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Mental health diagnoses and relationship breakdown: Which is the chicken and which the egg?

Raquel Peel, Nerina Caltabiano, Beryl Buckby, & Kerry McBain
Department of Psychology, James Cook University, Townsville, Queensland, Australia[vii]

Clients in therapy are typically diagnosed with mental health difficulties such as anxiety and depression. However, recent statistics show that romantic relationship difficulties are one of the most common reasons for people to seek counselling in the first place. A series of 15 semi-structured interviews with psychologists around Australia revealed that romantic relationship difficulties are under-recognised in the counselling context and sometimes diagnosed and treated as anxiety or depression. Interviews also revealed that most psychologists prefer to use a non-evidenced-based approach in relationship counselling. Consequently, there is a major gap in the literature regarding the effect of romantic relationship breakdown on the mental health of individuals. Further, there are few evidence-based interventions for individual and couples experiencing romantic relationship difficulties. Therefore, it is important that psychologists explore the core issues the client is experiencing that trigger presentation for therapy prior to diagnosis.

Keywords: Romantic relationship difficulties; Counselling; Therapy; Diagnosing; Evidenced-based psychological practice; Thematic analysis.

List of Acronyms

ACT	Acceptance and Commitment Therapy
AHPRA	Australian Health Practitioner Regulation Agency
ANZSSA	Australian and New Zealand Student Services Association
APS	Australian Psychological Society
BCT	Behavioural Couples Therapy
CBT	Cognitive Behavioural Therapy
DBT	Dialectical Behavioural Therapy
DSM-5	Diagnostic and Statistical Manual of Mental Disorders Fifth Edition
EFT	Emotion-Focused Therapy
NHMRC	National Health and Medical Research Council
NSW	New South Wales
PsyBA	Psychology Board of Australia
QLD	Queensland
SA	South Australia
VIC	Victoria

BACKGROUND

Diagnostic systems provide a common language for mental health professionals to implement therapeutic interventions (Carey & Pilgrim, 2010). This common language also leads to improved access to medical treatment and services, and provides clients with knowledge to explain their distress (Epstein et al., 2010). However, most mental health conditions cannot be assessed based on the presence or absence of physical markers, which makes mental health diagnoses more complex.

Mental health diagnoses assess cognitive, emotional, and behavioural markers, which are difficult to measure accurately and require clinical judgment. Diagnostic systems such as the Diagnostic and Statistical Manual of Mental Disorder Fifth Edition (DSM-5; American Psychiatric Association, 2013) cluster cognitive, emotional, and behavioural markers in an organised principle to convey clear and efficient assessments. However, psychological disorders are not discrete, objective, or clearly identifiable - they are relative to culture and based on consensus, which is prone to be socially constructed (Gornall, 2013). Accordingly, mental health professionals are required to provide patients with evidence-based treatments (Antony & Barlow, 2014; Hunsley & Lee, 2007) and a range of therapeutic approaches applied to mental health diagnoses (Australian Psychological Society [APS], 2010; Murphy & Mathews, 2010).

Establishing evidence-based approaches is dependent upon meeting a set of criteria (i.e., strength of evidence, size of effect; and relevance of evidence) used to systematically evaluate the quality of research and potential effectiveness of treatment in practice (National Health and Medical Research Council [NHMRC], 2009). Accordingly, five levels for evaluating evidence are outlined: 1) quality of study; 2) consistency of results; 3) clinical impact; 4) generalisability of results; and 5) application to practice (NHMRC, 2009). These guidelines are endorsed by the APS to ensure mental health professionals can rigorously assess evidence and provide clients with the best available care.

Mental health services funded by the Australian government are also assessed based on best evidence (Hickie & McGorry, 2007). Mental health plans through Medicare (2018), the government agency under the Australian Department of Health, are written only by medical practitioners, usually general practitioners, who refer patients to a mental health service provider. In turn, mental health professionals are expected to provide evidence-based treatments to qualify for Medicare rebates or other government schemes (Hickie & McGorry, 2007). However, government incentives are generally also dependent on formal mental health diagnoses (Epstein et al., 2010), which means that those seeking treatment for a diagnosed condition are the most benefited. This is a problematic procedure, especially if the life events that triggered the psychopathology remain unresolved.

