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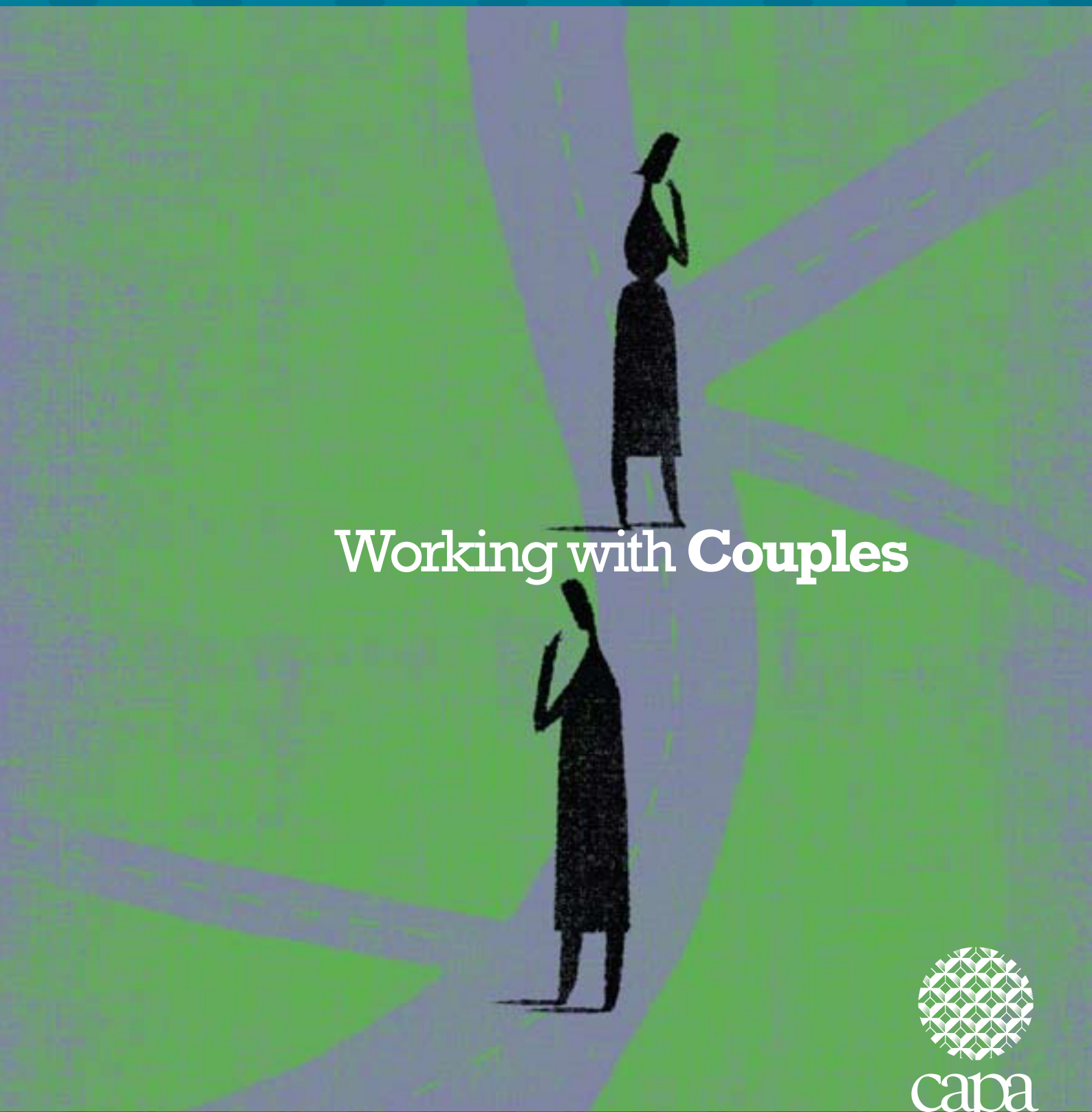

Working with **Couples**

Journal of the Counsellors and Psychotherapists Association of NSW Inc

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The Counsellors
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Association of NSW Inc

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CAPA NSW Executive and Staff

President
Maxine Rosenfield
president@capa.asn.au

Vice-President
Wendy Carver
vicepresident@capa.asn.au

Secretary
Jennifer Heward
secretary@capa.asn.au

Treasurer
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treasurer@capa.asn.au

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Jeni Marin
ethics@capa.asn.au

PD Coordinator
Juliana Triml
pde@capa.asn.au

Membership Chair
Christopher Simon
membership@capa.asn.au

Rural and Regional Liaison Chair
Phil Hough
regional@capa.asn.au

Administrative Assistant
Christine Rivers
office@capa.asn.au

The CAPA Quarterly
Editor
Gabrielle Gawne-Kelnar
editor@capa.asn.au

Cover artwork by Jim Frazier
Design by embassy creative

contents

The CAPA Quarterly *respectfully acknowledges the Gadigal people of the Eora Nation, the traditional owners and custodians of the land on which the CAPA NSW office is located; and the traditional owners of all the lands through which this journal may pass.*

editorial

Where to begin, when talking about couples and therapy?

That seems like a relevant question, given that it can be hard to know where each person in a couple begins and ends, and where the relationship between them might start.

What does it mean to invest one's self in a relational dyad; for 'me' to now be part of 'us'? How can this be done in a way that supports both the individuality and the togetherness? And what happens if one partner follows the other's lead to a point where, suddenly, they look up and see they are 'lost' – subsumed by the other or by the relationship itself?

Enter the couples therapist. Someone who works with entities as nebulous as the shifting space between two people. Someone who can help find ways to unearth the self in the symbiosis. Someone who can mediate and advocate for *both* parties.

It's a complex role. For there are often many more dyads within each couple: pursuing/distancing, overfunctioning/underfunctioning, introvert/extravert, trust/betrayal.

Other aspects, too, might be drawn into relationships, and therefore into couple therapy. Extended family networks and patterns, cultural expectations, heteronormative stereotypes, previous traumas, abusive behaviours, child-rearing responsibilities, separation or divorce, ambitions and dreams for the future. (And, often, the hopes of each partner to find all the nourishment they seek – and 'deserve' – right here, in the form of their 'chosen one').

How can a therapist and a couple effectively navigate through all of this?

…each couple builds a unique structure that somehow spans the gulf between self and other.

Our contributors outline some pathways. Elisabeth Shaw explores the terrain between theory and practice. Jenny Brown and Jo Wright climb the Bowenian branches of the family tree. Adam McLean points to the existential realms in relationship, and Philip Oldfield reveals some of the challenges which same-sex couples, and their therapists, might face. Dr Harville Hendrix illuminates his Imago Relationship Therapy in an interview, and Melissa Neve reports on Elizabeth Anne Riley's recent CAPA presentation on sex.

Also in this issue, our columnist Jacinta Frawley unpacks some recent research supporting the efficacy of psychotherapy. And Clare Mann demystifies the technological side to therapy, showing how to create a meaningful website that also captures therapeutic values (keep an eye out for her columns on more technological tips in future journal issues).

While relationships and couples seem to pervade our culture as very common entities, on another level they seem entirely mysterious. For each couple builds a unique structure that somehow spans the gulf between self and other. So perhaps the only real way to begin defining couples – and couple therapy – might be to simply acknowledge that they're 'greater than the sum of their parts.'

Gabrielle Gawne-Kelnar
Editor
editor@capa.asn.au

Gabrielle Gawne-Kelnar, Grad. Dip. Counselling and Psychotherapy, is a psychotherapist who works in private practice in Glebe, Sydney (www.onelifecounselling.com.au). She also facilitates telephone support groups at the Cancer Council NSW, and writes a blog on mindful living (http://onelifetherapy.blogspot.com).

Share your thoughts

- How do you work with couples in your practice?
- Have you found inspiration or validation in this issue's articles?
- Do you disagree with any concepts presented here?
- What would you like to see in future journal issues?

Email your feedback and suggestions to **editor@capa.asn.au**

FROM THE president's desk

How can it be May already? 2010 is flying by and as we approach our wonderful conference with an excellent range of workshops and presentations to absorb, I am conscious that the year is almost half complete and that before the next journal is published, we will have held our 2010 Annual General Meeting (AGM), and I will have been in this role for just over a year.

We have a new Professional Development Coordinator, Juliana Triml, which is fantastic. Juliana is a longstanding clinical member of CAPA NSW who worked with me on the Health Liaison Sub-Committee and will be known to many of you who attend Sydney PD events. Essentially, Juliana will take over the organising and liaising with speakers, and will support CAPA's Administrative Assistant at the Sydney events. In due course, we hope Juliana might also be able to support our Regional and Rural Sub-Committee in developing their PD schedule.

Thinking of sub-committees, this is the time of year when we must look to the future of CAPA's Executive Committee and sub-committees. Two of our longstanding Executive Committee members, Wendy Carver, our Vice President, and Chris Simon, our Membership Sub-Committee Chair, will be stepping down in August this year. This leaves two large gaps to be filled. As is our practice and constitutional responsibility, we seek to fill these roles with members who have been on our sub-committees, as they already have some experience of how CAPA NSW operates, and have had direct input into one or more areas of endeavour which are required to manage CAPA NSW. I urge all of you to consider supporting the development of your association by joining a sub-committee, so we can all continue to help CAPA NSW flourish and evolve by enabling effective succession planning to take place. If you think you might be interested in giving some time and exploring this opportunity (and we are talking about one meeting every six to eight weeks for most sub-committee members), please contact me or Wendy Carver to find out more. Please note that intern members are welcome to join any sub-committee but only full clinical members may sit on the Executive Committee.

One other matter to mention ahead of the AGM is that you will soon receive an email regarding the CAPA NSW Constitution. The Constitution has been re-drafted and updated by the Executive Committee, Jo Frasca (CAPA's former president), a lawyer and myself, to ensure compliance with the new charities and association laws. The proposed changes are minimal, but they would ensure that the Constitution serves us well for the future and provides CAPA NSW with scope to continue developing.

This, I believe, will secure the future of CAPA NSW as both the largest State Member Association of PACFA and as an organisation whose credibility and professionalism is transparent and highly respected within our profession and by the statutory world outside.

I look forward to seeing many of you at the conference!

Warmest Wishes
Maxine Rosenfield

upcoming themes in capa THE Quarterly

What will you contribute? Who are the experts in the field?

Issue Three 2010 – Perspectives on Therapy with Women and Girls
Peer reviewed submissions due: 18 June
Non-peer reviewed submissions due: 2 July
Advertising bookings due: 9 July
Mail out: August

Issue Four 2010 – Spirituality and Therapy
Peer reviewed submissions due: 17 September
Non-peer reviewed submissions due: 1 October
Advertising bookings due: 2 October
Mail out: November

Issue One 2011 – Therapy and the Body
Peer reviewed submissions due: 3 December
Non-peer reviewed submissions due: 17 December
Advertising bookings due: 31 December
Mail out: February

Issue Two 2011 – Death and Bereavement
Peer reviewed submissions due: 11 March
Non-peer reviewed submissions due: 25 March
Advertising bookings due: 25 March
Mail out: May

For contributors guidelines, contact editor@capa.asn.au For advertising specifications and bookings, contact advertising@capa.asn.au

capa UPDATE

A few words from the **Regional** and **Rural** Committee

The Regional and Rural (RnR) Committee was formed late last year and comprises five CAPA members from Tamworth, Port Macquarie, Newcastle and the Central West who are working toward meeting the needs of CAPA members in rural and regional areas. We have included our contact details below, so if you live in these areas (or beyond), please feel free to contact us – we would like to hear from you.

At our regular monthly teleconference, we have highlighted the issues of remoteness, isolation, training, supervision, support networks, communication between country and city, and cost effective professional development as areas of concern.

With the support of our CAPA Executive Committee, we organised a professional development day last November in Newcastle around WorkCover issues.

We are planning another PD day on Saturday 19 June, in Port Macquarie.

At this stage, it will include:

- a DVD presentation of the March PDE delivered in Sydney by Elizabeth Anne Riley, with discussion around this
- a guest speaker
- a small social gathering, where we can further discuss our needs and ways to develop and support regional and rural counsellors and psychotherapists.

(Please see the PDE information on page 40 for booking and address details).

We will also be presenting a workshop at the forthcoming CAPA conference on experiences related to being a rural and regional member. We are looking forward to meeting with other RnR members, and others who would like to join and brainstorm.

One of our current tasks is to set up a network list of CAPA members who live and work outside the Sydney area so that we can build our web of support regionally. Whether you'd like to help out, or just join our events, we want to hear from you. Please contact myself or any RnR Sub-Committee member to share in our growing network.

A final note about our upcoming PDE in Port Macquarie – this is open to CAPA members and non-CAPA people – all are welcome.

Thankyou to our RnR Sub-Committee for your work and commitment so far, and the enthusiasm that you bring to our meetings.

Phil Hough
Regional and Rural Liaison Chair

RnR Sub-Committee contact details

Sharon Ellem	Toronto	(02) 49 599 579	0419 161 516	sellam@westnet.com.au
Tricia Herbert	Port Macquarie		0412 644 794	triciae@ozemail.com.au
Phil Hough	Newcastle	(02) 49 828 055	0421 705 462	regional@capa.asn.au
Chris Hudson	Tamworth	(02) 67 667 575	0447 016 847	christhebookman@westnet.com.au
Erica Pitman	Central West	(02) 63 329 498		ericap@ix.net.au

Welcome!

CAPA NSW welcomes our new PD Coordinator, Juliana Triml. Juliana is a longstanding clinical member of CAPA, and was previously a member of CAPA's Health Liaison Sub-Committee, and we are delighted to have her on board.

Are **YOU** CAPA's next Journal **Advertising Coordinator?**

CAPA is seeking a Sydney based volunteer to be our Advertising Coordinator for *The CAPA Quarterly*.

This position is open to all CAPA members, and would not require you to be a part of the Executive Committee.

If you'd like to explore this unique opportunity, CAPA would like to hear from you.

For more information, please contact CAPA NSW on **(02) 9235 1500 or office@capa.asn.au**

Please note: this is a voluntary position

CAPA Constitution update

Keep an eye out for the proposed amendments to CAPA's Constitution, arriving in your email inbox soon.

'Café counsellor'

CAPA NSW is aware that someone has been promoting themselves as a counsellor, offering 'Café Counselling' and holding counselling sessions in a coffee shop.

This person's business card suggests they are a member of CAPA.

CAPA's Executive Committee wishes to make clear that CAPA NSW does ***not*** support the use of a café for professional counselling sessions.

Our investigations have so far shown that this person has nothing to do with CAPA NSW, and is not a CAPA NSW member.

