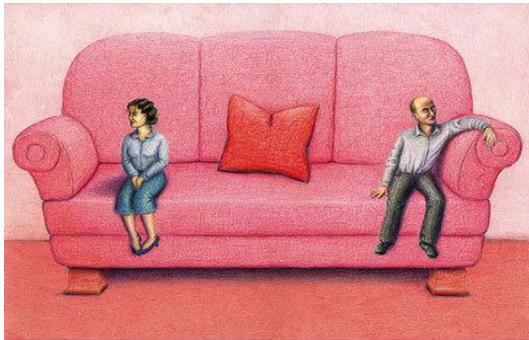


Introduction to Couples Counselling Training



DAY THREE

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

Introduction to Couples Counselling

Day 3

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 3 Topics:

- Ethical dilemmas in couples counselling: Therapeutic Balance
- Stages of relationship
- Working with Stage Two and developmental tasks
- Working with hostility and conflict avoidance

Couples Counselling Ethical Dilemmas

Two Questions:

- 1. What problems might the couple counsellor encounter in maintaining a therapeutic balance or fair and equal treatment between partners?**
- 2. How should the therapist handle a couple where one partner wants to stay and the other is thinking of leaving?**

Therapeutic Balance

The matter of therapeutic balance deserves further expansion because it's an important consideration when working with couples. In essence, the therapist aims to maintain therapeutic balance by treating the individuals with a sense of fairness and impartiality. The core BACP ethical principle involved is '*Justice: the fair and impartial treatment of all clients and the provision of adequate services.*'

This equality of treatment extends beyond the sessions themselves to any interaction prior to and in between sessions.

Common challenges to maintaining therapeutic balance can be categorised into three main sub-groups:

1. Identification/Aversion/Transference
 - a. The therapist over-identifies with one person in the couple;
 - b. The relative inclination of the individuals in a couple towards the therapist, particularly with regard to gender, sexuality, ethnic origin, age etc.;
 - c. The therapist is drawn into an unhelpful dynamic by the couple, in which one or both individuals attempt to coerce the therapist to take sides.
2. Partner Differences
 - a. There's a marked difference between the individuals in a couple relationship in their level of self-awareness and/or ability/willingness to express themselves;
 - b. One partner appears to have more intra-psychic work to do than the other.

3. Practical Issues

- a. One individual fails to arrive for a session, is late, or leaves early;
- b. One or both individuals attempt to communicate privately with the therapist;
- c. The therapist sees either or both partners in individual sessions.

There are a number of steps the therapist can take to try to ensure that equality is maintained.

Taking each of the challenges listed above in turn:

1. Identification/Aversion/Transference

- a. There's always a danger that the therapist will identify more readily with one partner than the other and feel inclined to side with them. It's most important that this doesn't impact on the therapist's work. The therapist needs to be aware of this dynamic during the session, and then between sessions to reflect on the reasons behind their feelings, and take their bias to supervision.
- b. There are circumstances in which the individuals in a couple will have differing preferences towards the kind of therapist they wish to work with. For example, one may prefer a male therapist, while their partner has a preference for a female therapist. The same holds true for other characteristics, such as sexuality or ethnicity. These factors may affect the relative quality of the therapeutic relationship between each partner and the therapist, thus leading to imbalance. The therapist may need to work harder with one individual to establish their respect and trust. Occasionally, there might be an opportunity for a couple to work with two therapists together (Debbie and Simon offer this option), which can help to alleviate such issues.
- c. It could be said that the therapist holds the position of power and authority in the therapeutic relationship with their clients and so might well be identified by them as a 'parental figure'; if only unconsciously. This can be unhelpful, in that it might lead to the forming of bonding patterns in which the therapist becomes the 'parent' to two 'squabbling children', who each want the therapist's support in the battle against their partner. The danger with this is that the individuals in the couple constantly look to the therapist for solutions and fail to take responsibility themselves, thus avoiding their own relationship and remaining divided in a state of disconnection.

2. Partner Differences

- a. It's common to find that for whatever reason, one individual is prone to dominating sessions. The therapist should aim to coach the dominant person in containment, while encouraging their partner to be more expressive. Thus, maintaining a sense of balance isn't necessarily concerned with giving each partner the same amount of time. In fact, more time may need to be spent with the quieter partner. If this is the case, it's helpful to explicitly explain to the couple why you may be spending longer with one than the other. It's also helpful to frequently check in with the couple and see how each is feeling about the work, and if anyone feels like they haven't been getting enough air time in the sessions.
- b. Can you do individual work with one partner in front of the other partner during the couple therapy? There are several schools of thought on this idea. If there's an unhealthy intra-psychic pattern within one of the partners, it might be perfectly feasible to do that intra-psychic work actually in front of their partner, although this may create an imbalance in time spent with one person or the other. The intra-psychic pattern will manifest somehow in the couple dynamic and so working on this with both partners present may be helpful.

Another option would be for the therapist to consider seeing that person individually. This will immediately create some kind of imbalance, but weighed against this, the couple therapist is arguably the person best placed to do the necessary work that might bring benefits to the relationship.

If the therapist or clients are uncomfortable with a one-sided dynamic as described above, then there's the option to refer one partner to another individual therapist. It's helpful for the couple therapist to maintain an open line of communication with the individual therapist (the client's consent is of course needed for this).

3. Practical Issues

- a. Timekeeping issues are common when working with couples and the therapist must be clear with their boundaries. A couple might travel independently to attend a session and arrive at different times. In these situations, the therapist needs to give consideration to the ethical question 'who is the client'. Where the client is considered to be 'the relationship', then the session cannot begin until both clients arrive, and thus a waiting area is ideal. Where the therapist's view is that the clients are also both the individuals, then the therapist may feel it appropriate to start the session

where one person has arrived on time and the other is late. Be aware though, that this will open the therapist to receiving possibly ‘confidential’ information from one partner only, so the rules on transparency and confidentiality need to be very clear from the outset of therapy.

- b. There's ample opportunity for couple partners to independently communicate with the therapist privately between sessions, via telephone, text or email. Often, this will be for the purpose of arranging appointments, but there's always the possibility that other information will be communicated to the therapist, such as a catalogue of complaints against the other partner. The rules on transparency and confidentiality need to be clear from the outset. Once this rule is in place, the therapist can deal with the situation accordingly.

