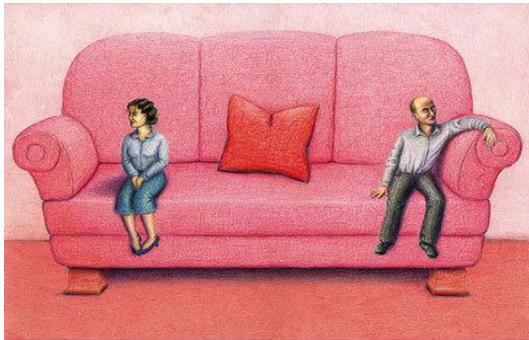


# Introduction to Couples Counselling Training



**DAY ONE**

**Trainer: Deborah Winterbourne LLB, LLM,  
MA, BSc, MSc.**

# Introduction to Couples Counselling

## Day 1

### Introduction

The basic principles to be explored are relevant to all couple relationships whether they are lesbian, bisexual, gay, transgender, intergender, straight or cross-cultural.

#### Note:

**The workshop will involve some counselling techniques. Participation in any exercises is voluntary. Real-life personal scenarios may be shared and we kindly request that confidentiality is maintained within the group and when working in pairs / smaller groups.**

**The workshop is intended as an introduction to the theory and techniques of counselling couples and does not constitute accredited training in any of the named therapeutic models.**

### Day one Topics

- Differences between individual and couples counselling
- Different Models of Couples Counselling;
- Essential Communication skills to teach your couples;
- The basics of Non-Confrontational Communication;
- Imago Therapy and Couples Dialogue.

## **What are the main Differences between Individual and Couple Counselling?**

1. Who is your 'client'? Is it 'the relationship'? or do you have two clients? Or both?
2. How does the therapist balance the time spent with each client? Should this be an equal split or something different?
3. Can you work with partners individually at the same time as couples counselling?
4. And if so, are the individual sessions confidential from the other partner? Or transparent?
5. How does the therapist handle private communication received from one partner only outside the session?
6. The risk assessment is broader for couples counselling than individual counselling; for example, it needs to take account of domestic violence risk factors between the couple;
7. The transference possibilities are broader; there is transference between the couple partners (as well as between therapist and each partner);
8. The couple partners will usually arrive with different goals, motivations, agendas or commitment to the work (e.g., one wants a divorce whilst the other wants to work on and stay in the relationship);
9. The couple dynamic or cycle happens in the 'here and the now' between the partners, usually from the first session. With individual clients, it may take longer for the dynamic between therapist and client to appear;
10. The therapist needs to be more of a 'leader'; to interrupt hostility and avoidance, and to have a clear direction for the work;
11. Each partner usually believes that the therapist's job is to fix their partner. If you do so, you may be seen as a 'brilliant therapist'!
12. The therapist is sometimes an immediate participant in a very painful situation such as when one partner decides to end the relationship in the session; or where one partner reveals their affair to their spouse in the session;
13. Couples counselling is likely to be shorter term work;
14. There may be stereotypical differences between men and women;
15. Sex is always in the room!
16. Couples counselling could be seen as just another lens to face the individual work (relationship as a mirror etc). Some couple therapists believe that the best individual work can and should be done in the presence of the individual's partner.

## Different Models of Couples Therapy

This course draws on several leading theories of couples counselling such as:

- Ellyn Bader and Peter Pearson's Developmental Model<sup>1</sup>, which focusses on attachment, differentiation and neuroscience;
- Harville Hendrix and Helen LaKelly Hunt's Imago™ therapy<sup>2</sup>, which focusses on dialogue between the couple and understanding unconscious attraction patterns. Hendrix says Imago™ is borne out of depth psychology, the behavioural sciences, the Western spiritual tradition, elements of Transactional Analysis, Gestalt psychology, systems theory, and cognitive therapy;
- Sue Johnson's Emotionally Focused Couples Therapy<sup>3</sup>, which focusses on adult attachment and bonding. It's largely based on a combination of person-centred therapy, systemic therapy and attachment theory;
- John and Julie Gottman<sup>4</sup> of The Gottman Institute. Their method is a structured, goal-orientated, scientifically based therapy. Intervention strategies are based on their own research of more than 3000 couples;
- Terry Real<sup>5</sup>, who founded The Relationship Life Institute and teaches Relational Life Therapy. His speciality is treating men in relationship, and issues of patriarchy, power and shame;
- Esther Perel<sup>6</sup>, who is an expert on cross-cultural relationship, sexuality and affairs. Her way of working is based on psychodrama, attachment theory, neuroscience and NLP.

