



# ACPP

association of couple  
psychoanalytic psychotherapists

## GUIDE TO PRACTICE

### PREAMBLE

This Guide to Practice arises from discussion in the Association of Couple Psychoanalytic Psychotherapists (ACPP) Groups and at the Workshop held in September 2011. Discussion focused on ethical issues and current principles of best practice, arising in the work of Psychoanalytic couple therapy.

This document is intended as a guide for members of the ACPP in working psychoanalytically with couples. It is expected that therapists practising psychoanalytic couple work will be familiar with and comply with the ethical principles, values and standards relevant to the helping professions and to the practice of psychoanalytic psychotherapy. These may be found in the codes defined by their registering professional bodies e.g. Health Professions Council of South Africa<sup>1</sup> (HPCSA) and the South African Council for Social Service Professions<sup>2</sup> (SACSSP), other local bodies e.g. South African Psychoanalytic Confederation<sup>3</sup> (SAPC) and the Cape Town Society for Psychoanalytic Psychotherapy<sup>4</sup> (CTSP), and international bodies and artefacts e.g. the Canadian Code of Ethics for Psychologists<sup>5</sup> and the British Society of Couple Psychotherapists and Counsellors<sup>6</sup> (BSCPC), and the Universal Declaration of Ethical Principles for Psychologists<sup>7</sup>.

The Guide follows the process of therapy from assessment to termination, and explores areas of responsibility and potential difficulty in couple therapy. It includes cross references to particular principles and standards as defined in the ethics code of the SAPC<sup>3</sup> (of which the ACPP is a member group). These principles and standards are:

*Principle I: Respect for Human Dignity: Ethical Standards: 1. Welfare of clients. 2. Confidentiality. 3. Informed consent (see SAPC<sup>3</sup>).*

*Principle II: Responsible and Competent Caring: Ethical Standards: 1. Professional Competence. 2. Self-knowledge. 3. The power differential in practice. 4. Disciplined maintenance of the psychoanalytic frame. 5. Self-nurturance (see SAPC<sup>3</sup>).*

*Principle III: Integrity: Ethical Standards: 1. Honesty and straightforwardness. 2. Avoidance of misrepresentation. 3. Conflicts of interest. 4. Commitment to maintaining ethical standards (see SAPC<sup>3</sup>).*

*Principle IV: Professional and Scientific Responsibilities to Society: Ethical Standards: 1. Social responsibility. 2. Human rights. 3. Contribution to society. 4. Ethical attitude to research (see SAPC<sup>3</sup>).*

Note that ethical dilemmas can be complex and in some instances the ethical principles may conflict. Under these circumstances, the principles are given importance according to their numbering e.g. Principle I would be seen as the most important, then Principles II, III and IV respectively (see Canadian Code of Ethics for Psychologists<sup>5</sup> [pg2 and 3]).

## INTRODUCTION

Ethical practice is much deeper and more profound than a set of rules, or a code of ethics. Ethical practice involves a deep understanding of oneself, the couple and the psychoanalytic process. The internalised attitude of beneficence (having the patient's best interests in mind) and of doing no harm, also informs an ethical attitude.

There are two fundamental guiding principles in couple therapy that are central in the ethical considerations that follow:

- a) In Psychoanalytic couple psychotherapy, "the relationship is seen as the patient"<sup>8</sup>. Both individuals in the couple co-create a third which is their relationship. This third is the patient.
- b) When working with a couple, the therapist has a "couple state of mind"<sup>9</sup>. This means that he/she thinks of the couple dynamics, rather than focusing on one or other individual.

### 1. CONTRACTING and the PSYCHOANALYTIC FRAME

*(Ethical Principle: Respect for human dignity – Ethical Standard: Informed consent)*

When beginning work with couples, and gaining consent for therapy, the therapist needs to clearly explain the nature, terms, and conditions of the work.

