Introduction

The definition of a couple in this context is “two adults who are in an intimate relationship with each other”. Therapeutic work with a couple is more complex and challenging than simply having an extra person in the room might suggest. Couples ‘bring’ their families of origin, and how they fit together (or not), their legal rights and responsibilities, their interaction, all played out live in the counselling room; and most crucially, their culture, relationship, conscious and subconscious interactions and other aspects of their lives, see (Goldklank, 2009:9).

In response, the counsellor has to understand, acknowledge and give expression to the non-verbal aspects of the couple’s demeanour, behaviour and interactions, and to help the couple to a better understanding of themselves, each other and the dynamics of their relationship.

Additional tasks include making a therapeutic relationship with both partners, managing the interaction in the room, assessing risk to clients, children and others, whilst holding an overall perspective of the clients’ relationship, and the context in which it exists.

This information sheet aims to:

- Highlight the challenges and importance of making a therapeutic relationship with each client in the context of their relationship.
- Explore ethical issues in relation to difference and diversity as it pertains to the couple and to the therapist.

Contracting with couples

Heather Dale (Dale, 2010) speaks of the importance of the client knowing what to expect of the therapist. They also need to know about payment, frequency and timing of sessions, cancellation policy and other practical issues. In terms of the therapeutic relationship, clients need to know what might happen if they bump into their therapist outside the therapeutic context, and whether (and how) they can make contact with the therapist in between sessions.

All of the above applies to the couple seeking therapy, they may be married, living together, going out with each other, or having an affair whilst being married to another. In a culture where notions of family and fidelity are privileged, offering therapy to a couple who are having an affair whilst being married to others may evoke moral censure, practitioners should be aware of their stance in relation to broader moral values and how they would respond if their values were challenged by the material brought by clients to the therapy.
Clearly both partners need to agree to the contract that is being offered whether formal, written or merely verbal. Often a couple will present with split (and possibly hidden) agendas, e.g. one partner wants to end the relationship, the other wants to repair it. In order to apply the ethical principles of beneficence and justice a therapist needs to establish a joint agenda if both partners are going to commit to therapy, (Jones et al, 2000: 64), Impartiality towards the partners is, of course, crucial to effective and ethical counselling. If a couple decide to separate, sometimes one partner may want supportive counselling to help them through the ending and to explore how the relationship broke down. If such work is undertaken, the couple counselling contract needs to be clearly and transparently ended before any individual therapy starts.

Is the client the individual or the relationship?

In legal terms, even when a couple attend together, each individual is a client, not the relationship; except in marital law a relationship does not have legal status. All of the following contexts offer protection and rights to individuals.

- Divorce law
- Criminal law (e.g. domestic violence is now a crime)
- Data Protection Act
- Human Rights Act
- Freedom of Information Act
- Child protection legislation, e.g. the Children Act, 1989 and subsequent legislation, all listed in the comprehensive guidance Working Together to Safeguard Children (DCSF 2010).
- Ethical obligations towards adult individuals may sometimes be overridden by the public interest in the need for protection of children or vulnerable adults, for example, when children witness domestic violence, they may suffer significant emotional or other harm (see s. 31 of the Children Act 1989).
- Sometimes the rights of an individual child or a vulnerable adult to safety and well-being, have to outweigh a couple’s wish for therapy. For example if a couple revealed that their, or another child was being abused by them or by someone else, the therapist may have to disclose that information to the relevant statutory body, then therapy with the couple may have to be brought to an end. These decisions as to disclosure should be made in consultation with a supervisor and accord with current child protection guidance, see (DCSF, 2010) and/or agency policies. As in any therapeutic field, couple counsellors need to be aware of relevant legal constraints and requirements. (BACP, 2010: 6.10).

