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## **ETHICAL PROBLEMS IN THE THERAPY OF COUPLES AND MARRIAGES. MAINTAINING NEUTRALITY, PROVIDING BALANCE AND PURSUING JUSTICE**

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**ethics problems**

**marital therapy**

**couple therapy**

### **Summary**

The article is an extension of the speech delivered at the Conference “Ethical Problems in Psychotherapy” which took place in Krakow on the 9th of February 2019 and was organized by Professor Maria Orwid Foundation for the Development of Psychotherapy in Krakow. The aim of the article is to accentuate some ethical aspects that appear during the first consultations and during the process of therapy for couples and marriages. The issues considered are: the availability of therapy for couples experiencing a crisis in their relationship, the duration and direction of therapy and the selection of therapeutic techniques. Determination of the desired treatment effect is assessed. The aspect of power and responsibility in couple therapy, the importance of the therapist’s gender in the therapy process, the possibility of the therapist refusing therapy and the problem of trust are discussed. The above-mentioned issues are presented in the light of the following phenomena: neutrality, balance and justice in the dyadic relationship.

Couples who seek therapy in a situation of relationship crisis often experience disturbance of equilibrium in their relationship, which is mainly manifested by the belief that the other person is dominant. The conflict makes each of the people in the relationship feel unfairly treated by the partner – undervalued, overlooked in meeting their needs, burdened with excessive duties, accused of unjustified claims, etc. During the first consultation, the therapist listens to two stories about harm, emotional overload, or loss of hope and thinks about how to divide the time and attention so that each person in the couple would feel that their point of view is being recognized. How can you build a covenant with two struggling people without taking sides? What kind of help should be offered to a couple in which one person wants to maintain the relationship and the other wants to end it – start therapy or refer them to mediation? Below discussed are these and similar problems that arise from the first contact with the couple and are present until the end of therapy.

For many years, I have been conducting couple therapy<sup>1</sup> only in my private office. Couples sign in by phone or e-mail after me being recommended by another therapist, or by someone who has already benefited from my therapy, or decide to contact me by randomly selecting me from other therapists who offer help for couples on the Internet. I run the therapy on my own, using supervision if necessary. In my therapeutic work, I follow the systemic approach supplemented with elements of the psychodynamic and behavioural-cognitive approach. If I am not able to propose an immediate date for the first consultation (*i.e.* up to two weeks from the notification), I recommend other therapists that I know are more available at this time point. This problem of accessibility seems to be a fundamental ethical problem, which arises before therapy is started and from which I begin my detailed considerations.

### Availability

Taking into account the increasing number of applications for couple therapy over time, it can be assumed that more and more partners/married couples in crisis decide to use the help of specialists. The problem is the availability of these. There are very few institutions that offer couple therapy in their free offer and, therefore, the waiting time for the first consultation there reaches up to several months. Dorothy Freeman, a marriage therapist, in her book about marital crisis [1] points out that a married couple in crisis should be offered an appointment with a therapist within a week of reporting by phone. The possibility of such an offer is not available in our realities not only by institutions dealing with couple therapy but also by therapists residing in private centres and offices. Usually, (married) couples ask for help in a situation where both or one of them has been in a state of strong agitation for some time with alternating or parallel feelings of fear, anger, regret, loss of hope, disappointment, and sharp conflicts between the spouses are already present and they involve – as they say during the first consultation – “everything.” We cannot leave such people with meagre information that we cannot propose a quick date. In addition to reliable information when the meeting could take place, we should provide information about other therapists/centres of that we know that they provide couple therapy, and that we can recommend. Still, the problem is that the vast majority of couple therapies take place in private clinics, so only financially well-off couples can use it. In addition, couple therapy is often conducted by two therapists, so the fee for these sessions is greater than in the presence of one therapist.

