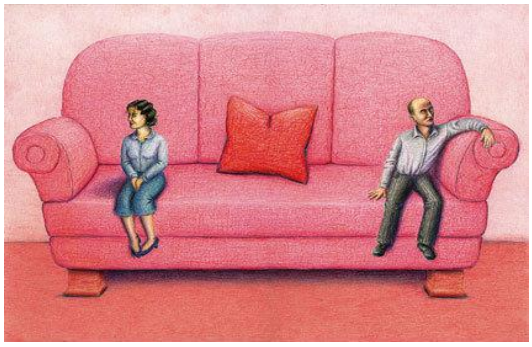
# Introduction to Couples Counselling Training



## DAY TWO

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

**Introduction to Couples Counselling**

**Day 2**

**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 2 Topics:**

- Understand some ethical issues related to couples counselling
- Explore transference in the couple relationship
- Uncover your unconscious relationship attraction pattern
- Understand the concepts of Attachment vs. Differentiation
- Work with the 'central defeating pattern' or 'dance of disconnection'

## Ethical Issues in Couples Counselling

Working with Individual Partners at the same time as couples counselling

- Who is the 'client'? Is it the two individuals (therefore two clients), or 'the relationship' (one client)? If the latter, then there's no individual client to see!
- Concept of 'Dual Relationships'; see below.
- Many couple counsellors consider it ethical to work with individual partners simultaneously with couples counselling.

Transparency and Confidentiality

This is a hugely controversial issue in couples counselling.

Briefly put, what does the therapist do in the event that one person individually tells the therapist something that they don't want their partner to hear (e.g., a recent affair)?

Should the therapist have a policy of 'transparency'; in other words, whatever one partner says to the therapist individually needs to be disclosed to the other partner or else therapy must terminate? Or a policy of 'confidentiality'; in which, a secret revealed by one partner will be held in confidence by the therapist?

There are various types of situations where issues of transparency/confidentiality might arise. These include (1) where the therapist conducts individual sessions with either of the partners, (2) where one partner is on time for the session and the other is late, (3) where the therapist receives a communication outside the session from one partner only.

To prevent getting into a huge ethical confusion about how to handle this, in setting up their couples counselling practice, the therapist needs to draft their written policy on Transparency and Confidentiality and send it to clients in advance of the first session.

There is no right or wrong answer as to which policy to adopt; neither is there a clear answer over which policy is best, as they both have different pros and cons. Leading couples therapists have adopted different polices, and there are also options which are a hybrid of both choices. The important thing is whether you have taken the time to think about how you want to operate your practice, consulted the BACP and/or UKCP ethical principles, and have thought through all the potential ethical problems of each type of policy.

The most common secrets that are divulged to therapists are:

extra-relational affairs, Internet affairs/chatting, wanting a divorce, money problems/gambling, history of abuse as a victim, history of abuse as the abuser, sexually transmitted diseases, illness (mental/physical), history of legal problems, child paternity, drug/alcohol use/abuse, pornography use/abuse, sexual orientation, and sexual paraphilia practises.

There is a choice of four potential policies a therapist could choose to adopt. All four will involve a delicate balancing of several cardinal ethical principles:

- Being trustworthy: honouring the trust placed in the practitioner; maintaining confidentiality.
- Autonomy: respect for the client's right to be self-governing.
- Beneficence: a commitment to promoting the client's wellbeing.
- Non-maleficence: a commitment to avoiding harm to the client.
- Justice: the fair and impartial treatment of all clients and the provision of adequate services.
- Self-respect: fostering the practitioner's self-knowledge, integrity and care for self.

1. **Transparency ('no secrets') Policy**

The therapist will not hold secrets. If one individual does disclose a secret, the prior agreement is that the therapist may transparently reveal the secret to the other partner, or at least encourage the client to reveal that secret to their partner within a certain time frame, and if there's no agreement for transparency, the therapy will terminate.

Pros:

 The therapist does not risk alienating either partner by holding 'secrets' (see below for the risks and difficulties of holding secrets);
 The therapist is likely to feel more comfortable with both clients as the therapist will not be holding secrets;
 The therapist is more likely to be trusted by both partners, because the therapist will never be hiding anything;
 The therapist is more likely to build a strong working alliance with both partners;
 The transparency position is much easier, cleaner and will save the therapist from having to work through some very complex considerations of how to handle confidential information.