The two most common mental health diagnoses reported across different contexts are anxiety and depression (World Health Organization, 2017). However, the current emphasis on diagnoses does not always equate to resolving the reason for presentation to counselling, which Yalom (2002) argues could be "counterproductive" (p. 5) in the client's search for an explanation for their symptoms (Becker, 2008). Accordingly, mental health professionals treat clients with a variety of evidence-based treatments to target common psychopathologies rather than the specific source of the client's concern. A report of the Australian and New Zealand Student Services Association (ANZSSA) Heads of Counselling Services (2010) examining service delivery in university counselling centres in Australia and New Zealand showed that depression and anxiety were diagnosed in clients 100% of the time. The same report also showed that romantic relationship difficulties were the third most common issue (83%) reported as the reason for seeking counselling in the first place. However, romantic relationship difficulties are not a diagnosable DSM-5 psychopathology.

Despite romantic relationship difficulties being within the top five most prominent reasons for counselling, there are limited evidence-based interventions specifically designed for the purpose (First et al., 2002). The APS currently lists only Emotion-Focused Therapy (EFT) and Behavioural Couples Therapy (BCT) as recommended treatments for relationship difficulties (APS, 2018). Several reviews (Byrne, Carr, & Clark, 2004; Johnson & Lebow, 2000; Lebow, Chambers, Christensen, & Johnson, 2012; Mead, 2002; Shadish & Baldwin, 2003) cite EFT and BCT as preferred therapeutic approaches, however there is less available evidence for BCT effectiveness. These two approaches primarily focus on individual counselling rather than couple therapy.

Couple relationship therapy is difficult to acquire. Statistics show that couple counselling has high drop-out rates, with up to half of clients not returning after their first session (McAdams et al., 2018). Consequently, the limited evidence of efficacy of couple counselling leaves a gap in knowledge of contributing relationship dynamics on the mental health of individuals (First et al., 2002). In accordance, Gibb, Fergusson, and Horwood (2011) concluded that relationship breakdowns are associated with increased rates of anxiety, depression, suicidal behaviour, as well as overall risk of mental health difficulties. Similarly, Peel, Buckby, and McBain (2017) identified intrapersonal and interpersonal relationship difficulties as significant factors contributing to perceived suicide risk. Further, a recent meta-analysis conducted by Mirsu-Paun and Oliver (2017) provides evidence that both negative relationship quality and relationship stressors are strongly associated with poor mental health outcomes. Thus, relationship stressors are strong contributors to mental health conditions either as a predisposing or maintaining factor (Byrne et al., 2004).

Mental health and relationship difficulties are frequently co-morbid as evidence shows (Fincham, Beach, Harold, & Osborne, 1997; Mead, 2002; Rogers, Ha, Updegraff, & Iida, 2018; Whisman, 2001). The bi-directionality of cause and effect complicates the counselling process which in turn creates problems in research and practice. Nevertheless, some research cites relationship difficulties as a predictor of depression (Gibb et al., 2011; La Greca & Harrison, 2005; Mirsu-Paun & Oliver, 2017; Rick, Falconier, & Wittenborn, 2017; Seiffge-Krenke, 2006). Also, the opposite is true – mental health difficulties can be a barrier to starting and maintaining relationships (Hewitt et al., 2003; Meyer, Olivier, & Roth, 2005). This complexity has a consequence in the real world of lived experience as there is no clearly effective model of practice for individuals and couples experiencing relationships difficulties.

