



Relationship Undermining in Couple Therapy

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Abstract

We examined the prevalence of relationship undermining statements by therapists treating couples, as reported by clients, and the association of these statements with outcomes. Participants ($n=270$) reported on recollections of their therapist saying that they were incompatible, that therapist could not help them, that the relationship was beyond repair, that divorce was the best or most realistic option, or told one of partners that the other had a personality problem, or proposed individual therapy instead of couple therapy. Findings showed a prevalence rate of 10-28% across these five undermining statements; 40% of clients reported at least one statement. Undermining statements were associated with poorer outcomes and shorter duration of couple therapy. We suggest that some therapists treating couples lack a systemic/relationship framework and set of skills, which leads them to become frustrated and pessimistic with difficult couple cases. We offer implications for the training of couple therapists.

Keywords Couple therapy · Professional issues · Training · Outcomes

Couple therapy may be the most difficult form of psychotherapy because there are two clients with often competing perspectives and a desire to have the therapist take sides, because some clients come to therapy so demoralized that they are uncertain about whether to even try to restore their relationship, and because sessions can descend into rapid escalation (Doherty, 2002; Doherty et al. 2016; Doss et al., 2004; O'Dell & Campbell, 1998; Weeks et al., 2005). Given these difficulties, it would be ideal if therapists who treat couples were well trained in this therapy modality.

Unfortunately, although couple therapy is practiced widely among U.S. therapists (a survey in the 1990s found that 80% of private practice therapists report treated couples-[AAMFT, 1997), most mental health training programs do not require coursework or supervised experience in couple therapy. Aside from graduate programs in marriage and family therapy, such training is apt to be optional, elective,

or minimal. Over the years, senior couple therapists have written about concerns over how couple therapy is practiced in real world settings. These concerns include mistakes in case conceptualization, session management skills, and the undermining of hope and commitment when therapists feel inadequate to treat a difficult couple or bring individualistic orientations to the work (Doherty, 2002; O'Dell & Campbell, 1998; Weeks et al., 2005).

The focus of this study is on how therapists treating couples can undermine relationships by what they say to struggling clients. It builds on our previous study of how therapists working with an individual client who presents with relationship problems can undermine couple relationships (Doherty & Harris, 2022). A national convenience sample of clients responded to survey questions asking if their individual therapist had suggested that their partner would never change, had a diagnosable personality/mental health disorder, had negative motives, that the relationship was doomed from the start or beyond repair now, or that divorce/breakup was their best option. Findings showed a high prevalence of relationship-undermining statements by therapists, as reported by their former clients. The frequency of these statements was associated with poorer relationship outcomes and earlier end to therapy.

Using a similar methodology, the present study extends this line of research to clients who experienced couple

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therapy. We were interested in how often clients indicate that their couple therapist expressed pessimism about the possibility of relationship recovery and how these comments are associated with the outcomes of therapy. To be clear, we assume that therapists do not intentionally undermine couples' relationships but might engage in these practices for reasons we discuss later in this paper.

The Present Study

We addressed two research questions:

- What is the prevalence of relationship-undermining statements by therapists treating couples? We initiated the study without specific predictions about prevalence beyond the expectation that it is not rare.
- How does the extent of relationship-undermining statements relate to the outcomes of therapy? We anticipated that these statements would be negatively associated with relationship outcomes and the length of therapy.

Because we wanted a sample of clients from a wide range of therapists and not a specific clinical setting, we recruited a national, online, convenience sample of individuals who had participated in couple therapy. We assessed therapist undermining through asking clients to respond to a set of questions about what their therapist had said during treatment. Because the findings are challenging to the field of couple therapy, we want to highlight several limitations before proceeding. We cannot account for possible memory issues or distortions about what they heard from their therapist. We have no details about the timing of the therapy, the training of the therapist, or how the therapist practiced. Thus, we cannot offer definitive evidence about therapist undermining but rather a first empirical look at a phenomenon that senior couple therapists have long been concerned about. The goal is to offer an initial empirical look about a phenomenon widely believed but never studied.