The problem of the availability of psychotherapy was pointed out by Leder [2], who wrote over twenty years ago that in the situation of increasing demand for the use of psychotherapy, the institutions responsible for the organization of health care should face the task of creating the possibility of psychotherapeutic practice covered by health insurances. Is this possible with couple therapy? Could therapists working with couples try to influence people who decide on the profile of therapeutic offers of a given centre, to extend them to couple therapy? This is justified, *inter alia*, by prophylactic. The experience of family therapists shows that symptoms occurring in children are related, *e.g.* to their involvement/observation/inclusion in the conflict between

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<sup>1</sup> In this paper, I use the terms couple therapy and marital therapy interchangeably.

parents. Consequently, greater availability of couple therapy could possibly reduce the number of child and adolescent psychiatric patients somewhat.

The availability of a supervisor who could train and support novice couple therapists also seems to be important. It seems that relatively few therapists deal with couple therapy. Younger therapists say that it is indeed an interesting but difficult job in which they lack experience and are afraid that they might spoil something. I think that in the training for obtaining the psychotherapist certificate, there should be more space for the topic of couple therapy, as this type of therapy can be successfully performed in various schools and therapeutic approaches.

### **Duration of the therapy**

In various therapeutic approaches, you can come across proposals for short-term couples therapy, including 10 sessions, of which the first three are called consultation sessions, the last one or two are dedicated to summing up, so there are 5-6 treatment sessions left. This number of sessions is often not enough to solve a problem that has been lasting in some cases even several years. It seems that by proposing a specific, small number of sessions, we give the spouses hope that their problem is not as difficult as they experience it, and after the 10<sup>th</sup> session each of them will achieve peace, contentment, satisfaction of needs and notice a positive change in their partner's behaviour. Couples in a deep, prolonged crisis may experience severe disappointment after this 10<sup>th</sup> session. Of course, you can extend the therapy by another 10 sessions, but how will our patients perceive it? Would they not think to themselves, "We are so hopeless that we have to keep coming here, while others have finished their therapy by now and are happy now"? Or maybe, they will think that the therapist is not competent enough to help them solve the problem. Lost trust is difficult to regain. Perhaps it is better not to define precisely the duration of the therapy but on the other hand, people who pay for the therapy should know how long the therapy will burden the home budget. I try to deal with these dilemmas in a way that I arrange a number of sessions and every now and then I propose a summary of what has been done so far and ask what the couple wants to do next and whether it should be done with my participation.

### **Selection of forms of assistance for couples: therapy, advice, intervention, mediation, divorce therapy**

During the first consultations of couples with various problems, it is necessary to initially establish the scope and purpose of further meetings. If we arrange a couple therapy, it is necessary to define what the therapy is or what it should be, along with what ought to be done so that it does not turn into counselling, intervention, or mediation. Leder pointed out that due to the ambiguity of the term psychotherapy, which also includes psychological help, there are "doubts as to who should be provided with psychological help and who should be covered by psychotherapy" [2, p. 78].

Developing this idea, one may wonder who is actually a patient in couple therapy, and if we cannot indicate anyone in a couple as a patient because none of them has clear clinical symptoms, the question arises

whether couple therapy is a kind of psychotherapy or psychological help. If it was to be a form of psychological help, it is associated with giving advice and guidance, which is often asked for by the conflicted spouses. Sometimes they even want to assess whether their marriage has a chance of surviving, whether it would be better if they split up, or which of them is to blame for the fact that the marriage is not going well (most often each partner believes that the other partner is to blame). Each of the spouses also cares about receiving support and feeling confident that the therapist is on his/her side. If psychological help was to include diagnosis, advice, or assessment of whose situation in a relationship is worse and who deserves support, then these activities do not fall within the scope of couple therapy. Therefore, it is necessary to define more precisely what couple therapy is and what actions can or should be undertaken in its course.

About 10 years ago, I defined couple therapy “as helping partners gain greater closeness and greater satisfaction in being together” [3, p. 74] through, *inter alia*, identifying sources of their conflict and finding ways to constructively resolve it. Couple therapy can be defined as an activity aimed at people who are in a formal or informal relationship and both consciously want to stay in this relationship. However, we do not often deal with such a clear situation. Therefore, during meetings with marriages/couples in therapy offices, we should also take into account the use of other forms of action – *e.g.* intervention or mediation, depending on the problem presented, the current situation, relationship history, and motivation of both parties to be or not to be together. It is important that we can precisely determine with spouses/partners what form of assistance we are agreeing to and what should be the direction and purpose of joint discussions. The simultaneous usage of these forms of help – therapy with intervention, counselling, or mediation – can cause great confusion in the minds and emotions of both the recipients and the therapist. In the general turmoil of a couple in crisis, it is necessary to define a framework, which can be setting a specific goal and the consistent use of one form of assistance at a given time.

