Why did couples counseling make it worse? The session ends, and then there is the drive home.

> **If you are not alone right now, this page will be in your browser history. You can read it in a private window, or clear it when you are done.**

Couples counseling can make abuse worse because the modality is built on two assumptions that abuse breaks: that both people can be honest in the room, and that both people can go home safely afterward. Where one partner can punish the other for what she said, honesty stops being repair and starts being risk — and the session becomes one more thing she has to pay for later.

Couples counseling is not dangerous in general, and this is not a criticism of couples therapists. It is an ordinary, well-evidenced treatment for distressed relationships. What makes it unsafe in some relationships is not the therapist's skill or intentions — it is a mismatch between the framework and the situation, and detecting that mismatch requires screening most clinicians were never trained to do.

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Why did every session end up being about my anger?

Sessions end up being about her anger because her anger is the only part of the pattern visible in a fifty-minute hour. She arrives with years of accumulated grievance, dysregulated from living braced, and when she tries to explain what has been happening she does it badly, at volume, out of order. He arrives calm, reasonable, willing, and sorry that she is so upset. One of those two presentations looks like a problem in a room designed to find problems.

Family therapy has a name for what happens next. The **identified patient** is the person a system nominates as the one who is unwell — a concept that came out of Gregory Bateson's research group with Don Jackson, Jay Haley, John Weakland and Bill Fry, and that was meant to move a family's difficulty off the one person carrying it (Ferenchick & Rosenthal, 2019). Where one person is controlling the other, the concept inverts. She is nominated because she is the one showing distress, and distress is what a clinical eye is trained to land on.

The distress is real and it is not the disorder. Living inside what coercive control actually is trains a person to forecast, to appease, and to hold a feeling until it is safe to have it — none of which can be demonstrated in a room where he is sitting three feet away. So the pattern goes undescribed and the reaction to it goes on the record. That is also why the anger arrived after you got out with such force.

Women almost never say the therapist blamed them. They say the therapist was lovely. Then they describe six months of homework about their tone. The blame was never delivered as a verdict — it was delivered as a work allocation, and it went to the person who could be relied on to do it.

What is couples counseling actually built on?

Couples counseling is built on mutual vulnerability, shared responsibility for a shared problem, and honest disclosure inside a room where neither person is at a durable disadvantage. They are not incidental features: they are the mechanism by which it works, and every one requires that both people are safe to tell the truth.

Two structural features do the damage when that condition fails. The first is **circular causality** — the systemic premise that each person's behavior is both cause and effect of the other's, so there is no first mover and no sole author. That premise is useful in a distressed marriage and false in a controlled one. **Virginia Goldner**, a family therapist who spent decades treating violent relationships from inside the systemic tradition, argued against holding that premise neutrally. Clinical work with abuse, she wrote, "entails combining clinical acumen with a zero tolerance for violence and a bottom-line focus on safety, equity, and accountability" — and the "formulaic splitting of moral and clinical discourses in our professional culture is theoretically meaningless and psychologically inauthentic" (Goldner, 2004). Neutrality between two positions is not neutral when one position is being enforced.

The second is confidentiality, which in couples work does not run between the partners. The 2014 ACA Code of Ethics requires at standard B.4.b that therapists "clearly define who is considered 'the client' and discuss expectations and limitations of confidentiality." Read plainly, the relationship is often the client, and nothing you say in the room is protected from the person next to you. In an ordinary marriage that is workable. Where one person can impose a cost afterward, the session has no privacy in the only direction that matters.

What happens in the car on the way home?

What happens in the car is the part no session note records, and it is the part that determines whether couples counseling helped or harmed. Fifty minutes of structured honesty ends, the door closes, and the two of you are alone with everything you just said in front of a witness who is no longer present. For a great many women the drive home is the most dangerous forty minutes of the week.

Mary Ann Dutton and Lisa Goodman describe coercion as a working structure — a demand, a credible threat of consequence, surveillance to establish whether the demand was met, and occasional delivery of the consequence to keep the threat live (Dutton & Goodman, 2005). A couples session is a surveillance-rich event. He heard everything: what you told a stranger, what the stranger seemed to believe, and what you had never said out loud.

The concern is not a fringe one raised by advocates. It appears in the couples-therapy field's own screening research. Evaluating an instrument designed to sort violent couples into types, **Friend, Cleary Bradley, Thatcher and Gottman** record the field's position that couples experiencing characterological violence "should not be treated conjointly due to the danger of perpetrator retribution for victim disclosures during therapy" — a position they attribute to Amy Holtzworth-Munroe — while reporting that conjoint work has been delivered to situationally violent couples without increasing violence (Friend et al., 2011). *Retribution* is the word the couples-violence research literature uses, carried without objection into a Gottman-authored paper on screening.

What arrives in the car is often not violence. It is reframing. **DARVO** — deny, attack, and reverse victim and offender — is the pattern **Jennifer Freyd** named for how a person responds to being held accountable: denying the conduct, attacking the credibility of whoever describes it, and taking up the injured position himself. In an experimental study of 230 undergraduates reading vignettes about a sexual assault, participants exposed to a DARVO response rated the victim as less believable and more abusive, and the accused as more believable and less responsible (Harsey & Freyd, 2023). Those were students reading a scenario, not partners in a marriage. What it establishes is that the maneuver *works on observers* — and in the car, the only observer left is you. If the counseling ended and the pattern did not, that is why he still seems to be running your week.

> **If you are in immediate danger, call 911.**
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> **National Domestic Violence Hotline — 1-800-799-7233**, 24 hours · text **START** to **88788** · thehotline.org
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> **988 Suicide and Crisis Lifeline** — call or text **988**
>
> Deaf, DeafBlind and hard-of-hearing callers: National Deaf Domestic Violence Hotline videophone **855-812-1001**, 24 hours (a partnership between the National Domestic Violence Hotline and Abused Deaf Women's Advocacy Services).
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> Calling leaves the number in your call log and texting leaves the thread in your messages. Both can be deleted afterwards. If that is not something you can do safely, a friend's phone or a payphone is the safer route.