Assessment

Potential clients need to be offered an assessment session so that a decision can be reached about whether therapy and/or some other form of help or treatment is indicated, (Tasker, 2010:13). The couple therapist needs to assess who is bringing who to the counselling, (Hill, 2000:63), because sometimes one partner has decided that the other ‘needs fixing’ and imagines this is a task which a relationship therapist could surely fulfil. On other occasions, the partner is brought as a patient, the one with the illness, or the one who has stepped out of line, perhaps by having an affair and needs to be ‘sorted out.’ Counsellors need to be able to sensitively explain that their role is not to take sides, nor make judgements, but to help the partners to find the best way forward for each of them, and for their relationship.

Mental health issues

Clients may be referred by GPs, psychiatrists, social workers, and others for relationship therapy. When the mental health of one or both of the partners is a concern, careful assessment has to be made of whether the clients are robust enough to engage with couple therapy. In some instances, with the client’s written consent, it may be helpful to write to a GP or other health professional to ask their opinion of whether couple therapy is an appropriate, manageable intervention,(Reeves and Seber, 2010:7). Clients suffering from anxiety, depression, eating disorders, and addictive behaviours may need concurrent help with that problem from another professional or agency, or may need to address the mental health issue before engaging with couple work, because it will prevent them from making full use of it. Sometimes the limit of the therapy offered may be to work with the impact of a mental health or other issue such as physical illness or disability upon the couple relationship, and help both partners to cope more effectively.

Domestic violence

Research by Bograd & Mederos, (1999) amongst others in the field, and experience within Relate has shown that couple therapy in the context of domestic violence can increase risk, and may be collusive in keeping a victim in an abusive relationship. For the safety of counselling to be effectively assessed partners need to be, ideally, seen individually, as well as together, in order to ascertain levels of abuse and
control, preferably using a structured assessment tool, such as the Individual Structured Interview, developed by Relate. People who have used violence against their partners need to be able to understand the impact of it on their partner, take responsibility for it, commit to changing their behaviour and to putting a safety plan in place, in order for couple therapy to be deemed safe. Contra-indicators to couple counselling in this context include substance abuse, as this makes it very difficult to put an effective safety plan into place, (Redstone, 2008).

**Historical trauma**

Childhood abuse, whether physical or sexual, emotional or any combination of these, can have a major detrimental impact upon a person’s capacity to form and sustain healthy relationships as an adult. Very often in couple therapy, an exploration of the past and family of origin will bring abuse to light, sometimes for the first time, and the therapist has to manage and respond to this with great sensitivity. A partner, hearing these disclosures may find it difficult to respond with empathy and the therapist can assist the couple with communication and development of empathic understanding. Depending on the severity and current impact of the abuse it may be appropriate to refer the client for specialist individual or group therapy.

Sometimes a revelation of abuse is enlightening in the context of a couples’ problem, and leads to further progress being made with their relationship issues, without the need for individual therapy. It is nearly always appropriate to make such decisions about the way forward in discussion and exploration with clients, rather than a decision made by therapist alone or by therapist and supervisor. In the context of sexual abuse great care needs to be taken to respect the autonomy of the client. (BACP, 2010:3)

In any of the above contexts a couple therapist may have to explore with clients whether couple therapy might take place alongside concurrent individual therapy with a different counsellor for one or both partners. Consideration needs to be given to how manageable this might be; clients could find two forms of therapy emotionally overwhelming, or confusing, particularly if different theoretical perspectives are being directed at the same problem/s.

**Should the partners always be seen together?**

There is a strong argument for both partners coming to therapy together if their goal is to work on their relationship. Often one partner will hear for the first time in the counselling room about the fears, hopes and anxieties of the other. Likewise past traumatic events are sometimes revealed and it can be enormously reparative for such narratives to be heard and empathised with by one’s partner, in the ‘safe’ environment of the counselling room. Working together on issues of concern to both, such as communication can be a co-operative task which enables couples to value their own and the other’s resources and make progress with the joint goal of improving their relationship.