When undertaking work with couples/marriages in an acute crisis, we must take into account that the therapy aimed at achieving closeness will not be effective in a situation of strongly acting centrifugal forces – injury, betrayal, harm, revenge, fight. It may happen in the course of therapy that both partners or one of them decide to break up, or that they already come to the therapy with such a decision and with a determined goal – to part calmly, not to hurt each other and protect the children from the negative effects of the divorce. For my own use, I have called working with a divorcing couple “divorce therapy”, which is not advice, intervention, or mediation, but a therapeutic activity that helps two people to end their relationship and deal with various, often violent and conflicting emotions. Such a therapy may be targeted, *inter alia*, on: clarifying conflicts and resolving them; overworking the feelings of breaking up; striving to achieve balance and justice after traumas and injuries, *i.e.* determining compensation combined with work on forgiveness; improving communication; rebuilding or earning respect for the partner. Sautter and Sautter comment on the therapy of relationship ending couples: “[...] a successful couple therapy does not always mean continuation of the relationship. A good breakup should also be considered a success.” [4, p. 20]. It is also worth paying attention

to the principle, which is extremely important for ethical reasons, adopted by marriage therapists, that the decision to remain in a relationship or to end it is made only by the persons creating the relationship, and the therapist – regardless of his personal beliefs – cannot question this decision or influence it.

### **Aims of couple therapy in a deep crisis – the therapist’s dilemmas**

Couples seeking therapy usually have one common goal, which could be defined by the sentence: “Let’s stop arguing and return to normal life.” However, the result of this “normal life” was a conflict, a crisis. The question arises, what can be changed in the current way of living together, how to define a more detailed goal/goals of therapeutic work to make the relationship more satisfying? If both partners are absolutely sure that they want to stay in the relationship; if both are ready to work out a compromise; if they are open to listening and taking into account the needs of their partner and if they are ready to change the mutual relationship or the principles defining the relationship, they usually manage to jointly set the goals of therapy and work out ways to achieve them. However, couples in which one person wants to maintain the relationship and the other wants to end it, also come to therapy. It seems to me that in such a situation, it is most difficult to define the goals of the therapy. A couple therapist is committed to helping any person who needs it. So how do we reconcile the conflicting goals? Is the therapist supposed to assess the depth of the relationship crisis and on this basis make a decision that the goal of the therapy will be rapprochement and reconciliation, or on the contrary – parting and accepting this fact?

We are not able to completely free ourselves from judgment but we cannot use it to form a coalition with the person whose arguments seem more convincing to us or with the person who we perceive as more disadvantaged. The contrary is the case: The primary task of a couple therapist is to establish a therapeutic alliance with each person, as well as with the couple as a whole. It seems impossible to give a ready answer to the question: How to do this? Instead, I will cite two examples from therapy with the described attempts to solve the problem of setting a common goal with the conflicting expectations of each of the spouses.

#### **Couple A.**

For many years from the beginning of their relationship, they lived in a proximate intimacy and mutual understanding. For them, their union meant complete unity, separated from the outside world, which was experienced by both of them as hostile. According to Willi [5], their relationship at that time could be called narcissistic collusion. From the moment their child was born, their relationship developed into anal-sadistic collusion with the wife as the dominant party. Mrs A. humiliated her husband, used emotional blackmail to maintain domination, and Mr A. – for the so-called peace of mind and the child’s benefit – succumbed or apparently obeyed, using passive aggression. A serious crisis occurred when Mr A. started individual therapy and after about a year of therapeutic work, he began to show signs of becoming independent from his wife, and after the next few months he decided to divorce. At this point, they came to the therapy on the initiative