Journal ads and PD points

Please note that advertisements in the journal do not necessarily comply with CAPA's professional development (PD) requirements.

As with all workshops/courses/conferences, please check their eligibility using CAPA's 'Professional Development Policy 2009/2010' in the members area of the website www.capa.asn.au.

If you have any queries, please contact CAPA's Membership Chair on **membership@capa.asn.au**

Membership Total

as at 12 April 2010

Clinical Members	426
Intern Members	173
Student Members	140
Affiliate Members	10
Special Leave	14
Life honorary	2
TOTAL	**765**

call for contributions august 2010 issue

perspectives on therapy with women and girls

So many stereotypes swirl around the concept of womanhood that it can be hard to see the person at the centre of the storm.

What might it mean for women and girls to live with society's long list of conflicting expectations? To shoulder – or to reject – being 'sugar and spice and all things nice', the objectified wench, the homemaker, the mother or the barren one, the heteronormative 'weaker sex', the caretaker, the 'ball-breaker' and finally the crone.

How, too, might biology enter this mix? What about social media and how it colours the world of tweens and the (re-)emergence of raunch culture?

And where does all of that leave women and girls when it comes to ***therapy?***

As therapists, how can we be mindful of the stories our culture writes about femaleness, without inadvertently picking up the same pen to further define those stereotypes for our clients? Are there aspects of therapy – a discipline largely conceived by middle-aged white men – that don't easily fit women's lives? Are there specific ways of working which might benefit women and girls more than others? And does the gender of the *therapist* matter?

Your contribution to this debate is invited. **For contributors guidelines, contact** editor@capa.asn.au

Expressions of interest and peer reviewed submissions due: **18 June**

the SPACE. BETWEEN

CAPA NSW CONFERENCE 2010

Novotel Brighton Beach,
29-30 May 2010 Sydney

Learn how we can listen from the

"inside out"

to identify the inner human experience or from the

"outside in"

to understand the impact of the external world....and how we can

"listen in the spaces"

to enhance healing for the social human brain.

IN PERSON Dr Lon Cozolino **"Linking Across the Social Synapse"**

Hear the internationally renowned clinical psychologist speak of the human brain as a "social organ", and how it forges many conscious and unconscious channels of communication between us. Learn how "the space between" brings us the power to regulate and restore one another. Dr Cozolino is Professor of Psychology at Pepperdine University and Adjunct Professor of Psychiatry at UCLA.

PLUS..... Professor Gillian Straker **"Listening in the Spaces: Inside Out/Outside In"**

Discover how to listen from the "inside-out" to identify the inner human experience, or from the "outside in" to understand the impact of the external world, and how we can "listen in the spaces" to enhance healing in the social human brain. Professor Gillian Straker, Director of a Centre for Advanced Studies in Psychotherapy and Counselling, is an integrative analytical psychotherapist and supervisor in private practice. She is also a distinguished Mellon Foundation Scholar and a Clinical Professor in Psychology in the faculties of Medicine and of Science at the University of Sydney.

Join us for two days of challenging papers and workshops, delivered by some of the key thinkers and practitioners in the field, and be sure to catch The Great Debate.

For all the conference details and online registration, go to: **www.capa.asn.au/conference.php**

CAPA NSW 2010 Conference Secretariat, PO Box 576, Crows Nest, NSW 1585
Tel: –61 2 9431 8632 **Fax:** +61 2 9431 8677 **Email:** capa@conferenceaction.com.au

interview with dr harville hendrix

Dr Hendrix was recently in Australia on a public speaking and therapist training tour. He spoke with Gabrielle Gawne-Kelnar (Editor).

Dr Harville Hendrix is an internationally renowned therapist, author and speaker. He co-founded Imago Relationship Therapy* with his wife, Dr Helen LaKelly Hunt, and in 1988, in his international bestseller *Getting the Love You Want: A Guide for Couples*, he brought this therapeutic theory to the masses. With over thirty-five years' experience as an educator and therapist, he has worked with numerous couples to help them create a 'passionate friendship'. Having started his early professional life as a minister, Dr Hendrix now sees 'conscious partnership' as a kind of spiritual pursuit in which the wounded self can be restored: 'We are born in relationship, we are wounded in relationship, and we can be healed in relationship' (2005, p.xix). For more information on Imago Relationship Therapy and Dr Hendrix's work, visit **www.harvillehendrix.com**

If you had to outline Imago Relationship Therapy in a sentence, how would you describe it?

Well, in one sentence, Imago Therapy is a dialogical process that creates a safe environment between two people; and that safe environment facilitates relaxing their defences, namely regulating their anxiety; and they become more vulnerable to each other, so they can now share from their authentic rather than their defended place; and when they can do that, they experience what we call connection, that is, they are now two people *relating* rather than being defended against each other or merged with each other; and when they experience connection, they've got what they came for.

In our research that led to this singular therapeutic intervention and the singular diagnosis and the singular treatment modality, we got really clear on what couples wanted, which was to be connected with each other. In order to do that, they have to feel safe, and when they feel safe, they become vulnerable. Through vulnerability they can connect and through connection they feel passionately alive. And then their objections to each other and their frustrations fall away. That's essentially the healing process.

We see that a sense of connection in childhood in the caretaker-child relationship is what is yearned for by the child, and what motivates the later mate selection process, and what becomes the desired factor in a relationship. All problematic issues seem to circle around ruptured connections: 'We're not close,' 'You don't talk to me anymore,' 'We never hold hands,' 'We don't make love often,' they're all connectional terms. So I came to the conclusion some years ago that instead of using a differential diagnosis with couples, they're all simply scared because their connection had been ruptured and they want it back. And when they get it, they're fine.

Ruptured connection is the diagnosis, restored connection is the cure, and dialogue is the process.

I'd read that at one point that you asked your clients to commit to twelve sessions before they started therapy. Is that something you still do or would recommend to other therapists?

It's a kind of technique. I discovered that couples tend to come for three sessions and become ambivalent, and they may not come for the fourth session. If they do come again, they become ambivalent again at about the sixth or seventh session. If they stay beyond that, they'll stay for three more sessions. And after the twelfth session, they'll stay [until the work is done].

I discovered that because the dialogue process engages them in change processes immediately, their anxiety level goes down at the beginning... The structure keeps them safe so they think, 'Wow, things are happening here'. But when change starts happening, it ruptures the homeostasis of their defences with each other, so they then become ambivalent about the therapy.

So there are about three rounds of that before couples 'settle in'. Until I learned that couples become ambivalent, I kept losing them.

Imago Therapy is a minimum of twelve sessions, and I started off by charging for twelve sessions in advance. Then I learned that if I told the couples that their ambivalence would be activated by the third session and they wouldn't want to come back, then when that happened I had credibility. Ambivalence at that stage means the therapy is *working*. So after I learned to share that with them I didn't have to charge the twelve sessions in advance anymore. But I didn't know that when I wrote *Getting*.

Ruptured connection is the diagnosis, restored connection is the cure, and dialogue is the process.

Many people read that and think that Imago is a twelve session therapy – but it's a *minimum* of twelve sessions. There are many, many couples who are done in twelve sessions; they're what we'd call pretty healthy couples anyway. They simply needed information and a process when their relationship broke down. They wouldn't go into catastrophic tailspins… they would just get into conflict and they couldn't get out of it. So they learned that if you have a conversation in which both people's ideas are valued and you don't get into judgement, you can actually come up with an option that includes the preferences of *both* people. All they needed was skills and information.

Then there are people who were wounded in the first or second year of life who can't yet proceed with information and skills. They actually have to be in a context where they have a new experience with the therapist and their partner, then they can begin to integrate and the chaos begins to move towards more coherence. After a while their anxiety levels and rigid defences are regulated by that. It may take eighteen months to two years before they can take this process home.

We think of Imago as a portable therapy. We want you out of here as fast as possible because you want to be in your life, not in my office. So you have to integrate what we do in the office into your life outside.

You've said that people in love are masters of projection. So do you think it's possible for us to ever really see the other? Or, even in relationship, are we kind of only engaging with ourselves?

I think we do see the other. It certainly doesn't start there. It starts with a projection onto the other, of both the idealised and the unacknowledged, disowned, de-idealised aspects of yourself, so that romantic love appears to be pretty much an illusion, in terms of knowing who it is that you're relating to. And then the power struggle happens, in which you try to extract yourself from your partner's definition of you. That produces a tremendous amount of anxiety in both people.

But otherness doesn't show up until you engage in a process – this is where I think dialogue becomes such a powerful intervention. When you dialogue with a person, which means that you have to listen and not judge what you're hearing, you don't have to agree with it, but you do have to accept it and realise the fact that this is another reality.

The rule of the dialogical process is that eventually you start to experience anxiety: 'Do you *really* think that?' 'I didn't know you think *that*.' And you eventually 'get it' – yep, they *do* think that.

And the anxiety, we've found, slowly dissipates when you begin to see that your partner is actually *not you*. That is the process of differentiation of self from other, and the process by which the healing actually occurs. Otherwise you engage in not only a projective process but a *coercive* process, to make your partner live inside your projections, which creates an illusory relationship.

But one of the big pieces of the work is that you have to 'get it' – that your partner's not you. And here's how you do that. What we've learned is that the most rapid way to move to otherness is to eliminate negativity, because negativity, as I've observed it, is an unconscious mechanism to maintain the illusion. Negativity coerces you into being in my projection, and when you're not, I have to tell you how badly you're doing. So if you're strongly rebellious, you'll fight me back, and if you're not, you'll collapse back into the way I want you to do it.

…one of the big pieces of the work is that you have to 'get it' – that your partner's not you.

But if you take the courageous position of surrendering judgement and accepting at face value the self-presentation of your partner, you'll go through enormous anxiety that will ultimately give way to interest. So what we do to stimulate that is ask couples to replace judgement with curiosity. Instead of saying: "*Where* did you get *that* idea?!" you can just sort of say, "Wow, tell me about that idea – where did it come from?" You're curious.

And when you have curiosity, your partner doesn't feel attacked anymore, so they become more self-disclosing, and through that self-disclosure, through the other, people discover them*selves*. But there's a part of self-disclosure that people feel incapable of while they feel anxious and defended, so the dialogue process is one of differentiation for me, and self-discovery for you. Equally, when I'm in the self-disclosing position, I find out about me, and that I'm not *you*…

Self-discovery appears not to be the path that we thought it was for several years: the idea that I can see you because I know who I am. It turns out that if I get clear about who *you* are, that I can then see *me* better; that it's an 'outer-inner thing' instead of an 'inner-outer thing'.

It's like love. Most people say, 'Don't you have to love yourself before you love others?' I haven't seen anybody do that. I have seen people say, 'OK, I'll make your life important to me' and when they start doing that in an unconditional way, they begin to experience changes in themselves… If I just tell myself I'm a good person take care of myself and feed myself well and love myself and all that, somehow that never gets to otherness. You get really clear about a range of *you*, but there's a part of you that you don't discover except in *engagement*.

I think that's where we've shifted, generally, in the psychotherapy field. The individual paradigm of the isolated self that has its roots in Freud was around until the seventies, when the self psychology people and the relational, psychoanalytical people began to talk about the relationship as the context within which the self is formed. Instead of the self creating relationships, relationship is creating the self…

Then it turns into an oscillation and a reciprocity [of the relationship and the self co-creating one another]. But it starts with a relationship…

Self-discovery appears not to be the path that we thought it was for several years: the idea that I can see you because I know who I am. It turns out that if I get clear about who you are, that I can then see me better…

For the past two or three years I've been reading a lot on brain research, and the brain people seem to agree with that… that an integrated brain is the function of an integrated *context,* and that that is the neurophysiological basis for a sense of psychological wellbeing. And no matter what you do to try to shape-up your psychological life, if you don't have brain integration [and relationships] in the balance, you're not going to feel good; you're going to feel anxious.

So it's really helped to know how specific you can be about that integration: 'So that was a feeling you had. Can you *think* about it?' So you move from limbic to cortical. And if a person's up here [in the cortical] all the time, then you ask, 'Well, how do you *feel* as you say that?' So the whole idea that feelings are primordial and primary and that you have to deal with feelings all the time is just wrong. It's the integration of feeling *and* thought and behaviour in some sense of conversation that makes for a healthily balanced person...

And I think we're also getting over what the systems theory people did when they discovered that the pathology of adolescents was the function of families. They went in to work solely with families and lost the *self.* We lost the self in the system. Self *is* the system, but it's also a *location* interacting with a system…

What I'm trying to do in my writing is to highlight that it is neither the self nor the system; it's the oscillation between the two. That's the constant; the oscillation. Self changes, the system changes, but the oscillation is constant. Maybe *that's* what the self is – the oscillation.

That's fascinating. So that oscillation between the self and the system, between self and other, and also between thought and feeling,…

And between particle and wave…

…considering that movement as where the self resides…

Well, is there a particle? No. Is there a wave? No. There's a wave- particle relationship, and interaction, and what's constant is the oscillation. So that begins to provide you with a process that's not chaotic – if everything is moving, then that movement becomes the structure. The oscillation between experience and words, thinking and feeling, self and other, self and system. That's the constant. [Dr Hendrix evokes the symbol for infinity with his finger]. And when that oscillation is ruptured then you have two separate circles; and that's neurosis or psychosis. But if you can restore the oscillation [and restore the movement between self and system] then you go back to a state of balance.

I'm wondering about social norms here as well, whether aspects of social norms might also impact on relationships and potentially even on the imagos we construct. I'm thinking of the work that your wife also does regarding feminism and women's rights, and whether perhaps something like patriarchy is potentially an invisible other in relationships. What are your thoughts?

I think that the *content* of the polarities in relationships changes, but that the oscillation doesn't. At the intersection between self and other, or self and culture, if new information enters that intersection, then your relationship of self to culture changes, and the relationship of culture to self also changes. That's ultimately the evolutionary process. But if you don't add in the new information, then you have a static society or a static relationship.

That's why we say to couples that novelty is your best way to sustain the excitement. That doesn't mean you have to go to Africa, for instance, just that you need to try walking around a different way today; go on the *other* side of the street.

So just bring something new in.

You have to have new input. The couples who do that, they're never bored. Couples need a routine and they need novelty. If they *don't* have routine, they have chaos. But if they *only* have routine, they have boredom and the relationship dies from lack of energy. To me it seems like there's something actually cosmic in that – it's not like just a recommendation – it seems like that's just the way the world works. That it's the nature of being itself.

And in terms of same-sex relationships, I wonder if you think there's any particular considerations in that realm as well, or whether those relationships follow the same sort of ideas.