Where email or text communication is concerned, and transparency has been agreed, the therapist is wise to copy both couple partners, particularly when confirming appointments. With highly dysfunctional couples, partners can fail to communicate with one another even to the extent of co-ordinating joint availability for sessions, so this simple action can pre-empt further complications and reinforces equality of treatment by the therapist.

- c. The couple therapist sees either or both partners in individual sessions. Whether or not this happens depends upon how the therapist defines ‘the client’; is this the couple relationship, the two individuals, or both? If the relationship is seen to be the client, the therapist is likely to believe that they cannot conduct individual sessions, perhaps on the basis that this would constitute a ‘dual relationship’, or wouldn’t be in the best interests of ‘the client’. In any case, they would see their therapeutic contract as being exclusively with the couple relationship. Alternatively, if the individual partners (and maybe also the couple relationship) are seen to be ‘the client’, then the therapist may feel that their work is enhanced by seeing either or both partners on an individual basis in addition to couple sessions. In this case, it’s vital that the therapist is clear with regard to their policy on confidentiality or transparency at the outset of therapy. The therapist will also need to consider whether these individual sessions should be equally balanced between the two individuals, or whether one person might require more individual sessions. This will require full discussion with the partners, as well as a reflection on how couple therapy can best proceed in this context.

Mixed Agenda Couples

This is where one person wishes to try to save the relationship, while their partner wants to leave, or is at best ambivalent. How should a therapist handle this situation?

The very act of one person stating their intention to end the relationship or file for divorce can be the catalyst for their partner to seek out a therapist in desperation. If the couple make it as far as the first session, the therapist will be presented with something of a dilemma.

Given that the couples counselling process requires a certain minimum level of commitment from both individuals for there to be the potential for progress, what's to be done when one of them only passively agrees to go through the motions? Arguably, unless both are genuinely intent to make an effort for a prescribed period of time to save the relationship, there can be no contract for couples counselling.

The couple therapist might be tempted to try one of the following approaches in the hope that the couple will arrive at a place of greater clarity as to whether they wish to proceed with couples counselling, or counselling for separation:

1. Attempt to coax the reluctant partner to come around to working on saving the relationship;
2. Explore the reluctant partner's reasons for wishing to leave the relationship.

The difficulties with the two different approaches above are:

1. To pursue the reluctant individual (who might be seen as the 'distancer') is to side with their partner (the 'pursuer') and reinforce the couple relationship dynamic. The obvious lack of neutrality on the part of the therapist also destroys any sense of therapeutic balance.
2. Using the session as a forum for exploring the reasons why one person wishes to end the relationship leaves their partner unsupported, and also might involve siding by the therapist with its attendant issues (as above).

One way forward with the mixed agenda couple would be to facilitate a session where the couple explore whether to either separate or agree to working on their relationship. The therapist will need to hold the two agendas at the same time – in other words, support the pursuer to salvage the relationship, and also explore

with the distancer their reasons for leaving. The therapist needs to carefully consider their own agenda, and try to remain neutral about the outcome.

These kinds of sessions can be difficult and are sometimes compromised by too much emotional risk, withholding and blaming. The outcome may well be either no decision, or one made purely on the basis that one individual 'gives in' to the view of their partner.

Another useful tool to deal with the mixed agenda couple is to practise 'discernment counselling' for a fixed number of sessions, whereby couples counselling is put on hold until there's a prior agreement for both partners to commit to working on their relationship over a period of time in couples counselling (typically three to six months).

Discernment Counselling¹

'Discernment Counselling' is a term that was adopted by the experienced American therapist, Dr. William Doherty, to refer to a technique he uses when presented with the 'mixed agenda' couple. It's a short term, intensive process lasting 1-5 sessions.

Discernment Counselling is very different from couples counselling because there's not yet an agreement to start couples counselling. The goal instead is to gain clarity about a direction for the relationship, based on a deeper understanding of the relationship dynamics and each person's contribution to the relationship challenges. The couple are informed that Discernment Counselling is not aimed at solving their problems, but rather at working out whether or not their problems can be solved.

There are three possible outcomes from Discernment Counselling:

- Continue with the relationship status quo (**Path One**);
- Separation or divorce (**Path Two**);
- Work on the relationship for 3 – 6 months in couples counselling (with a 'no exit' rule agreed), following which a decision can be made whether to continue or separate (**Path Three**).

¹ <http://discernmentcounseling.com/>

Doherty states that therapists are free to use elements of his discernment counselling when you see mixed-agenda couples. If you want to learn to do it well and consistently with a wide range of couples, there are many subtleties that come only with training.

The essential stages of the process are as follows:

1. Discernment Counselling takes place over a pre-determined number of sessions (a maximum of five is suggested) and so is always short-term;
2. The therapist works alternately with each individual followed up with a short couple session. It's helpful if all three sessions can follow consecutively;
3. The first session is a joint session (of any time frame, typically around 40 mins) and is used to ask four core questions (see below);
4. Each individual is then subsequently seen for around 35 minutes, during which their agenda is explored with a view to a gaining a deeper understanding of the motivational issues, the relationship dynamics, whether the problems can be solved and potential areas for change. A summary is prepared at the end for presentation in the following joint session;
5. The couple reconvene (10') to share the summaries from their individual sessions, followed by feedback from the therapist. (if you're working with confidentiality in individual sessions, you'll need to agree in that session what to share in the summary). A decision is then arrived at whether to continue with another session of Discernment Counselling, commit to a set period of working to save the relationship in conjunction with couples counselling, proceed with separation counselling, or cease counselling altogether.

There are certain practical challenges associated with Discernment Counselling. For example, the process as described above requires about two hours and ideally, you'll need each partner to wait for the other during the individual sessions. If there's no waiting area available, the therapist could do the sessions on different dates and add on the ten-minute couple session to the second individual session.

First Couple Session: Core Questions

The first session is a couple session ideally of around 40 minutes. There is a series of questions for each partner to respond to separately, with no couple interaction and minimal feedback from the therapist, who listens, occasionally clarifies and takes notes.