From these models and others, this course will weave threads of:

- Psychodynamic - understanding your unconscious attraction to your partner and the relationship wounds from childhood of both yourself and your partner;
- Systemic – looking at the dynamic of disconnection in relationship; how each partner moves in the 'dance';
- Humanistic – working with dialogue and empathy between the couple;

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<sup>1</sup> <http://www.couplesinstitute.com>

<sup>2</sup> <http://imagorelationships.org>

<sup>3</sup> <http://www.iceeft.com>

<sup>4</sup> [www.gottman.com](http://www.gottman.com)

<sup>5</sup> [www.terryreal.com](http://www.terryreal.com)

<sup>6</sup> [www.estherperel.com](http://www.estherperel.com)

- Attachment theory – understanding attachment wounds of each partner and how these impact relationship;
- Behavioural – working out self-change goals for each partner and holding a future vision of what the relationship may be.

## **Introduction to Communication**

Nearly all couples seeking help will mention something about ‘communication issues’. There may be a lack of engagement between partners, or perhaps there are hostile and aggressive verbal exchanges. Given that counselling is largely dependent on verbal communication and that couples stand little chance of making progress without effective discussions, counsellors can be inclined to focus on verbal communication skills in isolation. However, what clients typically identify as communication issues are usually symptomatic of deeper problems.

### Verbal vs. Non-Verbal

Studies suggest that non-verbal cues, such as body posture, facial expression and tone of voice, account for at least 90% of the communication that passes between people. Much of this communication is unconsciously perceived and processed far more quickly than a verbal narrative. Non-verbal cues play a very important role in determining one’s perceived degree of safety and therefore greatly impact on a person’s capacity to listen. Any implied threat is liable to trigger some form of defensive behaviour. Typically, this will be in the form of a childhood adaptation, such as to fight back or shut down.

Verbal communication skills are acquired early in life and are heavily influenced by one’s family of origin and societal norms. Unfortunately, disrespectful and confrontational forms of expression are widespread to the extent that they’ve become normalised. Consequently, everyday frustrations are expressed in a manner that often includes judgements, assumptions and blame directed at others, and this leads to conflict escalation rather than resolution. Thus, the content of verbal communication is also crucial to the perception of safety in a relationship and the capacity of partners to truly listen to one another.

### What is the importance of verbal communication skills?

Verbal communication is an area which is viewed as crucial by many couple therapists and some employ a dialogue structure, for example, ‘Imago™ Dialogue’ (Harville Hendrix) and the ‘Initiator-Inquirer Process’ (Ellyn Bader).

However, in the case of the latter, Ellyn Bader regards the I-I Process as more of a diagnostic tool than a tool for communication.

### Is verbal communication biased towards women?

According to a long-recognised gender stereotype, women build intimacy through talking on an emotional level, while men feel connected with their partner largely through other methods such as touch, sex, routine and shared activities. Further to this, there's evidence to suggest that many men feel distinctly uncomfortable when there's an attempt to engage them in an emotional conversation (this matter is explored in-depth in the book *How to Improve your Marriage Without Talking about it*, by Patricia Love and Steven Stosny). Consequently, some believe that the counselling process is fundamentally suited to women and that men are more likely to find it unhelpful or even counter-productive.

It's perhaps more helpful to be mindful that for a variety of reasons, any individual will have their own particular inclination and aptitude towards verbal communication, and this can vary markedly between couple partners. Therefore, talking therapy can favour some people over others.