…What we've learned, from gays and lesbians themselves, is that there are some differences. One of our master Imago Therapy trainers is a lesbian, and she's pretty clear, after twenty years of working with this, that the major difference is that the female qualities which are mirrored in lesbian relationships make it difficult for lesbians to differentiate, so they stay sort of stuck together. And the masculine qualities – this doesn't mean these qualities are necessarily gendered, by the way – but the masculine qualities usually make it difficult for the guys [in same-sex relationships] to connect.

Other than that, there's not much

difference. In a lesbian relationship, there's still one person who merges more than the other; and in gay relationships, there's still one who is more distant than the other; so that the parallel of there being a distancer and a connector is in *both* relationships. [This same master trainer also suggests that therapists should] just know that you may have to pry the women apart and push the men together. And I've found that to be true…

On a different note, a kind of 'shadow side' of working with couples is working with people who are not currently in a relationship, but who might want to be. I wonder how you might recommend working with that situation?

Go to group therapy.

I think a committed marriage is the most powerful structure for personal healing and growth. That comes out of years and years of watching it. There's something about what the unconscious does with the wedding ceremony; it just seems to be that it unleashes previously unknown expectations and feelings of entitlement, which is what blows up.

Cohabitating couples may have lived together for five years and think they're fine. They decide to get married and everything blows up – why is that? When I start interviewing them, I find that the day they got married, they started feeling more entitled, more irritated, giving more demands, becoming more critical… The little child inside says 'Oh, boy, now I'm going to get what I want – I'm entitled to it and you owe it to me, and if you don't give it, I'm going to beat you up!'

So, what do you do with singles? It's a tragic kind of statement. And the only answer I know is, you have to get married if you really want to be fully healed and whole, because your wounding occurred in a dyadic situation in your childhood, and the unconscious apparently 'goes home' to repair itself. Like a wild animal goes to its cave, the unconscious says 'you need to be healed in a context that's similar to the one in which you were wounded.'

…your wounding occurred in a dyadic situation in your childhood, and the unconscious apparently 'goes home' to repair itself.

So what do you do when you don't have a relationship? When I had a practice that addressed singles, I put them in therapy groups of seven, and those groups would become surrogate families. Everything that didn't get worked through in your family is going to come up in this group…you'll become conscious of stuff, and you'll be able to mitigate some of your anxiety, relax some of your defences. Mainly you'll know what happens when you get close; that certain anxieties are triggered around you *getting* your needs met. That you simultaneously want it, but you also have a prohibition against it. So when you get close to that, you'll back away from it, and when you back away from it, you'll want it again.

So you can learn about all of that. Then you still need to go on and get into a committed partnership. Maybe pick someone in this group that now you've worked with. I used to have seven groups and eventually have a party with forty-nine people and say 'these are the best choices in Dallas.'

What happens [after such group therapy] is that you know romantic love will come to an end, and that the power struggle is going to be the second stage of the relationship. You can either turn that into a nightmare, or you can say, 'Oh! We're on the wild horse. We better use the skills we know so we can ride this horse.' Then you can regulate your anxiety consciously.

But if you don't know this is going to happen and you get married, then it's like you hit this wild horse and you don't even have a saddle. Now, with group therapy, you at least have a saddle, so some healing can occur. But what always happens is that even in those groups, where people worked together for a couple of years on all sorts of deep feelings and memories and all kinds of re-parenting stuff, they'd go on to meet somebody and get married and it would all go to hell. *But,* at least they knew it was going to happen. Knowing it regulates it.

Then they could come in as a couple to couples therapy or go to the couples therapy group, where everything was now tumbling out of the unconscious because the marriage had in some sense given permission for all of that to happen. And they would come knowing what they were going to do, and what the therapist was going to do. So in three months, six months, they were fine.

So that's what I've done with singles. It's just the case that there are some contexts in which you can't be healed *fully.* But you can get a lot done in a surrogate family if you allow yourself to be vulnerable in that group and talk about what you want and need and hate and so forth. So these groups become a healthier family than the one people grew up in…

There's a real power in the context to facilitate healing…the context or the relationship that we know co-creates the self…

***'Imago'** is Latin for 'image'. According to Imago Relationship Therapy, each of us subconsciously constructs an internalised imago of all the most positive and negative traits of our childhood caregivers. This composite image then forms a kind of template for the type of person we are romantically drawn to, and who we can potentially find healing with in relationship (Hendrix 2005, pp.36-39).

Reference

Hendrix H 2005, *Getting the Love You Want: A Guide for Couples,* Pocket Books, London.

evidence based couple therapy:

a perspective on (clarity of) theory and (messiness of) practice.

Elisabeth Shaw

The Couple Therapy Context

In Australia, couple therapy as a distinct specialisation struggles for a place in the counselling landscape. It is affected by:

- there being few jobs in the field
- there having been no new government monies for couple counselling for years
- the pervasive idea that it is an 'older person's profession'
- the entry criteria for study in many courses still being lower than for family therapists and other professions
- Many thinking that they can 'have a go' at couple work without specific training
- relatively low remuneration in salaried contexts

As I have written about elsewhere (2000, 2007), these are the legacy from the profession's beginnings. The relationship counselling movement began in Australia as a voluntary enterprise, tied to the pastoral work of churches. Largely a service provided by middle class married women, the work received recognition in 1975 with the advent of the Family Law Act and its associated funding for a few accredited organisations. The formation of the (now) Australian Association of Relationship Counsellors was the final step in achieving professional definition, status and credibility, in that it allowed practitioners to be recognised as professional specialists and to be highly employable in the small number of accredited organisations.

In their comprehensive article 'The History of Couple Therapy: A Millennial Review' (2002), Gurman and Fraenkel noted that couple therapy was born without a strong theoretical base, its profile suffering as a result. It was then 'owned' by individual therapists for many years (meaning the couple were treated as individuals or even seen completely separately) and then embraced under the banner of family therapy. No wonder its identity has been conflicted! Each of these specialties has their own theories of problem development and change, and this will determine how the couple concerns are understood and intervention is planned. Each can also justify their capacity to undertake couple work. For the individual therapist, seeing two people does not seem to be too great a stretch, especially if you continue to see them as two individuals in the room! For the family therapist, there can be an assumption that the practitioner is trained to see all subgroups. The frame is already relational and dynamic, so this is largely true. However, it would be neglectful of the family therapist to ignore the ways in which couple therapy requires particular understanding in relation to power, sexuality, attachment and commitment. It is also intense work, where the therapist can be called to be adjudicator, mediator, referee, coach and bedfellow if you are not careful! This doesn't happen in family work to the same degree, and the calls to allegiance and challenges to neutrality are quite different in individual work.

The influence of evidence based practice

The couple therapy field has developed around some core practice models, delivered to us by 'gurus'. Currently for example, the impressive work of John Gottman has been highly influential. As couple therapists have joined their profession from varied backgrounds, it is not uncommon for them to be rather lacklustre in their interest in research. Most lament that they don't have enough time to keep up with the professional literature. However, many would have come across Lambert's (1992) influential research on common factors that exist across models and which are strongly related to therapy outcome. This is often referred to as *common factors research*. He found that the following factors could be attributed to therapy success:

- Client resources and external

factors (40%): internal or external characteristics or conditions including resources, readiness, coping, ego-skills, social and financial supports
- Therapist-client relationship: relationship variables and common agreement on goals (30%)
- Intervention strategies and tactics (15%)
- Faith, hope and expectancy (15%)

This research has been replicated and also critiqued over the years. However, these categories have continued to intrigue therapists and researchers. What do they have to offer couple therapists?

Evidence based practice, or EBP, is said to be the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences. The evidence based approach represents a paradigm shift from training based primarily on a specific theoretical model or the clinical experience of the practitioner. Empirically supported therapies are said to have general acceptance by an appropriate community, are used by a respectable minority, and are well established as efficacious (Sue and Sue, 2008). In practice, this describes the process of using empirical data to make decisions about how to best care for one's clients. Instead of simply applying a theoretical model to provide treatment, an evidence based approach refers to the process of creating clinical questions and using data from existing research to answer those questions. In this way, clinical questions are guided by empirical research. Given that it is heavily reliant on the "gold standard" research (randomised control trials), EBP has been critiqued as being biased towards short-term interventions and CBT type approaches. Research may be even more limited in relation to couple and family work in the face of the diversity of presenting problems, diversity of clients in relation to race, ethnicity and culture (Northey et al. 2008; Patterson et al. 2004).

Common factors research arrived late into the couple and family field. This may be because couple and family training needed to emphasise its differences (not its similarities) to other psychotherapies. As previously stated, our profession has tended to be organised around the work of charismatic leaders, with much of the literature focusing on difficult cases, requiring the unique features of the model (Sprenkle et al. 2009).

The common factors research related to couple and family therapy has been particularly rich in a range of behavioural approaches, emotionally focused therapy, and brief psychotherapy models. It emphasises the following crucial common elements for therapy effectiveness in relational work:

1. Conceptualising problems systemically, in relational terms, as dysfunctional cycles
2. Interrupting the cycles
3. Expanding the direct treatment system
4. Expanding the therapeutic alliance.

In terms of how this plays out in a case formulation, the following detail may assist in picturing the process.

Firstly, the emphasis at all times is on the therapeutic alliance. We know that is in itself tricky with couple work, with multiple alliances at play. The work begins with a therapeutic rationale or formulation being crucial. It must be supported by current evidence about intervention and be comparable with the work of peers. This means keeping abreast of current intervention strategies and being in a supervision process that will expand your horizons further. A session by session measurement of fit with client expectations needs to occur, which keeps the relationship between therapist intent, client cooperation and congruence of intervention with the clients' worldview at the forefront of the work. These are all central to the common factors approach, as each component has been demonstrated to be crucial to couples remaining in therapy and succeeding with change.

A model of intervention is then adopted for the work based on cues from the clients. Within this frame, models/strategies are individually tailored, so therapists are more broadly trained. (That raises a challenge for the profession in itself; many have undertaken training in one paradigm and the thought of needing to be more responsive to clients is quite challenging!). In selecting a model or strategy to assist clients, the therapist would consider previous influences on current behaviour, and affective, cognitive and behavioural components of interactional patterns. The task here is to raise awareness of, and altering, each person's role in the cycle, slowing the process down to foster reflection, and assisting the couple to take a meta-view. In managing the in-session interaction and confidently and congruently offering ideas, the therapist continues to be a credible part of the process. This will assist in fostering the clients' motivation and willingness to take personal responsibility for their individual parts in the negative interactions. The outcome of the therapy is focused on softening the interaction and the position of each person, allowing an opportunity for more space for the other (Sprenkle et al. 2009).

…couple work is often very complex, multi-layered, volatile in its emotional content, and the contract for work can be at the same time both concrete and obscured in the relational dynamic. How do we prepare for these circumstances?

Any systemically trained therapist will find this plan immediately recognisable and do-able. Listed like this though, it can look all too straightforward! Often times we can picture couples who have a more singular problem: a negative interaction, a crisis over a particular event, a habitual negative communication to change. These ideas, so listed, look like they would fit. However, we know that couple work is often very complex, multi-layered, volatile in its emotional content, and the contract for work can

be at the same time both concrete and obscured in the relational dynamic. How do we prepare for these circumstances?

A volatile project[1]

Over the last three years or so, I noticed a gradual but profound discrepancy between my usual statement that I love couple work, and my actual practice, which involved increasing numbers of couples with seemingly impossible and intractable problems. The following amalgam provides a flavour of this work.

Craig and Cynthia had three children and had been married for fifteen years. Cynthia did not work outside the home. Craig was a corporate lawyer. Craig had been in individual, psycho-dynamically oriented therapy for two years. His therapist referred them to me and they presented in intense conflict. This conflict centred on Craig's need for more sex and his need to not be ignored. Cynthia needed Craig to stop being so demanding and to attend to himself better. She also needed to work out what she wanted to do with her floundering career as a writer. The conflict was extreme. If Craig did not get sex at least three times a week he would pout, harass, hound, shout, demand until Cynthia gave in. He didn't care on what terms she gave in, as long as she did.

Over the course of the next six sessions I could not find one example which either had of the other doing the 'right thing' or being likeable in any way. I couldn't uncover one happy memory or any reason to love each other. When I asked why they would stay together, Cynthia would say 'I don't want my children to grow up without two parents in the house'. Craig would say 'one should keep trying'. Craig said that he woke up very positive each day, then he would look at Cynthia, who might have been looking grumpy while trying to get the children to eat breakfast, and say to himself 'this will be another bad day, and she probably won't give me sex'. Cynthia said she spent a lot of time planning how to avoid Craig. Each would alternately storm out of sessions when the going got tough, and then storm back in with another volley of fresh accusations. However, they felt very committed to couple sessions and to staying together.

I experienced each session as a roller-coaster, with me trying to hang on for dear life. My usual, fairly successful approach was totally useless. These couples are not common, but they are not uncommon either. Often we see the sort of destructive nastiness, narcissism and need in relation to separation, but it is less familiar when couples are presenting like this with no threat of separation. In fact, in many ways, the lack of possibility of separation made the situation more complex. The couples could in no way use that threat as a means to pull back; they would stay together however ugly it got. I must admit I felt pretty hopeless about the work and my ability to help. Then, of course, I had to get my thinking cap back on. The following are my reflections on these aspects of complex couple work and what I have begun to define as an approach in practice.

What do we encounter when we encounter couples?

1. A bond that doesn't always make sense.
2. A conscious and an unconscious involvement. This means that an interactional and communications perspective is insufficient in approaching the work.
3. A conscious and unconscious request for help. For example, the classic 'change me but don't change me'. In the case above, there was both awareness and lack of awareness as to the impossibility of the requests to 'make a marriage out of this'.
4. Sometimes we think we have a contract to work on the relationship, when in fact we have an unstated contract to work on separation; a possibility that no one has yet admitted to themselves. Sometimes it only becomes evident after a long period of apparently productive couple therapy. In such cases it can be the therapist who is least prepared and most mystified as to why separation is occurring after so much apparent change.

What sort of help might help in these situations?

1. Gerald Weekes (2009) has spoken about couples where one or both parties are 'narcissistically vulnerable', a dynamic involving a lack of self and self worth, strong borderline features, strong narcissistic needs and the notion that 'others should know what I want.' The couple is caught on the prongs of hypersensitivity and a lack of empathy. Commonly, there is projective identification, extreme cognitive dissonance, narcissistic rage and high levels of conflict. Their underlying fears can mean there is a 'perfect match' on a deeper unconscious level, but on a conscious level there is constant trouble. Weekes has said that you can't do much for a couple like this, that instead there needs to be individual therapy and the opportunity to re-own their projected parts. This occurs if the issues they present with also manifest in the transference. However, I struck difficulty because:
   a. The couple wanted couple therapy.
   b. One person was already in therapy (in these cases).
   c. The lack of logic in what it means to say to a couple that is living together: 'You are not ready to be discussing your relationship together'.
   d. These couples have children. This to me is a defining factor. What is our responsibility to the unseen other?
   e. The difficulties don't always manifest in the transference e.g. I asked Craig, 'What would I see that your individual therapist may not see?' He said, 'She would never know my need of Cynthia.'
   f. Once commencing work, it is difficult to terminate therapy. I have had a couple of supervisors and colleagues in relation to these types of cases who have suggested to end the work. We always know that this is possible, but how do you actually do this? This doesn't make it impossible. You can wait for the right

hook to pin it on. However, I don't think this is something therapists are familiar with doing in practice.