The four core questions in the first session of Discernment Counselling:

1. **Divorce narrative:** *'What has happened to your marriage that has got you to the point where divorce is a possibility?'* (Listen for the complexity of the story, one sided versus two sided and critical incidents);
2. **Repair narrative:** *'What have you done to try to fix these problems so that you didn't get to this point? It might be things you tried individually, as a*

couple, or with outside help.' (therapist to ask follow up questions, particularly about past couple therapy);

3. **Children's question:** *'What role, if any, do your children play in your decision making about the future of your marriage?'* (The therapist should not comment or ask follow ups on this question);
4. **Best of times:** *'What was the best of times in your relationship since you met? A time when you felt the most connection and joy in your relationship.'* This gives you a sense of what drew them to each other and will often end the couple session on a positive note. Gently steer the couple to only speak about positives here.

Then the therapist moves to individual conversations, usually starting with the 'leaning-out' partner (about 35 minutes each).

Leaning Out Partner: Individual Session

You can start with a general question such as what the couple session was like for them. Or if you're seeing a lot of pain or tension, you can start with a simple 'How are you doing?' The goal is emotional connection.

Validate their pain and frustration with the marriage as it's been. If appropriate, rule out path one—the way things were can't continue for this person.

If they're focussing only on their inclination to divorce, summarise the reasons you're hearing for divorce, and say that it's clear they have thought through the reasons for path two. Ask if it would make sense to spend some time on potential reasons to choose path three.

Make it clear throughout that you're helping them decide whether to work on the relationship/marriage (path three), as opposed to helping them change the marriage now.

Explore their sense of their own contributions to the problems in the marriage. Don't skip this conversation in the first session no matter how distressed the person is; otherwise, you may have created a contract that doesn't allow for this exploration in subsequent sessions.

Offer the beginning of an interactional, systemic view of their marital problems: the dance they have done together. You want to help the leaning out person see

themselves as an active player in the couple dynamic, although be careful to not suggest they're responsible for their partner's personal contributions such as alcohol abuse or an affair.

Ask if they want to do another session.

Ask what he/she would like to say to their partner in the way of summary. Coach on what to say, with a focus on self-learning. Even if the person has been reluctant to look at their own part, a minimum sharing might be: *'I have some new things to think about concerning my role in our problems, and I would like to return to another discernment counselling session.'*

Leaning-in partner Individual Session

Ask how they're feeling at that moment.

You'll generally get more frankness about this person's pain and anger. Listen with empathy, then move on. Don't allow the leaning in partner to go on for 10-15 minutes with their frustration about what's happened to them in the marriage.

Clarify the person's desire to save the marriage, and why.

Ask if they would like your help to save the marriage.

Describe the three paths, and offer to help open the door for path three.

See if the leaning-in spouse understands the concerns of the other and is willing to work on legitimate concerns.

Focus first on helping the leaning-in spouse hear what the other partner is saying about reasons to end the marriage.

Focus on constructive coping with the crisis: for them to neither pursue nor distance, don't scold, triangle with others, do self-pity, make threats. Suggest a reading such as 'The Divorce Remedy' by Michele Weiner-Davis (see bibliography).

Focus on learning about self and what needs to change in this relationship, or another in the future.

Clarify the person's interest in another session.

Agree on a summary to be shared with the partner at the end of the session. It's usually best to focus on:

- a) A desire for path three;
- b) What the person has heard and understood with reference to their partner's concerns;
- c) What aspects of self that he/she wants to work on, as well as reiteration of desire to go with path three.

Couple Summary (10 minutes)

A summary from each partner. No expectation of a response from the other partner, but let them say something if they seem inclined to do so.

Depending on the time left, offer some words of appreciation for their work in the session and a theme or two that emerged. If both want another session, state that is the case and schedule that.

It's often good to emphasise not to expect relationship changes between sessions since that's not what discernment counselling is for.