of Mrs A., who expected that the therapist would convince her husband to withdraw the divorce application and that – in her opinion – “everything would return to normal.” Mr A., on the other hand, expected that the therapist would convince his wife that there was no point in staying together because he had not loved his wife for a long time, and now, in addition, he would not agree to be her slave. During several consultation and therapeutic sessions, I watched how Mr A is desperately fighting to maintain the illusion of them happily being together, which in her understanding meant unity, closeness, and total submission of her husband to her needs and visions of a happy family. She started the session with suggestions: “Let’s talk about love today,” “Let’s plan a joint trip to where you’ve always liked to go.” She would tell her husband: “Stop fooling around with this divorce; after all you know that you cannot live alone; you will suffer and there will be no one around to save you,” etc. Eventually, when she saw that her husband was not changing his position, she threatened him: “If you leave, you will never see your child again.” During several consultations and therapeutic sessions, I checked the motivation of both of them to continue the relationship and to end it, I created the opportunity for both of them to express their emotions, needs, and expectations, I expressed understanding for their feelings and at the same time, I tried to gently help the wife to acknowledge and accept her husband’s decision about divorce, as Mr A. did not change his position on this matter and there was no indication that he could do so. My acceptance of Mr A’s transference reactions – anger, disappointment, and regret helped her accept the end of the relationship. Both she and her husband agreed with the suggestion of ending the consultation and therapeutic sessions and submitting to divorce mediation, and additional suggestion for Mr A of undertaking an individual therapy which would lead her through the tough phase of splitting up. (Mr A was continuing his individual therapy at that time). I think it was the best solution at that moment; I realized that joint therapeutic sessions with such divergent goals not only would not help them but could even be harmful. A quote from Richard Flanagan’s book, “The Sound of One Hand Clapping” is very accurate for this situation: “Love is a bridge. And there are burdens that break the bridge under them” [6, p. 157]. The therapist can help to some extent to repair the cracks but if the bridge crumbles, he can only keep those standing on the bridge safe.

### **Couple B.**

This couple requested a consultation on the initiative of Mr B., who persuaded his wife to withdraw the divorce application that she had submitted several months earlier and to start a couple therapy to improve their relationship. Mrs B. at the beginning said openly that she agreed to come with her husband to the meeting “for the peace of mind” because her husband insisted very much, but she did not believe that it could help improve their relationship and change her decision. Admittedly, she withdrew her divorce application, not to stay with her husband, but to give him more time to accept her decision to break up. For many years they have been drifting away from each other, and the differences in views, values, and needs have intensified. Mrs B. believed that they had nothing in common, except for a child who is growing up and no longer needs them

both as much as before. She openly said that she had not loved her husband for a long time. Mr B. did not accept this confession, he believed that his wife said that because she was angry with him. He felt guilty for distancing himself from his wife and explained that he had been working intensively for many years, for the benefit of their entire family. He said how much he cared about his wife and expected her to tell him what he could do to make her happy and stay with him. Mr B. presented her husband with a list of her expectations and decided that she could come with him for one more session because such talks could be useful. Despite many attempts on my part, it was not possible to define a clear purpose of these meetings. During the next session, Mr B. was holding her husband accountable for the failure to meet her expectations, and he was explaining why he could not have completed these tasks and asking her to give him more time to do so. I commented on this that Mr B., by giving her husband the tasks to be performed, fuels his hope of maintaining the relationship, and at the same time, seeks proof of her husband's lack of interest in her expectations, as she expects his resistance to her numerous demands. Mr B., on the other hand, cannot perform these tasks, because he is struggling with a conflict, one side of which is the fear of his wife abandoning him and the readiness to meet her expectations, and the other side is regret and anger because his wife has underestimated his many years of efforts to ensure their family of good material status. They both accepted this comment: Mr B. said she did not want to hurt her husband and give him hope when she knew that nothing could change her decision to divorce. Mr B. showed strong feelings of regret, helplessness and guilt for not having noticed the danger that threatened them earlier. Discovering the ongoing game and its rules helped both of them reveal the curtain and face the difficult and distressing reality.

