and Rob found a good marital therapist who

saw them through their crisis and onward to a recovered and ultimately healthier marriage.

### What Can Be Done?

I propose several areas of action to address the problems I have raised. These are adapted from a chapter that calls for reform of therapeutic work with married people (Doherty, in press).

1. Caveat Emptor: Create public awareness of the dangers of seeking help for marital problems from a typically trained therapist. Even therapists who are competent in individual psychotherapy might be incompetent in marital therapy. We need documentation of the extent of incompetence and undermining of marriage that occurs in everyday therapy practice. One approach would be to secure funds for a national survey asking about people's experiences with therapists when marital problems are an issue. Following the survey, a media campaign could be conducted to raise public awareness, a kind of Consumer's Report approach to this problem. Data and anecdotes together can raise the consciousness of therapists and consumers alike.

2. Encourage consumers to ask therapists to declare their value positions with regards to marital commitment. Consumers can be given guidelines about how to interview a potential therapist, with questions such as "What are your values about the importance of keeping a marriage together when there are problems?" If the therapist responds only with the rhetoric of individual self-determination ("I try to help both parties decide what they need to do for themselves"), the consumer can ask if the therapist holds any personal values about the importance of marital commitment. Consumers can then avoid therapists whose values differ from their own.

3. Encourage consumers to ask other questions about therapists' background, training, and outcomes in marital therapy. Examples include:

- "Can you describe your background and training in marital therapy?" If the therapist is self-taught or workshop-trained, and can't point to a significant education in this work, then consider going elsewhere.
- "What percentage of your practice is marital therapy?" Consumer can avoid therapists who mostly do individual therapy.
- "Of the couples you treat, what percentage would you say work out enough of their problems to stay married with a reasonable amount of satisfaction with the relationship." "What percentage break up while they are seeing you?" "What percentage do not improve?" "What do you think makes the differences in these results?" If someone says "100%" stay together, I would be concerned and if they say that staying together is not a measure of success for them, I would also be concerned.

4. Urge licensing boards to require training in marital therapy before permitting its practice. The assumption now is that any generically trained therapist can work with couples. Even boards of marriage and family therapy currently do not require proof of supervised clinical experience in marital therapy, since state regulations generally refer to "marriage and family" therapy experience. It is possible to do only parent-child work and have no experience with couples. Therapists who wish to do marital therapy would have to retool.

5. Expand graduate and post-graduate training opportunities in marital therapy. The current level of professional incompetence will require many years to transcend, but

universities and psychotherapy institutes should embark on a large-scale educational enterprise in the values, knowledge, and skills of marital therapy. This training should involve extensive face-to-face work with couples, not just dealing with marital problems during individual therapy, along with immersion in the extensive professional literature on marital therapy.

6. Encourage professional associations of therapists to address how their members deal with marital commitment. Most mental health professional ethics guidelines address only the well being of individuals and are silent on the moral underpinnings of marriage and family bonds and the responsibility of the therapist to promote the viability of such bonds. In both individual and marital therapy, the therapist should be expected to inform clients about his or her value orientation towards marital commitment. Professional associations are not in a position to dictate value orientations to their members, but they can serve as catalysts for a searching professional discussion of whether the pendulum has swung from "save every marriage no matter how destructive" to "therapist assisted marital suicide."

#### The Cultural Tide is Shifting

Let me say a few things in conclusion. In the early twenty-first century, the cultural tide is shifting. We're moving towards what I believe a better balance between individual satisfaction and moral commitment, and towards the creation of new opportunities for people to learn how to have lifelong, successful marriages. But I believe that most therapists are behind the times. Like generals, we are still fighting the last war, the one that freed individuals to leave unhappy marriages. Many of us still see themselves as liberation fighters for individual fulfillment against oppressive moral codes

and family structures. That's how I started my career as a therapist. But in the meantime the culture has changed. The old war has been largely won. Most of us are now free to walk away from our marital commitments more easily than from any other contract in our lives. We can always get a divorce. And we suffer relatively little social stigma for doing so. But now we face the prospect of losing our ability to sustain any commitment at all. We have cut through our marital chains but ended up with Velcro. Easy to pull apart, but not strong enough to hold us together under pressure.

Speaking of pressure, I think of long-term marriage like I think about living in my home state of Minnesota, in Lake Wobegon, perhaps. You move into marriage in the springtime of hope, but eventually arrive at the Minnesota winter with its cold and darkness. Many of us are tempted to give up and move south at this point. We go to a therapist for help. Some therapists don't know how to help us cope with winter, and we get frostbite in their care. Other therapists tell us that we are being personally victimized by winter, that we deserve better, that winter will never end, and that if we are true to ourselves we will leave our marriage and head south. The problem of course is that our next marriage will enter its own winter at some point. Do we just keep moving on, or do we make our stand now--with this person, in this season? That's the moral, existential question.

A good therapist, a brave therapist, will help us to cling together as a couple, warming each other against the cold of winter, and to seek out whatever sunlight is still available while we wrestle with our pain and disillusionment. A good therapist, a brave therapist will be the last one in the room to give up on our marriage, not the first one,

knowing that the next springtime in Minnesota is all the more glorious for the winter that we endured together.



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