

Supplementary Module 13: Supporting Possible Outcomes of Couple Therapy

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Indication: If, in the course of couple therapy, it becomes apparent that the resources for reconciliation are limited, it is our task to discuss further options with the couple and accompany them in this process. We act as catalysts, supporting the process that is possible for the couple. We are not responsible for the outcome! Thus, we cannot fail!

Goal: To explore with the couple the possible outcomes of therapy (reconciliation, a shared life with more distance, or separation) and to accompany them step by step through this process. All outcomes are possible—and must be accepted.

Note: The hallmark of a balanced relationship is that giving and taking are balance. Both sides pay the same “amount” onto the “relationship account” – maybe in different “currencies”. If there is an imbalance an emotional tension (as a signal from the assertiveness need) undermining the satisfaction inside the relationship as the offspring of maladaptive cycles. Then better go for a “living together apart” contract giving space for need satisfaction outside the relationship to regain an overall emotional balance on both sides.

Intervention: If the couple’s rapprochement process stagnates—for example, because they repeatedly fall back into mode cycles or because one or both partners are not sufficiently willing to “make deposits into the relationship account” (i.e., to act in a sufficiently attachment-oriented way and complete the homework)—this does not necessarily mean the relationship must end, even though many couples tend to think in dichotomies: Either our relationship is good, or we must separate!

In reality, after several years, many couples settle into a kind of “*living together apart*”: sharing commonalities while pursuing separate interests. The degree of separation varies. What matters is the choice of distance between them and that both partners act responsibly and respectfully. This also requires a sufficiently strong Adult Mode and a good balance between attachment and self-assertion. In some countries, this might include sexual activities outside the relationship.

If separation becomes dominant, the couple may gradually disengage until a complete, ideally amicable separation is achieved. Conflicts along the way are best addressed using the Connection dialogue skills from Module 11.

Steps

1. **Identify the stagnation.** Since this is a confrontational intervention, we do it standing: *“The therapist down there has the sense that we’re stuck in therapy. Let’s step outside together for a moment and look, quite objectively, at where this journey could lead the two of you.”*
2. **Widen the perspective.** *“Betty, do you have a good friend who knows the situation between Betty and Tom well? ... What’s her name? ... Good, Maria. Betty, could you now take on Maria’s role here in the room? ... Maria, you’re a good friend of Betty’s. Thank you for coming. What do you think about the relationship between these two? ... Where do you see them in a year?”* We then repeat the same with Tom’s best friend. In this way, we gather additional information from an extended observer’s perspective. We call this an *extension technique* (Roediger et al., 2018).
3. **Relationship balance sheet.** Analyze connecting and separating aspects: *“Betty and Tom, we’ve seen that the relationship between the two down there is not easy. Could I ask you*

both to write down before the next session what connects you—and what you'd rather do alone (or with others)?"

4. **Resource analysis.** Examine the degree to which both are willing (and able!) to work toward a positive joint development: *"Tom and Betty, let's imagine together what your relationship looks like in one year (or in five or ten). Please each describe what you see, and let's see where there is overlap—something we could work toward."* Based on these commonalities, specific behaviors are agreed upon to make life together positive from now on. These are usually the homework tasks from Module 12, which must now be applied in a more committed way. The motto here is: Now or never! At least for this therapy.

Note: to make progress in reconnection both partners need to be *willing AND able!* If one partner is limited e.g. being on the Autism spectrum the couple will be better off accepting the limitations and go for a living together apart setting.

5. **Trial phase.** Agree on a *time-limited* trial phase in which the couple implements the agreed behaviors (e.g., one to two months or four sessions).
6. **Interim review.** Is stabilization at a certain distance emerging, with conflicts being resolved constructively? Then the focus can shift to stabilizing this lifestyle (*living together apart*), with sessions being gradually phased out.
7. **Work on ambivalence.** If one (or both) partners remain ambivalent, this must be addressed, at best in imagery. As a first step, a few questions have proven helpful in mobilizing emotions. These are asked in individual sessions, with eyes closed, in an imaginative stance:
 - *"If your relationship continues this way until your death—do you want to grow old like this?"*
 - *"Imagine today is your wedding day. Standing before the registrar or altar, knowing what you know now about Betty/Tom—would you marry them again?"*

These questions can activate latent impulses toward separation. Conversely, with perpetually dissatisfied partners, we might ask:

- *"Let all potential partners you know pass before your inner eye. With whom would you rather be? Please tell me their name, phone number, email address ..."*
This question can highlight that no real "better" partner exists, but rather a fantasy of a *prince on a white horse*. We can then return to expectations and evaluations using Module 8.
8. **Trial separation.** If the separating forces are too strong on one side, a trial separation of about three months can be agreed upon—ideally in separate homes. Reminder: *It takes two to start a relationship, but only one to end it!*
 9. **Supportive individual sessions.** Clarify whether and how to continue therapy during this phase (together, separately, with one partner, or not at all). If we continue with the partner who has been left, we can support them in processing separation pain, fostering an amicable (or at least constructive) separation. This is one of the benefits of a trial separation.
 10. **Discuss practical issues.** If a permanent separation becomes likely, work on solutions for key practical problems.
 11. **Mediation.** If needed, mediation can be arranged to clarify legal questions and bring therapy to a close.

12. Processing the separation. If one partner still needs support or wants to continue developing, further individual work is possible—provided both partners agree.

Comforting thoughts:

- For the **couples**: Life always goes on in some way!
- For the **therapists**: Whatever road the couples take, it is their choice. We give our best, but we are not responsible for the outcome. Thus, we cannot fail!