2. Psychoeducation skills e.g. John Gottman (1999) around flooding and reactivity; trauma theory e.g. Walker (2009) regarding emotional flashbacks.
3. Emotionally focused therapy (EFT). Sue Johnson (2008) says that 'dealing with 2 people, 2 sets of hot emotions, escalating fights and clients who hurt but don't want to slow down, be more reasonable and negotiate is not for the faint of heart'. That certainly fits!! 'When we cannot get an attachment figure to respond to us, we step into a wired sequence of protest, first hopeful, then angry, desperate and coercive'. This is useful to understand the (at times) irrational-looking process. EFT does offer a way to work with strong emotion both in the present and in the past.
4. Similarly, object relations theory is crucial in working with the unconscious interactions and hooks. It is useful in looking at what the couple are projecting onto each other, and what is projected onto the therapist.
5. A focus on differentiation e.g. the work of Ellyn Bader (2009). She writes of the hostile dependent couple who exist in a developmental stalemate. They can't read or understand each other's cues, have little differentiation, conflict is used to maintain both contact and distance, and the fight is 'you are not meeting my needs well enough'. Her work offers a certain pragmatism in response to each partner's unreasonable requests, meeting them where they are at, which is both containing and reduces the shame of the position.

Note that while these ideas exist in a systemic frame, I am suggesting that these couples do require a multi-dimensional approach. Work on establishing core themes and patterns can only occur when the reactivity and volatility are contained, and couples can literally stay in the chair. In order to even use relational questions, each partner has to care what the other thinks and feels! In one case it took me almost a year to reach this stage, for others it may occur more quickly. It requires the therapist to be thoughtful and non-reactive to the very challenging behaviour that initially presents, not be hasty with decisions and judgements, and have multiple lenses to evaluate the dynamics and the ways in which to engage such deeply distressed people.

Couple work is arguably some of the most intense and curly work you can do…

Practitioner development

In order to undertake couple work, it requires time immersed in it as a professional specialty, at a minimum of Graduate Diploma level. The AARC recommend appropriate training hours to achieve competence, and this is another good guide. Think to yourself who you would choose to see if your relationship needed work! High level training and experience would rank top of your list. Focus on not only developing intellectual competence (knowledge and skills based on research) but also emotional competence, which will enable you to emotionally contain and tolerate clinical material that emerges in session, evaluate personal biases and attend to self care. Self care is particularly important as working with intractable problems with highly critical couples is demanding and it is easy to get drawn into the despondency and deprivation. Couple work generally requires a different sort of professional support. This will be reflected in your reading, ongoing training and the professional supervision that you seek.

Conclusion

Couple work is arguably some of the most intense and curly work you can do, even though the picture of it in mind is much more benign! The evidence based research provides the key elements of a viable therapeutic framework and intervention strategy. However at the point of selecting models and strategies, we need to be well versed and competent in a range of strategies, tailored to the individual couple. This makes sense and is also a tall order. It is crucial that we resource ourselves through training, reading and specialised support in order to keep providing service at the high standard expected of us.

Elisabeth Shaw

Elisabeth Shaw is an individual, couple and family therapist, supervisor and trainer in private practice in Drummoyne, NSW. Previously a Manager and Director of Relationships Australia NSW, she has presented and published papers over many years, focusing on the couple bond, intimacy and sexuality, violence, working with men in therapy, ethical and legal issues in therapy and supervision best practice. She is the co-editor (with Jim Crawley) of Couple Therapy in Australia: Issues Emerging from Practice (Psychoz Publications, 2007).

1. Some of these ideas were initially presented at the Family Therapy Conference, Sydney 2009.

References

1. Bader, E 2009, 'In search of the mythical mate', Sydney Workshop, Psychoz. 2. Gottman, J 1999, *The Marriage Clinic*, Norton and Co, USA. 3. Gurman, AS & Fraenkel P 2002, 'The History of Couple Therapy: A Millennial Review' , *Family Process*, vol.41(2), pp.119-260. 4. Johnson, S 2008, 'My how couples therapy has changed! Attachment, love and science', *Psychotherapy.net*, August, available at <www.psychotherapy.net/article/My_How_Couples_Therapy> 5. Lambert, MJ 1992, 'Psychotherapy outcome research: Implications for eclectic and integrative therapists' in Norcross, JC & Goldfried, MR (eds) *Handbook of Psychotherapy Integration*, Oxford Uni Press, USA. 6. Northey, WF & Hodgson, J 2008, 'Keys to implementing empirically supported therapies', *Journal of Psychotherapy*, vol.19(1), pp.50-84. 7. Northey, WF 2005, 'Are you competent to practice marriage and family therapy?', *Family Therapy Magazine*, July-Aug, pp.10-13. 8. Northey, WF 2009, 'Effectiveness research: a view from the USA', *Journal of Family Therapy*, vol.31, pp.75-84. 9. Patterson, JE, Miller, RB, Carnes, S & Wilson, S 2004, 'Evidence based practices for marriage and family therapists', *Journal of Marital and Family Therapy*, vol.30(2), pp.183-195. 10. Shaw, E 2000, 'The Anxiety in Maintaining the Couple Relationship', *Psychotherapy in Australia*, vol.3, May, pp.12-19. 11. Shaw, E & Crawley, J 2007, *Couple therapy in Australia, Issues Emerging from Practice*, Psychoz, Melbourne. 12. Shaw E 2009, 'Riding the Rapids: Working with relationship turbulence', Family Therapy Conference, Sydney. 13. Sprenkle, DH, Davis, SD & Lebow, JL 2009, *Common factors in couple and family therapy, the overlooked foundation for effective practice*, Guildford, USA. 14. Sue, D & Sue, DM 2008, *Foundations of Counselling and Psychotherapy, Evidence based practices for a diverse society*, Wiley and Sons, USA. 15 Weeks, G 2009, 'The intersystem approach to couple therapy: an integrated perspective', Workshop, Psychoz, Sydney.

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inviting each partner out of the fusion:

bowen family systems theory and couple therapy

Jenny Brown and Jo Wright
The Family Systems Institute

Justin and Deborah came to counselling complaining of communication problems. As the therapist asked them questions about how they each viewed their problem, they spoke over the top of one another, each accusing the other of being misguided. It was hard to get a word in as they escalated their accusations and defending challenges. The therapist managed to divert their focus away from fighting in the room to describing a recent example of what they saw as a communication problem. They each described a 'tit for tat' exchange similar to the pattern witnessed earlier. The therapist asked what generally happened after the fighting and they described a period of avoiding each other which lasted for a few days. They would then re-connect, with another conflict waiting in the wings at the first sign of disagreement.

When Robin and Jerri came to counselling Robin did most of the talking. He described how worried he was about Jerri's health. Robin explained that Jerri had been depressed for more than a year and was becoming increasingly irrational. He went on to tell how he had been there to support her fragile self esteem for the past seventeen years and was starting to get exasperated that she was not getting her act together. Jerri spoke in short snappy answers about not really wanting to be in counselling. She said she had come to shut Robin up. Robin went on to describe how their eldest daughter was starting to complain about her mother's neglect of the household and her snappy mood. It was clear that Robin was hoping that the therapist would join with him in his efforts to change Jerri, and Jerri was fixed in a position of defending herself and complaining about Robin.

These familiar scenarios present versions of the same problem. Both couples are struggling with an intense sensitivity to each other's emotional state which is increasing the anxiety in and about their relationship. This is what Dr Murray Bowen called 'Emotional Fusion'. Both couples have expressed their fusion in different but predictable ways. Each manifestation of emotional fusion has served to reduce some of their insecurities in relating with each other in the short term. However, over time, the expressions of fusion have resulted in repetitive reactive interactions which have become disruptive and have tipped both marriages into a precarious state.

Bowen theory and couple symptoms

Dr Murray Bowen spent decades (1950s-1990) researching the predictable patterns in significant relationship networks in developing his eight concept theory about the instinctual forces underlying human relationships (Bowen 1978; Brown 1999). In focusing on where symptoms occur in the nuclear or single generation family, he suggested that couple difficulties come in the form of the conflict-distance cycle (which he called 'the conflictual cocoon') or an over and under functioning reciprocity in the spouses. His third symptom pattern is projection onto a child which, while it may be a topic of tension for the spouses, is predominantly expressed as an over intensity towards one or more children which, over time, can compromise the child's self development.

Bowen theory understands a couple's difficulties as arising from

the normal and predictable patterns of dealing with the challenges of being a self in the intensity of an emotionally significant relationship. The anxiety of balancing being an individual and being attached, gives rise to automatic and instinctual adaptations that make it possible for humans to participate in emotionally intense relationships. These adaptations and patterns of emotional functioning are assumed to be in the instinctual nature of humans and are not considered to be pathological.

The pattern of conflict, reflected by Justin and Deborah, and the over and under functioning pattern, reflected by Robin and Jerri, are both mechanisms through which the tension created by the need for togetherness and need for separateness can be relieved.

threat of discord enables an intense connection while retaining a sense of defiant independence. When the intensity becomes overwhelming, distance provides a relief valve and enables a calm, and even a passionate reunion.

Robin and Jerri have retained connection through positioning one to be the expert caregiver and the other to be the needy care receiver. This polarising happens unconsciously and gradually as a way of reducing the threat of loss of harmony. In both relationships, the pattern is adaptive and anxiety reducing in the early stages but as each focuses so much on the other that they lose their self awareness, the pattern conceives symptoms in the relationship or in one of the spouses.

Bowen theory understands a couple's difficulties as arising from the normal and predictable patterns of dealing with the challenges of being a self in the intensity of an emotionally significant relationship.

Individuality and togetherness: the central tension for any couple.

Bowen theory proposes that at the heart of all couple difficulties is the universal struggle to balance the two biologically and evolutionary determined life forces, that on the one hand propel us to form close attachments, and on the other toward individuality and self- directedness. Bowen suggested that *'[humanity] needs human closeness but is allergic to too much of it'* (Bowen 1978, p.280). In periods of calm, the two forces operate as a friendly team, largely out of sight. In an anxiety field, relationships move toward more togetherness to relieve the anxiety. The forces are in such sensitive balance that a small increase in either results in deep emotional rumblings, as the two needs in each party work toward the new balance (Bowen1978).

Justin and Deborah have found a way to resolve the competing demands for connection and breathing space through their conflict and distance cycle. Conflict in reaction to the

The two life forces and the potential for couple fusion

Fusion is defined as the emotional oneness or 'stuck togetherness' between family members. It can be measured by the degree to which one invests 'life energy' (thinking, feeling and behaviour) into a significant relationship; and by the degree to which each spouse's functioning in the relationship is a reaction to the other or the emotional state of the relationship. Evidence for fusion is seen in high sensitivity to the other. Each reacts to the other with little awareness of their own need for emotional reinforcement from each other. Both spouses believe the other needs to change and experiences the other's reaction as a 'threat'.

From a Bowen theory perspective, symptoms presented to the couple counsellor are understood to be reactive behavioural patterns that function automatically to control the intensity of fusion. There is no platform for blame in this, as *'each spouse triggers certain behaviours in the other..... because each operates in reaction to the other, neither spouse 'causes' the other's behaviour'* (Kerr 2003, p.107). For improvement in the relationship, a spouse needs to discover a way of tolerating the pull to fusion and concurrently maintain their individuality while relating closely.

Reactivity in intimate relationships viewed as an intergenerational process

Bowen theory maintains that the patterns of and vulnerability to emotional fusion and reactive distance are shaped in the family of origin of each spouse. The degree of fusion in the couple relationship is regulated by the level of unresolved emotional attachment each partner has with their own parents. The ability to tolerate the discomfort of being a 'self' with one's parents is seen as equal to the ability to be a 'self' in relation to one's partner.

What are the goals of the Bowen couple therapist?

'The over-all goal is to help individual family members to rise up out of the togetherness that binds us all' (Bowen1978, p.371).

Bowen family systems therapy aims to invite each partner out of the fusion, or for each partner to find a little more self amidst the togetherness pressures. Conversely this means inviting an increase in differentiation of self (the capacity to remain intimate without compromising the uniqueness of the self). The clinical effort goes towards improving each partner's individual functioning, or growing their emotional maturity, just a little.

From a Bowen theory perspective, the differences and content of the issues expressed by Justin and Deborah, and Robin and Jerri, are not the main problem. The focus is on the way each individual reacts to the differences in the perpetual issues they face.

Questions and clinical reflections are not focused on resolving the issues but on understanding the way the emotional immaturity of each prevents each partner from finding a way through their differences. Progress is seen when spouses report evidence of between-session reductions in reactivity, a little more thoughtful self observation and more flexibility in tolerating differences.

Bowen family systems therapy aims to invite each partner out of the fusion, or for each partner to find a little more self amidst the togetherness pressures.

The 'how' of Bowen clinical practice

Bowen family systems theory does not prescribe a set of particular techniques. It does, however, emphasise principles to guide therapists. These principles are: to stay with process (what happens between the couple), to de-focus content (their complaints) and to remain outside of triangles or side-taking. Bowen believed that the therapist's efforts to stay out of triangles with the couple are the central intervention. He states that *'conflict between two people will resolve automatically if both remain in emotional contact with a third person who can relate actively to both without taking sides with either'* (Bowen 1978, p.224).

The cornerstone of clinical activity involves the therapist (or 'coach', as Bowen preferred) drawing out and exposing the emotional process in a way that facilitates each partner thinking about their problem differently. They are assisted to see both sides of their relationship dance. This helps to reduce the likelihood of seeing villains or victims, and to develop an appreciation of what each is up against in relationship with the other.

Drawing out the emotional process involves identifying each partner's sensitivities to approval, attention, expectations and distress in the other (Kerr 2008). It looks for connection between intense feelings and behavioural reactivity. The effects of anxiety are explored in terms of its impact on self and the other's emotional functioning and behaviour. Questions aim to assist each partner to become aware of the contribution of their reactivity to the other's functioning and to problem development and maintenance.