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Methods

Sample and Recruitment Method

We recruited participants via a Human Intelligence Task (HIT) on the Amazon Mechanical Turk (MTurk) platform, which is frequently used in social science studies (Petri et al., 2020) and has been shown to provide diverse samples with valid responses for survey research when compared to

in-person sampling methods (Casler et al., 2013). Following the recommendations of Paolacci and Chandler (2014) for obtaining high-quality data, we used screening questions (which could be taken only once) to create a focused sample and a brief set of survey questions to minimize time expectations for participants. We obtained Review Board (IRB) approval before posting on the MTurk platform. Data gathering occurred during 2018–2019.

To be included in the study, participants must have received or were currently in conjoint couple therapy for relationship problems from a mental health professional. Those seeing only a religious leader were excluded because we were interested in client experiences with licensed mental health professionals rather than members of the clergy.

The sample consisted of 270 individuals who were diverse in terms of age, race, gender, and sexual orientation. The self-described gender breakdown was 50% male, 49.6% female, and 0.4 Other. The median age was 35, with 75% currently married and 14% in another form of committed relationship. Self-described sexual orientation was 77% heterosexual and 33% gay, lesbian, or bisexual. In terms of race/ethnicity, the breakdown was 5.9% Latino, 3.3% Indian, 27.8% Asian, 6.3% Black, and 58.5% White. A third of the sample had less than a college degree, and 2/3 a college degree or higher.

Measure of Therapist Undermining

Based on the literature (O'Dell & Campbell, 1998; Weeks et al., 2005) and our own observations, we developed a list of six kinds of relationship undermining statements in couple therapy. We asked participants to rate "how true" the presence of each comment was in their experience of the therapy. The specific instructions were: "Thinking about your *most recent counseling experience* for relationship problems, please indicate how true the following statements are (if you are in counseling now, answer based on your current experience)."

Response options were yes or no, plus a don't know/can't remember category.) Specifically, we asked how true it was that their counselor had:

1. Told us we were incompatible.
2. Said that he or she could not help us.
3. Suggested that the marriage is probably beyond repair.
4. Said that that divorce was our best or most realistic option.
5. Told one of us that the other spouse had a personality problem that created serious problems for the marriage.
6. Proposed individual therapy for one or both of us instead of marriage counseling.

We summed the six dichotomized items to produce a total therapist undermining score that could range from 0 to 6, with higher scores representing more domains of undermining statements. The summed scale demonstrated adequate internal consistency ($\alpha=0.77$), indicating that therapists making one type of statement were likely to also engage in others, as reported by the client.

In order to avoid a potential demand characteristic in which the participant would assume that we are only interested in negative therapist statements, we preceded these items with a series of questions about the therapist's skills such as showing empathy and structuring sessions. These questions are not part of the current study.

Outcome Measures

Because the participants could have done therapy at any time in the past, standard outcome measures asking about current relationship functioning post therapy were not appropriate for this study. Instead, we used the same three basic self-report items from our prior study of individual therapy for relationship problems (Doherty & Harris, 2022), asking about their perception of how the therapy may have influenced their relationship at the end of their therapy work.

- 1) How helpful was the counseling in resolving the relationship problems that you discussed with your counselor? Responses could range from 1 (Not at all Helpful) to 5 (Very Helpful).
- 2) How was your marriage/relationship after the counseling? Responses could range from 1 (much worse) to 5 (much better).
- 3) What happened with the relationship between you and your partner after you stopped attending counseling sessions (if you are currently in counseling, answer based

on the state of your relationship now)?” Response categories were: 1=Divorced/broke up, 2=Separated without a plan to get back together, 3=Stayed together. We dichotomized the response categories into stayed together versus divorce or broke up/separated with no plan to get back together.

We also asked for an estimate of the number of couple therapy sessions attended. The number ranged from 1 to 60, with a mean of 7.57 (S.D. = 6.53).

Analysis Plan

We used descriptive statistics to determine the frequency of relationship undermining statements. To examine whether undermining statements were associated with therapy outcomes, we used Pearson correlations for continuous variables and multinomial regression (UCLA, 2020) for the categorical variable of relationship status after therapy. Because of outliers in the number of sessions, we performed a log transformation before conducting the regression analysis. All analyses were conducted with SPSS v27. We want to underline that the statistical procedures were correlational and cannot be taken as proving causal relationships between the variables.