For these reasons, those beginning as couples therapists may do best to choose the transparency policy.

Cons:

 If a partner knows there's a policy on transparency, they may then not disclose certain issues (such as a recent or even current affair), which may render the therapy less effective than it could be, or even counterproductive;
 If under a prior general agreement for transparency, a partner subsequently reveals something they want the therapist to keep secret (e.g., during an individual session), the choices for the therapist are to honour the original transparency agreement and break confidentiality, compromise the original agreement by keeping the secret, or end the couples sessions. Sometimes, the therapist might suggest an intermediate solution; that there should be a certain maximum number of individual sessions to work on supporting the client to disclose a secret to their partner in a couples session. This intermediate solution also needs to be shared in advance of the first session;
 How does the therapist decide which 'secret' to reveal? What about historical secrets or things that happened long ago before the partner met their spouse?

## 2. Confidentiality Policy

Any secret revealed by an individual in the therapy will be kept confidential, unless the normal individual rules on breach of confidentiality apply.

Pros:

 Historically, client confidentiality has been one of the greatest ethical obligations owed by the therapist, both to protect clients and to allow clients to speak freely and safely without fear of social condemnation or retribution. The duty to maintain confidentiality is set down within the code of ethics by virtually all professional therapy organisations;
 Without such a policy, either partner may feel unable to raise fundamental issues, which, with support from the therapist, might ultimately be successfully addressed in a subsequent couple session;
 A client may be more relaxed and forthcoming when seen individually, on the basis that what they say will be treated as confidential by the therapist;
 The therapist is arguably able to do better work knowing all the facts;
 The ethical principle of 'self-determination' or 'autonomy' requires that clients can make up their own minds whether or not they wish to reveal a secret to their partner. If they reveal a secret to the therapist, it's not up to the therapist to force

a decision on the client to disclose. This could be seen as an imposition of the therapist's personal values on the couple;

 There are potentially some secrets, (such as historical child abuse, an affair that took place twenty years ago, or occasional illicit drug use many years ago) which may be better left undisclosed, since arguably disclosure could be unhelpful or even detrimental to the relationship.

Cons:

 With the assurance of complete confidentiality, a client may reveal something they wish to keep from their partner (such as a recent affair). In this event, the therapist must hold the secret, which could be to the benefit one partner, and the detriment of the other. The result might be a therapeutic imbalance created by the secret kept between the therapist and one partner, which is potentially counter-productive to couples therapy and compromises the working alliance.
Should the unaware partner learn of this collaboration between the therapist and the other partner, he or she may well lose trust in the therapist and terminate therapy;

 Upon hearing a secret, a therapist may begin to lose empathy for, or feel resentment towards the secret-holder;

 A therapist may feel guilty for deceiving the unaware partner and consciously or unconsciously collude with that partner to make amends;

 The therapist may not be cognitively able to hold the secret, and it may be accidentally revealed.

### 3. Professional Judgment Policy

A 'professional judgment' policy is where the therapist reserves the right to use their judgment regarding whether or not to maintain individual confidences.

Pros:

 The therapist can make an informed decision as to what will derive the greatest benefit for the couple;

 The therapist can assess and consider the relevance of the secret for the unaware partner by trying to see the situation from their viewpoint as much as possible.

Cons:

 If the therapist decides to reveal a secret, this decision clearly requires sensitivity and planning as to the timing, circumstances and consequences of disclosure for both partners, in an effort to minimise possibly destructive outcomes.

## 4. Client Choice Policy

A ‘client choice’ policy is where the therapist can allow the couple to discuss and decide how they would like the therapist to handle any secrets between them.

Pros:

 The clients take the responsibility of decision-making in this sensitive area;

 This discussion in itself can be a useful indicator for the therapist of dynamics within a relationship.

Cons:

 The clients may not fully grasp the advantages and disadvantages of both options;

 A partner who holds a secret would not necessarily vote for a confidentiality policy for fear of alerting their partner to the secret.

<u>Other areas for consideration</u>

Usually, when therapists consider their policy on confidentiality versus transparency, they’re thinking about the situation where one partner reveals something like a secret affair.