Sometimes an issue may arise for one of the partners which suggests a benefit for individual therapy alongside or instead of relationship therapy, such as grief for a dead parent, for example. In some cases, however, in discussion with both clients, the most effective and ethical way forward is for the counsellor to spend a few sessions with one partner alone, working on this issue, with a clear contract to resume the couple counselling once the issue is sufficiently resolved. Very careful consideration needs to be given to the making of such decisions because the consequences of interrupting the therapeutic contract with the couple can be negative and result in litigation and complaints. Potential pitfalls include:

- The absent partner fantasising about what is happening in the individual counselling, this may result in conflict between the partners.
- The partner having counselling tells a secret which s/he does not want their partner to know about, such as an affair or a wish to end the relationship. Such a revelation will make future work with the couple extremely difficult, if not impossible.
- The absent partner thinking that the counsellor is influencing his/her partner to end the relationship.
- Assumptions about the counsellor favouring one partner over the other.

The above points are just a few descriptions of what can go awry when the couple counselling contract is interrupted; there are many more undesirable outcomes, and practitioners are strongly advised to consult before changing a therapeutic contract.

**What happens if one partner turns up for a joint session?**

This needs to be addressed on a case by case basis. In terms of safety and risk, sometimes it is important to see someone alone, for example a victim of domestic violence, hitherto unrevealed, may wish to tell the therapist that it is unsafe to continue with the couple work. A decision will have to be made, then, in consultation with the client at risk, about the safest way to end that course of therapy.
Apart from issues connected with risk, an ‘on the spot’ decision has to be made about whether to offer the session to the lone partner, and some of the associated risks of doing this are outlined above. The confidentiality agreement would need to be re-visited, if both partners attend for a subsequent appointment, the content of the session with the lone partner cannot be revealed by the counsellor, so it is very important to discuss the usefulness of being able to bring issues from the individual session into the next joint one. It is not fair to expect clients to understand the potential negative outcome of ‘splitting’ the couple, so, at the beginning of therapy with a couple it is important to say that generally you would expect both partners to attend each appointment. In case of domestic abuse it should always be clear through notices or information delivered by other methods that a partner can make individual contact with the counsellor in order to talk about safety issues.

When a client wants to bring a partner to join in a session

Occasionally a lone client will decide s/he wants to bring their partner to join with them in the therapy; consideration needs to be given here to issues of impartiality and balance as well as to the therapeutic contract. How will the partner who is new to the therapy feel about joining a therapist and client who have already formed a strong therapeutic alliance? Would it help for the incoming partner to be seen alone for an initial session? Usually if one partner has been seen alone for more than four sessions it is probably advisable for couple therapy with both partners to begin with a new therapist, so that impartiality is more assured.

The challenges posed by such changes in contract from couple to individual, and vice versa, are myriad and need to be raised and explored in supervision on a case by case basis, so that unhelpful alliances and collusions are not created, and impartiality towards the couple relationship is maintained.

Client records

Careful attention needs to be paid to the keeping and management of client records for couples. As has been stated earlier, the client is the individual and partners attending counselling do not have the right to access records other than those which pertain to themselves as individuals. Clients can make Data Subject Access Requests under the Data Protection Act 1998, but the information that may be released under that umbrella is limited. Written consent is required for such information to be released, and when couples have attended counselling together, great care needs to be paid to the extraction of individual personal data from the client records. See Bond, T. and Mitchels, B. (2010), Bond, T. and Jenkins, P. (2009). Also Bond, T. and Sandhu, A. (2005,) for further help on this issue.

The therapeutic relationship

“Since a major goal is to further equality within the couple relationship therapists must be willing to address issues of equality within the therapeutic system”.

(Rabin, 1996:151)

The task of the therapist is to develop a therapeutic alliance with each partner, in order to engage both with the task of exploring their relationship. Both may be determined to convince the therapist of the ‘rightness’ of their perspective. Reports of arguments and descriptions of a relationship may be vivid and very different; often both partners feel misunderstood, isolated and unheard and it can be very helpful for a therapist to help them to see they are having a similar experience for different reasons. The therapist’s empathy with each partner is the template for a model of the clients being able to empathise with each other, and build more positive and effective ways of relating.