Clarifying the emotional process between partners in an effort to expose it to both clients and therapist is a large part of the clinical effort. It is in exploring and analysing the relational processes objectively that the stage is set for improvement in functioning to occur. As Papero summarises, *'learning about the chain reaction, becoming aware of one's own part in it and thinking about how to change self are essential if partners are to be able to let one another know about themselves, their thoughts, hopes, fears and the principles that guide their lives'* (Papero 1995, p.21).

Other essential elements of clinical activity that we, the authors, find essential include:

- Establishing the goal each partner has for *themselves* (not for a change in the other). This vital step provides a focus and anchor point for exploration of process and change efforts. As descriptions of process begin to emerge, part of the therapy is to invite a client to consider how their observations about their own behaviour and reactions contribute to or impair them achieving their goal. Once a goal for self is established, the therapist can then invite each partner to consider what they are doing toward their goal and with what effects.
- Engaging with emotionally charged issues in a way that allows each partner to think about and describe intense feelings in each other's presence, rather than expressing or enacting them. This process works toward growing an ability to self regulate and better integrate strong emotional reactions with more rational cognitive processes (for more on Bowen and self regulation see: Wright, J. 2009).
- Asking each partner, in the presence of the other, to think about and consider the possibilities for alternative ways of functioning and relating to their partner, especially when tensions rise and anxiety builds.

What the Bowen couple therapist monitors in themselves

While what the therapist does is important, it is how the therapist 'is' in relation to their clients, that gets the most priority in Bowen family systems theory. The Bowen systems therapist works on managing their own reactivity, understanding their own emotional system, anxiety triggers and reactivity. They work on carving out a little more self in relation to their own family of origin and to improve their functioning in the midst of strong emotion and reactivity. When these aspects of the self of the therapist are attended to, their ability to sit with an emotionally charged couple improves. The therapist aims to gain greater clarity and access to their thinking during a session as opposed to responding out of an emotional reaction to clients. Examples of such therapist reactions are: feeling sorry for clients, believing you know the solution for them, needing them to be different, being worried about one party and getting annoyed with the other party. The therapist is most useful to their client when they can remain in close and compassionate contact with the emotional (reactive) system of each partner without becoming part of it. Side-taking, lending support or doing the problem solving for the clients, is a sure way of becoming part of their reactivity.

While what the therapist does is important, it is how the therapist 'is' in relation to their clients, that gets the most priority in Bowen family systems theory.

'When I find myself inwardly cheering the hero, or hating the villain in the family drama, or pulling for the family victim to assert himself, I consider it time for me to work on my own functioning' (Bowen1978, p.83).

This quote from Bowen's writing is helpful in understanding what Bowen theory refers to as 'emotional objectivity'. The emotional system of the therapist will be triggered when sitting with human distress and anxiety, thus there is always potential for therapist to participate emotionally in the client's system. As already mentioned, this can happen overtly or very subtly, when the therapist starts instructing one or both partners as to what to do, or finds themself working harder than the couple in the therapy. The responsibility of the therapist is to recognise this involvement when it occurs and to gain sufficient control over their own anxious functioning to continue to relate to the couple as an *objective* third

point of the triangle that automatically forms between a couple and therapist. This requires a therapist's ongoing work to improve their own differentiation in their family of origin (Brown 2007). If the therapist can relate to each spouse as more of a self, they assist in creating the environment for a little more of each spouse's self to emerge in relationship with each other.

Summary

To pull together this very rich theory as it applies to couple therapy, it is useful to return to the cases of Justin and Deborah, and Robin and Jerri. Justin and Deborah would be assisted to describe how they react to each other rather than to describe their complaints about the other to the therapist. Whenever they begin reacting angrily to each other in the therapy room, the therapist will ask them to speak about examples of relating at home and discourage the overflow of anxious arousal in the room. The therapist will work at resisting each spouse's efforts to get them to take their side against the other. Instead they will show a respectful interest in examples of the couple's struggle and efforts to improve their marriage. The focus of work with Robin and Jerri would be to bring to their awareness the way they are each part of an over-functioning and under-functioning pattern that contributes to one spouse's collapse in coping. The therapist would work hard to not align with Robin as the higher functioning spouse in his efforts to change Jerri. They would also monitor any pull to lend too much validation and support to Jerri or advocate for her one-down position. With the therapist staying out of the couple's emotional processes, they can remain on the sidelines and therefore freer to coach them in efforts to function more responsibly for themselves in relationship to the other.

Bowen believed that intimate couple relationships are particularly vulnerable to an intensity of fusion that can compromise the uniqueness of each self. Bowen theory aims to expose and explain the nuances of a couple's 'stuck togetherness' to assist each partner regain enough emotional autonomy from which healthy intimacy can be enjoyed.

Jenny Brown

Jenny Brown, MSW, has worked as a social worker and relationship therapist for twenty-eight years, in Australia, the USA and the UK. She trained in Bowen theory with Betty Carter in New York in the early '90s and has been experimenting with the theory in practice since that time. In 2004, she established the Family Systems Institute in collaboration with Joanne Wright. Over the past six years the Institute has expanded to provide a range of professional development options and clinical services using Bowen family systems theory.

Jo Wright

Jo is a registered psychologist whose experience in individual, couple and family therapy spans more than twenty years. Alongside her role as a clinician and clinical manager at the Family Systems Institute, Jo develops and facilitates training programs in Bowen family systems theory for mental health professionals and for workplace teams. In addition, Jo regularly provides individual and group supervision and family of origin coaching sessions.

Jo Wright's 1-day workshops on 'The Essentials of Couple Therapy' will run in July and August 2010. Visit the Family Systems Institute (FSI) website www.thefsi.com.au for further information.

For more understanding of Bowen's concept of differentiating a self, both relationally and physiologically, check out the FSI June conference 'Giving Nature a Better Chance: The Interplay between Family Systems and Biology in Clinical Practice'. For details, visit www.thefsi.com.au/news/conference-2010.php or see the back cover of this journal.

References:
1. Bowen, M 1978, *Family Therapy in Clinical Practice*, Aronson, Northvale, New Jersey. 2. Brown J 2007, 'Going Home Again: A family of origin approach to individual therapy', *Psychotherapy in Australia*, vol.14(1), Nov (available online at <http://www.thefsi.com.au/papers>). 3. Brown, J 1999, 'Bowen Family Systems Theory and Practice. Illustration and Critique', *Australian and New Zealand Journal of Family Therapy*, vol.20(2), pp.94-103. (available online at <http://www.thefsi.com.au/papers>). 4. Kerr, M 2003, 'Multigenerational family systems theory of Bowen and its application', in Sholevar, G. Pirooz (Ed.) *Textbook of Family and Couples Therapy*, pp.103-126, American Psychiatric Publishing, Inc. 5. Kerr, ME 2008, 'Why do siblings often turn out very differently?', in A Fogel, BJ King, SG Shanker (Eds.), *Human development in the twenty first century*, pp.206-215, Cambridge University Press, London. 6. Papero, D 1995 'Bowen Family Systems Theory in Marriage', in N Jacobson & A Gurman (Eds) *Clinical Handbook of Couple Therapy*, Guilford, New York. 7. Wright, J 2009, 'Self-Soothing — A Recursive Intrapsychic and Relational Process: The Contribution of the Bowen Theory to the Process of Self-Soothing', *Australian and New Zealand Journal of Family Therapy*, vol.30(1), pp.29-41 (available online at <http://www.thefsi.com.au/papers>).

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the worldview of couples: an existential approach

Adam McLean

Research and writing in counselling and working with couples is prolific and is testament to the enormity of the importance of relationships and its many facets. The statistics tell the story – relationships are hard work. Couples who enter counselling usually seek to address issues that have progressed to being critical, entrenched behaviour patterns and distorted belief systems, intimacy issues, loss of respect or desire for one another, infidelity, commitment issues communication differences, stagnant or enmeshed relationships, while new couples are confronted with ideals, values and loss of the honeymoon phase in a relationship. Couples will come to counselling to seek solutions on ways to communicate more effectively, how to get the love they want and need, coping strategies, tools to relate better, how to have intimacy in and beyond sex, how to achieve happiness in a relationship and so on. Conversely, couples also come to counselling for mediation and when a relationship is moving towards an ending or has ended. The core ways of working with couples are heavily supported through research and experience, and have provided clear strategies and ways for working with couples (Crago 2005; Minuchin 1974; Greenberg & Johnson 1988; Hendrix 1988).

In what way can the existential approach assist the counsellor when working with a couple who seek counselling about their relationship? Working existentially is predominantly viewed as an approach for individuals and usually is associated with long-term therapy. Couples who attend counselling seek understanding, answers and tools for the disruption in their relationship and tend to stay in counselling for short periods. Given this premise, can the existential approach assist couples to view their relationship disruption differently and, can a philosophical approach to life assist the couple to understand one another and their relationship differently?

The exploration of existential couple work will be viewed from Jasper's worldview (van Deurzen & Kenward 2005) and will identify the four dimensions of the worldview from Biswanger (1963) and van Deurzen's (2000, 2001, 2005, 2007) work while highlighting the paradox and polarities that exist as an ontological given to human existence within a relational world. The worldview of a couple presenting for counselling will be briefly presented to illustrate the application of the existential approach world and provide a platform for structure when working existentially with a couple.

The foundations of all relationships is the need to belong, which is a powerful, fundamental and extremely pervasive motivation for seeking and being in a relationship (Baumeister & Leary, 1995 cited in van Deurzen & Arnold Baker 2005:121). By definition, two people coming together to form a relationship in itself creates a polarity that will have its unique tension. Each person will attempt to find a meaningful way to join and be together. Existentialists view human existence as paradoxical. The need to belong within a relational world also alludes to its opposite, not belonging, which equates to being alone and the possibility of loneliness. The polarisation and paradoxical tensions that exist within relationships can be adopted as a central focus when working with couples.

Worldview

Karl Jaspers, a German psychiatrist, psychologist and philosopher, wrote of the importance of a worldview or '*Weltanschauung*' (van Deurzen & Kenward 2005, p.109). A worldview is defined by structures and categories that provide a person with emotional and mental stability and comfort, and consequently, it acts as an impediment at times, when a person might despair at considering new ideas or ways of living. A worldview is the construction of a person's inter-relational realm (Spinelli 2005, p.15) with self, the other and the world. It provides structure in order to feel safe in an unsafe world, but those important structures can also impede possibilities for new experiences and change. Some of these structures include but are not limited to, emotion and self-interested behaviour, a level of awareness for reflection, intelligence, attitudes, beliefs and values.

Values within a worldview, according to van Deurzen-Smith (2000, p.100), are "the currency of exchange of one situation for another". Values are helpful to explore with couples, as they can help to define each individual's worldview on a personal and interpersonal level. In general, values can help to guide someone to make decisions, can motivate for clarity and change, and can determine the dynamics of a person's existence.

Existentialists view human existence as paradoxical. The need to belong within a relational world also alludes to its opposite, not belonging, which equates to being alone and the possibility of loneliness. The polarisation and paradoxical tensions that exist within relationships can be adopted as a central focus when working with couples.

However, values can also be limiting. Values determine a person's attitude towards their willingness to move towards change. Couples work, existentially, is about exploring the co-constructed couple worldview – while still working with the two individual, inter-relational worldviews. Navigation between the two inter-relational worldviews and the couple's co-constructed worldview by definition will be fraught with tension, especially when one or other of the two parts of the relationship exercises an alternative stance or viewpoint. Clarification of the couple's worldview will highlight the various worldview constituents, and their inter-relationship with, and impact upon, one another (Spinelli 2005, p.146).

For many couples, comprehending the worldview of the other can be frustrating, raising anxiety and difficulty in understanding and meaning. The challenge to the therapist is to be present to the difficulties and differences while working with complex, multi-layered worldviews simultaneously. To assist the therapist in this important task, an understanding of the four dimensions of the worldview is required.

The Dimensions of The Worldview

Binswanger (1963) argued that an individual's worldview is to be seen to consist of three dimensions: the *Umwelt* (Physiological/Physical), the *Mitwelt* (Public/Social) and the *Eigenwelt* (Private/Personal).

The *Umwelt* involves the individual's relationship to the natural world with its physical, biological forces. A person may relate to their physical world as harmonious, secure and pleasurable or it may be filled with fear and anxiety due to perceived dangers, injustices, war and terror. The motivating principle in the physical dimension is one of survival and reproduction. This dimension can be understood from the polarity between Life and Death. Being human, everyone will struggle with being healthy and coping with illness that threatens survival, security and insecurity (van Deurzen & Arnold-Baker 2005). The individual will utilise their senses of smell, taste, hearing, sensation and sight to be watchful of danger and to experience pleasure. In paying close attention to a person's physical world, one can elicit their attitudes and relation to the world around them (van Deurzen-Smith 2005; van Deurzen 2007; Spinelli, 2005, 2007).

The *Mitwelt* dimension focuses on the everyday public relations each person experiences with others. This includes areas of importance such as religion, culture, societal norms, rules and codes that govern the social interaction and engagement with others. van Deurzen (2005) suggests that this dimension is regulated at a feeling level. Emotions indicate and to a large extent are the barometer on how to communicate with others. This dimension leads to the development of shared attitudes and values where the public world of others may be perceived as acceptance or rejection, dominance or submission, conformity or rebellion. It may also be perceived as loving, respectful, petty or dangerous (van Deurzen-Smith 2005; van Deurzen 2007; Spinelli 2007, p.147).

In the psychological dimension, *Eigenwelt*, a person connects with their world through the 'I' or self to the internal world. It is the dimension where psychotherapy and counselling sits firmly and comfortably within – a person's relationship with themself and with intimate others. It is where meaning is constructed and deconstructed. In this dimension there is preoccupation with self-confidence, significance and importance that creates meaningful relationships, which bring into focus how others have the power to influence a personal analyses of having a life that seems meaningful or meaningless, rich or arid, full or empty, secure or wrecked with anxiety (van Deurzen-Smith 2005; van Deurzen 2007; Spinelli, 2007)

Van Deurzen (2000; 2005; 2007) added a fourth dimension, the *Überwelt:* the spiritual dimension. This dimension relates to how a person attributes meaning to their life. It incorporates a person's ideology, belief system and values that connect the individual to a wider sense of self and existence.

Meaning is found on this level through discovery of a sense of purpose. A person may come to realise, through close examination, those beliefs that provide purpose and meaning to their existence: to be open or closed to further possibilities and also to limitations. (van Deurzen-Smith 2005, van Deurzen 2007; Spinelli 2007).

The four dimensions are not in isolation from one another. They are intricately connected, one with another. Spinelli (2005, p.148) urges clinicians to examine the dimensions closely, as they are "open to investigation and clarification; in doing so, clients confront attitudes, assumptions and values they place upon each other and as a result, are more likely to make sense of the problematic symptoms in their lives as extensions of, or defensive relations to, any of these dimensions".