In both of these situations, the abandoned person displayed a high level of fear, helplessness, guilt, or anger. Their behaviour indicated that they were undergoing a deep crisis and needed support. This could not be the purpose of the marriage consultation as it would disturb the covenant and the balance of the therapeutic relationship. Besides, the other person, who decided to end the relationship, seemingly stronger mentally or more independent, was also in a crisis, only its symptoms were different: emotional distance or freezing, irritation, a sense of helplessness, fatigue, and even mental exhaustion, so he/she also needed support. In a situation where partners are on opposite sides and fighting each other, supporting one person exposes the therapist to the accusation of bias and loss of trust. When it is not possible to establish a common goal, the most beneficial solution would be to motivate both spouses to undertake their own individual therapies in order to, for example, obtain support, work through difficult feelings related to the breakdown of the relationship, and look for ways to face the new life situation. For the therapist, simultaneously accepting the feelings flowing from both people: fear, helplessness, the sense of injustice, the sense of guilt, anger, regret, sadness, despair, is a huge challenge. What may help in maintaining emotional involvement balance is a professional interest in the problem presented and in people experiencing it, and this, in turn, can help in creating a common goal, *e.g.* to refrain from fighting and show respect for one another.

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**Therapeutic approach – single or multiple schools/approaches/techniques**

Couple therapy is conducted by therapists representing different schools and therapeutic approaches. It happens that marriage therapists combine different approaches and techniques according to the quality and complexity of the problem and the emotional and intellectual abilities of the recipients. In my opinion, both work according to one therapeutic school, as well as the integration of different approaches can be used in the psychotherapy of couples, provided that the goals of the therapy are achieved and its process is harmonious. I think that every therapist must take responsibility for the proposed method of work and follow the paramount principle 'do no harm'.

Professor Orwid, in her article on ethics, answers the question of why a psychotherapist needs ethics – “[...] so that the psychotherapist be aware of the fact that while conducting psychotherapy he/she has a concept of a human being, has a concept of reality” [7, p. 6]. And further: “Ethics can therefore be seen as a detailed type of vision of the world that we have. In this approach, psychotherapy would be a relationship between the vision of a specific person’s world and their behaviour.” [7, p. 10].

This concept of a human being and our own vision of the world influences our actions towards the patient, the choice of a therapeutic school, techniques leading to solving the problem. It seems to me extremely important that the couple therapist should not only be aware of his own concept of a human being, reality, crisis in a relationship, but also that he should be able to present it to spouses/partners in an accessible way so that they could consciously decide whether or not to undertake collaboration.

**The problem of influence, power and responsibility**

By working with couples, therapists take responsibility to a large extent for its course, effects, and the well-being of people in the relationship. The therapist should exercise control over the shaping of the therapeutic alliance and the therapy process but may not take over or take away from the spouses their responsibility for the choice of the goal, direction of changes, and the manner of their implementation. Responsibility and control on the part of the therapist are tantamount to his influence on the phenomena occurring in the marital relationship but they cannot be an expression of the therapist’s power. Opoczyńska-Morasiewicz and Morasiewicz, in their article on ethics and psychotherapy, present the view that the use of paternalistic principles in psychotherapy reduces the patient’s autonomy [8]. Therefore, we must remember that there is a fine line between influence and power, and we must constantly make sure not to exceed it. According to Leder, “psychotherapy is a process of influencing another human being – with all its consequences” [2, p. 81]. Later in the article, the author wonders if this does not limit the freedom of people undergoing psychotherapy, what is the purpose of such an influence and what are its goals. One of the ways of solving this dilemma, proposed by Leder, is establishing a therapeutic contract at the beginning of therapy [2]. However, it is difficult to predict how the therapy will progress, what new meetings will deliver, and what matters we will learn about at later stages of therapy. Therefore, it seems to me that it would be beneficial to

reformulate the contract whilst the duration of therapy in some significant situations. This contract should take into account the scope of responsibility of the therapist and spouses/partners for the course of therapy. If a couple aims at better understanding and reducing the number of quarrels, we can share the responsibility for achieving this goal, *e.g.* in such a way that the therapist will help the spouses to understand the causes of the quarrel, to formulate their expectations and learn about the partner's expectations, or to jointly develop an action plan aimed at better communication. At the same time, the spouses may take responsibility for attempting (between the sessions) to change their behaviour that increases tension or working on changing their own destructive beliefs about their relationship and roles in their marriage.

