

MARITAL HEALTH AND SPIRITUALITY.

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Source: Journal of Pastoral Counseling . 2004, Vol. 39, p43-67. 25p.

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Abstract:

This article reviews various understandings of marital health, suggests potential connections with spiritual and religious resources and offers concrete intervention strategies for clinical and enrichment contexts. The main contention of the article is that religious resources are largely underutilized in the service of marital health. What does a healthy and strong marriage look like? What models, examples, and/or visions of strong marriages can couples rely on, especially in the early stages of marriage and/or when the going gets rough? Such models help couples to affirm their strengths and identify growth areas, set goals when behavior change is needed (Lazarus, 1984), serve as a compass to bring them back to what is important to them "keep first things first" (Covey, 1997), and fuel their imaginations (Moore, 1994). But many contemporary marriage models highlight the ambivalent models of marriage that most North American couples are presented with. Traditional Americans (93%) continue to hold marriage as a life goal. However there is considerable confusion about this goal, its benefits, its uniqueness with comparison to cohabitation, its necessity for sexual expression and/or parenting, and sustaining long-term commitment. Marriage is "in trouble and under attack," struggling in a culture that provides little support for divorce and diminished support for marital commitment (Stanton, 1997; Waite & Gallagher 2000). Marriage is becoming less of a social institution, less unique and more private: "Americans have invested less moral, spiritual, and legal energy into supporting the marriage vow" (Waite & Gallagher, 2000, p. 176). Family therapist William Doherty's compelling portrait of psychological forces pulling couples apart in the modern world (2003). He describes a "new normal" of intimate relationships, "i.e., couples that fail to intentionally nurture their relationship will find themselves drifting apart into less than satisfying, "auto-pilot" situations. Busy schedules take over and the needs of children and parenting roles, the attitudes, values and behaviors of the consumer culture, i.e., individualism, getting one's needs met, comparative impermanence, immediacy, all combine to make loyalty, long-term commitment, and sacrifice all the more difficult. We are too busy for our marriage... We get too used to our mate... Television and other media come between us... We stop nurturing our marriage after we have children... We don't know other couples' strategies for maintaining a vibrant marriage. In a culture where marriage is a commodity, we don't share our struggles and successes with other couples" (Doherty, 2003, p. 13). Couples need guidance through the complexities of marriage and marital development; the normalcy of disagreement, struggle and conflict; the constructive and destructive anger; the need to balance autonomy and intimacy; the threats to maintaining connection; and the need to share the journey with others. All of this is to say that couples need clear models of marital health. Clinicians need a clear understanding of marital health. Some argue that clinicians have in fact become more part of the problem than the solution that they are often under-trained for couple's work and are unable to empower marriages (Doherty, 2003) and are moving away from marriage and divorce (Stanton, 1997; Waite & Gallagher, 2000). For too long marital assessment has been focused on remediation of pathology, and assuming this automatically leads to couple satisfaction. Research has shown the contrary (Gottman, 1999a, 1999b). Marital practitioners need to have "bi-focal goals," addressing presenting problems and conflict, but also enhancing desired strengths and targeting factors associated with marital health. The first goal of this article is to summarize and integrate research and clinical findings into a user-friendly model of marital health. A spiritual c

orientation is consistently identified as an element of strong, healthy marriages. Less clear is the specific nature and the clinical and preventive applications. The second goal of the paper is to explore the relationship of spiritual health, again with the intent of practical application.

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