In summary, the counsellor would be wise to consider the extent to which what clients identify as communication issues are concerned with the style of delivery as opposed to the content. Also, how patterns of communication between partners can assist with the diagnosis of their submerged conflicts. Given the potential for both verbal and non-verbal communication to serve as emotional triggers, there will be times when the couple counsellor needs to be sufficiently vigilant and assertive with interventions to uphold a suitable degree of safety during sessions. Many, but not all therapists in this field believe that an important aspect of their work with most couples is to educate them in the art of effective non-confrontational communication and active listening skills.

### Non-confrontational Communication

Imagine how you might react to hearing each of these two different statements:

*'You get up far too early in the morning when you're going to work and you make a terrible noise in the kitchen! You don't care that I'm still trying to sleep. If you must have breakfast at that time, why on earth can't you shut the kitchen door?'*

Or:

*'When you get up at 7am to go to work, I can hear you having breakfast in the kitchen, which keeps me awake. I feel irritated because I need to sleep longer. Would you mind shutting the kitchen door at those times?'*

To which kind of communication would you be most likely to respond sympathetically?

The second example has been rephrased in accordance with a set structure that can help with the expression of difficult emotions. This simple form of non-confrontational communication, based on the work of Marshall Rosenberg, involves just three steps, with an optional fourth stage:

1. State your *observation*;
2. Express your *feelings* in response to your observation;
3. Express your *needs*;
4. Make a *request* (optional).

### **1. Observation**

This is your observation of a particular situation. Describe the *action* of another person that you find difficult, or else the *words* they have said or the *facts* of a situation. Note that this is not your evaluation of the situation. The difference is that a true observation could be verified by a third party also present at the scene, whereas an evaluation involves you making a judgement in some way. It's actually quite hard to avoid stating your evaluation of a situation, because the making of assumptions and judgements is so commonplace as to be generally accepted. There will also be an inescapable degree of subjectivity of experience. However, as far as possible, expressing your observation rather than your evaluation is a way in which you can reduce the likelihood that the person you're addressing will feel offended, accused, criticised or attacked in some way, or be distracted through fundamentally disagreeing with what you're saying.

Examples:

Evaluation – *'You get up far too early in the morning when you're going to work. And you make a terrible noise in the kitchen!'*

Observation – *'When you get up at 7am to go to work, I can hear you having breakfast in the kitchen, which keeps me awake.'*

## 2. Feelings

Express how you *feel* (e.g., name an emotion) in response to your stated observation. Feelings are (almost!) universally understood and so sharing them helps others to understand how you're being affected by the situation you've observed.

Example:

*'I feel irritated....'*

## 3. Needs

The feeling you've expressed in response to your observation has been triggered in you because one or more of your *needs* has gone unmet (or in the case of pleasurable emotions, has been met). In this way, if your need in the moment isn't immediately apparent to you, how you're feeling can help you to identify what your need is. Expressing your needs helps others to make sense of the reason for your feelings.

Example:

*'...because I need to sleep longer.'*

## 4. Request

This is optional; you don't have to make a request and the recipient isn't obliged to co-operate. However, a request can be useful if you'd like to suggest a way in which your needs could be met. Make your request specific, concrete and measurable. If relevant, specify a time when you'd like your request to be met.

Example: *'Would you mind shutting the kitchen door at those times?'*

### Warnings and common traps in verbal communication

- **'I feel that you...'; a very common prelude to the expression of a judgement, criticism or assumption about another person;**
- **Feeling words ending in 'ed' often imply the other is at fault: e.g., 'disrespected', 'manipulated', 'used';**
- **If one partner in a couple insists on talking about the other person, encourage them to say, 'The story I tell myself is....' Or, 'What I make up about you is....'**

## Possible Objections

While this form of structured communication can be very effective in maintaining safety and unlocking conflict, some find it awkward to use, that it prevents them from venting their emotions how they would like, or that it results in communication that can sound patronising. Arguably, these issues are preferable to perpetuating misunderstandings and allowing the use of aggressive language. In seeking counselling, a couple have presumably failed to resolve issues through their usual methods of interaction, and so might be persuaded to try something different, even if it seems uncomfortable at first.