However, as outlined above, it should be remembered that secrets come in many forms apart from affairs or addictions. For example, what if one partner had been sexually assaulted and chose not to tell their partner for fear that their partner would then try to injure the assailant? Or perhaps one partner informs the therapist that they’ve never enjoyed sex with their partner, and have never told them.

These types of secrets may be just as catastrophic to reveal to one partner as an affair might be, and it's important to remember that it's not the therapist who lives with the consequences of the revelation.

Psychologist, Don-David Lusterman[1] recognises that there are situations in which secrecy may be preferable to transparency. For example, where the betrayed partner may be dangerous, or where there's a covert agreement for the couple not to talk about the affair, but instead to concentrate on improving the marriage.

Scheinkman[2] states that in American culture, affairs are viewed as a sign of moral corruption. In other cultures, although there's a recognition that affairs can be damaging and involve lies and betrayal, affairs are sometimes about other issues. They may be about loving more than one person, or about complementing the marriage with romance, passion, sexuality, or autonomy. In certain other cultures e.g., Latin American or Mediterranean, love triangles are not viewed as solely a moral issue, but rather accepted as a painful but realistic human dilemma in love and sexuality.

It should also be noted that in many gay male couple relationships, sexual monogamy is not necessarily the norm. Much of couples work with this client group can be the negotiation of an open relationship where sex outside the relationship is allowed and actively encouraged. The commitment in these relationships is often largely about emotional fidelity rather than sexual fidelity.

If the therapist does work with a couple holding a secret, it can be informative to watch how the couple manage the secret. Does one partner have suspicions? Is it obvious that one partner knows but has chosen not to say anything? Is there enough of a relationship to work with?

An ironic story: Gay Hendricks[3] speaks of one couple who had 12 affairs between them and neither partner had told the other. When each was asked in an individual session why they didn't tell their partner about the affairs, they both answered that they didn't want to ruin their partner's trust!

## What about Ongoing affairs?

This is another very tricky issue. Some therapists take the view that they cannot work with the couple whilst there's an ongoing affair, because motivation isn't

[1] Lusterman, D.-D. (1998). Infidelity: A survival guide. Oakland, CA: New Harbinger.
[2] *Beyond the Trauma of Betrayal: Reconsidering Affairs in Couples Therapy* MICHELE SCHEINKMAN Family Process, Vol. 44, No. 2, 2005 r FPI, Inc.
[3] https://www.hendricks.com

fully engaged. If there's a secret affair and the therapist has told the couple that they operate a policy of transparency, then the therapist might never really know of the existence of the ongoing affair unless it's revealed by one partner. But if the therapist operates a policy of confidentiality, an affair is more likely to be revealed to the therapist by the 'betrayer'.

If the betrayer does reveal an ongoing affair, the therapist may encourage that partner in an individual confidential session to end their affair; or at the least to suspend seeing the affair person for several months so that couples counselling can continue. If this doesn't happen, one option for the therapist is to tell the other partner that sufficient motivation is not present, or their partner is not completely sure that they want to do the work, so couples counselling cannot continue. The therapist could then offer confidential sessions to the betrayer to help them work out what they want to do.

Other therapists may be willing to work with an ongoing affair on the premise that it's not up to the therapist to tell people how to live their lives, and in fact, an affair could be seen as part of the current 'system' of the relationship. Ellyn Bader doesn't insist that an affair must end in order for therapy to proceed, but makes honesty the condition, i.e., over whether an affair is continuing during therapy.

Esther Perel says that working with confidentiality is 'not about cultivating secrecy, it's about respecting privacy'. To refuse to work with couples in this predicament may mean that there's nowhere they can go for help.

Sometimes, if a partner isn't willing to end an affair, it means that they're in turmoil about it and need time to work out what they want. The therapy is the holding of this process. At the same time, the couples therapist may wish to suggest individual counselling with another therapist to support the process. Furthermore, sometimes affairs may end naturally as couples counselling progresses favourably.

## Working with Individual Partners at the same time as couples counselling

### Dual Relationships

Ethical guidelines typically dictate that the therapist should not enter into 'dual relationships'; that is to see two clients at the same time where there may be boundary issues. Therefore, if you're seeing the couple, can you work with either or both partners in the couple individually? Or would this amount to a dual relationship?