#### 1.1 THE DIFFERENT PHASES OF THERAPY

When contracting with couples it needs to be explained that there will be different phases of the therapy, and each phase needs to be described and clarified: an assessment, working and termination phase. Procedures around cancelled sessions, fees, methods of payment, increases in payment and breaks from therapy by all parties should be clearly stipulated and discussed in relation to these phases.

##### 1.1.1 Assessment Phase

During the assessment phase there will be an attempt by the therapist to understand the couple interaction and problem and to allow the couple to see whether psychoanalytic therapy is suitable for them.

If the couple are assessed to be suitable, and wish to continue with this work, they are required to commit to both the working and termination phases. In addition to the procedures outlined by the therapist for these phases, affordability of therapy for the couple should also be considered and discussed. For example, a short term couple therapy may need to be considered because of limited finances.

### 1.1.2 Working Phase

After the assessment phase the therapist will contract to work with the couple towards a deeper understanding of their relationship and the presenting problem. The couple's expectations of therapy and each other, as well as their financial and emotional resources, may need to be considered in contracting for this phase.

### 1.1.3 Termination Phase

Before the couple terminates, the therapist will aim for a termination phase in which the end is planned and thought is given to the couple's future. The therapist needs to be aware of any separation issues affecting termination from the side of both the therapist and the couple; an unexpected or unprocessed termination could be an enactment and would need to be thought about. Precipitous terminations may also be financially driven; this needs to be considered so as to minimally compromise termination.

## 1.2 THE FRAME

*(Ethical Principle: Respect for Human Dignity – Ethical Standard: Welfare of clients)*

*(Ethical Principle: Responsible and Competent Caring – Ethical Standard: Disciplined maintenance of the psychoanalytic frame)*

1.2.1 The therapist explains to the couple that the relationship is the patient and therefore all contact, as far as possible, will take place with both parties present. Telephonic contact with one party will be restricted and confined, as far as possible, to practical arrangements regarding the session. Should there be extended contact, however, the content of this contact will be relayed to the other party. While the couple therapist clarifies that all sessions will be conducted with both parties present, should this be impossible (e.g. if one person arrives before the other for a session, or if one leaves early), the couple is still the patient and the relationship remains the focus and the content of this session will be fed back to the absent partner. This allows the couple container to take precedence over the individual needs. Individual needs should be directed to an individual therapy.

1.2.2 The therapist refrains from giving (or being pressed to give) advice on the relationship or marriage. It needs to be explained to the couple that the therapy space is for them to find their own solutions once impasses have been lifted. The therapist respects the couple's right and ability to make their own decisions.

- 1.2.3 The therapist explains his or her role to the couple. The therapist's role is that of interpretation and of linking the shared dynamic. The therapist's role is to help the couple think about the relationship in order to raise consciousness of what both parties bring consciously and unconsciously to their relationship. It is explained to the couple that the relationship is a shared construction.

## 2. RESPECT

*(Ethical Principle: Respect for human dignity – Ethical Standards: Welfare of Clients; Confidentiality)*

Respect for the dignity of persons is the primary and fundamental ethical principle

### 2.1 Confidentiality

- 2.1.1 The couple's right to privacy must be safeguarded. This is essential in creating a safe, contained space for psychoanalytic therapy, and it is an ethical responsibility. In supervision and case presentations, confidential case material, names and other identifying details need to be disguised to respect couples' privacy.

#### 2.1.2

*(additional Ethical Principle: Professional & Scientific Responsibilities to Society – Ethical Standard: Ethical attitude to research)*

If a therapist wishes to present a couple at a case presentation, special attention to the impact on transference and countertransference reactions in the couple therapy and in any parallel, individual therapies is important. It may, therefore, be best for either partner's individual therapist not to attend a case presentation of the couple.

Whether to ask patients' permission to use their material needs to be considered in the context of each case. When presenting case material in a large forum, or when publishing, an alternative may be to use significant disguise to make identification of the couple impossible. Consideration must also be given to the impact on internal dynamics in asking the couple's permission to present or publish their case material. If the request for permission would negatively affect the therapy, the request or presentation or publication of case material might not be in the patient's best interests.