## **The Origins & Core Principles of Imago Relationship Therapy™**

Imago Relationship Therapy™ is a model of couples therapy that was co-founded by the American psychologist and pastoral counsellor Harville Hendrix, and his wife, Helen LaKelly Hunt, a psychologist and women's activist. When they first met in 1977, both had been through divorces with their previous spouses and shared a common interest in understanding why their past marriages had failed. Harville and Helen decided to examine their own relationship, both before and after their marriage in 1982, to see if they could draw some meaningful conclusions.

Gradually, Hendrix arrived at a compelling theory to explain what we experience as 'romantic love'. It centred on the concept that as infants, we form an indelible image of certain characteristics of our primary caretakers and our interactions with them in our unconscious awareness. When seeking a partner in adulthood, we unconsciously choose a mate with qualities that appear to match this image, while also projecting all kinds of beliefs and expectations on to them. In essence, romance is seen as a phase during which we blindly select an 'incompatible' partner.

Hendrix used 'imago' (the Latin word for 'image') when referring to the unconscious parental image, and proposed three core principles for his 'Imago system' theory:

1. All things in nature have an impulse towards healing and wholeness;
2. All of us were emotionally wounded to some degree through our relationships in childhood;
3. Intimate adult relationships provide the opportunity to heal, return to wholeness, and reach our full potential.

The concepts of wholeness and connectedness underpin the Imago™ system, which is founded upon a definition of reality that's rooted in relativity theory (physics), quantum mechanics and Core Genetics (psychology). The Universe is considered as a dynamic, constantly changing cosmic oneness. Reality is defined as a tapestry of being in which everything is intrinsically connected. There are no entities as such in this tapestry of being; only distinguishable points that represent varying densities of energy. Human beings represent some of these points of energy, and our primary reality is our relationship with others. All humans are seen as connected, interdependent and mutually influential, which is why Imago Relationship Therapy™ focusses on the interaction (relationship) in between.

Hendrix saw that we tend to unwittingly attract a partner who will trigger our childhood wounds and the character defences that limit us in adulthood, but through intimate relationship with such a partner, there's the potential to heal these wounds and recover 'lost' aspects of our ourselves (i.e., restore our wholeness). Hendrix suggested that the only way to bring this process about was to gain conscious awareness of the unconscious patterns of relating that typically lead us into conflict and disconnection. This would create what he termed a 'conscious marriage' in which an awareness of destructive patterns would provide the opportunity for partners to make the choice to behave differently, stop repeating the past and remain connected to one-another. This has been wittily described as 'a relationship in which two incompatible people behave unnaturally with one another'!

The primary intervention for an Imago™ therapist is to facilitate the couple in dialogic communication by means of a set dialogue structure, known as Imago™ Dialogue. This method is founded upon Rogerian 'reflective listening' techniques and Martin Buber's concept of the 'I-Thou' relationship.

### **Structured Dialogue - Introduction**

A successful couple relationship requires that differing views and opinions are able to co-exist peacefully within it, which is usually found to be challenging for the individuals involved. We each have our own sense of reality and what we consider to be 'right' or 'normal', and these concepts are formed under the influence of various forms of conditioning (e.g., parental, societal, cultural and religious) and modified from time to time in response to our life experience.

Terry Real says:

*'Objective reality has no place in close personal relationships. The relational answer to the question: 'Who's right and who's wrong?' is 'Who cares'? Let go*

*of being the voice of authority and speak about your subjective experience – This is how I feel. This is what I recollect. This is what I imagine. A little humility works wonders.*<sup>7</sup>

True intimacy and connection in relationship require partners to be able to understand and validate the views of one another, even where individual opinions differ. Perhaps it's our inherent underlying fear of difference (and ultimately of isolation) that can cause us difficulties in this regard, and this often leads to loss of connection, defensiveness and arguments.