DISCERNMENT COUNSELING

THE DOHERTY RELATIONSHIP INSTITUTE

A SHORT TERM, INTENSIVE PROCESS LASTING 1-5 SESSIONS

FOCUSES THE PARTNERS ON

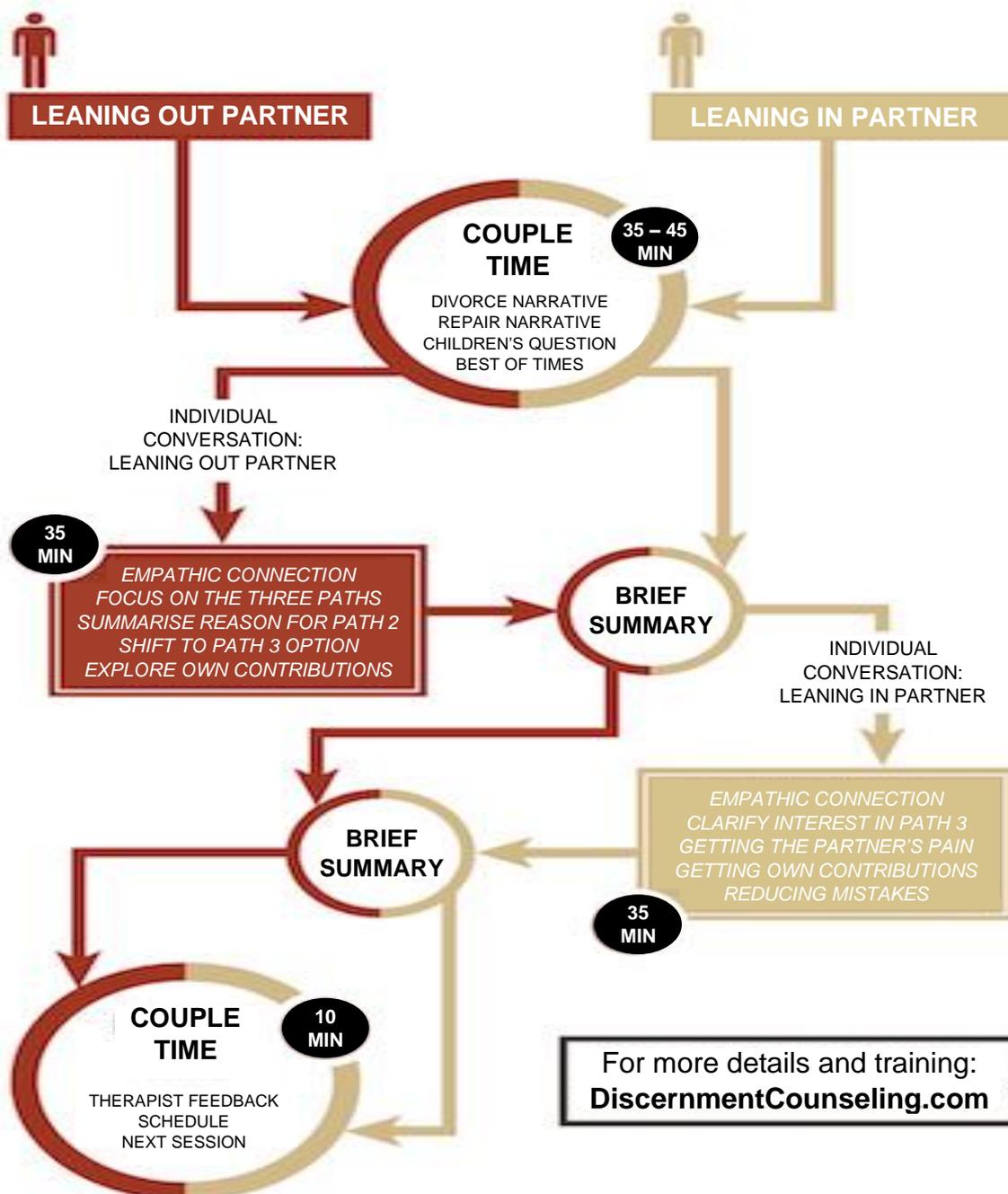
3 PATHS

STATUS QUO

SEPARATION / DIVORCE

SIX MONTH COMMITMENT TO COUPLES THERAPY

FIRST SESSION OUTLINE



Stages of Relationship

Many therapists will be aware of stage theory as applied to human psychological development, such as Freud's six-stage psycho-sexual model and Erik Erikson's eight stages of psycho-social development. A number of stage theories have also been proposed to explain the development of intimate adult couple relationship, and there are some interesting parallels between the childhood development and adult relationship stages.

For the therapist working with couples, having some knowledge of the theoretical stages of relationship can help us to put the issues presented by a couple into some kind of context. For example, each stage typically features certain characteristics and presents its own challenges, which can provide some clue as to the likely issues that need to be resolved. However, as with the stage theories of human development, we should not attempt to apply them too rigidly.

Stage 1 - Romantic Love/Symbiosis: exclusive bonding

'The price you pay for the bliss of romance is to hide your true self'

We begin with what's usually thought of as the 'romantic stage'; the period during which we can think of little else but our loved one and want to be with them all the time. We're in a state of euphoria and experience renewed energy, confidence and enthusiasm. Our perception of our partner is such that we can only really see the good in them and are able to readily dismiss any faults; if indeed we can see them at all. This feeds the notion that our loved one is our perfect match, or our 'soul mate' and can meet all our needs. We feel infatuation, physical attraction and a strong desire to merge as one. We are 'in love'. Medical research informs us that our perception at this stage is heavily influenced by a potent cocktail of chemicals in the brain, which gradually subside over a period of time; perhaps up to sixteen months or so.

The romantic stage is about the negotiation of intimate bonding and there are clear similarities with the processes described in psychoanalytic models of initial human development, such as Erikson's 'Trust vs. Mistrust' stage. Also of note is John Bowlby's theory of attachment between mother and infant with regard to matters of comfort and security. It's clear that issues from childhood play out later in adult intimate relationship and attachment wounding can be particularly problematic in this regard. However, this is more likely to show up at the later stage of Differentiation.

The conflict-avoidant symbiotic nature of couple relationship during the romantic phase tends to maintain a state of harmony. Couples will consistently talk in terms

of 'we' and there is generally a marked absence of the expression of individuality or disagreement, which suggests a certain lack of authentic relating.

Stage 2 - Differentiation: managing anxiety over differences

'Romantic Love sticks around long enough to bind two people together. Then it rides off into the sunset. And seemingly overnight, your dream marriage can turn into your biggest nightmare.' (Harville Hendrix)

Romantic love works in partnership with our need for security and draws us into a state of fusion, which is a huge challenge to our opposing need for autonomy. Intimacy/security also stifles eroticism, which thrives on separation, mystique and a sense of unavailability; so, as the relationship moves past the romantic stage our desire for sex might lessen.

Following the romantic stage, sooner or later, our perception shifts and we realise that our partner isn't quite so perfect after all. Disillusionment looms.

Our partner sometimes disagrees with us, probably doesn't really share the same interests and might have habits that annoy us. We soon become starkly aware of how different they appear to be from ourselves. This triggers our basic fear that perhaps our partner can't meet all our needs after all and our sense of safe and secure attachment is severely challenged. Conflicts surface, particularly as we each become less willing to compromise ourselves for the sake of harmony. However, we may look to comfort ourselves with the belief that we can change our partner for the 'better'. So begins the 'power struggle'.

Suddenly, rather than craving intimacy, we feel engulfed by our partner and so we begin to attempt to restore some balance to the relationship dynamic by taking a step back; emotionally and/or physically. We strongly defend and assert our differences and neither person wants to give in. This is the struggle for power and control. Trust in our partner wavers and we may see them as self-centred.

The differentiation stage is very important, since it has the potential to promote the re-establishment of individuality within the context of the relationship. It often begins at the point of deeper commitment to a relationship, such as when partners start living together.

Where this process is negotiated successfully, which requires mutual personal growth through stretching to understand our partner's perspective, we start to see what's referred to as 'differentiation' in the relationship. However, differentiation is a severe test of the sense of attachment that's been established during the

romantic stage, since the identity of our attachment figure is apparently shifting away from our original construct.

If either partner is struggling with childhood attachment wounding, this will no doubt surface at this time, and the ensuing emotional pain and deep-seated fears will block the way forward. On the surface, we might experience anger, arguments, commitment issues and other apparently irrational behaviour. We may feel like giving up and this is where many relationships fail.