Polarities and Paradox in couples

Couples will strive to find a meaningful life and relationship together. Being in a relationship presents challenges, and tensions arise to assist each person in the relationship to determine what is important to them. Within this dynamic, each person is reminded, ultimately, of his or her aloneness in the world. The polarity that is of particular concern in a couple relationship is one of aloneness and relationship. As an awareness of a sense of separateness is recognised, an anxiety is realised. As a person becomes aware of inevitable limitations, and with the possibility of being alone, they are confronted with the dilemma of their aloneness *in the world*. Anxiety in relation to being loved and cared for by someone else may then become the focus for seeking relationships; i.e. to avoid the dread of being alone, and of being regarded by others as deficient or incapable of attracting a partner who will care and love them for who they are, unconditionally. To know that someone cares, loves and is thinking about them, can become a source of focus and need that may propel someone to protect themselves against the ultimate concern of being existentially alone (Yalom 1980; Bugental 1988, cited in Cooper 2003, p.81).

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To recognise that in life, an individual is alone in the world, is to confront the fact that the ontological given, death, one day will come. The anxiety here is that no one knows when or how. In this death anxiety, the individual learns that they are ultimately alone. Yalom (1980, p.355) speaks about three different types of aloneness or isolation: interpersonal, intrapersonal and existential. *Interpersonal* aloneness relates to the times that a person experiences loneliness from relationship with others. *Intrapersonal* isolation translates to those parts of the self that a person may disown, or which are defences against others (which are commonly associated with psychopathology emanating from childhood and trauma). *Existential* isolation is a sense of aloneness that persists despite even the most gratifying relationships with others and involves a separation from the world – a sense of nothingness.

The most commonly presented forms of aloneness in couples are the interpersonal and intrapersonal – only too familiar to counsellors and therapists alike. Yet, until an understanding is reached by the couple, a disruption to the couple-worldview can potentially invoke a sense of aloneness in any of the three interpersonal, intrapersonal or existential domains.

As a means of illustration, the fission and fusion polarity is important to review briefly (fission meaning to divide, split, rupture or break; fusion being an action of joining two parts to form one single entity). Couples arrive at counselling seeking to mend or repair something that was once whole. It may be helpful to ask questions to establish the fusion of the couple-worldview prior to the breakdown – questions such as: how was the couple-worldview negotiated and understood to be by both parts of the relationship and what has been compromised in order to create a satisfying couple-worldview? What aspects of either individual worldviews

are non-negotiable and, how do these non-negotiable parts influence the couple-worldview? (Disruption may be more likely to be stronger in one or two of the dimensions of *Umwelt*, *Mitwelt*, *Eigenwelt* and *Überwelt*, than in all four).

As a means of exploring the couple-worldview, polarised tensions will often be highlighted.

A few examples include:

- I need to be close and intimate with you – I need to be alone, my personal space is important
- Don't tell me what to do (I need to be in control) – I need my independence and freedom (Don't control me)
- I need sex a lot, to feel wanted and desired – I don't need sex to feel confident about who I am
- I don't like conflict – I can't stay quiet and say nothing; I need to be able to say what I mean
- It's important to me to keep everything that happens within the relationship – I need to talk to others about what is happening
- I must have a monogamous relationship – I'm open to having sexual encounters outside the relationship
- My family comes first – our partnership comes first

All polarities can be understood in connection with the primordial tension between life and death. Life is meant to include everything encompassed by being in the world. Life is synonymous with a person's finite existence, their struggles, pain, fallibility, survival and ultimate dependency on fate (Spinelli 2005; van Deurzen 2001). In presenting the struggles of life, couples will attempt to bring order to their couple-worldview by having to face their individual worldviews.

Sedimentation

In exploring the polarities of the constructed couple-worldview, and the couple's flexible and inflexible structures based on personal values, a sedimented belief will emerge. Sedimentation refers to fixed patterns of rigid dispositional stances maintained by the worldview (Spinelli2007, p.35). For example: "I keep my life private as others will only get in the way", "I can't tolerate fools", "Don't get attached to people you'll only get hurt or be disappointed", "I don't like conflict", "I hate anyone who lies". These examples of positional worldview stances have come about for any number of reasons, and to challenge them as irrational will only bring opposition. Spinelli (2007, p.36) poses that sedimentation both arises and is challenged as a result of people's inter-relational meetings with the world. Sedimentation arises when the need to maintain some specific dispositional stance in the worldview as fixed, certain and secure overrides any experientially derived challenge that is construed as threatening or destabilising of one's certainty, security and fixedness.

A relationship, at its best, involves two individuals who relate with one another in a need-free fashion (Yalom 1980). Each part of the ideal couple relationship will advocate for both their needs to be met, and for both to find meaning regarding what is important to them. A drive to strive to seek and find meaning where issues of feeling safe in a lasting and trusting relationship can dominate while values of respect, honesty, fidelity among others are negotiated to assist in maintaining the required level of safety and trust that each part of the relationship requires. Relationship is reciprocity, and is about each part of the relationship being influenced by the other.

This reminds us of Martin Buber's statement that *"in the beginning there is the relationship"* – and he went on to distinguish between the "I-it" and "I-thou" relationship that existentialists aspire to hold in constant mindfulness within the relational realm of the therapeutic encounter. The "I-it" relationship is one where the 'I' in the relationship objectifies the other, while the "I-thou" is a movement towards a relationship of equality. The 'I' in the relationship is also shaped by the context of the relationship. Often in couple relationship disruption, the 'I' in the relationship shifts to an inferiority and superiority polarity that translates to one of power.

All couples will play complicated games. Each is checking out how to have their needs met, either through being superior, trusting, loving, inviting, caring, dominating, controlling, withdrawing, being close, distant, demanding, supportive, interested, needy, silent and so on. Bridging the differences despite these games requires a language of understandable communication between the two parts.

Practical application.

A couple bring intimacy as an issue to session. Their statements include things such as, "We were very close once, we spent so much time together and now we hardly touch – I don't know where I have gone wrong or what I am supposed to feel like or do to bring things back to what they were like before. I feel very alone. You are always busy, you never take me anywhere; you are always tired. This is not a

relationship, it's just existing".

The achievement of intimacy can be found in several areas, such as through emotional connection, psychologically through being vulnerable with one's partner, and physically/sexually though having a full and engaging, mutually satisfying sex life (Kessler & Yalom 1996). Intimacy issues can, therefore, be experienced in any of the four dimensions of the worldview (*Umwelt, Mitwelt, Eigenwelt* and *Überwelt*).

For example, intimacy can be explored primarily from the private/personal (*Eigenwelt*) dimension where the polarity of intimacy and aloneness may dominate. This personal dimension involves the individual intimate relationship with oneself and with others. The aim of exploring this dimension is ultimately for the client to have a fuller understanding of their experience and to explore, and where possible to embrace, the paradoxes that he or she may previously have tried to side-step or evade (van Deurzen 2007, p.79). In their preoccupation with their own individual worldview, the intimacy once enjoyed within the couple-worldview is threatened, sending a ripple-effect out to all areas of the relationship, and behaviours associated with the polarity are expressed e.g. withdrawal – pursuit.

When working with couples, their preoccupation with their personal/private dimension issues may be indicated by mutual attention to the faults and failings of the other, and the potential emergence of a blame cycle (van Deurzen, 2007, p.78).

If we consider the presenting issue of intimacy within the social (*Mitwelt*) dimension of the worldview – where the relationship with the other leads to shared attitudes and values – then the polarities of submission and dominance, acceptance and rejection, love and hate, sameness and difference prevail (van Deurzen 2002). The aim in this case, according to van Deurzen (2002), is not to hold a systematic investigation of all these elements, but to be alert to any consistent imbalance and to elicit reflections in areas where there is perception distortion (p70). Areas such as who will win and who will give in to the other, who will compromise most or all of the time, who will be first to relinquish, what will be lost as a result and what will be gained. When working with the couples' social dimension their private/personal dimension will also be illuminated. Both of these dimensions are intricately linked and sedimentations in relation to intimacy are likely to emerge and require careful attention.

To summarise this brief snapshot, the worldview position in working with couples includes: exploration of the individuals' worldviews and the couple's co-constructed worldview of similarities and differences; that each of the four dimensions (of *Umwelt, Mitwelt, Eigenwelt* and *Überwelt*) provides the opportunity to be confronted with a number of possibilities and opportunities as well as number of predictable limitations and challenges. Each dimension offers a structure to explore the polarities and alternatives that exist in the tension of human existence while sedimentation may also arise in the exploration.

Existential Givens

In exploring the worldview of the couple, the ultimate concerns of existence arise. These are paradoxical in nature, as each person seeks to avoid addressing the ultimate concern, the knowledge that they are going to die. Yalom (1980) writes clearly of the anxiety that is part of the four ultimate concerns (death, freedom, isolation and meaninglessness); and proposes two particular strategies by which individuals may attempt to defend against it: 'specialness' and the 'ultimate rescuer' (Yalom 1980; Cooper, 2002; Spinelli 2007). Both these defences are explained as strategies against death anxiety – the first, a person's belief in their own specialness, is manifested in many different behaviours and beliefs; while the second defence is a belief in someone who will ultimately rescue the individual from the 'jaws of death'. This is likened to Heidegger's concept of living an inauthentic life – by not facing their personal knowledge of finitude, individuals are not able to make the most of the life that they have, while ever they avoid this part of living.

The ontological givens of existence are evident in couples work. The polarities of life and death, freedom and responsibility, meaning and meaninglessness, isolation and relationship can be explored as a backdrop to the couples' presenting issues.

All the couple polarities can be understood as variations on the basic themes of the two great opposites – life and death. All too often, people navigate toward one side of the polarity, believing the truth to be simpler and partial, rather than complex and paradoxical. They will attempt to maintain a lopsided position, manage contradictions, and develop sedimentation in order to suppress their anxiety and to subdue the feeling of being alone in the world. Heidegger reminds us that we are 'thrown' into this world with others, whether we like it or not, and that it matters to each individual what the other thinks about them (van Deurzen 2002, pp.46, 55).

The ontological givens of existence are evident in couples work. The polarities of life and death, freedom and responsibility, meaning and meaninglessness, isolation and relationship can be explored as a backdrop to the couples' presenting issues.

The phenomenological approach to working with couples offers an alternative to other modalities. The phenomenological method requires the therapist to suspend or bracket their assumptions of the couple's worldview while working with description questioning and treating all aspects of the narrative equally (horizontalisation). Further

description of the method is beyond the scope of this article, but provides a method for exploring the couple's worldview through descriptive challenging without placing defined structures on the clients self-construct.

Heidegger writes that, as human beings, we are constantly moving forwards to our end, that dying is something we do, and that living is dying. He urges everyone to accept his or her finality and temporary nature if we are to live an authentic life. (Heidegger 1927 cited in van Deurzen & Arnold-Baker 2007, p.5)

Conclusion

In conclusion, Heidegger's insight of human existence being "grounded in our always already finding ourselves in a world" is important here (Wrathall 2005, p.10). The way an individual interacts with the world is a socially constructed nexus of meaning and interpretations that are of the individual's own making. A person brings to the forefront the challenges of being-in-relationship-with-others is in direct correlation of a socially constructed world that challenges the individual to greater awareness of their relational world with others and to self. As couples come together, this stark contrast of similarities and differences is highlighted. To be in relationship with the other is also to be in relationship to *self*.

This brief review of the practical application the existential construct of Jasper's worldview to the realm of couples counselling highlights the tensions that already exist within a relational world. In an existential approach, couples have the opportunity of exploring those aspects of self that may otherwise go unexplored when working with the presenting features alone. The worldview provides a structure for the existentialist to explore the paradoxical themes and sedimentation while offering a roadmap towards the exploration of the ontological givens of all human existence.

Adam McLean

Adam McLean holds a Master of Counselling, Graduate Diploma in Individual Psychotherapy and Relationship Therapy, Bachelor of Counselling and Human Change, Bachelor of Nursing and a Certificate IV in Assessment and Workplace Training. He has a strong interest in the existential approach to relationships; has a private practice and consultancy in Paddington, Sydney and offers workshops, training and clinical supervision. Adam is a group therapist, Co-ordinator of the group leadership program at the Centre for Existential Practice (CEP), a faculty member of the Jansen Newman Institute and Australian College of Applied Psychology. For more information on Adam visit www.changehappens.com.au

The Centre for Existential Practice will be hosting a series of workshops with Professor Ernesto Spinelli around Australia in November 2010. For more information visit www.cep.net.au

References

1. Cohn, H 2007, *Existential Thought and Therapeutic Practice – an introduction to existential psychotherapy,* Sage Publications, London. 2. Cooper, M 2004, *Existential Therapies,* Sage Publications, London. 3. Crago, H 2005, Couple, *Family and Group Work,* Open University Press, Berkshire. 4. Greenberg, L & Johnson, SM 1988, *Emotionally Focussed Therapy for Couples,* Guildford Press, New York. 5. Hendrix, H 1988 *Getting the Love You Want,* Schwartz and Wilkinson, Melbourne. 6. Kessler, H & Yalom, ID 1996, *Treating Couples,* Jossey-Bass Inc., California. 7. Spinelli, E 2007, *Practicing Existential Psychotherapy – the relational world,* Sage Publications, London. 8. Spinelli, E 2005, *The Interpreted World – an introduction to phenomenological psychology* (2nd edn), Sage Publications, London. 9. Baumeister & Leary 1995, cited by Tantum, D & van Deurzen, E in 'Relationships', Chapter 14 in Van Deurzen, E. & Arnold-Baker, C. (2005) *Existential Perspectives on Human Issues,* Palgrave MacMillan, New York. 10. van Deurzen-Smith 2000, *Everyday Mysteries – existential dimensions of psychotherapy,* Brunner-Routledge, New York. 11. van Deurzen, E 2001, Passion and Paradox in Psychotherapy – an existential approach to therapy and counselling, John Wiley and Sons, Chichester. 12. van Deurzen, E & Kenward, R 2005 *Dictionary of Existential Psychotherapy and Counselling,* Sage Publications, London. 13.van Deurzen, E 2007, *Existential Counselling and Psychotherapy in Practice,* Sage Publications, London. 14. Wrathall, M 2005, *How to Read Heidegger,* Granta Books, London. 15. Yalom, ID 1980, *Existential Psychotherapy,* Basic Books, California.