Doesn't some research say couples therapy works?

Some research does say couples therapy reduces violence, and the honest reading of it is narrower than either side of this argument usually admits. The evidence that exists is about a specific category of violence, and it is not the category this page is about.

The distinction comes from **Michael P. Johnson**: *situational couple violence*, which arises out of particular arguments that escalate, is not embedded in a general pattern of control, and is roughly symmetrical between partners — as against *coercive controlling violence*, in which force is one instrument inside an ongoing project of domination. The two look similar on an incident count and behave completely differently over time.

Gunnur Karakurt and colleagues' 2016 meta-analysis in the *Journal of Marital and Family Therapy* is the paper usually cited for the pro-conjoint position. Reviewers who have read it in full report that it pooled six studies, found a substantial reduction in violent acts, and that the authors restricted their conclusions to mild-to-moderate situational couple violence and warned about risk during and after treatment (Littlechild, Scott, Taylor & Przeperski, 2025; effect size d = 0.84 across six studies as summarized by Bradbury & Bodenmann, 2020). Littlechild and colleagues' own review — 17 original studies and six systematic reviews across seven countries — reported that "the strongest evidence of the effectiveness in the programs studied was in relation to

low and sometimes low/medium levels of IPV," with proactive assessment of coercive control a stated precondition.

The accurate sentence is this. The literature supporting conjoint work is a literature about arguments that get out of hand, in couples screened to exclude the pattern you are describing. Whether what is happening in your house is that pattern or something else — including whether it is abuse or whether it is his condition — is an assessment question, and it needs a person.

Why didn't the therapist see it?

The therapist did not see it, in most cases, because nobody asked in a setting where you could have answered. Coercive control does not announce itself on an intake form, it is rarely the presenting problem, and it is close to undisclosable in a joint interview — which is the interview most couples get. The failure is in screening and training, not in character.

Violence is common in couples seeking therapy and mostly arrives unnamed. In a study of 830 clients entering couple and family therapy in Norway, one in five reported physical violence in their current relationship, and the researchers note that clients often do not tell their therapist about violence when they seek help (Zahl-Olsen et al., 2019). That was a Norwegian service sample and does not transfer cleanly to a US private practice. What it establishes is that presence and disclosure are two different things.

The professional guidance has been unambiguous for a long time. **Michele Bograd and Fernando Mederos** argued in 1999 for universal screening and deliberate modality selection rather than case-by-case intuition. The **American Counseling Association's** own practice brief, written by **Christine E. Murray**, states that "couples seeking conjoint treatment should be assessed separately, not in the presence of the partner," and that "conjoint couple therapy is not advised when IPV is present in a couple's relationship" (Murray, 2013).

The therapists who miss this are almost never the ones who do not care. They are the ones taught to hold the frame — to stay balanced, to resist recruitment by either partner, to treat a strong pull toward one person's account as a sign that something is being enacted rather than reported. That instinct is correct in most rooms and exactly wrong in this one. It is a training gap in a whole profession, and the profession has been saying so in writing for twenty-five years.

Is couples counseling actually not allowed when there's abuse?

Couples counseling is discouraged by professional guidance rather than prohibited by general law, and the difference matters because an overstated claim gets corrected in public and takes everything else you said down with it. There is no US law forbidding a licensed therapist from seeing a couple where there has been abuse. What exists is guidance, standards attached to specific programs, and a professional consensus that conjoint work is not the first-line option.

Colorado carries the clearest example, and it is narrower than it is usually reported to be. The **Colorado Domestic Violence Offender Management Board's** standards, revised July 2025, state at 4.07(I)(E) that "Approved Providers shall not recommend alternative therapies such as couples counseling, anger management or stress management in lieu of domestic violence offender treatment" (DVOMB Standards, July 2025). Read it carefully. It binds providers approved to deliver court-ordered offender treatment, and it prohibits offering couples counseling *instead of* that treatment. It is not a general ban on couples counseling in Colorado, and anyone telling you it is has read a summary rather than the standard.

The broader position is consistent: assess each partner separately, and do not do conjoint work where intimate partner violence is present. That is the ACA brief, and in substance the Gottman group's conclusion too. **Nothing on this page tells you what to do about a therapist you are currently seeing.** That decision has a safety dimension no page can see from here. For anything legal — what a court might make of counseling records, what is discoverable — WomensLaw.org is free, organized state by state, along with a family lawyer.

What this page can tell you, and what it cannot

This page can tell you why a modality built on mutual honesty behaves badly where one person can retaliate, why the framework tends to nominate the more distressed partner as the problem, what the outcome literature does and does not support, and where the professional guidance sits. This page cannot tell you what happened in your sessions, or what is happening in your marriage. That is an assessment, it requires a person who has heard the whole sequence, and no article can make it — including this one.

One thing worth keeping. If you went to couples counseling in good faith, did the homework, worked on your tone, and came out further from yourself than you went in, the likeliest explanation is not that you failed at therapy. It is that the intervention was matched to a problem you did not have. If the fear underneath is that the sessions proved something about you, that is a different question, and it needs a person rather than a page.

A next step does not have to be a decision. If you want to talk to somebody now, the **National Domestic Violence Hotline** is **1-800-799-7233**, 24 hours, or text **START** to **88788**.

If you are looking for individual work after joint work went wrong, the things worth settling before you book are what a therapist has actually been trained in and how to tell training from having read about it.

You do not have to have decided anything to start. Not leaving. Not staying. Nothing at all.

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