Unfortunately, the tendency is often to move on, only to repeat the same performance with somebody else. Without developing the self-awareness to understand our patterns, it's easy to make the assumption that we just happen to always attract the 'wrong partner'.

Stage 3 - Exploration: moving from 'we' back to 'I'

Partners begin to re-establish their own identity and self-esteem independent of the relationship. The 'we' loses its power – and now the balance shifts strongly toward the 'I'. This vital and important stage of individuation can present a real crisis for each partner. It may appear that love and caring have disappeared, and there's also a danger that the timing of the shift to this stage may be different for each partner. The more one distances, the more the other may cling. If both partners distance simultaneously, they may feel more like roommates than lovers.

The objective of this stage is to redefine and sustain your identity whilst still in a relationship. This has the potential to bring greater richness to the relationship and form a new foundation for reconnection, but sometimes partners might continue to lead rather separate lives.

Stage 4 - Re-connection: back and forth patterns of intimacy

By this stage, you've strengthened your identity through individuation and learned to maintain your own point of view without hostility or defensiveness. One partner begins to return to the other with a new deeper level of intimacy. Now there's a stronger and different quality to the relationship where the 'we-ness' includes a respect for the existence of two separate 'I's. If you say 'no' to your partner, it will be more than likely be heard as an expression of who you are versus a harsh rejection. Difficult discussions no longer turn into crisis, because you now have increased tolerance of and respect for your differences. This stage may be accompanied by an enlivened sexual relationship.

Stage 5 - Synergy: independence and interdependence

The intimacy within the relationship deepens as each partner increases their ability to manage their emotional reactions in times of tension. You can now maintain your position while actively supporting your partner's right to do the same. The flow between the 'I' and the 'we' becomes much smoother. The relationship, or 'we', now begins to have a synergy all of its own. Partners may find that they have the capacity and desire to create something together and to give back to the world in some way.

Working with Stage Two

Of all the stages, how the partners handle the challenges of differentiation (Stage 2) will determine whether or not the relationship ends or continues, and in the case of the latter, what the nature of the relationship will be. Unresolved issues around differentiation are central to the work of the couple counsellor, and most clients will have got stuck somewhere at this point.

Attachment Anxieties

The process of differentiation is hampered by the emergence of anxieties that become triggered when partners begin to reveal (and perceive in one another) increasing aspects of 'otherness'. Perceived differences become especially threatening when they seem at odds with one's own beliefs and values, because they appear to contradict the safety of 'oneness'. Hence the sense of secure relational attachment established through symbiosis is shattered.

The emergent anxieties are (with varying degrees of conscious awareness) rooted in questions such as, 'Can I depend on you?' 'Am I important to you?' 'Will you be there for me?' Emotionally, there might be feelings such as hurt, fear, sadness, shame and confusion. There's likely to be much distress for both partners, although they may well express this in quite different ways.

Attachment anxiety is first experienced in childhood and every infant adopts a certain coping strategy (e.g., to express forcefully, or withdraw into oneself). Essentially, this same behaviour remains into adulthood, when intimate relationships cause us to unwittingly revisit any unresolved childhood attachment issues. Unfortunately, the most usual kinds of behaviour that partners display when under stress result in further emotional triggering and a deepening of the crisis.

Differentiation

Differentiation can be defined as:

*'The active, ongoing process of defining self, expressing and activating self, revealing self, clarifying boundaries, and managing the anxiety that comes from risking either more intimacy or potential separation.'*²

As time passes, partners begin to move their relationship back from 'we' to 'I' and express their own thoughts, feelings and desires. As a result, many couples experience moments of deep disappointment or disillusionment with one another. There's so much primal anxiety triggered by the process of differentiation that partners often move into coping strategies based on their attachment style such as:

- Denying difference to avoid conflict (avoidance; vagueness; agreeing with partner; merging; using the 'we' word) or;
- Engaging in angry escalations hoping to force their partner to concede (hostility; domination and control; potential domestic violence); or
- Stonewalling and transferring pressure to partner to sort things out; refusing to differentiate or self-define (passive and passive-aggressive partners).

These self-protective mechanisms result in undermining differentiation in both partners.

Either one partner attempting to differentiate whilst the other is still symbiotic, or both are trying to differentiate from a greater or lesser degree of symbiosis.

Conflict-avoidance frequently involves a far more pervasive stance than a reluctance to argue; it's a great resistance to acknowledge, let alone express or negotiate any matter over which there's a sense that there could be a conflict of interests.

Note that all the coping strategies mentioned above are avoidant of vulnerable emotional communication, which is the very means by which partners would otherwise continue to further reveal their 'otherness' to one another, and in so doing, further challenge their sense of attachment security.

Traditionally, couple counselling has tended to push emotional intimacy, but there are differences of opinion as to whether the focus of the work should be on strengthening attachment, differentiation, or both. Some reason that these

² Bader-Pearson www.couplesinstitute.com

concepts are not in fact as contradictory as they may first appear and that they're more akin to two sides of the same coin. While a sense of secure attachment can be primarily rooted in fantasy (as in the romantic stage) and is maintained by avoidance of inquiry and self-revelation, it can be more enduringly founded upon a deep level of mutual understanding and respect between partners. This can only come from successful differentiation, although this is undoubtedly challenging when safety and motivation to work on a relationship are impacted by disillusionment and loss of attachment; hence the couple therapist's dilemma when it comes to their choice of approach.

Learning how to differentiate successfully is crucial for partners to avoid compromising core values and beliefs, to work effectively with conflict/differences, to negotiate effectively, and to develop ongoing intimacy in a loving relationship.

One way that the therapist can help couples practise differentiation is by facilitating dialogue.

When does the struggle with differentiation emerge?

The couple therapist should bear in mind that while there's often a well-defined point in the early development of a relationship when significant power struggles first surface (such as when partners start living together), they can reappear at any later time. Typically, they'll be re-triggered when significant life events impact on one or both partners, such that there becomes a need for some renegotiation of their relationship. For example, the birth of children, changes in work, serious illness, financial challenges, moving home, bereavement etc.