“The partners in a conflicted relationship are likely to experience powerful anxieties about self-disclosure in the presence of one another, so much so that the need to protect the self may initially outweigh any motivation to focus on their relationship’s well-being.”

(Hill, 2003:72) An ethical and impartial standpoint is to offer the view that both partners are ‘right’; their experiences are valid and undeniable, and each can be encouraged to look at the impact of the personal upon the relationship between the two. From a systemic perspective, there is no meaning without context, and different narratives about the same issue create rich material which can add to understanding and inform intervention by the therapist.

‘Family stories are a rich resource in therapy that helps us understand who we are, and at the same time they can be used as blueprints to rework and change who we are.’ (Roberts, 1994:13).

From a psychodynamic perspective unconscious dynamics, such as transference and projection may arise and lead unwittingly to the building of an alliance between therapist and one partner. The couple counsellor needs always to be alert to this possibility, through external and internal supervision (Casement, 1991:94). Similarly, in humanistic and behavioural therapeutic approaches, the therapist may reflect in supervision and/or with the couple on the dynamics and process of the couple’s therapy, acknowledging...
and where appropriate, challenging behaviours and interactions which seem incongruent, or indicate alliances or other shifts in the balance of power in the therapy sessions.

**Working with sexual issues**

In terms of addressing serious sexual dysfunction, this is the realm of (psycho) sexual therapists who should have received a substantial training in this field. This does not mean there is no role for the couple counsellor in addressing the sexual aspect of a couple’s relationship. Sexual relating is an aspect of the couple’s way of communicating, and if they express sexual difficulties it is important to build a picture of their sexual relationship in order to most effectively help them. Sometimes a couple’s problematic sexual relating is a result of emotional, practical or life stage issues, which, if resolved, can result in a revival of their sexual relationship. Therapists, as ever, must work within their competence and stop short of addressing diagnosable dysfunctions which should be referred to a specialist for a tailored behavioural therapeutic programme. (BACP, 2010:5.2)

**Difference and diversity**

Couple therapy does not take place within a vacuum; it is shaped by ideas about culture and social norms. Our views about what a couple is, and should be, are heavily influenced by our social, cultural and political context. We may value a two-person couple, monogamy and fidelity; other cultures and races privilege different models of relating and parenting.

“Therapists and clients, including those who are black, disabled, Muslim, lesbian or gay, rich or poor, old or young, carry not just their personal history but also their social and political history.” (Wheeler, 2006:6)

Any couple of the same race will contain many differences, for example in the context of gender, age, and culture. The risk is to assume sameness, and, indeed difference may be one of the presenting problems of such a couple – the partners have not negotiated and explored their expectations of life together and are finding different ways of thinking and behaving, such as how money is managed to be threatening and ‘unacceptable’. Their therapist can helpfully reframe ‘right’ and ‘wrong’ as ‘different’ and model toleration and acceptance of that for the couple.

The more difference we add into this context, the more challenging is the task for the therapist to examine his/her own assumptions and values, some of which he/she may not even be consciously aware of. Partners from different races will often describe the other as demonstrating stereotypical behaviour, for example a Spaniard or Italian may be described as ‘volatile.’ The ethical challenge here is to be open to the possibility that one’s expression of feelings may be affected by race, genes and context, and at the same time avoid labelling a person, or regarding them as a passive victim of their racial and cultural characteristics.

Different ideas from different cultures about expectations of men, women and children may lead to behaviours which in Western culture may be deemed to be abusive and unacceptable, so a further challenge to the couple therapist is to value the cultural beliefs of others, whilst not condoning abusive behaviour that the culture may be used to justify.