**BACP Ethical framework for the Counselling Professions**[4]

*33. We will establish and maintain appropriate professional and personal boundaries in our relationships with clients by ensuring that:*

*a. these boundaries are consistent with the aims of working together and beneficial to the client*

*b. any dual or multiple relationships will be avoided where the risks of harm to the client outweigh any benefits to the client*

*c. reasonable care is taken to separate and maintain a distinction between our personal and professional presence on social media where this could result in harmful dual relationships with clients*

*d. the impact of any dual or multiple relationships will be periodically reviewed in supervision and discussed with clients when appropriate. They may also be discussed with any colleagues or managers in order to enhance the integrity of the work being undertaken.*

The main question therefore is whether working with the couple and possibly with either or both individuals at the same time is a potential dual relationship that is in fact beneficial to the clients, or whether there are any risks of harm.

When thinking through any ethical principles, the most important thing is to reflect and consider the ethical issues in detail, and with appropriate supervision. Then, if your way of working is challenged, you'll have ample evidence that you have thoroughly considered the principles, such as pros and cons of confidentiality/transparency outlined above.

It can be extremely helpful to work with clients both as a couple and individually. If the therapist is working with the concept that the client is both the relationship and the two individuals, then working with the individual can enhance the couples work, and also the health of your other client, 'the relationship'. This is because the therapist will be aware of the blocks in the relationship, and can specifically target individual work to overcome these blocks. The couples therapist is in a unique position to understand the subtleties of transference and resistance that are part of the relationship, and to work on these issues with the individual client.

The disadvantage with one partner having a separate individual therapist is that this person could be working at a tangent to the couples therapist, and in fact

[4] http://www.bacp.co.uk/events/learning_programmes/ethical_framework/documents/ethical_framework.pdf

could undo the work done in couples counselling. The individual therapist isn't ever present to the couple dynamic and therefore could miss important information, such as avoidance or resistance. A possible solution to this is to obtain the client's written permission to speak with their individual therapist to make sure both therapists are on the same page and supporting each other's work.

## Terms and Conditions and Ground Rules

In consideration of all the various practical and ethical issues mentioned in the previous section, the therapist is advised to compile a set of clear terms and conditions and ground rules outlining the key points that constitute a contractual agreement with couple clients. These documents will detail both the nature of the business arrangement between therapist and clients, and also the practical requirements for conduct of the sessions. This working contract for couples counselling is necessarily more complex than the contract required for working with individuals.

It is crucial to give these terms to clients as soon as possible, and certainly in advance of the first session. For beginning couple therapists, it might be easier to start with a 'transparency only' policy, until you become more confident to consider the complexities of other alternatives.

## Pre-session Questionnaires

While for many therapists the assessment session provides the ideal opportunity for gathering relevant details and attending to housekeeping duties, others prefer to save time by sending forms for the couple to complete prior to an initial consultation. These might be no more than standard proformas, but there's also the opportunity to include questionnaires for gathering some background information about the clients' relationship, intentions and motivations. This might enable further progress to be made during the first session, although some clients may find such an approach too pressured.

The matter of questionnaires needs to be handled with some caution. The idea is to send both individuals an identical form to complete, and to clearly state on the form whether their answers are confidential or transparent from their partner. Then it's up to the partners whether or not they choose to discuss the questions or disclose their answers to one another prior to therapy.

## Transference and Counter-Transference

One of Freud's most important contributions to the understanding of humankind was the concept of transference. He observed that people often don't necessarily relate 'authentically' to other people. Rather they project or transfer feelings and desires unconsciously retained from childhood towards a new object.

Therapists working with individuals are often trained in working with the transference and counter-transference that occurs between client and therapist. Working as a couple therapist, clearly these transferences, between each of the clients and the therapist, will continue. Bear in mind that the therapist is likely to have two different counter-transferences, and so needs also to be aware of how critical it is not to form an alliance with only one partner.

Working as a couple therapist broadens the gamut of likely experiences of transference between the couple and the therapist. There's clearly another transference in the room, the transference between the couple themselves.

### Transference in the Couple Relationship

As conflict emerges, one partner may begin to project negative traits on to their partner ('You've changed; you're not the person I married.'). There's a strong possibility that the partner is projecting negative traits of one of their parents on to their partner.