Influence comes with communicating your own views. Leder [2] believes that each therapist influences the patient to see his own problems, relationships with others, sources of suffering, *etc.* in terms of the theory used by the therapist and – one might add – as part of his life experiences. Couple therapists are, in a way, exposed more to the use of their views than other psychotherapists. Should the wife quit her job when a child is born? Should the husband clean the house and shop, or should he work hard to support the family financially? Should spouses who have separated emotionally from each other still be together for the sake of their children, or should they also take care of their own well-being? Each of us formulates answers to such and similar questions regarding the principles of the functioning of the relationship, the roles performed, or the scope of duties. De Barbaro and Drożdżowicz write: “An ethical attitude can be considered one in which the therapist helps partners understand and negotiate [their] own choices, while suspending his/her own” [9, p. 33]. Aleksandrowicz, discussing the problem of neutrality and refraining from moral judgments regarding the patient's feelings and beliefs, states that “the principle of neutrality also requires the psychotherapist to refrain from indoctrination, from imposing on the patient his/her own system of values – both the one that is a set of ethical standards accepted by the therapist, as well as that contained in the theories being the bases of the therapeutic operation” [10, p. 17].

Obtaining distance from one's own beliefs and one's own value system is not a simple task, therefore, the couple therapist should carefully watch their automatic thoughts appearing during the utterance of each of the spouses. Analyzing these thoughts after the session – alone or with the help of a supervisor – will allow us to open up to the beliefs of the spouses, maintain neutrality and balance in understanding the situation of each partner. For example: agreeing to the common opinion that each spouse is half responsible for the crisis in their relationship is highly unjustified because as therapists we should not make judgments, and regardless of this, not only are we not able to, but also should not determine the percentage of each spouse's guilt in the emergence of a crisis. Is the responsibility equally shared by both of them in the event of marital infidelity? Does the mode of betrayal (a one-time holiday affair or a long-term extramarital relationship) reduce or enlarge the extent of non-fulfilment of a fidelity agreement? Each difficult situation of each couple is unique and unrepeatable, as it is related to the history of a given relationship and the history of relationships related to each other. Becoming interested in these stories and encouraging partners to understand their own and their

partner's behaviours, needs, and motivations undertaking their point of view will help the therapist leave their own beliefs in the background.

### **Sex of the therapist**

Can the sex of the therapist play a role in managing couple therapy? In principle, it should not affect the quality of the therapeutic alliance and the balance in building it with each spouse, but if so, why is it recommended that the treatment of male-female couples be conducted by a pair of therapists of different sexes? Can this matter be considered ethically at all? I think yes, to some extent. Each therapist should be sensitive to gender issues, gender roles, culturally defined duties and privileges, and the issue of equality. He/she should take into account the fact that in relation to his/her gender and the experienced conflict, each spouse perceives the therapist in a special way and in the process of transfer projects their needs, frustrations, expectations, and fears on the therapist. The therapist is not free from crises in his partnerships, so he is in danger of some kind of "seduction" by one person, most often of the same sex, and allying with them without noticing the needs of the other person. Therefore, I think that sensitizing to the consequences of the therapist's sex, sensitizing how each spouse experiences the therapist and relates to him/her is an important element in conducting couple therapy, preventing the loss of neutrality and balance in the therapeutic alliance.