Religious beliefs will also have an influence upon expectations of relationships, and the atheistic therapist may be challenged by a couple who say their relationship is very unsatisfactory but their religious beliefs commit them to staying together. The spirituality of all the individuals involved needs to be taken into account.

There are always three people in the couple therapy room (even if one partner is physically absent) and therefore huge potential for one person to be perceived as the one who is different and somehow inferior or ‘in the wrong’. Gender, age, sexual orientation and other factors may influence power balance in the room, e.g. a man with a female partner and female therapist may feel that his behaviour is being judged unfairly by the two women in the room. A couple who are both aged over 50 may believe that their very young therapist cannot possibly have the life experience to understand their problems. A lesbian couple may fear that their heterosexual male therapist will not be accepting or understanding of their lifestyle and challenges. Consideration may be given in some situations to address the power balance by joint therapeutic working with a couple, or group work.

Equally a lesbian, gay or bi-sexual couple may feel that their sexual orientation is not the issue they are bringing to therapy and will not be well-served by a therapist who assumes that a perceived difference in the room is the focus of the therapeutic work. ‘As therapists and as clients we need to examine which ‘stories’ we are drawing on and how they influence our thinking and actions. We also need to explore how these stories have come about and become familiar with the limits of them when working with lesbian, gay and bisexual couples.’ (Simon, 1996:102)

Always the challenge for the therapist is to consider what difference does the difference make, and to what
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extent it needs addressing as part of the presenting problem.

Conclusion

Couples work can be extremely complex; more so if children are to be considered. Children issues are complex and this information sheet has space only to consider necessary child protection issues. Mediation may be a consideration for referral where couples cannot agree on issues involving their children, e.g. maintenance and contact arrangements on separation.

A shift from therapy with individuals to therapy with couples requires a whole range of new skills, awareness, and knowledge. There are different and discrete theories about relationships, such as systemic and psychodynamic, for example, which are useful to inform the interventions of the couple counsellor. Skills need to include the management of the couple in the room, maintenance of balance and neutrality and the confidence to manage and address conflict. Therapists should understand and be confident of managing the three-way process of couples work. It is of importance that the counsellor has ready access to an appropriately skilled and trained supervisor, so that those complexities can readily be discussed/reviewed and actions or referrals can be considered.

This information sheet offers a glimpse at some of the ethical challenges faced by the couple therapist. Further reading of the material listed below will expand on these issues. Practitioners should not risk taking on such challenges without an appropriate training which equips them with the necessary theory and skills. (BACP, 2010:5.2)

About the author

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References


BACP Information Sheets


suicidal client. BACP Information Sheet P7, Lutterworth: BACP.


Further information: books, journal articles and resources


Journals

Sexual and Relationship Therapy (BASRT) (Routledge)

Websites and helplines

Broken Rainbow
Hotline: 0845 260 4460
Monday and 2pm–8pm Wednesday 10am–1pm

UK-wide specialist confidential service for lesbians, gay men, bisexual and transgender people experiencing homophobic or transphobic domestic violence.

Mind
08457 660163 www.mind.org.uk

Covers all aspects of mental health, including information on self-harm and how to help someone who is suicidal.

Respect
0845 122 8609
Monday & Friday 10am–1pm and 2pm–5pm
Tuesday & Wednesday 10am–1pm & 2pm–8pm

National phoneline offering information and advice to those who are violent and abusive to their partners. Specialises in providing services to male perpetrators,
but will also be available for female perpetrators and those in same sex relationships

Respect
www.respect.uk.net

The Hideout
www.thehideout.org.uk

This is a resource for children and young people experiencing domestic abuse.

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It should be noted that this Information Sheet offers broad guidance, which sets out professional good practice, but it should not be substituted for legal and other professional advice, including supervision, applicable to your particular circumstances.

BACP is aware that law and practice are always in a process of development and change. If you have evidence that this Information Sheet is now inaccurate or out of date feel free to contact us. If you know of any impending changes that affect its content we would also be pleased to hear from you.