Therefore, the techniques described here are relevant to dealing with any relational binds that are rooted in attachment-related anxieties and result in the triggering of partner defences.

Before considering working with couple relationships in which there's active conflict and defensive triggering, it would be as well for the therapist to consider their own strategy for handling conflicts with others, so as to raise self-awareness of potential traps and blind-spots. One important consideration will be to reflect upon how conflict was handled in your family of origin, and how this has influenced your approach.

The following sections consider working with couples comprising various combinations of hostile and conflict-avoidant partners. However, even conflict-avoidant aloof types can erupt into hostility on occasion, and those more usually

prone to hostility can ultimately go into despair and shut-down. These inverted stances will be temporary rather than habitual.

Diagnosis of Partner Stages and Dynamics

1. Understanding some background to the relationship will help identify its stage of development and contextualise the presenting struggles:
 - With hostile couples, serious issues will blow up sooner, which means that those who make it to counselling (rather than splitting), are likely to be encountering their first major power struggle, and timewise, this could be quite early on. You will see partners trying to competitively dominate one another to agree, or at least comply;
 - Conflict-avoidant couples can generally maintain some kind of status quo for much longer; maybe years or even indefinitely. Therefore, timewise, a significant issue may not surface until much later on. Often, such a couple will present for counselling when one partner is no longer able to avoid confronting an issue of particular importance to them (e.g., marriage, getting a home together, a lack of intimacy/sex etc.). Trust issues, such as through infidelity, are another common trigger, because the conflict-avoidant may find it easier to satisfy their needs through some means other than negotiation with their partner.

2. Remember that the romantic/symbiotic stage will have given each partner a brief experience of the original unconditional love of the Parent-Child relationship, and the couple (whether exhibiting hostility or conflict-avoidance) are desperately trying to keep the relationship in the safety and bliss of merger and lack of difference. The two individuals confuse loving with feeling entitled to get. They're also wanting their partner to be the entire source of their emotional need fulfilment.

3. Work out the attachment pattern:
 - Preoccupied (anxious) partner with conflict-avoidant partner: classic pursuer/withdrawer dynamic;
 - Two preoccupied (anxious) partners may escalate into emotional or physical violence;
 - Two conflict-avoidant partners may eventually enter a 'dead marriage';

Give them a list of attachment styles; have them complete the Adult Attachment Interview.

Working with Hostility

Either you may see two partners who are verbally attacking each other, or perhaps one is more overt with their anger, whilst the other is more passive aggressive. As a couple therapist, you need to garner experience of working with hostile types, and that means coming to grips with your own process around conflict.

Steps for Working with Hostility

Direction

1. Take charge; if you give the reins to the hostile couple/partner, they'll not go in the right direction! They'll tend to repeatedly bring up hurt from the past, escalate the hostility and the therapist will be caught in the cross-fire;
2. Get permission to interrupt (when they are calm); preferably at the start of the session.

Communication Skills

3. Triangulation: In the more challenging cases in which dialogue between partners may quickly disintegrate, it might be necessary for the therapist to work alternately with either partner (known as 'triangulation'). The therapist models communication skills, including active listening, empathy and validation in order to establish each partner's experiences and position:
 - a. For a hostile speaker in triangulation: Coach this partner in non-violent communication skills. In particular, the therapist will inevitably need to actively encourage the hostile partner to talk about themselves as opposed to continuing a line of judgement, assumption, criticism and blame towards the other;
 - b. Remind forceful partners that while 'domination' might be a strategy to get their needs met in the short term, it would be preferable in the longer term to 'initiate rather than dominate'. The therapist can suggest: '*Can you speak about what you would like rather than what your partner is not?*'. This approach focuses on taking agency and responsibility;
 - c. For a hostile listener in triangulation: Triangulation requires that each partner in turn is challenged to contain while the therapist works with the other person. Watch for the possibility that while there might be verbal containment there remains the danger of non-verbal cues (eye-rolling, tutting etc.) triggering hostile reactivity.

Remind partners who are struggling to listen to be ‘curious, not furious’. A good question is: *‘How can you become less reactive and more reflective?’*

4. **Matching Energy** (an alternative approach): while the therapist might be pulled towards attempting to calm and pacify a hostile angry partner (which in some cases might be effective), this approach could have the opposite effect if this person perceives that the therapist is trying to shut them down. Instead, they might feel better heard (and perhaps de-escalate) if the therapist matches their energy during triangulation. Once the hostile partner feels heard and matched by the therapist, it may then be easier for the therapist to help this partner discover the more vulnerable feelings underneath. However, the therapist must remain mindful of how this approach might impact on the other partner, particularly with regard to the perception of therapeutic balance;
5. **Dialogue**: An alternative to triangulation is dialogue. Where possible, in less escalated moments, try to introduce, explain and facilitate dialogue between partners, with strict adherence to the structure. Go very slowly and help the couple tolerate the anxiety of difficult conversations. Help them understand that it’s not helpful to rush to problem solving without both partners first having a full understanding of each other’s viewpoint. Explain the importance of validation - that the objective of dialogue is not to get agreement, but rather for each individual to validate that their partner’s point of view makes sense given they are a different person and entitled to their own opinions.
6. Block assumptions and ‘diagnoses’ from either partner; use ‘red cards’ in a playful way if necessary.

For escalating anger: handouts and other techniques

1. Teach them Time Outs to use in their own time;
2. Complete the ‘Setting Limits on Conflict’ handout;
3. Complete the ‘Three Circles’ handout;
4. Give the couple “Ineffective Behaviours that Partners Use to Cope” and ask them to circle which behaviours they use. You can then ask them if they want to stop these behaviours and what they want to start doing instead. Help them understand that the behaviours are usually forms of self-protection and self-soothing. Unfortunately, what they do to protect themselves is usually the precise thing that triggers pain in their partner. The Gottmans talk about the ‘four horsemen of the apocalypse’: blame, criticism, defensiveness and stonewalling.