When counselling a couple, the particular ways in which each individual represents aspects of their partner's childhood caretakers can usually be identified through some process work. It can be helpful for the couple to understand the ways in which they're able to re-open one another's childhood wounds and how the resulting emotional pain predominantly originates from the past rather than the present.

According to some couple counselling theories[5] the transference operating between the couple not only becomes apparent at the time of conflict, but in fact was the very reason that each partner (unconsciously) chose their partner to begin with.

[5] Such as Imago ™ Relationship Therapy

## Why do we Choose our Partner?

### 1. Unconscious Recognition of Parental Traits

A number of relationship theories and modes of couple therapy are based upon the principle that *unconscious* processes make a significant contribution to our sense of attraction and partner selection. These include Imago™ (Dr. Harville Hendrix); Internal Family Systems Therapy (Dr. Richard Schwartz[6]) and the Bader-Pearson Developmental Model (Dr. Ellyn Bader and Dr. Peter Pearson). Whilst we may think we're choosing a mate based on some sort of conscious check-list, the truth is that the decision may be made largely unconsciously.

### 'Haven't we met before?'

A central theme of unconscious attraction theories is the concept that we'll be most attracted to a partner who has a number of both the positive and negative traits of our primary caretakers in childhood (with the negative attributes taking priority). This is probably because our inherent need for safety drives us to seek what's familiar to us; even if this means a situation in which there's a familiar kind of unease. Thus, we unconsciously choose a mate with whom to recreate our childhood dramas in adult life. 'Repetition Compulsion' was the term Sigmund Freud used to refer to this drive to recreate our past experiences. Opinions are divided as to what purpose it might serve, but some suggest that it's intended to encourage us to resolve what Harville Hendrix, and Gestalt Therapy founder Fritz Perls refer to as our 'unfinished business'.

### The Past is in the Present

When we experience emotional pain in our relationship, it's the area of our brain known as the limbic system that's been activated. Within this part, the amygdala complex compares aspects of our current situation with past painful experiences stored in the hippocampus and finds a match. Research suggests that while the amygdala complex is responsible for emotional learning and plays a role in regulating memory consolidation, it has no direct concept of time, and so our difficult emotions in the present may well be coming from a point in our past experience. This would certainly explain why an apparently minor occurrence can result in what might appear to be a disproportionate emotional response.

[6] Schwartz, R, http://en.wikipedia.org/wiki/Internal_Family_Systems_Model

## 2. Lost Selves

**'With you I feel complete'**

Another theme of unconscious attraction theory is the view that we're likely to feel most attracted to a partner we see as possessing qualities that we think we lack in ourselves; as per the common belief that 'opposites attract'.

As we grow up, we're developing a character influenced by particular parental or social conditioning (e.g., 'don't cry; be quiet; don't show off; don't think you're smart'). 'Primary selves' will be highly developed (those selves approved of by parents or society). while our repressed ('lost') selves are displaced either partially or completely out of consciousness.

**Possible exceptions**

One might reasonably assume that unconscious patterns of attraction have no part to play in arranged marriages. However, because potential partners are selected according to parental preferences, it's arguable that the same psychological principles are informing the selection process.

While opposites may attract, some people favour harmony over personal challenge and might consciously choose to be in relationship with a more companionable partner with whom much is shared in common. In theory at least, such unions might lack some sense of attraction and spice!

## Working with Attachment and Differentiation

The two concepts of attachment and differentiation are very important for a couple therapist to understand and work with.

Attachment Theory

John Bowlby (1907 - 1990) was a psychoanalyst who believed that mental health and behavioural problems could be attributed to early childhood.

Bowlby's evolutionary 'Theory of Attachment' states that children come into the world biologically pre-programmed to form attachments with others, because this will help them to survive.

The most important tenet of attachment theory is that an infant needs to develop a relationship with at least one primary caregiver for the child's successful social

and emotional development, and in particular for learning how to effectively regulate their feelings.

The attachment figure serves as a secure base for exploring the world. Moreover, the attachment relationship acts as a prototype for all future social relationships; therefore, disrupting it can have severe consequences.

Research on adult attachment has found that the same motivational system that gives rise to the close emotional bond between parents and their children is also responsible for the bond that develops between adults in emotionally intimate relationships.