Results

Table 1 presents the findings on the prevalence of relationship undermining statements by the therapist as reported by clients. Four of the statements were nearly identical in frequency (10–11% for we were incompatible, he/she could not help us, the relationship is probably beyond repair, and divorce is our best option). The fifth statement, telling one partner that the other had a personality disorder, was higher at 14%. The highest frequency (28%) was the sixth statement: proposing individual therapy instead of couple therapy. Another way to examine prevalence is the percentage of clients reporting any undermining statement. As shown in Tables 1 and 40% of clients reported at least one undermining statement, with 22% reported one statement and 18% reported 2–6.

Next, we report findings for the relationship between the undermining scale (sum of the six undermining statements) and outcomes. For the outcome “how helpful was the counseling in resolving problems,” the correlation was $r=-0.254$ (<0.0001), indicating that the more kinds of undermining statements reported, the less helpful the counseling. For “how was the relationship after the counseling?” The correlation was $r=-.230$ (<0.001), indicating the same negative association between undermining and relationship

Table 1 Frequencies of therapist undermining statements. $N=270\%$

Percentage of clients reporting each statement	
Told us we were incompatible	11%
Could not help us	10%
Relationship is probably beyond repair	10%
Divorce/separation is our best or most realistic option	10%
Told one of us that the other had a personality problem	14%
Proposed individual therapy instead of couples counseling	28%
Percentage of Clients Reporting 0–6 Undermining Statements	
# Statements	Percent
0	60%
1	22.3%
2	7.7%
3	3.1%
4	0.9%
5	3.1%
6	1.9%

improvement. For number of sessions, the correlation was $r = -.201$ (< 0.001), indicating that undermining was associated with fewer sessions.

For relationship status after therapy, 24% of the overall sample reported divorce/separation and 76% reported staying together. The results for the logistic regression showed that therapist undermining statements significantly predicted a greater likelihood of separating or divorcing ($B = -0.377$, $SE = 0.119$, $Wald = 9.971$, $p = 0.002$). The presence of one area of undermining statement was associated with a 38% increase in the odds of separating/divorcing versus staying together.

Discussion

Because the findings of the study are provocative, we begin by underlining that their correlational nature cannot rule out multiple interpretations that we will address in this discussion. Having said that, we believe that the findings offer initial empirical evidence that therapist undermining does occur in a sizeable minority of couple therapy cases—specifically, that clients report their couple therapist making a variety of pessimistic statements about the relationship and its potential for healing. The findings are consistent with concerns raised in previous literature based on the observations from couples therapy scholars and teachers (Doherty, 2002; O'Dell & Campbell, 1998; Weeks et al., 2005).

There are several challenges to our interpretation of the findings. First, it's possible that the clients misremembered what their therapist said; we did not have transcripts or recordings of sessions. But we believe it is more plausible to conclude, consistent with longstanding concerns of experienced couples therapists, that many therapists treating couples do make a variety of pessimistic, undermining statements.

Second, the arrow of causality might go in a different direction, namely, clients with poorer outcomes of couple therapy may report more negative therapist statements, perhaps because their difficult cases elicited these kinds of statements from the therapist. It's possible that therapist was making accurate comments about couples whose treatment was stuck and not going well, and that this did not contribute to the poorer outcomes. However, we argue that even if the timing comes when the treatment is failing, it is usually anti-therapeutic to tell the couple they are incompatible and beyond repair. In the same way, saying that divorce is their best option is likely to be taken as advice to proceed to divorce, which puts the therapist in a too-powerful position on a life-changing decision. (Failed therapy does not mean a couple should divorce.) It's also hard to imagine, short of dangerous situations, that it could be constructive to tell one

partner that the other partner has a personality problem that is harming the marriage. This creates a secret between the therapist and one person, and it can also imply that change is not likely. Finally, when couples come for relationship therapy and the therapist recommends individual therapy instead, the message is that the therapist cannot help a struggling couple with their relationship.

Third, while it could be argued that some of these statements are appropriate in unusual circumstances, the findings of this study suggest that they are fairly widespread (40% of clients reported at least one undermining statement, and 28% reported a recommendation of individual therapy in lieu of couple therapy). We also point out that the kinds of therapist statements examined here are present nowhere in widely used models of couple therapy (Lebow & Snyder, 2022).

We cannot know for sure why therapists make these kinds of relationship undermining statements. Couple therapy is challenging, and some therapists may become pessimistic when the couple presents with difficult challenges and is not responding to treatment. Couple therapy requires a systemic frame, holding two sometimes competing narratives of a relationship and its problems. It requires seeing both sides, validating each person's feelings, challenging them both, and then putting forth a third or new version of the relationship dynamics and the relationship could be different. We suggest that some therapists, especially those lacking training in this modality, may become pessimistic and communicate that to couples.