The Centre for Existential Practice

announces the forthcoming visit of

Professor Ernesto Spinelli

Prof. Ernesto Spinelli
BA, MSc, PhD, CPsychol, FBPsS,
UKCP Reg, Fellow BAC (Acc)

Professor Ernesto Spinelli is a UKCP registered existential psychotherapist, a Fellow of the British Psychological Society (BPS) and the British Association for Counselling and Psychotherapy (BACP) as well as an accredited executive coach and supervisor. His workshops, seminars and writings have earned him an international reputation as an innovative theoretician and practitioner in contemporary existential psychotherapy and psychology. Ernesto is one of the leading contemporary trainers and theorists of existential analysis as applied to psychology, psychotherapy and supervision, and more recently, the related arenas of coaching. His book "The Interpreted World" is required reading on various executive coaching and facilitation programs both in the UK and internationally.

Ernesto will be visiting Perth, Melbourne and Sydney offering:

- 2 day workshop: "Uncertainty - exploring our responses to an unpredictable world" (12 PD Points)
- 1 day of Supervision (6 PD Points)
- 1 day Coaching from an existential perspective (6 PD Points)

APS PD POINTS PENDING FOR NSW, VICTORIA AND WESTERN AUSTRALIA

PERTH:
2 day workshop on Tuesday & Wednesday 9 and 10 November 2010

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2 day workshop on Saturday & Sunday 13 and 14 November 2010
1 day Supervision on Tuesday 16 November 2010 (waiting list only)
1 day Coaching on Wednesday 17 November 2010

The Australian Psychological Society Ltd
The APS College of Counselling Psychologists is co-presenter of the Melbourne and Perth events

SYDNEY
2 day workshop on Friday & Saturday 19 and 20 November 2010
1 day Supervision on Sunday 21 November 2010

Times: 9:30am-5:00pm with registration at 9:00am. Please note the starting time for the Melbourne Coaching workshop is 10am (registration at 9.30am) to allow for those arriving from interstate.
Morning, afternoon tea and lunch will be served.

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working with same-sex couples

Philip Oldfield

'Working with Same-Sex Couples' is the title of the classes I have been teaching as part of a higher education qualification in counselling and psychotherapy in Sydney over the last twelve years. Seeing same-sex couples in therapy continues to be an exciting element of my Gestalt private practice, which I have worked in over the last twenty-four years.

In this article I am looking to touch on some of the major themes that have emerged from both of these areas, with the aim of supporting and encouraging therapists working with same-sex couples. I also want to salute the wisdom and courage of students and clients who are my great teachers, and in the general hope that compassion will continue to grow in all of us from a ground of deeper understanding of each other.

I always ask the students at the beginning of the class about what came up for them when they looked in their curriculum and saw this was the topic of the day. In general, there are the students who are engaged and interested in getting better informed, and those who are somewhat unmoved, indifferent, bored or sometimes quietly hostile. When the enquiry deepens and they contemplate actually taking same-sex couples into their practices in the future, then there is generally a substantial division between those whose position is, "What's the big deal? Couples are couples and it's all pretty much the same in all relationships in terms of the issues that come up in therapy" – and the polar opposite position, where some feel totally daunted by the prospect of working with same-sex couples. Statements are made such as "Wouldn't they prefer someone from their own community?" or "I wouldn't know what questions to ask that wouldn't be offensive or irrelevant."

It seems important to bridge this polarisation.

The device I use in class is designed to keep the students thinking in broad field terms, looking at all the issues that might confront a couple, generally, before even thinking about focusing on the issues that may be specific to gay men and lesbian couples.

The scenario I use is that I get the students to imagine that they are already set up in a practice and that they have a secretary who has left them a note that a new couple is going to arrive in half an hour. There is no indication whether the couple is a man and a woman, two men, or two women, and given that there is some time before their arrival, the invitation is to begin to think of the full range of issues that can affect couples in general. This brainstorming is recorded on the whiteboard.

The reason for engaging in this seemingly convoluted fiction is that I am trying to get the students to firstly get in touch with the detailed knowledge they have from their own experience and training in dealing with all these difficulties that face couples and which bring pressure to bear on their relationships. The aim in doing this is really twofold. Not only does it encourage and inspire the students to affirm their own preexisting capacity and wisdom, it also creates a more solid ground for the subsequent honing down of the field when we begin to focus on the specifics of same-sex couples. Significantly, on a feeling level, it creates a deepened sense of same-sex couples being 'less different and unknown' by putting the focus on what is held in common for all couples.

It is important to maintain this wider field perspective while this brainstorming goes on in class so that there is a thorough grounding in all the dilemmas that are likely to face all couples. There is always a tendency when this exercise is underway to slip into the specifics of same-sex relationship dynamics, and this is held in-check, with the focus maintained on what is common to all couples in relationship.

At this point there is a whiteboard filled with the students' collective wisdom that reveals the whole range of possibilities that this unspecified couple may be bringing to therapy in the fiction we have created.

Now the scenario changes and the secretary (of no specific gender, but of questionable efficiency) reveals there is some more information he/she can remember about the imminently arriving couple. They are either two men or two women, but are not a heterosexual couple.

The students are then invited to focus on those issues that might require some particular attention as being relevant to a gay male or lesbian couple. Typically, the following issues are singled out: fidelity; sex; family of origin;

children; communication; roles; religion; career; sexual boundaries; and, much more infrequently, legal issues might be mentioned. It is generally forgotten that gay men and lesbians in relationship do not have the same legal protections and rights as heterosexual couples.

By this time, there is some real appreciation of some of the subtle dynamics that impinge on the lives of same-sex couples that need to be on their therapist's radar.

The students then go more deeply experiential and are asked to play gay male and lesbian couples in role plays, with me facilitating their sessions. At the conclusion, we collectively discuss what has been specific to the fact that they were a couple of the same gender.

Some of the findings that come out in class correlate quite closely with some of what also shows up in longer term therapy with same-sex couples that I have worked with in my private practice. I will outline some of these below:

(These factors are necessarily generalisations but are still useful indications of what may be occurring in gay male and lesbian relationships).

- Gay men are socialised, on the whole, within the mainstream culture and this gets to be reflected in their relationships.
- Men are generally socialised to substitute aggression for anger and to suppress or shame vulnerability and sadness.
- Well trained in creating concrete solutions and generally less comfortable with staying with feelings, men tend to make demands and propose concrete solutions. What is often needed in therapy, however, is to support each man to reveal his yearnings for connection, the sense of belonging and caring they feel for each other and the grief each of them has experienced when they miss each other when trying to connect. This will require good support from their therapist to achieve.
- These yearnings and feeling are often out of conscious awareness and are revealed through body language and in subtle ways. Picking-up on these in the therapy and bringing them to the attention of the clients in a non-shaming way can be important work to help them develop a more deeply relational way of communicating. They often also need to be supported to slow the process down and frame-up what they have to say in terms that are supported with a language of ownership. It can also be useful to simply have men reflect back to each other what they are hearing the other say as this can support them to communicate more effectively outside of sessions.
- Two women in a lesbian relationship can generally have a good capacity to read and tune into the feelings of their partner and are generally socialised to be more focused on relationship than gay males.
- The downside of this can be a tendency to be either overly focused on not distressing the other or getting very caught up in feeling hurt or distressed and lapsing into blaming and anger.
- Sometimes one party will take up one of these positions and their partner will take the other and the system becomes somewhat stuck. This can look very much like taking up the roles of persecutor and victim. What is often missing is sufficient support for acting strategically and putting agreements in place to break this cycle. Even the simple intervention of using the 'time out' symbol and some minutes of cooling off can be very useful to introduce.
- I have worked with some lesbian couples who have spent a great deal of time negotiating who is to father the child they want to have and how they can protect the needs of all parties in the arrangement, including the child as it grows. This can also bring up issues of dealing with men and male power and how to preserve the primary bond of their relationship as two women. Helping them to set clear boundaries and being appropriately 'selfish' in regard to their needs in the relationship can be important.

It is useful to have some frameworks for working with same-sex couples and the ones that I find most useful are seeing the work through a Gestalt field sensitive relational model and with regard to the dynamics of shame and belonging. We

have looked at some aspects of the field and the need to somehow offset the hostility, disregard, ignorance or prejudice in the broader, external field (of the wider society). This puts a particular onus on the therapist to substantially support and recognise the validity and wisdom of the dynamics of the relationship as it is presently constituted, even if it is showing real signs of being under considerable stress and manifesting off-balance behaviours. Other elements of a Gestalt model that I find useful include keeping a close focus on dialogue, phenomenology and experiment.

It is generally important to help keep the couple more in their bodies and closer to feelings as their lines of communication grow.

As gay men and lesbians have both experienced continual hostility in one form or another due to their sexual orientation, this can mean that self esteem issues, peer support or approval, or their degree of comfort with being "out" can be significant factors to take into account when working with them, especially when one member of the couple has significantly different needs to the other in any of these areas.

Lesbian couples tend to have no

As gay men and lesbians have both experienced continual hostility in one form or another due to their sexual orientation, this can mean that self esteem issues, peer support or approval, or their degree of comfort with being 'out' can be significant factors to take into account when working with them, especially when one member of the couple has significantly different needs to the other in any of these areas.

Relationships that come out of romantic love will have an initial period of inward-focusing, wanting others to witness their connection, and the dominant feelings will generally be sexual and joyous. If any of these elements are missing, it puts the relationship under pressure. Over time, as well as with inevitable differentiation, ruptures and communication failures will generate feelings of sadness and anger.

In general, anger and sadness or hurt are the feeling that are most difficult for a couple to share and need to be supported in therapy to emerge. Sometimes sadness can be most easily facilitated by drawing attention to body language and tone of voice or affect.

issues around monogamy as they generally understand that sexual practice and feelings of secure attachment ideally need to be congruent. However, when a lesbian relationship breaks down, it is most likely to be either accompanied by a collapse of sexuality within the relationship, where the couple continue on together despite the loss of their previous sexual bond, or one partner may leave and begin a relationship with someone else from close within the common circle I am continually amazed at how this can occur, and still the tight-knit communities do not polarise or fracture, and the separated parties can reconcile over time (though generally they do not get back together as a couple).

Gay men are perhaps more likely to be open to the possibilities of non-monogamous relationships. This does not mean that all gay men are promiscuous, and certainly the majority of longer-term gay relationships that I am aware of are based on monogamy. However, what I have become aware of is that there is always a significant and closely guarded boundary to protect the 'emotional monogamy' of the couple, or the highest possible status that they accord to each other. Sometimes these boundaries are inadvertently or deliberately breached and this can cause real distress for the couple. This is delicate work to engage in and to repair. Generally, as long as the boundaries are clear and the agreements are open to being negotiated periodically or when necessary, then it can work well for the couple to have sexual encounters outside of the relationship, even enduring 'fuck buddy' relationships, so long as these are contained and don't impinge on the 'emotional monogamy' of the relationship.

Internalised homophobia is also a significant factor in both gay male relationships and lesbian relationships, and needs to be worked with in a non-shaming way. I like the model that Robert Lee uses in his writings. His framework can be useful as a lens through which to see the difficulties that arise for a couple, given the degree of homophobia that is in the wider community, and also the degree to which gay men and lesbians have absorbed powerful lessons around pulling-back on their sexuality or the overt expression of it when the environment or the other is not receptive. This pulling-back or

shame response for a couple can also be experienced as denial or disregard of the beloved, or as being demeaning of the partner, and this can put a subtle and sometimes very real strain on the relationship.

Internalised homophobia is also a significant factor in both gay male relationships and lesbian relationships, and needs to be worked with in a non-shaming way.

This makes sense if we think of relationships as being essentially social contracts. Distress can occur within a relationship when one partner comes from a family that is very affirming of the couple and the other partner does not feel able to 'come out' to their family and declare their union. A similar dynamic can operate in the workplace, where one partner is in a gay-friendly sector and the other in a deeply homophobic environment, where the cost of 'coming out' would mean career suicide (or so it feels).

Working sensitively in these areas requires a clear field sensitive approach, a good understanding of the mechanisms of shame and a willingness to discover the inherent wisdom and tenacity of each of the members of a couple as they look to preserve and enrich their lives and the relationship itself. In therapy, I will often re-frame what is going on in terms of how each individual is fulfilling a vital and healthy aspect of the collective needs of the couple. For example, when one is 'too much at home' and one 'out too much', I might frame this as one 'holding the nest' and the other bringing back the excitement and revitalising vigour of the world. What is missing is often the need to hear the other's yeaning for togetherness, rather than engaging in criticism and blaming.

I often also refer to the grief they hold and feel in common. This is a rich and vital area to engage in when working with gay male and lesbian couples, especially where so many forces are acting against the relationship from both outside and within. Issues of low self esteem, domestic violence and addictions can also usefully be seen through the frameworks of internalised homophobia and shame and belonging.

It is not an easy task for the therapist to create sufficient support for a same-sex couple to work through all of these issues but it is indeed rewarding to see them grow and heal and deepen their loving bonds. Or, when something in their relationship has truly died, to help create and support sufficient contact for them to meet well enough in order to ultimately part.

Philip Oldfield

Philip Oldfield (BA Sociology, Grad Dip GT, GANZ College Member) has been a Gestalt Trainer since 1986. He works in private practice in Surry Hills, seeing private clients, and training and supervising counsellors and psychotherapists. He is co-Director of Sydney Gestalt Institute in Waverley where he lectures in a postgraduate program in Gestalt Therapy. Phil also lectures at Jansen Newman Institute, as well as delivering programs for government departments, hospitals, community organisations businesses and conferences. Phil is particularly interested in gay and lesbian health and relationship issues, sexuality and the impact of HIV on our communities.

Bibliography
Boswell J 1981, *Christianity, Social Tolerance and Homosexuality*, University of Chicago Press.
Lee R 2008, *The Secret Language of Intimacy*, Gestalt Press.

a therapy website that works with values that matter: seven elements of the successful website

Clare Mann

A paradox faces therapists today. Their clients enter counselling to resolve problems and create a greater quality of life, and therapists continue to combine their clinical skills with the milk of human kindness to assist them in this journey. However, the context in which the client and therapist get to 'sit together within the crucible of therapy' has changed radically. The Internet has altered everything and therapists must embrace it if they are to continue to do the work they love. Herein lies the paradox – how do therapists maintain their integrity and the boundaries of therapy whilst embracing the inevitable impact of the Internet?

Do therapists actually have to have a website to operate, particularly in private practice? And if they do, or have decided to do so already, what do they need to know to ensure it meets its objectives whilst maintaining the integrity the profession demands? Typical questions arising from therapists include:

- **Why do I need a website today when I functioned without one before?**
- **What are the implications of giving more information about myself online?**
- **What must I ask an IT person and how can I avoid excessive costs?**
- **How can I focus on my therapeutic craft and yet be sustainable?**
- **How does having a website influence transference issues?**
- **How can I maintain my integrity and yet be successful?**

What exactly is a website?