Where we feel a sense of separateness from another person, there's a tendency for our style of communication to objectify rather than include them, thus promoting what has been termed the 'I – it' relationship. The result can be a monologue rather than a dialogue. Dialogue is an inclusive form of communication in which there's mutual respect and a willingness to listen (described as an 'I – thou' relationship<sup>8</sup>). Feelings and views are addressed and each person experiences the other as an authentic being, without judgement or objectification.

Dialogic communication requires certain skills and so it can be helpful to have some kind of template or structure for guidance; at least to begin with. Three examples of therapeutic models that feature structured dialogue are Imago Relationship Therapy™, the Bader-Pearson Developmental Model, and Hedy Schleifer's Encounter-Centered Couples Therapy<sup>9</sup>.

### **Imago™ Dialogue**

Imago Relationship Therapy™ (originated by Dr Harville Hendrix and Dr Helen LaKelly Hunt), promotes dialogue between the couple during much of the session time. Imago™ Dialogue has a fairly tight structure, and is designed to promote safety, active listening, empathic understanding and ultimately, healing.

At any one time, one partner 'sends' while the other 'receives'. Periodically, the Receiver mirrors back to the Sender. The dialogue is completed with 'validation' and 'empathy' stages, during which the Receiver expresses how they're able to make sense of the Sender's point of view (whether or not they agree with it!) and in light of this, offer a suggestion as to how else the Sender might be feeling.

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<sup>7</sup> <https://www.terryreal.com/main-pages/blogs/essential-tip-3-speak-from-the-i>

<sup>8</sup> This concept was introduced by the existentialist philosopher Martin Buber, in his thesis on human existence, entitled *I and Thou*. Buber's principles of dialogic communication are fundamental to the concept of humanistic psychology and many modes of talking therapy. In couples counselling, these principles are particularly relevant to the promotion of secure attachment and differentiation.

<sup>9</sup> <http://www.hedyyumi.com/>

The Sender should keep what they have to say to manageable chunks, so that the Receiver isn't overloaded. They should also keep to one topic. The Receiver repeats back only what they've heard; they don't interpret or respond in any other way, which is a useful exercise in emotional containment. If necessary, the Receiver can pause the sender if they're struggling to remember all they've heard.

### Imago™ Dialogue Structure

The dialogue steps are as follows:

1. Sender asks Receiver if they're available for dialogue. Receiver answers yes/no/specifies a more appropriate time.
2. Sender expresses their observation, feelings and needs in short phrases (e.g. regarding a frustration or appreciation).
3. Receiver mirrors what they've heard back to the Sender, checks with the Sender and asks if there's any more. '*What I heard you say was...*'; '*Did I get that?*'; '*Is there more?*'.
4. When the Sender has said all they have to say, the Receiver summarises all they've heard.
5. The Receiver validates the Sender. '*It makes sense to me that... (or, I understand that...)...given that you're a person who... (or, ...you're a person who needs...) ...*'
6. The Receiver empathises with the Sender by suggesting other emotions that the sender might be feeling (other than those the Sender has already expressed). '*I imagine that you might also be feeling....*'
7. The Sender thanks the Receiver for listening and the Receiver thanks the Sender for sharing with them.
8. It might be appropriate to reverse roles and repeat the process, maybe a number of times.

Processes like Active Listening, which involve mirroring the speaker's words are well known. However, Hendrix and Hunt realised this in itself wasn't sufficient and so decided to coach the listening partner to ask simple questions such as 'Did I get you?' and 'Is there More?' These deceptively simple phrases powerfully reinforce the sense of connection, invite the Sender to take a moment to become more aware of their own thoughts and feelings, and to feel safe to share them. The power of the dialogue is further extended by the Receiver offering a statement to validate the Sender's perspective.

Validation requires one to look back through the eyes of the other, to see the world as it appears to him or her, and to understand the logic of the other person's point of view. Furthermore, it requires suspending judgment about the sensibility

of the other's world and the accuracy of his or her logic, and accepting that the other's perception of the world is equally valid to one's own.

### Imago™ Dialogue Applications

While this dialogue structure is ideal for expressing frustrations with safety, it can also be used for expressing appreciations. Many people find it hard to really hear appreciation from others because of negative self-beliefs, so this technique may help positive messages to be accepted.