THE PRESENT STUDY

Understanding the client's issues represent a substantial component of the therapeutic interactions between mental health professionals and their clients. This essential step should occur before the best therapeutic approach is selected. Practicing psychologists are also required to adhere to three ethical principles when engaging with clients: 1) respect for the rights and dignity of people; 2) propriety; and 3) integrity (APS, 2007). In accordance, obtaining a license to practice psychology in Australia is a rigorous process which involves completing accredited qualification and supervised practice recognised by the Psychology Board of Australia (PsyBA, 2018a) and the Australian Health Practitioner Regulation Agency (AHPRA, 2018). The process of registration for a general psychologist includes a minimum of six years qualification (i.e., four years of undergraduate training plus two years of practice, or five years of undergraduate training plus one year of practice; PBA, 2018b). Alternatively, individuals might choose to specialise which involves four years of undergraduate training plus two years of professional Masters (e.g., Clinical Psychology and Counselling Psychology; PsyBA, 2018a). Lastly, an important requirement of holding a license to practice psychology is treating clients with evidence-based approaches. Therefore, investigating how psychologist understand the diversity of presenting issues commonly seen in daily practice (and developing evidence) can provide a foundation towards updating best practice in psychology. This study aimed to explore how romantic relationship difficulties are understood and presented in the counselling context. To achieve the proposed aim, a semi-structured qualitative interview was devised for psychologists specialising in relationships.

METHODS

Participants

A sample limited to practising psychologists was deliberately chosen to ensure all participants had an equivalent level of education and training. Further, to be considered an expert in relationship counselling, participants would have had to be exposed to relevant training and clientele, either at

work (e.g., through training at Relationships Australia[1]), or through postgraduate qualifications (e.g., Master of Couple and Relationship Counselling).

A total of 15 psychologists (6 males, 9 females) from four Australian states New South Wales (NSW), Queensland (QLD), South Australia (SA), and Victoria (VIC) were interviewed. Participants were recruited until data was saturated and no further meaningful contributions were gathered. Therefore, 15 participants were deemed acceptable as per the guidelines of qualitative research (Creswell, 2014). Participants' workplace included private practices (12), Relationships Australia (2), and a University Clinic (1). Private practices and the university clinic are not identified to protect the anonymity of participants.

Only two psychologists working for Relationships Australia reported their primary focus was individuals or couples experiencing relationship difficulties (these included family relationships, parenting relationships, peer relationships, and romantic relationships). The remaining psychologists interviewed reported working with relationship difficulties as well as a broad range of issues such as depression; anxiety; stress; adjustment difficulties; eating disorders; behavioural difficulties; social difficulties; anger management; personality disorders; post-traumatic stress disorder; trauma; grief and bereavement; self-harm and suicide; substance use; addiction; chronic health conditions; sleep disturbances; workplace difficulties; child and adolescent counselling; autism spectrum disorders; and obsessive compulsive disorder. Participants' ages ranged between 32 and 76 years (M=53.87, SD=14.44). A culturally diverse sample of participants included Australian, English, Polish, Welsh, Chinese, American, Canadian, and Lithuanian backgrounds. See Table 1 for the distribution of participants by professional categories, age, gender, background, years of training, practice type, and practice location.

[1] Relationships Australia is a community-based and not-for-profit Australian organisation providing relationship support services for individuals, families, and communities. Relationships Australia is only partially funded by the government, so fees are normally charged (Relationships Australia, 2015).

Table 1

Participants Demographics

Participants Demographics (n = 15)							
Age (Years)	***M***			***SD***			
	53.87			14.44			
Gender	**Female**			**Male**			
	9			6			
Cultural Background	**Australian/English**	**Australian/Polish**	**Welsh**	**English/Chinese**	**American**	**Canadian**	**Lithuanian**
	7	2	1	1	2	1	1
Practice Experience (Years)	***M***			***SD***			
	21.47			12.43			
Practice Type	**Private Practice**		**Relationships Australia**			**University Clinic**	
	12		2			1	
Work Location	**NSW**		**QLD**	**SA**		**VIC**	
	Sydney Newcastle		Townsville Brisbane Toowoomba Gold Coat	Adelaide		Melbourne	
	4		6	1		4	

Materials

A semi-structured interview protocol was developed by the authors (RP, NC, BB, & KM). The interview guide included questions regarding presentation of romantic relationship difficulties in therapy and treatment approaches. Questions sought to explore practising psychologists' perceptions of why individuals experience difficulties in romantic relationships and how best to help them. Some of the questions included: "Could you please describe your experience with romantic relationship counselling?"; "What are some of the therapeutic approaches you use when doing romantic relationship counselling?"; and "What are some common behaviours presented by clients who feel they are in a romantic relationship that is not working?".