There are five types of adult attachment: secure, anxious-preoccupied, dismissive-avoidant, fearful-avoidant and disorganised. Knowing the attachment style of each partner in your couple will greatly aid your work.

Sue Johnson has developed a couple therapy called Emotionally Focused Couples Therapy, which is underpinned by the theory of attachment. She says:

*'Forget about learning how to argue better, analysing your early childhood, making grand romantic gestures, or experimenting with new sexual positions. Instead, recognize and admit that you are emotionally attached to and dependent on your partner in much the same way that a child is on a parent for nurturing, soothing, and protection'*.[7]

## Differentiation

The ability to support differentiation is an important skill in a couple relationship.

'*Differentiation is the active, ongoing process of defining yourself, revealing yourself, clarifying boundaries, and managing the anxiety that comes from risking either more intimacy or potential separation'*.[8]

There are two types of differentiation:

1. Differentiation of self

Differentiation of self is a two-stage process:

(a) internal self-reflection to identify important aspects of yourself (thoughts, feelings, wants and desires); and

[7] Johnson, S, 2011 *Hold Me Tight.* London: Piatkus

[8] Ellyn Bader and Peter Pearson: www.couplesinstitute.com

(b) the capacity to express these openly and clearly to your partner with vulnerability rather than defensiveness.

2. Differentiation from your partner

A person who is well-differentiated can be close, present and involved whilst listening to their partner. They're able to be curious about who their partner is and are able to manage their own reactions and reactivity while remaining curious.

Conflict in a relationship is often the result of an inability of the individuals within it to satisfactorily integrate the differences between them (i.e., to differentiate). Many fear that if they're authentic and reveal themselves, they'll threaten the relationship and their partner may leave.

Differentiation is the counter-part to attachment. Awareness of differences between ourselves and others brings with it a sense of separateness, which directly challenges our concept of oneness and connection (i.e., attachment) from which we derive a deep sense of security. At an unconscious level, difference threatens our very survival and triggers primal fears, which goes some way towards explaining why our emotional reactions can be so forceful and entrenched within intimate relationships.

## Attachment and Differentiation in Couples Therapy

Given that conflict is so tightly bound up with the apparently opposing agendas of attachment and differentiation, should we as therapists be encouraging our clients to attach to each other more, or to differentiate more? This is a fundamental question that has been the basis of much research and discussion. The contrasting quotations (below) from two leading therapists in this field demonstrate differences of opinion:

Dr. Sue Johnson (EFTC*): 'A secure bond [with another] is the best protection against helplessness and meaninglessness.'*

Dr. Ellen Bader (Developmental Model*): 'A secure bond with oneself (a clearly defined, separate self) and a connection with another or others is the best protection against helplessness and meaninglessness.'*

While Dr Sue Johnson prioritises the importance of attachment, the Developmental Model of Couples Therapy proposed by Dr. Ellen Bader and Dr. Peter Pearson additionally emphasises the importance of one's bond with a well-defined, autonomous self-identity, and more explicitly promotes differentiation.

Hence, these theories and therapeutic models differ in their points of focus, but aren't so opposed to one another as they might at first appear.

Imago Relationship Therapy™, developed by Dr. Harville Hendrix and Dr. Helen LaKelly Hunt, is another modality that seeks to address both attachment and differentiation in parallel. However, this model is sometimes criticised for encouraging partners to become all loving 'parent figures' for one another.

## Working with the Couple Cycle or Dynamic of Disconnection

Couples presenting for therapy are usually unable to differentiate successfully and may also feel disconnected. These two issues are directly related in that in response to the anxiety experienced by an inability to successfully negotiate differences and get needs met, partners will deploy defensive behaviours, such as hostility or shut-down (both strategies are avoidant of the underlying issues). The outcome either way is resentment, disconnection and an arrest to differentiation.

From the perspective of attachment theory, humans need comfort, care and support, and are hard-wired to need emotional connection. From childhood we learn a certain way of 'dancing' with the people we depend upon, a dance that's transferred to our adult intimate relationships. Sometimes we get stuck in the steps of the dance and if we don't understand what the dance is about, although we want to pull our partner close, we might end up pursuing that partner away.