- 2.1.3 Both couple and individual therapists need to think carefully about the impact on their own, and the couple's, unconscious dynamics before the therapists engage in therapist-to-therapist feedback about the couple and individual therapies. The couple's permission is necessary prior to contact between the therapists. It may be preferable for the therapists to explore transference and countertransference issues in supervision.

## 2.2 Professional Boundaries<sup>10</sup>

A central role of the psychoanalytic couple therapist is to promote thinking and consciousness about individual and couple internal dynamics and to avoid unconscious enactments of this material in either partner or in the therapist. The therapist needs to maintain the professional boundaries of the psychoanalytic frame, attend regular supervision, and have space to reflect and process clinical material to help safe-guard all parties from boundary violations.

### 2.2.1 Sexual Boundaries

*(Ethical Principle: Respect for Human Dignity – Ethical Standard: Welfare of clients)*

*(Ethical Principle: Responsible and Competent Caring – Ethical Standards: Self-knowledge; Power differential in practice; disciplined maintenance of the psychoanalytic frame)*

In general, any form of physical contact between therapist and either person in the couple may be seen as an enactment and requires processing as to its meaning. No sexual contact between patient and therapist is acceptable. Sexual boundary violations range from verbal flirtation in the therapy room to sexual intercourse. The therapist needs to be aware of erotic transference dynamics and of their own erotic countertransference and of the power differential and projections involved. Enacting sexual or loving feelings is a severe boundary violation and would be harmful to all parties involved, as well as harming the therapeutic process. While this type of enactment is always problematic, in couple therapy it also indicates a loss of the “couple state of mind”<sup>9</sup>.

In cases of mutual erotic transference and countertransference, if both therapist and patient are unable to process their sexual feelings for each other and are at risk of sexual enactment, the therapist is seen to be unfit to continue with the therapy. In this situation, the ethical attitude of doing least harm requires a structured termination process for the therapy and the referral of the couple to another therapist.

### 2.2.2 Non-sexual Boundaries

*(Ethical Principle: Responsible and Competent Caring – Ethical Standard: Disciplined maintenance of the psychoanalytic frame).*

*(Ethical Principle: Integrity – Ethical Standard: Conflicts of interest).*

#### 2.2.2.1 Dual Relationships

Dual relationships complicate unconscious dynamics and affect the psychoanalytic process. Dual relationships include: the same therapist seeing one or both partners of a couple individually and seeing both as a couple; seeing a couple when there is some outside connection between therapist and one or both partners e.g. a friend, family, colleague or business contact. In situations where dual relationships are unavoidable (e.g. where one or both partners of the couple are psychotherapists and there is some chance of inter-collegial contact), contact outside the therapy room should be kept to a minimum and the impact of any outside contact must be kept in mind and reflected on in the sessions when appropriate.

#### 2.2.2.2 Supervision boundaries

The same boundary considerations apply between supervisor and supervisee e.g. it would be inappropriate for a supervisor to supervise a colleague who is also in couple psychotherapy with them. The complexities and history of supervisory and collegial boundary dynamics outside of the supervisory relationship need to be kept in mind, so as not to compromise the supervision.

#### 2.2.2.3 Individual therapy boundaries

In couple therapy, it can sometimes be useful to focus on one partner's issues, in the service of issues pertaining to the couple. However, focusing on one individual in a way that makes that person "the problem" or pathological, could represent a collusion and a lack of consideration of the couple's co-contribution and unconscious fit. This individual focus needs to be thought through, as it could reflect either the couple's and / or the therapist's dynamics. It could indicate an enactment of sorts in which the therapist has not maintained a "couple state of mind."<sup>9</sup>

#### 2.2.2.4 Referrals

In general, a therapist seeing a couple in psychoanalytic therapy needs to re-direct referrals of anyone else with whom the couple has a significant relationship. The same therapist seeing family, business colleagues or friends, of current or ex-patients, complicates transference and countertransference dynamics; such dual relationships may compromise couple psychoanalytic therapy.