Procedure

Ethics approval was obtained from the Human Ethics Committee at James Cook University (H7162). Recruitment for this study was done by invitations to APS members and asking participants to share the study information with other potential participants (also referred to as snowball recruitment). Interviews were taped, transcribed verbatim, and analysed using thematic analysis (Braun & Clarke, 2006; Guest, MacQueen, & Namey, 2012) with the QSR N-Vivo software (QSR International Pty Ltd, 2015).

Conducting a thematic analysis involves six phases (Braun & Clarke, 2006): 1) getting familiar with the data (i.e., transcribing interviews and reading transcriptions); 2) generating initial codes (i.e., systematically organising the information from the data into categories); 3) searching for common themes (i.e., identifying similarities and discrepancies in participants' comments – commonalities are classified under an umbrella term); 4) reviewing themes (i.e., ensuring each theme is unique and accurately classifies similar ideas together for single and across multiple cases); 5) naming and defining themes (i.e., interpreting the overall meaning of each theme and ensuring it summarises comments categorised together to represent one main idea – the overall idea should also be in alignment with existing research and evidence relevant to the context investigated); and 6) producing a report. Braun and Clarke (2006) also suggest a set of criteria to conduct a thematic analysis. Specifically, researchers are instructed to differentiate between collecting text extracts and analysing the data. In qualitative research, the analytic process is particularly important to ensure themes are internally coherent, consistent, and distinctive.

Verbatim illustrative quotes were selected from transcriptions and included in this report (in italic) to illustrate extracted themes and sub-themes. Further, unclear words (e.g., "this" and "that") were replaced in this report with a word that approximates what the participant intended to say based on the context of the quote (e.g., question asked, or a word used in the participant's speech). Replaced words are indicated in square brackets with forward slashes on each side. The decision to replace words was made to ensure the comprehension of the representative quotes is not impacted, which is in accordance with McLellan, MacQueen, and Neidig's (2003) recommendation.

STUDY FINDINGS

Relationship Difficulties Presentation in Counselling

Reasons to Seek Therapy

The issue a client reports in their initial session with a psychologist is not necessarily why they sought therapy in the first place. One participant stated *"The problem a client brings through the door is not the problem you end up working on. There is what they say and what they really want. Those are two different things."* Clients initially come to therapy with concerns relating to mental health difficulties such as anxiety and depression. However, once trust is established, the issue they want treatment for most often is relationship difficulties. As explained by one participant *"Generally, the presenting problem was not relationship issues. It was generally depression and anxiety and those kind of things. Then relationship issues emerged, and they probably really were the precipitating factors."* In effect this means that clients are assessed and treated for mental health difficulties and psychopathologies without a clear understanding of the causal issue, before revealing precipitating issues, such as relationship difficulties. Another participant stated *"In the course of [/therapy/] relationship issues emerged, and sometimes, they probably really were the precipitating factors."*

Surface and Core Issues

All psychologists interviewed agreed that romantic relationship difficulties are complex and multilayered (see Figure 1 for a representation of this theme). One participant described that on the surface relationship difficulties present as *"dissatisfaction"*, while another participant termed surface issues as *"feelings of having unmet needs"*. A variety of issues were identified as possible causes for feeling dissatisfied in a romantic relationship, such as Parenting, Housing, Money, Work, Communication, Intimacy, Infidelity, Family Violence, Legal Difficulties, and Anger Management. However, dissatisfaction is also not clearly expressed, and it is often masked by what one participant described as *"hurt feelings"*. Overall, analyses of interviews revealed that clients express their "*hurt feeling*" with behaviours such as sulking, complaining, being upset, sadness, distress, guilt, shame, despair, anger, irritability, frustration, and detachment. Behaviours listed were compiled from interviews, which is in accordance with behaviours known to be maladaptive in relationships (Johnson & Lebow, 2000; Lebow et al., 2012). A participant explained *"I think [/relationship expectations/] are expressions of how the relationship is not working in terms of manifest."* Another participant