5. If at the beginning of a session, you anticipate that partners might escalate unhelpfully once you start working with them, ask them to individually write down their intentions for how they'd like to be for most effectively working on their relationship. Often, they'll pick adjectives such as calm, patient, understanding and curious. Whenever you see them deviate from their intentions, ask them to refer back to what they wrote down at the start.
6. For handling anger in the session, the therapist could try moving the chairs back to back and then to continue the dialogue. People are a lot less triggered if they can't see each other.
7. The therapist could intervene with a speech such as: *'I'm sorry but I can't allow you to do that here. We need to do something different to what happens at home. What you are saying is very important, but I need to help you to express it in a way that your partner can hear you. Would you let me help you? You deserve what you are asking for, but the way you are asking for it is guaranteeing that it is not going to happen.'*³
8. If one partner has great difficulty in regulating their emotions and perhaps has a history of blowing up and storming out of sessions, the therapist could also suggest that that person takes a walk outside for 5 or 10 minutes and returns when they're able to self-contain and talk calmly and reasonably.
9. If one partner can't sit still and listen, hand them a pad and paper to write down all their thoughts and feelings. This way they know they won't lose them, but also, they won't disrupt the session.
10. Ask one partner to temporarily leave the session (e.g., sit in a waiting room if you have one). Then talk to the hostile partner and ask them what they need to stop behaving in this way.
11. Think about doing an individual session; the dysregulated partner will be much easier to work with on an individual basis because they'll not be locked into the negative cycle. You can use the session to work on their escalating anger and how they can gain a handle on it.

Build Bonding and positivity

1. Ask the partners to exchange 'appreciations' for each other at the beginning or end of each session. See if they can maintain being positive for more than a few seconds.
2. Give your couples plenty of 'positive strokes' when they manage difficult developmental hurdles.

³ As suggested by Terry Real in Relational Life Therapy

3. Don't end the session with hostility; try to create a space to wind down from difficult discussions;
4. Dependable contact: Get the couple to work out a time on a weekly basis to be together without talking about problems. The time needs to be the same time every week so there's no need to chase each other up to arrange anything; it's just in their schedule as a reliable fixed event. It can be something as small as a cup of coffee for ten minutes together every Saturday morning, or a 15-minute walk in the park on a weekly schedule. The therapist needs to check in with them every week to see if they're managing the contact. If the couple are very hostile, it might be safer to meet in a public place for the dependable contact rather than at home, where things are more likely to escalate.

Addictions

Hostility can be prevalent in relationships where one or both partners are substance abusers and may have an addiction. If the fighting occurs when one partner is drinking or using, then couples therapy might not be appropriate. In other cases, substance abuse could result in the inability of one partner or the other to be sufficiently psychologically present, both in the relationship and in therapy. It may therefore be preferable, or indeed necessary, to work on the addiction first via AA or some other programme. However, the individual/s concerned would first have to acknowledge their addiction and decide for themselves whether or not to seek help in this way. You can screen for potential addictions in your pre-counselling questionnaire. If choosing to work with couples in which there's some addictive behaviour, try to be aware of how this will be manifesting within the relational dynamic.

Domestic violence

Where there's a history of violence and the violence is ego-syntonic to one member of the couple, couples counselling is not appropriate. Rather you may need to guide them to individual therapy first. But if there was perhaps one or few ego-dystonic incidents, or mutual couple violence, this may not be a bar to couple counselling. Again, you can screen for domestic violence in your pre-counselling questionnaire, and then initially see the couple separately to assess the level and safety of violence. In addition, you can do a risk assessment for safety.

Working with Conflict Avoidance

Where both partners are conflict-avoidant, the therapist will likely encounter a very polite and agreeable couple. The language of 'we' is very pronounced. Any difference that emerges between them is very threatening to their safe bond of togetherness. In stark contrast to working with hostile clients, conflict avoiders can appear that much easier to deal with, and yet making any progress with them can be at least as challenging. In the apparent absence of obvious presenting issues, one pitfall for the therapist is to end up colluding with the couple's avoidance.

The avoidant couple will often not mention what the problem is, and if you have initial questionnaires, they may be vague and it's often hard to see what the main or presenting issue might be. However, the therapist can often feel the tension of a conflict-avoidant couple in the room. If the therapist gets close to the real issue, it may be deflected by humour, a change of subject, or denied altogether.

A conflict to an avoidant partner is very dangerous; they feel like it's too threatening and will lead to possible abandonment or lack of safety. Avoidant partners will tend to give up themselves, because it's more important to them to maintain the relationship than to be true to themselves.

A common presenting problem for both these types of avoidant couple is 'boredom'. For example, they feel they love their partner, but are not 'in love' with them. Maybe there's little or no sex, or perhaps there have been trust issues. These might concern infidelity, which is a likely factor in long-term avoidant relationships.

Steps for Working with Conflict Avoidance

1. A pre-session questionnaire may provide some indication of the extent to which either partner avoids conflict. It could be that one partner expresses few/vague issues in their responses, while the other is much more concrete, and could be the partner driving therapy. In some cases, the avoidant partner may also be thinking of leaving the relationship. Bear in mind that it will take some fairly significant factor for two highly conflict-avoidant partners to risk coming for counselling. Consider whether it might be appropriate to see the partners individually at first, although you could always move to this having seen how they are together initially.
2. Watch out for the possibility that a partner who lacks self-definition could have little or no self-awareness. Maybe they've numbed-out their feelings as a result of past trauma, or else haven't developed the skills of self-intimacy. Such individuals often exhibit fear of commitment in

relationship, because they don't know what they want for themselves and can therefore readily become overwhelmed by their partner's wishes. Some might be coached to get more in touch with and express their feelings and thoughts during couple therapy. Otherwise, individual therapy could be considered.