### 3. CONSCIOUS and UNCONSCIOUS DYNAMICS

*(Ethical Principle: Responsible and Competent Caring – Ethical Standard: Self-knowledge)*

3.1 Triangular, oedipal issues are central to couple work. The therapist remains aware of conscious and unconscious processes in the many different triangular relationships between the therapist and the couple at all times and endeavours to work with these with the couple. These include exclusions, enactments, collusions and alliances.

- 3.2 The therapist tries not to become stuck in identification with one party but, if this happens, the meaning is then worked with in the couple, or taken to supervision.
- 3.3 The transference and countertransference is a tool to understand what is happening in the room and the therapist needs to be conscious of these transferences at all times.
- 3.4 The therapist is aware that he or she carries his or her own internal couple and model which is embedded in a unique cultural-socio-gender-racial-familial context. The therapist takes cognisance that his or her model may differ from the couple's model and does not impose his or her model on the couple. The therapist must be as conscious as possible of the 'internal couple' that he or she brings to the therapy and guard against its influence on the therapy.
- 3.5 The therapist needs to be conscious that psychoanalysis is rooted in Western European (Eurocentric) culture and needs to bear in mind, when working in South Africa, the diverse population, race, gender and cultural differences. These differences will manifest in intimate relationships, for example in sexual practices, taboos, and ideas of what constitutes a couple. The therapist's own supervision and therapy is crucial to remain conscious of all the above processes.

#### **4. PROFESSIONAL COMPETENCE AND SELF CARE**

*(Ethical Principle: Responsible and Competent Caring – Ethical Standards: Professional Competence; Self-knowledge; Self-nurturance)*

##### **4.1 Training and Continuing Professional Education:**

It is the ethical responsibility of psychoanalytic couple therapists to remain current through on-going education in couple work. Writing papers and conducting research are also encouraged for the future growth of knowledge and expertise in psychoanalytic couple therapy.

##### **4.2 Supervision**

Regular individual and / or peer supervision of couple work is expected of ACPP members, to safe-guard therapists and patients from unconscious enactments which could be harmful to the therapeutic process. Supervision is also an important part of each therapist's continued education.

### 4.3 Individual Therapy

Psychoanalytic couple psychotherapists are expected to have been in, or continue in, their own individual psychotherapy. At times of personal crisis and stress, members of the ACPP need to consider resuming individual therapy to safe-guard against being unable to hold a separate, third position and a “couple state of mind”<sup>9</sup>. Therapists are also at risk of over identification, projection and enactments when their life crises resonate with those of a couple (e.g. if both therapist and patient are going through marital conflict or divorce). At these times, both supervision and individual therapy are important aspects of promoting both professional competence and self-care.

Psychoanalytic couple psychotherapy is intense and demanding. Therapists need to bear in mind their fitness to work if going through trauma in their personal lives. This may mean taking leave at times of crisis, stress or exhaustion. The risk of therapist’s enactments and of a decrease in his or her consciousness of dynamics is linked to therapist burn out.

Each therapist needs to be aware of his or her personal capacity and needs to structure couple workload, breaks in the working day, holidays and relaxation activities accordingly.

### 4.4 Mutual accountability

*(additional Ethical Principle: Integrity – Ethical Standard: Commitment to maintaining ethical standards)*

In keeping with the ACPP Constitution, all members are required to be familiar with and adhere to the Code of Ethics of the South African Psychoanalytic Confederation (SAPC). In addition, members need to comply with the principles and rules of their own registering body and to use this “Guide to Practice” to assist them in good ethical conduct. It is hoped that members will turn to each other for help with ethical dilemmas. In the spirit of respect and good inter-collegial relations, it is members’ responsibility to support each other in maintaining ethical practices.