From a differentiation perspective, the couple may find it difficult to either identify their inner world, express their inner world, or listen to their partner's different world. The coping mechanism for a lack of differentiation will result in the same 'dance'.

Hence, either or both of these difficulties will result in a 'dynamic of disconnection'. And as a couple therapist you'll usually find that this dynamic actually manifests in the therapy room. This is an ideal opportunity to get to help the partners understand the root of the mechanism in the here and now of the session. This involves the therapist looking beneath the 'content' of the communication between the couple to ascertain their 'process': the underlying emotional experiences which keep them stuck in their rigid positions and negative interaction cycles.

Pursuer-Aloof Dynamic

This is the most common dynamic that a couple therapist will encounter. Couples feel quite relieved when the therapist points out how common the pattern is.

The Pursuer feels unloved and that they need more attention from their Aloof partner. They ask their partner for more connection, but the way this is expressed may come out as critical or blaming. The Aloof senses an attack and shuts down or withdraws. They might think they'll say something wrong and create a fight. The shut down is an attempt to preserve the safety of relationship. However, when the Pursuer senses withdrawal, it's a big abandonment trigger and often as painful as a physical injury; they feel even more alone, and make more and more demands for connection, pushing their Aloof to talk.

One pushes; one withdraws and couples can get stuck in this pattern for years. The partners need to learn to understand their needs and turn towards each other to create an emotional connection.

As therapist, it's important to help your couple understand the dance - you can even draw it on a piece of paper. Help them understand that when the withdrawer wants to shut down and shut their partner out, they are in fact threatening their partner by leaving them alone. And when the Pursuer pushes for connection, they are in fact threatening their partner by implying their partner is a failure in some way.

Beneath the dance are very basic attachment needs, which could be summarised by four questions:

Are you there for me?

Can I depend on you?

Do I matter to you?

Will you respond?

Working with a Pursuer

Johnson states in her book *EFT with Trauma Survivors* that:

*'Attachment theory... predicts that when attachment security is uncertain, a partner will pursue, fight, and even bully a spouse into responding to attachment cues, even if this has a negative general impact on the relationship.'*

There are things the Pursuer does (such as demanding/criticising) that make it hard for their partner to respond. The Aloof feels criticised and distances. Instead of this critical behaviour, the Pursuer is encouraged to talk about their fear of rejection/abandonment and ask for reassurance from their partner. What they're really saying is 'Are you there for me; do I matter to you'. The Pursuer can then give clear achievable behaviours (such as exactly how they would like to be reassured/soothed) to their partner, rather than just talking about their feelings.

Working with an Aloof

The Aloof needs to speak about their fear of criticism and failing their partner. What they're really saying via their withdrawal is: 'I'm afraid I'm disappointing you. I'm a failure. I'm not sure I'm loveable.'

The Aloof is encouraged to explain to their partner that they're experiencing these fears, and also that they need reassurance and appreciation.

## 'Stance, Stance and Dance'

Another way to look at the dance of disconnection in a wider way than the basic Pursuer/Aloof is *'Stance, Stance, and Dance'*.[9]

Partner 1: relational stance or relational deformity; and
Partner 2: relational stance or relational deformity.
Relationship: the couple's dance of disconnection. (the more Partner A …, the more Partner B ...)

Here are some examples of typical patterns:

- The more she tries to micro-manage, the more he becomes passive-aggressive;
- The more he is the scolding father, the more she becomes the rebellious daughter;
- The more she is the long suffering and over-functioning mother, the more he is the irresponsible king-baby;
- The more she wants closeness; the more he wants privacy.

Clients often think that their partner IS a certain type of person, but in fact their partner has often been created in this way from the relationship dynamic.

[9] Terry Real: Relational Life Therapy at www.terryreal.com

The therapist can start by naming and working on the individual stances. They're usually held by individual belief systems, and family of origin work will tell you where they learned these relational stances from.

The therapist then works with the dance as the 'patient'. Once the dance of disconnection or stance is described and understood, the therapist can work on getting each partner to 'stop doing and start doing' a new step in the dance.

Another useful tool is that the therapist can consider 'redistribution' of the roles. In other words, get the one who is wanting more closeness to speak about their need for privacy, and the one who is speaking about privacy to speak about their need for closeness. This will help break up the entrenched pattern. Indeed, once the privacy partner starts giving their closeness partner some of the intimacy that they're asking for, then the closeness partner's often more subtle issues around vulnerability and intimacy will come to the fore.