### **Trust in a partnership and in a therapeutic relationship**

Maria Orwid [7] in her article on ethics in psychotherapy devoted a lot of attention to the topic of trust. She believed that the principle of trust cannot be replaced with the principle of contract, and that the therapist is responsible for making patients feel safe in the office. By transferring these thoughts to the field of couple therapy, it can be said that the therapist not only has to gain the trust of spouses/partners but also help them rebuild trust in each other. If there is a struggle between spouses, we should ensure that no one hurts anyone, and that each spouse feels that he/she is heard and understood by the therapist. We can set different goals for therapy with our spouses but if we fail to establish an emotional alliance with them based on trust and a sense of security, we will not achieve these goals. Bogdan de Barbaro and Lucyna Drożdżowicz [9] discussed the topic of keeping the information provided by the other partner secret outside of joint sessions. They ask: "Should the therapist insist that the secret be revealed by the partner himself during the session? What if secrecy protects this relationship? And who is to decide about it?" [9, p. 29]. Many marital therapists have experienced one of the partners calling between the sessions or writing a text message and informing that, for example, he is in a double relationship, expecting a child out of their wedlock, intending to move out, *etc.* and asks to keep his spouse secret. It seems to me that in such a situation it is simply impossible to continue the therapy. But how to tell the spouses about it, not to reveal anything and not to burden anyone, and at the same time to be honest with the spouses and yourself? There have been times when I have tried to deal with such a problem by saying something like this: "I can see that the situation between you is quite tense and it is difficult

to talk about many important matters; I think that in this phase of the crisis it would be most beneficial if each of you would start individual therapy in order to be able to organize your needs, emotions, expectations – this can help you make various arrangements regarding your relationship.” However, I am aware that such a position is a diplomatic way of avoiding difficult decisions but also an attempt to avoid creating a coalition with one spouse (not necessarily the one who reveals the secret) against the other.

### **Maintaining balance and fairness in the relationship**

The quarrelling spouses move the struggle from the home area to the therapy area by emphasizing their suffering and minimizing the maltreatment of their partner or by making statements such as: “I will do nothing more for the good of the relationship, now it’s my husband’s/wife’s turn.” In the ongoing struggle, neither of them wants to give up until they see changes in their spouse’s behaviour. They both try to involve the therapist in their settlements, presenting various examples that show the imbalance and the injustice they experience: “I care about him, I always ask how his day at work was, and all he does is just muttering something under his breath and turning on TV; he never asks me back how I feel;” “I put so much effort into organizing a holiday trip, I wanted my wife to rest, and all she did was complaining for the whole two weeks about the conditions being not good enough, the area being uninteresting, and finally she accused me that I had been sorry to spend more money to meet her expectations, so I probably don’t care about her.” A detailed analysis of the presented situations, paying attention to the needs, motivations, feelings, and intentions of both people, helps build confidence that the therapist acknowledges each of the people present at the therapy and cares about the balance between them. Other activities aimed at maintaining balance and justice, include, for example: ensuring equal time of speech of each spouse and eye contact with each of them, careful listening to them, setting homework together with the spouses, in which both of them participate equally, *i.e.* the effort each person is expected to make to implement a certain behaviour change is roughly the same as the partner’s effort. In striving to maintain balance, the therapist should not allow one person to over-expose emotions that drown and overwhelm the partner. These emotions are usually anger expressed sometimes by screaming, sometimes by crying. It is easier to define a scream, but it is much more difficult to recognize what feelings are contained in crying, which, just like screaming, can be a form of domination over a partner and lead to victory in the fight against him/her. An example of this may be the situation from one of the sessions at the beginning of therapy.

### **Couple C.**

A married couple came to therapy in order to get a better understanding and to indicate the causes of frequent tensions and conflicts between them. Mr C. was very critical of her husband’s various behaviours, assessing them as immature, devoid of empathy, and selfish. When the husband tried to explain the reasons for his behaviour and began to present a slightly different version of the same event, Mr C. started to cry and