### 4.5 Inter-collegial relations

*(additional Ethical Principle: Integrity – Ethical Standards: Honesty and straightforwardness; Avoidance of misrepresentation)*

A conscious attitude of respect and openness towards each other is important, in order for the ACPP to be a safe psychoanalytic container for all members to learn, through presentation of casework and discussion of therapist enactments, countertransference etc. All ACPP members need to remain aware

of personal and group issues regarding envy, power, status, competitiveness, gender, race, culture etc. and how these might affect inter-collegial and group dynamics.

#### 4.6 Clinical Trustees<sup>11</sup>

*(Additional Ethical Principle: Respect for Human Dignity – Ethical Standards: Welfare of Clients; Confidentiality)*

Thought needs to be given to having two trusted colleagues who could be available to step in and manage current couples in the practice if the therapist is suddenly unavailable due to crisis, accident or death. Trustees need to know where to find patient's contact details and what provision for containment of patients the therapist recommends. Such provision might include a letter from the therapist to patients, explaining the role of the clinical trustees and acknowledging the breach in confidentiality. It could be containing to include suggestions to trustees of suitable therapists to refer each couple to. Using the latest list of invoices could identify current patients. It is important to make this provision while of sound mind and in good health.

## CONCLUSION

This Guide to Practice highlights considerations central to an ethical attitude and to ethical conduct in couple work. It is hoped that members will find this Guide, and each other, a useful resource. The document is aspirational in nature. It cannot be regarded as complete as it derives from circumstances known to have arisen in the past, and should be re-examined regularly in the light of new experience. Proposed amendments to this Guide may be processed through the ACPP Ethics Sub-Committee or the ACPP Executive Committee. The Executive Committee shall have the power to amend the Guide with the participation of the Sub-committee and the ratification thereof at a General Meeting.

---

## REFERENCES

- <sup>1</sup> Health Professions Council of South Africa (HPCSA) Code of Ethics. Available at [http://www.hpcsa.co.za/conduct\\_rules.php](http://www.hpcsa.co.za/conduct_rules.php)  
[http://www.hpcsa.co.za/downloads/conduct\\_ethics/rules/ethical\\_rules\\_psychology.pdf](http://www.hpcsa.co.za/downloads/conduct_ethics/rules/ethical_rules_psychology.pdf)
- <sup>2</sup> South African Council for Social Service Professions (SACSSP), Code of Ethics. Available at <http://www.sacssp.co.za/website/wp-content/uploads/.../Code-of-Ethics.pdf>
- <sup>3</sup> South African Psychoanalytic Confederation (SAPC) Code of Ethics (2011). Johannesburg. Available at <http://www.sapc.org.za>
- <sup>4</sup> Cape Town Society for Psychoanalytic Psychotherapy (CTSP) Code of Ethics. Available at <http://www.ctspp.org.za>

<sup>5</sup> Canadian Psychological Association (2000). Canadian Code of Ethics for Psychologists. Ottawa: Author. Available at <http://www.cpa.ca/ethics2000.html>

<sup>6</sup> British Society of Couple Psychotherapists and Counsellors (BSCPC) Code of Ethics. Available at <http://www.bsccp-new.com>

<sup>7</sup> Universal Declaration of Ethical Principles for Psychologists. Available at <http://www.am.org/iupsys/resources/ethics/univdecl2008.html><sup>7</sup>

<sup>8</sup> Ruzczynski, S. (1993). "Psychotherapy with Couples". London: Karnac Books.

<sup>9</sup>Morgan, M. (2001). "First Contacts: the Therapist's "Couple State of Mind" as a Factor in the Containment of Couples Seen for Consultations". In F. Grier (Ed). "Brief Encounters with Couples". London: Karnac Books.

<sup>10</sup> Gabbard, G.O., & Lester, E.P. (1995). "Boundaries and Boundary Violations in Psychoanalysis". New York: Basic Books.

<sup>11</sup> British Society of Couple Psychotherapists. (2010). Clinical Trustees. BPC Council Meeting of 18 October 2010; Item 9 (re-circulated paper). London.