When facilitating dialogue between a couple, the therapist's primary role is to ensure that the process remains on-track, while paying particular attention to ensuring that the Sender uses 'clean' language and the Receiver reflects what they've heard accurately without interpreting or responding. This can be challenging with a reactive couple in conflict and there are times when the therapist might need to model the role of Receiver for each partner in turn; a technique known as 'triangulation'.

More advanced dialogue facilitation involves the therapist offering a series of sentence stems for the Sender to complete, for example:

*'The way I feel is...'*

*'What I'm afraid of is...'*

*'The story I tell myself is...'*

*'The way I protect myself is...'*

*'What hurts is...'*

*'What this reminds me of from the past is...'*

*'What I long for is...'*

Completing such sentence stems can help the Sender to express themselves more completely and make insightful associations between past and present experiences. They are a means by which the therapist can steer the focus of the dialogue; in particular from the level of content to that of process.

### Behavioural Interventions

The Behaviour Change Request (BCR) is a common Imago™ technique and is incorporated within a frustration dialogue. The Sender, having expressed their frustration in detail and received validation and empathy from the Receiver, makes a behaviour change request of their partner that will in some way alleviate the Sender's frustration by meeting a need.

Failure to make requests of our partner in relationship can cause us to build up an unnecessary degree of resentment and also lead to self-esteem issues. It's important to remember that due to differences in our individual perception, a request may appear insignificant to some people and highly challenging to others, so we should try to avoid making assumptions as to how our request might be received.

People generally respond better to hearing a request made of them rather than a demand. Demands sound challenging and/or threatening in some way and are liable to trigger our natural defences. If we comply with a demand, we'll probably feel compromised and try to think of something we can demand in return. In this way, we can become entrenched in power struggles.

A request differs from a demand in that the requester isn't attempting to get their needs met by force. The recipient of the request is at liberty to decide whether or not they wish to satisfy the requester and in this way, they remain in control. This helps to preserve the sense of equality in the relationship. Compliance with a request should be thought of as a gift to the requester, not as an obligation.

In more complex situations, it's helpful if the requester makes two or three different requests. Each of these should relate to the same need. Their partner then has a choice in how they might meet this need and are more likely to find a solution with which they feel comfortable. It's very important that requests are made specific, measurable, attainable, realistic and timely (SMART). For example, *'I'd like you to do the school run on Wednesday afternoons.'*

Ideally, the therapist should facilitate the whole dialogue so that the Sender:

- Identifies a specific conflict-triggering behaviour or something that was said;
- Expresses their emotional response to the above;
- Relates the 'story' they tell themselves about their partner / relationship at this time;
- Describes the reactive behaviour or coping mechanism they adopt at this time;
- Expresses the deepest fear they have in relation to the situation;
- Relates a childhood experience that made them feel similarly;
- Formulates two or three behaviour change requests for their partner in respect of their need.

The BCR process is valuable in understanding why certain actions might trigger difficult emotional responses and what personal beliefs are associated with such reactions. The BCR is also intended to encourage partners to adopt behaviours

that they may find unnatural and challenging, thus promoting the possibility that over time, they could recover certain lost-selves; with the ultimate objective of returning to wholeness.

In the wider context of couple therapy, opinions as to the appropriateness and effectiveness of behavioural interventions in themselves are divided. Some opponents highlight what they regard as the greater importance of focussing on issues around emotional attachment (as with EFTC) and view behavioural interventions as belonging to outmoded methods of couple therapy. However, other models believe that behaviours, emotions and thoughts are tightly inter-related, so that facilitating a shift in one area might have a corresponding influence on the other two; as with Cognitive Behavioural Therapy (CBT).

Perhaps the greatest danger of facilitating processes that encourage behavioural requests between partners is that it can play into their natural desire to try to change one another. There's also widespread recognition that couples counselling is most likely to succeed when both individuals are prepared to commit to autonomous self-change and where facilitation concentrates on supporting this.

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## **Recommended Reading**

For a list of recommended titles, please visit:  
<http://www.completecouples.com/resources>