

## **Holding the Systemic Frame in Depth Couples Therapy: Practical Considerations**

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One of the most important aspects of the early and ongoing work in couples therapy is creating and maintaining a systemic frame. It is not only difficult to do, it is also very easy to lose the frame.

We want to elaborate on the things that make it difficult to hold the frame throughout the course of therapy. Our primary goals are to avoid collusion with the couple or one of the individuals, and to hold the couple in a supportive, balanced way. It is critical to remember that both people are part of the problem and part of the solution. If you don't remember these things, you might lose the couple.

### **Clinical Considerations**

We have developed a set of clinical considerations that we think interfere with the ability to hold a systemic frame with couples. These are the things that go on inside the therapist, parts of our own internal process.

Judging the viability of the couple's relationship is a trap that therapists may encounter. How many times have you begun your first session with a couple and been told that their previous therapist(s) suggested they get a divorce? We don't always have a sense of why people are together, but we have a deep respect for the underlying dynamics and incredible glue that maintains relationships over time. It is very important that we not impose our own values on couples, that we truly listen to what they want from us and not advise what we think is right for them.

Forgetting about complementarity is another pitfall of holding the frame. We see a couple with an identified alcoholic and we could be quick to assume that the alcoholic is the problem in the partnership. But more careful assessment would reveal a complementary relationship in which the other partner may be emotionally distant or co-dependent, or both. In every couple there are complementary aspects of the relationship, both positive and negative.

Forming coalitions can also lead to a breakdown of the systemic frame. As we develop rapport and begin to deeply know each member of the couple, it sometimes happens that we find ourselves more aligned with, or sympathetic to, one person. From this, a coalition or alliance may emerge that is disruptive to the therapeutic process. It is crucial, then, to take an internal step back and assess our own involvement. At times we may find ourselves more allied with one person, and this can be therapeutic as long as it is not continuous over time.

Loss of empathy for one or both partners can lead to a rupture in couples therapy. We may find ourselves feeling a great deal of empathy for one person and yet our feelings toward the other person may be neutral or, more often, negative. In one case, we became so irritated at a member of a couple that a number of consultations were required in order to regain our empathic and helpful attitude. We sometimes forget or lose sight of the pain our clients feel, and regaining our connection to their vulnerability and suffering can facilitate the return of empathy.

Forgetting the purpose of the symptom is another way to lose our systemic footing when working with couples. We believe that symptoms do have a purpose. For example, if a couple presents in which one is a workaholic, we might first ask ourselves what function the workaholism serves for the couple. There are many possibilities, but it could be to manage anxiety, avoid more contact with the partner, or a perfectionism needed to feel good about one's work performance. Whatever the reason, the symptom directly affects the couple's relationship and is informative to the therapist.

Circularity is another clinical consideration in holding the systemic frame. It involves the dynamics between partners, and the idea that interactions flow in a circular fashion. A stereotypical circular pattern might be the “contained and distant husband” and the “emotionally hungry wife.” She tries to verbally engage and pursues him for more contact – he distances with either defense or stonewalling – she increases pursuit through escalated anger – he attacks her for being “crazy and overreacting” – she feels hurt and cries – he apologizes and offers comfort -- she wants more of this contact – he feels overwhelmed and distances – and then back to the beginning again. Intervening at any point in this cycle will effect change in the whole system. Possibilities include helping her to alter the way she pursues; addressing his defenses; and/or encouraging them to develop ways to spend more time together that is more frequent, but not overwhelming. Remembering that both people are equally involved in creating and continuing the circularity of the interaction gives the therapist a variety of points to intervene.

The last of the clinical considerations is remembering the goals of therapy. It is easy to get sidetracked by one person’s history, by entertaining and irrelevant content or by problem-solving that does not relate to stated (and our unspoken therapeutic) goals. Remembering the goals keeps us focused on the couple and the needs of both partners.

### **Practical Considerations**

Many practical concerns arise during the course of couples therapy that cause us to stop and think, “What should I do about this?” Often these concerns have to do with setting and holding boundaries that are an integral part of holding the systemic frame. We find these practical matters need ongoing attention so that both people feel held and supported.

From the first phone call, awareness of boundaries is critical. The initial caller may attempt to engage us in lengthy conversation about the couple’s problems, or try to talk to us about the other partner. While this may be unavoidable at times, it is important to limit such contacts as much as possible and during the first session to immediately bring the other partner into the therapy. This can be done by openly stating that you had a chance to talk with person A on the phone and now would like to hear person B’s perspective.

Another practical consideration has to do with who comes into the room and when. We have found that the best guideline is to wait until both people are present before inviting them to come in. Sometimes this means waiting for many minutes if someone is late, and it may even mean some diplomatic boundary setting to insure that the partner who is present stays in the waiting room. Allowing one person to spend separate time with you invites alliances that can be detrimental to the therapy.

Contact with individual partners over time is another practical consideration. This means limiting conversations with one person before and after sessions, as well as phone contact between sessions. Again, it is important to limit such contact as much as possible to avoid developing a subtle, or not so subtle, coalition.

Lastly, the issue of seeing individuals alone often arises in couples therapy. Clearly, the best rule of thumb is to avoid individual contact and to refer for individual therapy when appropriate. There are exceptions we sometimes make to this general policy. One of these has to do with bitterness in a partner that impedes the work, particularly around betrayals, such as an affair. It is often therapeutic to see the bitter partner for a few sessions to work through some of the intense feelings so that the couple’s work can progress. Another exception has to do with volatile couples. If anger and volatility are too high during sessions it may make therapeutic sense to see each partner for a few sessions, or to alternate individual and couple sessions until the joint sessions can proceed effectively.

A related issue to the question of seeing people individually is our grandiosity. We may be seduced into thinking we are the only one who can help with the painful state of our client, their troubled teenager, or their depressed mother; but it is wise to resist these temptations and refer to another therapist for the adjunctive therapy. Otherwise, the consequences for the couple's therapy could be quite negative.

Our guiding principle in doing couples' therapy is to keep a balanced view of the couple, to hold and support each of them and the couple as a whole.

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