explained *"The behaviours tend to be related to the root-end of the problem."* Accordingly, psychologists interviewed agreed that multilayered issues increase the difficulty of assessing and differentiating surface from core issues. Further, this complexity can lead to confusion for practitioners assessing relationship difficulties as an endogenous depression or anxiety. Moreover, mental health difficulties are treated very differently from relationship issues. For instance, improving couple communication and relationship skills might be an effective course of treatment with a beneficial flow-on effect for anxiety and mood. Therefore, careful identification of the core issue is critical to effectively and appropriately target a psychological intervention to match the client presentation.

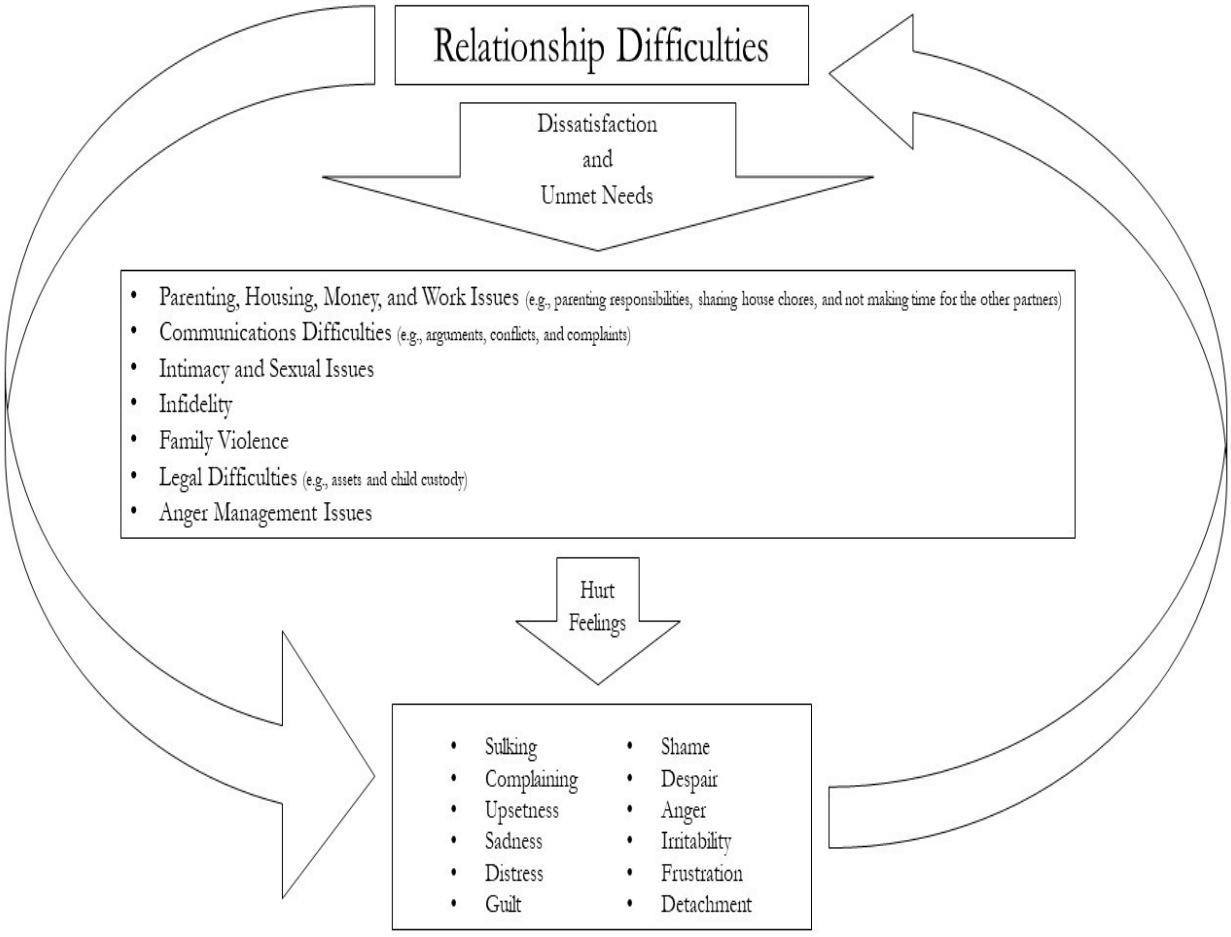

Figure 1. Relationships Difficulties Presentation in Counselling.

Therapeutic Approaches used in Relationship Counselling

Interviews showed that although all 15 psychologists use at least one evidence-based approach for helping clients with romantic relationship difficulties, they often use those in combination with approaches that are yet to be endorsed by the APS. The most commonly used therapeutic approach reported by psychologists was the Gottman Method Couple Therapy (73%). For instance, one participant who works for Relationships Australia explained *"Relationships Australia subscribe to the Gottman model"*. Another participant working in a private practice reported *"I was originally trained as a Narrative therapist, but it did not cover all the bases and it was not effective enough. Then, I tried Emotion Focused Therapy, but I was still not happy with it either. Then I trained in Gottman Relationship Therapy. I basically just use Gottman now. I do not use the other two models."* In accordance, Davoodvandi, Nejad, and Farzad's (2018) recent study confirms that the Gottman Method Couple Therapy is well endorsed amongst practicing psychologists, especially those whose primary focus is relationship counselling, with enduring effects on couples' intimacy and marital adjustment.