Mr C. immediately stopped his speech and froze in silence. Mr C. cried even more intensely and at the same time continued to criticize her husband's various behaviours, ending her statement more or less like this: "I can't stand it anymore, I devoted myself to him from the beginning of our marriage, and he never paid attention to my needs, I think I'll use up all your tissues because I feel so terrible." On the part of Mr C., I felt growing tension, and thinking that he must have felt terrible too, I also felt anger towards his wife. I felt the need to stop her crying, but I was afraid that if by following my anger I stopped her, she would feel offended and unfairly treated, and if I did not stop my anger, her husband would continue feeling guilty and hurt. I thought that what I felt was not my anger and decided to get closer to Mr C. first, because she was the so-called guiding force of this union. I said I saw her suffering and asked what feelings were exposed by her crying. Mr C. wiped her tears, straightened and replied with a strong, decisive voice that she felt very angry, that she was furious with herself that she had not taken care of her needs and that her husband had not allowed her to do so. I turned to Mr C., asking him how he felt when his wife cried and how he is now. Mr C. replied something like this: "I felt hurt because I always tried to guess what would please my wife and I rarely managed to hit her needs but she could at least appreciate my efforts. However, she can only feel sorry for herself, so yes, I'm angry now – at her and at myself for not telling her how difficult all this is for me." Later in the session, we continued to talk about anger and disappointment but also about caring for a partner and what they like about each other. I made sure that they spoke alternately, that in their statements they also referred to what they heard from the other person. I felt that each of them felt important and noticed not only by me but also by their spouse. By recognizing that the feeling of anger that I was experiencing at that mentioned moment did not flow from me but was like a combination of countertransference and empathetic consonance or a reflection of the feelings of both spouses, I was able to regain the disturbed balance between their sense of importance.

### **Refusal of therapy**

Can we refuse therapy? When can this happen? What circumstances release us from our obligation to help those in need? Due to the fact that the reported problem is a marital crisis/conflict, do we feel less obliged to take therapeutic measures than in the case of a teenager with suicidal thoughts or an adult with obsessive-compulsive disorder? When we are overloaded with the number of treatments, will it be easier for us to refuse a couple therapy? We should ask ourselves these questions both when accepting the application for therapy and during the first consultation of the couple, when we make the first decision – either we invite the couple to further contact, or we end the contact and/or refer them to other specialists. In the Code of the Psychotherapist of the Polish Psychiatric Association, the notation on refusing therapy reads as follows: "8.1. The psychotherapist has the right to refuse to conduct psychotherapy if he or she deems that he or she is unable to conduct a reliable therapy" [11]. In relation to the therapy of couples, the inability to undertake reliable therapy may occur, for example, in a situation of a therapist's marital crisis or during his divorce process. I

believe that in such cases it would be difficult or even impossible to maintain a neutral attitude and be guided by the principle of balance and justice. What makes it difficult, but not impossible, to start therapy, may also be a small amount of experience in managing couple therapy. In such a case, it will be helpful to enrich your knowledge and make regular use of supervision.

### Conclusions

The ethical problems I have discussed and that appear in the psychotherapy of couples do not constitute a closed list of issues that raise our doubts as to whether our therapeutic activities serve the good of both spouses and their relationship. The topics highlighted: availability of a therapist, balance in building alliance and trust, the problem of responsibility and goal setting, or the possibility of refusing therapy, may be the beginning of a discussion on what is allowed, what should, what can and what must be done in the course of marital therapy. It is important that the discussion about ethical issues takes place wherever psychotherapy is mentioned: in centres and teams dealing with couple therapy, during training, supervision, conferences, or working meetings of psychotherapists.

Finally, I would like to draw the reader's attention to the special situation related partly to the refusal and partly to the suspension of couple therapy, namely recommending both partners or only one to undertake individual therapy. I think it is obvious, which is included in the Code of Ethics of the Psychotherapist of the Polish Psychiatric Association [11], that a couple therapist cannot become an individual therapist for any of the partners and vice versa – an individual therapist cannot undertake marital therapy for his patient and his/her spouse. If, during a couple's therapy, we decide that one of the spouses should undertake individual therapy due to symptoms of any mental disorders or intrapsychic conflicts that hinder their functioning and have a negative impact on the relationship, we should carefully and delicately talk about it with both spouses in a way that avoids a situation in which the person referred to individual therapy would be found guilty by the couple, and the person not referred to individual therapy was released from liability for problems in the marital relationship. I do not consider it justified to refer both to individual therapy in a situation where only one of the spouses, apart from a relationship crisis, experiences a personal crisis. Here, the principle of balance should be understood in the way that individual therapy for one of the spouses is an extension of their possibilities and balancing them with the partner's ability to deal with a crisis in the relationship.

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