A finding supporting this explanation is that the most frequent undermining statement was recommending individual therapy in lieu of couple therapy. Note that this was not individual therapy *accompanying* couple therapy but *instead* of. We suggest that therapists who do this routinely lack a sense of competence in treating challenging couples, and therefore recommend breaking them into individual cases the therapist is more comfortable with. When therapists lack competence in systemic approaches to relationship therapy, it's tempting for them to see couple problems primarily as manifestations of individual psychological problems to be treated in separate therapy.

Limitations

In addition to this study's correlational design which cannot establish causal direction, and the previously mentioned limitations of client retrospective recall, this study has several other limitations. Because the therapy reported on could have occurred any time in the past, the outcome measures were retrospective as opposed to traditional measures used in therapy outcome studies. The sample, although diverse, was not representative population of couples seeking therapy.

As mentioned, we do not know the therapist's license or training in couple therapy. Two of the outcomes were not necessarily negative. Specifically, separation/divorce is not always an undesirable outcome of couple therapy; however, its association in this study with undermining therapist statements about the relationship is a cause for concern. In the same way, having fewer sessions of therapy is not necessarily an indicator of poorer therapy; however, it is concerning when shorter therapy is related to skeptical statements by a therapist.

Implications

The findings of this study will not be surprising to many seasoned couple therapists and teachers of this modality. Just as a considerable undermining of relationships occurs in individual therapy (Doherty & Harris, 2022), it appears that couples cannot always assume that their therapist will consistently support their efforts to repair. Difficult cases call for the therapist to re-imagine their treatment approach with the couple instead of making pessimistic comments. These cases call for supervision/consultation with someone with expertise in systemic, relational therapy so that the therapist does not revert to simple individual personality explanations for systemic relationship problems—or to adapting the narrative of the more demoralized partner in the relationship. Increasing our capacity to sit with client ambivalence might also be another key to avoiding these undermining statements. When clients are ambivalent about their relationship, it can pose a threat to momentum in couple therapy and lead the therapist to become frustrated and pessimistic (Doherty & Harris, 2017).

The prevalence of recommendations for individual therapy instead of couple therapy has important implications. As clinicians, we have worked with many couples whose prior therapist declined to treat them as a couple after an initial assessment or gave up after several sessions, proposing individual therapy to help them deal with their “individual issues” prior to embarking on couple therapy. Meanwhile they were left to struggle with their relationship problems. We've seen situations when the therapist offered to treat one member of the couple and refer out the other partner, leaving the latter partner feeling abandoned. Often that person did not follow through with individual therapy—they had sought help for their relationship problems, not their psychological problems—and the other partner interpreted this as lack of commitment to resolving relationship problems. When couples come to therapy for their relationship, switching to individual therapy is not only outside of best practice for established models of couples therapy, but this study suggests that it can put their relationship at risk.

At the level of therapist training, an implication of this study is to prepare therapists to be cautious about sharing pessimistic appraisals of couples' problems and potential to heal. (Again, we note that this study's findings are consistent with what is taught in the major models of couple therapy.) This training could have two areas of focus: self-of-the-therapist work to maintain hope when dealing with difficult cases, and systemic intervention skills that make that hope realistic. A more provocative implication for training would be to respectfully suggest that some trainees not make couple therapy part of their career path because of its difficulty. Perhaps couple therapy should be viewed as a specialty for therapists who love systemic/relational work and who are committed to holding hope for repair with even highly distressed couples.

This study has attempted to open the door on the topic of how therapists treating couples sometimes communicate to clients in a way that undermines them. Future studies might focus on clients who have just completed couple therapy. It would be ideal to have transcripts of sessions to understand the context of undermining statements; for example, how often is the therapist agreeing with a comment from one of the partners versus introducing a new idea. Research is needed to uncover why therapists make these statements. We have hypothesized that these statements may stem from insufficient systemic conceptualization of couple therapy cases. It would be valuable to do qualitative research to explore therapists' own sense of how they communicate with couples when they feel pessimistic about the relationship and the therapy.

Data availability The data for this paper are available from the authors upon reasonable request.

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