The evidence-based approach reported to be most often used by psychologists was EFT (53%). Other endorsed approaches reported were Cognitive Behavioural Therapy (CBT; 40%); Family Therapy (systemic, strategic, and structural; 40%); Acceptance and Commitment Therapy (ACT; 20%); Psychodynamic Psychotherapy (20%); Narrative Therapy (13%), and Dialectical Behavioural Therapy (DBT; 6.7%). Only one participant specifically reported using BCT (6.7%). Additionally, three participants (20%), who did not explicitly report working with EFT, reported working within the attachment theory framework, which might suggest knowledge and practice of EFT. Other guiding theories were client-centred theory (6.7%) and learning theory (6.7%). The author Esther Perel was also nominated as a reference to inform practice (13%). Overall, this finding suggests that evidenced-based practice is not always best or preferred practice. Table 2 describes Therapeutic Approaches used in Relationship Counselling.

Table 2

Therapeutic Approaches used in Relationship Counselling

APS Endorsement *	Therapeutical Approaches used by Psychologists	Number of Participants (n=15)	Weight (%)
Evidenced-Based Approaches	Emotion Focused Therapy (EFT)	8	53
	Cognitive Behavioural Therapy (CBT)	6	40
	Family Therapy and Family Based Interventions (Including systemic, structural, and strategic family therapies)	6	40
	Acceptance and Commitment Therapy (ACT)	3	20
	Psychodynamic Psychotherapy	3	20
	Narrative Therapy	2	13
	Behavioural Couples Therapy (BCT)	1	6.7
	Dialectical Behavioural Therapy (DTB)	1	6.7
Non Evidenced-Based Approaches	Gottman Method Couple Therapy	11	73
	Strength Focused Therapies	1	6.7
Others (Theories and Authors)	Attachment Theory	3	20
	Client-Centred Theory	1	6.7
	Learning Theory	1	6.7
	Esther Perel	2	13

* APS (2010); Murphy and Mathews (2010)