3. On first seeing the couple, either singly or together, it can be useful to gently enquire whether or not they've shared answers to their questionnaires; some do. Assuming a default policy of confidentiality from the outset (as opposed to transparency) may help partners to feel safer and reveal more, but this position also colludes with avoidance. If the couple haven't shared, the therapist could facilitate circular questioning to establish the extent to which partners have awareness of one another's issues, and are prepared to openly name them. The therapist can check the questionnaires for any issues that remain unmentioned. One way forward could be to proceed with the issues raised openly and see where this might lead. Potentially blocking issues could require individual therapy with a view to encouraging disclosure in a subsequent couple session. Another option is to adopt a policy of transparency from the outset, but this might deter partner revelation.
4. The most crucial aspect of the work for the therapist is in assessing when to challenge the clients' avoidance and by how much, without undermining safety and the working alliance. It's safest to go slowly and gently.
5. Maintain awareness of body-language for signs of undue stress, and possible conflicts between what's being said/unsaid and what might be being felt/thought.
6. The therapist will commonly encounter a pursuer/aloof partner combination in which the aloof is likely to be conflict-avoidant and the pursuer is prone to hostile escalation. This constitutes a powerful, mutually reinforcing defensive relational dynamic. The task for the therapist will be to coach the aloof partner to be more expressive, while coaching the pursuer in softening and containment, which will involve both partners taking some risk. However, there's a caveat to this approach. Individuals vary considerably in their desire to express their inner world, even when they're self-aware and not necessarily seeking to avoid. Inequalities in social conditioning between men and women play a significant part in this, which is another contributor to the typical pursuer/aloof dynamic. Bear in mind that counselling is inherently biased towards verbal self-expression, which can leave some people feeling exposed, shamed and unsupported.
7. When a partner says they 'hold back' expressing themselves for fear of hurting their partner's feelings, be wary that they're probably withholding a judgement or criticism.

8. Teaching your couple the skills of differentiation is crucial if they are to progress. The two key components of this are both the ability to volunteer the honest expression of individual experience, and the preparedness to actively listen; the latter requiring the building of resilience to hearing, sitting with and negotiating conflicts of interest. The methods of non-confrontational communication and structured dialogue are two helpful tools to use.
9. Notice that avoidant individuals can find it easier to communicate with the therapist than with their partner. It can be helpful to bring this to their awareness. Aim to keep partners actively engaged with one another as far as possible, rather than using triangulation techniques.
10. Be aware that where one individual hears a difficult feeling emanating from their partner, they'll become very anxious and may well try to quash it by saying 'you don't have to feel that way', or else move into problem solving quickly. As the therapist, you can point out this pattern of avoiding the tension of difference.
11. Often, problems will be presented by the couple as 'joint problems'. The therapist needs to separate out these issues to establish individual ownership of them.
12. Sometimes the therapist will deliberately need to create a 'conflict' in the room to clearly identify problematic dynamics and enable the partners to tolerate more intense affect.
13. Avoidant individuals wait for their partner to change or to take an active role, rather than take the initiative themselves; sometimes even when it comes to ending the relationship. Encourage such partners to take their own autonomous steps, independent from what their partner does. If one partner asks the other for a change, an avoidant partner may agree but then not make it. It's far better therefore for partners to acknowledge their part in the pattern and identify self-change process goals for themselves to try. The goals need to focus around taking risks in the relationship that are aimed at meaningful change for one another.

For deeply entrenched conflict avoidance

14. The therapist needs to work more slowly and gently, while finding the appropriate balance between challenging avoidance and colluding with it for the sake of maintaining enough safety for a working alliance. Psychoeducation can be valuable in illustrating the dynamic to the couple, as is validating the reasons for avoidance while also pointing out its dangers and how there might be a better way to relate.
15. The therapist can describe (or perhaps draw out) a couple's avoidant pattern, and explain that the reason they're in this dynamic is to avoid the stress that a conflict of interest places on their sense of togetherness.

Provide plenty of validation for their behaviour and normalise it. You might ask them to recall how conflict was handled in their respective families of origin, and how this has influenced their own attitudes towards it. When they have had time to reflect on all of this, go on to explain that the sacrifice they're making is to inhibit growth and vibrancy in their relationship. Conflict avoidance might seem like the easiest option in the moment, but it's a strategy that generates a backlog of problems over time; most typically disconnection, loneliness and resentment. The couple will of course be aware of such problems, because something of this nature will have been the catalyst for counselling. The advantage for the partners if they manage to stay with a substantial issue from beginning to end instead of avoiding or disengaging, will be enormous growth for the relationship, with the likelihood of less resentment and more fulfilment.

16. Some couples simply cannot contemplate opening up difficult topics in the early sessions. A pair of highly conflict-avoidant partners might come to counselling for fear that continued failure to resolve their issues will result in them splitting up. Yet they equally fear the same outcome if they attempt to confront their issues in the counselling room. The therapist can try encouraging partners to start building some connection and safety between them by initially sharing something of their experiences in the moment. This can be a helpful strategy when neither partner wants to talk. For example, ask each partner to name one or two feeling words (you could give them sheets of feeling words to refer to). The probability that they'll both reveal vulnerable feelings can help to build empathy and reduce tension. You might follow this by inviting each partner to see if they can identify a need behind their feeling. It ought to be a simple matter to coach partners in validating one another's experiences, because they'll most likely be similar in response to attending the session.
17. Any exercises that helps your couple to become familiar with the tools of effective self-disclosure and active listening will support them in dealing with more difficult topics using the same techniques later. But there should be some degree of challenge, such as by encouraging partners to share what they notice about themselves that makes it hard for them to speak up about their needs, or listen to those of their partner.
18. Gently confront any passive behaviours that you see in the therapy session.
19. Ask each individual what would help them tolerate more emotional intensity, so that they can take a risk with expressing their inner world, or listen to their partner doing likewise.
20. Having succeeded in coaching a highly conflict-avoidant couple to finally confront their issues, they often report that the fear they had before

tackling the task was out of proportion to the actual difficulty of the work. It can be helpful to mention this to couples struggling to get started.

21. It can take a highly conflict-avoidant couple years to confront the fact that one partner or the other has a potential relationship deal-breaker, because this is the most challenging kind of issue for them to raise. Typical deal-breakers exist around marriage, religion, children, partner roles and responsibilities, money, involvement of wider family members and where to live. They'll likely remain submerged until one partner reaches a point of major crisis. The therapist can assist them in clearly defining their boundaries, particularly in terms of specific actions and events with regard to a timeline, while encouraging their partner to seek further clarification through relevant questioning (dialogue structure is helpful). Watch for the possibility that a partner will resentfully comply with a hard boundary to maintain the status quo; or else the person with the deal-breaker might suddenly collapse their position when seeing their partner under stress.

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Adult Attachment Interview

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