**Note on LGBTQ**

Many relationship issues are common to all couples regardless of sexual orientation. However, LGBTQ clients additionally have to deal with major issues such as hetero-normativity, homophobia and both socio-cultural and legal discrimination.

An issue sometimes encountered by the therapist is where the LGBTQ partners may be in different stages of the coming out process or where one partner is diagnosed HIV positive.

In many countries, committed LGBTQ couples who want children are denied access to assisted reproduction, adoption and fostering, leaving them childless, feeling excluded and bereaved.

A number of men and women experience conflict with regard to LGBTQ expression within a mixed-orientation marriage or relationship. Separation is one option, but couple therapy may also include helping the clients feel more comfortable and accepting of same-sex or trans-gender feelings within the existing relationship, and to explore ways of supporting these identities into their lives.

## Emotionally Focused Couples Therapy: Dance of Disconnection

Emotionally Focused Couples Therapy is a 'theory of love' created by Dr Sue Johnson. It's a combination of primarily humanistic and systemic therapies with a base of attachment theory.

The premise of attachment theory is that there's a universal human need to have a limited set of close emotional connections with attachment figures. These are people we touch such as partners, children and parents. We all need these accessible attachment figures because isolation can be traumatising.

During couples counselling, the therapist looks to see whether the couple can create a safe haven or a secure base with each other. Emotionally Focused Couples Therapy can help the couple build this safe haven. Once the couple have developed this secure and safe bond, they can then deal with all of the usual couple issues, such as parenting and money, in a much more productive way. Their problem solving skills are therefore maximised by first developing the base of a secure connection with one another.

Emotionally Focused Couples Therapy has a structured format of around 10 -12 sessions. Where trauma is a factor, this could increase up to 20 sessions.

The therapy involves basic techniques such as reflecting emotions, and in particular, creating interactions between partners in the therapy room, such as explaining what's happening under the anger, criticism, tone or withdrawal. There are nine steps to the therapy, which are divided into three stages:

Stage One: is the de-escalation stage which is where the therapist and the couple observe and name the cycle or dance of disconnection. The cycle is labelled as 'the enemy' and both partners can begin to see their role in the dance.

Stage Two: is where the couple begin to create new patterns of interaction that create a more secure bond.

Stage Three: is where the couple consolidate their bond and the therapist gives them hope and encouragement that they can maintain these new patterns for the future.

**Summary of Skills to be a good couple therapist (Days 1 and 2)**

1. Written Terms and Conditions addressing:

    a. Your policy on seeing individuals within the couple;
    b. Your policy on transparency versus confidentiality;

2. Initial Questionnaire; including Risk assessment criteria;

3. Understanding initial presenting issue;

4. Teach non-confrontational communication;

5. Teach and practise 'dialogue';

6. Understand each partner's unconscious attraction pattern (transference);

7. Understand and change 'negative cycle or dance'; work out what each partner needs to 'stop doing and start doing';

8. Build in regular reviews;

9. Your 'gift' and your 'challenge';

10. Are you prepared to not be the right therapist?

**Bibliography**


Ainsworth, M, et al. (1978). *Patterns of Attachment*. Hillsdale, NJ: Erlbaum.
Bader, E, & Pearson, P, (1978) *In Quest of the Mythical Mate: A Developmental Approach To Diagnosis And Treatment In Couples Therapy* Routledge
Bowlby, J, (1988). *A Secure Base: Parent-Child Attachment and Healthy Human Development*. Tavistock professional book. London: Routledge.
Buber, M, (2002) [1947]. *Between Man and Man.* Routledge. pp. 250–51.
Hazan, C, & Shaver, P, http://en.wikipedia.org/wiki/Attachment_in_adults
Hendrix, H, (2005) *Getting the Love you Want.* London: Pocket Books
Johnson, S, (2011) *Hold Me Tight.* London: Piatkus
Johnson, S, (2004) *The Practice of Emotionally Focused Couple Therapy: Creating Connection* Hove: Brunner-Routledge
Schnarch, D *Passionate Marriage* (2009) W. W. Norton & Company
Siegel, D (2001) *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are:* The Guilford Press