DISCUSSION

Individuals often present to therapy with complex comorbid symptoms. Therefore, diagnostic clarity will not be either wise or possible at first in many cases. Nevertheless, it is possible to choose a therapeutic approach which focuses on the client's holistic presentation with appropriate contextual and cultural considerations which is likely to support the development of a stable alliance between practitioner and client. Wampold (2015) notes that therapeutic alliance is said to contribute to approximately 30% of positive change. Additionally, Gurman's (2008b; 2010) clinical approaches for couple therapy offer an extensive discussion of therapeutic methods matched to presentations such as comorbidity with depression (Beach, Dreifuss, Franklin, Kamen, & Gabriel, 2008), personality disorders (Fruzzetti & Fantozzi, 2008), and substance abuse (Birchler, Fals-Stewart, & O'Farrell, 2008). The suggested practices outlined by Gurman (2008b, 2010) go beyond those endorsed by the APS, which points to the difference between evidence-based research

guided by the NHMRC and evidence informed research. Woodbury and Kuhnke (2014) described evidence informed research as individual-focused practice, more inclusive of the practitioners' expertise and intuition. Nevertheless, the longstanding argument still is that practicing psychologists and researchers do not generally agree on what is best practice (Gurman, 2008a; Truax & Carkhuff, 1976; VanDerHeyden, 2018).

The lack of consensus between practicing psychologists and researchers can interfere with application of treatments and achieving the best outcomes for the client. Therefore, a more flexible approach is required to counselling relationships combined with mental health difficulties that reduce the stigma associated with engaging in counselling services (Dixon-Gordon, Whalen, Layden, & Chapman, 2015; Link & Phelan, 2006; Mansell, Harvey, Watkins, & Shafran, 2009), unnecessary labelling, and misdiagnosis (Aragonès, Piñol, & Labad, 2006). McAdams et al. (2018) and Wampold (2015) advocate, supported by evidence, that better outcomes in relationship therapy are achievable when practitioners establish a sound therapeutic alliance and rapport with the client and demonstrate an adequate level of knowledge and expertise. Adequate knowledge and expertise includes identifying and thorough understanding of a client's presenting issue, preparing for the session, and formulating treatment plans that are aligned with the client's goals (McAdams et al., 2018). Also, an effective therapist should strive to convey a genuine desire to help and establish a trusting alliance with the client (McAdams et al., 2018).

STUDY LIMITATIONS

The scope of the present study is restricted to a small group of psychologists and therefore generalizability cannot be implied. Although the number of participants is not a limitation when interpreting the qualitative data (due to having reached data saturation); the number of participants is a limitation when assessing preferred therapeutic approaches amongst psychologist working in Australia. A larger sample would be far preferable when reporting the percentage of psychologists practicing within or outside the evidence-base framework. Additionally, this study is limited to counselling practiced by psychologists; extending to interviews with other mental health professionals who practice talk-therapy, such as counsellors, social workers, and psychiatrists, might offer different approaches. Lastly, this study is limited to practice in Australia.

RECOMMENDATIONS FOR FUTURE RESEARCH

An extended investigation is required to identify how best to address and implement changes to the mental health referral process; the counselling triage process; the risk of over-diagnosing mental health conditions, and the limited availability of evidence-based psychological approaches. Nevertheless, this study is the first in highlighting the importance of recognizing presenting issues and symptoms, and critical analysis of treatment options in the therapeutic process.

CONCLUSION

Romantic relationship difficulties present in counselling as frequently as mental health difficulties. However, symptoms are not easily defined or clearly identified by practitioners. Therefore, relationship breakdown is often treated as the consequence of anxiety and depression without any clear research supported evidence of causal directionality. Yet, it is largely known that relationship difficulties are important precipitators and maintainers of mental health diagnoses. Further, evidence-based treatments for relationship issues are of variable efficacy for both individuals and couples. Specifically, the one common language approach (i.e., Gottman Method Couple Therapy) identified amongst psychologists working with romantic relationship stressors, although informed by research evidence, is not yet endorsed by the APS as best practice. To conclude, it is proposed that less time should be spent on precise diagnostic assessments, and more emphasis placed on therapeutic alliance in service provision in adherence to methods that demonstrate contextual and cultural efficacy.

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