A website is the virtual shop window of your practice. The name of the shop, the window dressing, items displayed and solutions offered, all influence the shopper to either look more closely in the window, enter the shop, buy something or walk away. For example, a generalist bookshop might attract readers but many will not buy if the topics and genres do not fit with their values and interests – even if they intend to buy a book. Many would-be shoppers will walk away from the window or the shop counter and seek a specialist bookshop (where they might even buy books they hadn't even known existed, on topics beyond their intended search). The decision to buy is based on the ability of bookshop, or a therapy practice, to resolve their problem – whether it be resolution of pain or the pleasure of a good read.

Why therapists must have a website

Therapists who are in private practice severely limit their ability to be successful and sustainable in the long run if they do not have a website. This is because clients increasingly:

- **Use the internet to find therapists**
- **Research a therapist online before or after meeting them**
- **Seek solutions to their problems rather than assuming that therapists know best**
- **Evaluate therapists that are referred to them through an online search.**

So traditional methods of attracting and retaining clients are becoming increasingly limited. Therapists who rely on a strong, traditional referral base are finding that this alone no longer works. The client has changed and we too must change if we are to 'meet' our clients before they encounter us face to face.

…the context in which the client and therapist get to 'sit together within the crucible of therapy' has changed radically. The Internet has altered everything and therapists must embrace it if they are to continue to do the work they love.

A website that works with values that matter

A paradigm shift is required by therapists if they are to be successful and sustainable. Although clients often fail to see, or might even deny, that they have choices in everyday life, they become assertive choosers when it comes to online shopping. Many therapists are equally denying their own choices through their resistance to consider that running a practice must incorporate current business principles. A website that works is a crucial part of their marketing strategy.

Again, herein lies a paradox – ensuring that clients reach us through the methods they prefer (such as through a website) whilst not diluting the transformative power of therapy itself. Additionally, if we need a workable website, how can we resource this without becoming burnt-out by having to take more clients than we would like in order to cover the increased financial demands? This is part of the paradigm shift required. To be sustainable, you must consider expanding your work beyond one-to-one sessions, or increase your fees dramatically to avoid taking more clients than you can effectively serve.

For the purpose of this article, a workable website is one that:

- **Attracts clients whom you are best skilled to serve**
- **Provides solution-related information for clients to choose you**

Seven elements of a successful website

1. Active and solution-focused

Many therapy websites cite a shopping list of ailments and conditions, not realising that clients haven't been to 'therapy school'. Although words like depression, anxiety and co-dependence have entered the language, the would-be client is seeking a solution to their problem and not the history of the therapist's professional training. The credibility of the therapist is of course important, but websites that focus on this alone will find that would-be clients simply won't choose them.

'Brochure websites' that are simply an online version of a real brochure might look attractive, but fail to attract clients due to the technological reality of how they are ranked in search engines when clients search online. Thus, an active, regularly updated website with material to educate and assist people, whether they become paying clients or not, is essential to your success.

One of the most effective ways to achieve this is through having a regularly updated blog on your site. A blog is an opportunity to regularly write content-rich, relevant information for your would-be clients, which positively influences your ability to be ranked highly as a relevant website on search engines.

2. Effective branding

Branding is your opportunity to create an image reflecting your skills, talents and unique solutions. Branding makes you and everything you write about recognisable and attributable to you. This involves colour, images, pictures, style of writing and consistent font-size/style. It often involves a logo. It includes the style in which you write a blog – either formal or conversational. In order to create a relevant brand that reflects the nature of your work, solutions and values, think carefully about the type of clients you want to attract. If you want to attract young people for CBT-focused counselling, your images should reflect a younger, outcome-focused brand. On the other hand, an existential therapist working with couples would probably want to incorporate a philosophical flavour through writing style and imagery.

The question you must ask of your website is, 'Why would a client want to come to me and not someone else?' If you align your brand with the type of clients you enjoy working with and can best serve, you will attract clients who have the best chance of transforming their lives through therapy with you. A brand that doesn't match your modality, values or approach will inhibit clients finding a therapist who is more suited to their needs.

3. Professionalism

A client's real and perceived safety is essential and ethical in counselling practice. Thus, everything about your website must give a sense of security, professionalism and confidentiality. Avoid using free online email services that don't allow you to customise the domain name in your email address. Your website name and related email account(s) should relate to your practice.

Additionally, having a physical address and landline telephone on your website adds to the perceived safety, robustness and stability of your practice. Including 'Frequently Asked Questions' is also a valuable way to communicate with your would-be clients and educate them about your way of working.

Create a website that is more than a brochure of ailments or approaches. Put yourself in your would be client's shoes and provide them with rich, relevant information to help solve their problems.

4. Relevant and rich content

Create a website that is more than a brochure of ailments or approaches. Put yourself in your would-be client's shoes and provide them with rich, relevant information to help solve their problems. Appreciate the different learning styles of readers and put across information using different approaches. Visitors to your site will 'bookmark' it if they enjoy your content, and return to visit it frequently – and, when they are ready, they will approach you directly.

Blogs can be written up to several times a week, highlighting challenges you know clients typically face. You can add special reports, tips and techniques for dealing with communication difficulties, or you can include links to a YouTube video of yourself, where you speak about the challenges of a particular time of year. You can write book reviews or create exercises that help get your clients 'unstuck'. If you find these things difficult, you can add other people's reports and articles, as long as you attribute the work to them.

The rule with all of the above is *'keep thinking of what the clients needs – not what you want to tell them!'*

5. Offers multiple solutions

Therapists often get stuck believing that one-to-one sessions are all they can offer to help their clients get unstuck. However, with all your years of experience, you can create or suggest services that will help those clients that either can't afford to see you or are not ready to begin therapy. Think creatively of what you can offer visitors to your site beyond one-to-one sessions. Maybe you can record the relaxation exercise that has worked so well with your clients and sell it as a CD or MP3 digital download? What about that book you are longing to write but haven't gathered the courage to start? You could write a short e-book and sell it on your site along with other people's products or workshops.

Selling other people's materials on your website is a great way to promote solutions you believe in whilst obtaining commission or affiliate fees for promoting it on your site. All these methods are ways for you to create additional income streams so your practice can be sustainable as well as you becoming known as an expert in the field.

6. Ongoing maintenance and action

Whilst it is essential to have a website, it is not sufficient to create one and then hope it will attract visitors. You may be practising in a particular area of the city and be surprised that when people enter 'counsellor' and your geographical area into a search engine like Google, your name doesn't even come up on the first or second page. This is because your site must be 'optimised'. Optimisation is the word given to the process by which the content and actual words used on your website match the words that your would-be clients type into search engines when they are on their computer. This means that you (or your IT person) must correlate what would-be clients search for with the information on your website.

Optimisation is a sophisticated process and the more you learn about your would-be clients, the more your site can effectively be optimised. Once you know what works on your site, in terms of attracting your preferred client type, everything you put on your site should be geared to making this match. However, just because you might pay an IT advisor every month to 'optimise' your site, it doesn't mean it will instantly work, nor that the several hundred dollars you might pay them involves them doing any more than ten minutes of work for your investment.

Thus, a website is not a *'once and for all'* activity – it requires ongoing maintenance and research by you and your IT person to ensure it works optimally, and that you are not being taken advantage of. Without optimisation, all you have is the 'feel-good' factor of actually having a website but it won't attract clients to you nor ensure you create a successful and sustainable practice.

7. Sufficient Relevant Traffic

The most attractive website in the world is like a fabulous coffee shop in the dessert. Unless regular coffee-drinkers pass by with the desire and potential to buy, then the shop will go out of business. Similarly, a website that is not optimised is like that dessert café – with no passing traffic of would-be clients interested in your services, you might as well not have one.

However, if you can build a road from a city to the dessert, so traffic can pass by that coffee shop, then you might be able to attract visitors. But what if they are looking the other way when they pass by the entrance? There must be signs leading to it, to give multiple opportunities for people to know the coffee shop is there. You must ensure that sufficient numbers of passers-by are likely to be coffee drinkers and that they are likely to have the time and inclination to stop by and purchase coffee. If you can attract visitors who drink coffee to stay a while in your coffee shop, they might even buy something else as *well* as the coffee. If you give them a coffee card or incentive to return to tell others about your services, then you may attract others too. These principles are also true of your practice website.

The key thing is that your site must contain rich, relevant content that is continuously developed to solve the problems of your would-be clients. Optimisation is your road in the dessert. Your site must also be continuously designed and re-worked so it attracts relevant traffic through multiple means that result in them choosing you or other products on your site to solve their problems.

The key to success in private practice

If you are serious about running a successful and sustainable practice, you must make a paradigm shift in how you view being a therapist. It is no longer sufficient for you to have excellent clinical skills – you must develop a business mind-set. Without this, you will find yourself struggling for clients and compromising your services and fees to accommodate the reduced number of clients coming to your practice. This is not sustainable in the long term. Having a highly effective website is a pre-requisite to being successful in private practice. However, you must educate yourself in the basics and then integrate this with doing the work you love – helping clients transform their lives.

Clare Mann

Clare Mann is a psychologist, author and professional speaker who helps psychologists and counsellors run successful and sustainable private practices. Through her teaching, workshops and writing, she ensures therapists attract the clients they love to work with. For a free CD or MP3 **'7 Secrets of Attracting Therapy Clients'** *visit* ***www.besttherapypractice.com*** *+61 2 9006 3336.*

rescuing research:
thoughts on 'the efficacy of psychodynamic psychotherapy' by jonathan shedler

Jacinta Frawley

Over the last twenty years or so there has been a dramatic change in how therapy is viewed and valued in the general community. The words 'evidenced-based' and 'empirically supported' have emerged and taken on an almost mystical power to bestow certitude and respectability. This has gone so far as to give a governmental stamp of approval for certain types of therapies. Almost without noticing, many therapists have found their livelihoods and even the validity of their chosen profession called into question unless they practice an 'evidence-based' therapy, generally a variation on manualised cognitive behavioural therapy (CBT).

In particular, therapists whose practice is based on psychodynamic attitudes and techniques have been under both explicit and implicit attack, often under the rubric of being 'unproven', 'non-scientific' or non-'evidenced-based'. Though numerous studies have challenged this perception, psychodynamic practice has gained only limited traction in this argument. It is thus with great pleasure and not a little relief that I recommend Jonathan Shedler's article in the current issue of *American Psychologist* entitled 'The Efficacy of Psychodynamic Psychotherapy'. Shedler, an associate professor of psychiatry at the University Of Colorado School Of Medicine, has undertaken a meta-analysis of research into the effectiveness of psychodynamic psychotherapy and compared it to similar studies of drug interventions and other therapies, in particular CBT and behaviour modification.

Drawing on the research of Blagys and Hilsenroth (2000), who identified seven characteristics which reliably distinguish psychodynamic therapy from other therapies, Shedler, very helpfully, identifies the characteristics which he uses to define psychotherapy in general. These are, that psychotherapy:

- focuses on affect and expression of emotion
- explores attempts to avoid distressing thoughts
- identifies recurring themes and patterns in the client's feelings, self-concept, and relationships
- discusses and emphasises past experiences (developmental focus)
- focuses on interpersonal relations
- focuses on the therapy relationship and
- explores fantasy life (p 99-100).

Other general considerations are that session frequency is generally between once and twice a week and that psychotherapy may be time-limited but more often it is open-ended.

Shedler concludes:

1. ' . . . that effect sizes for psychodynamic therapies are as large as those reported for other treatments that have been actively promoted as "empirically supported" and "evidence-based".'

2. ' . . . the (often unacknowledged) "active ingredients" of other therapies [such as CBT] include techniques and processes that have long been core, centrally defining features of psychodynamic treatment.'

3. Most significantly, 'the evidence indicates that the benefits of psychodynamic treatment are lasting and not just transitory and appear to extend well beyond symptom remission' (p 107).

These conclusions are tremendously encouraging for therapists. We have long known the benefits of psychodynamic techniques and attitudes from our own experience and practice and even from scattered research. How encouraging, then, to have independent research that validates this knowledge. As therapists, we can now communicate the value of our work to the general public, other professionals, insurance companies and even perhaps the Department of Health and Ageing with greater confidence.

My attention was particularly drawn to Shedler's third conclusion, which points out that

' . . . the goals of psychodynamic therapy include, but extend beyond, alleviation of acute symptoms. Psychological health is not merely the absence of symptoms; it is the positive presence of inner capacities and resources that allow people to live life with a greater sense of freedom and possibility' (p 106).

It appears from emerging research that not only does psychotherapy improve client functioning during and after therapy but that clients continue to improve even after therapy has ceased. Psychodynamic therapy not only alleviates symptoms but also develops inner resources and strengths that continue to develop independently in the client after therapy has concluded.

It appears from emerging research that not only does psychotherapy improve client functioning during and after therapy but that clients continue to improve even after therapy has ceased.

Shedler makes some telling observations on the perceived non-'evidence-based' status of psychotherapy. He lays much blame on early American psychoanalysts who, for decades, allowed only medical practitioners to train as psychoanalysts, seeking to create and maintain an elite hierarchical structure which alienated the developing profession of psychology. As psychology established itself in universities and began to develop a stronger research base, it showed little affection for psychoanalytic and psychodynamic theory and practice and an intense rivalry developed. Psychotherapists were, generally, not associated with universities and showed little interest in academic research. Thus, while other academically-based therapies were able to produce such research and hence the claim to be 'empirically supported' – so psychodynamic therapies remained 'unproven'. Shedler is also very critical of some academics who, he reports, attempt to discredit psychodynamic treatments by equating current psychodynamic practice with dated concepts from the origins of psychoanalysis, ignoring a century of refinement and development.

It has always been an integral part of my Jungian psychodynamic training to ask, 'Why now?' Why this dream now? Why this symptom now? Why this narrative now? So I find myself wondering, "Why this article, this research now?"

Hopefully, this reassertion of psychotherapy is not simply one of the peaks and troughs of professional jealousies but perhaps is a sign of wider changing times. Manualised therapies, behaviouralism and the mass marketing and consumption of drug therapy share a longing for order, sameness, homogony, and conformity. Do these treatments contain a fantasy that the production and consumption of therapy can be produced and dosed in predictable units to predictable predetermined consumers? Is there a desire, hidden in these therapies, to become a type of verbal medication?

Psychodynamic practice, in contrast, can be messy and emotional, tolerating and embracing confusion, chaos, and contradictions. Complexity and quirky individuality is expected and welcomed as the layering of personality and history is explored. Psychotherapy has developed tremendously since the first practice of Freud, Jung and their collaborators. When we practice modern psychotherapy it is not to imitate the past, but rather, paraphrasing T.S. Elliot, to continue our explorations of human experience and at the end of our exploring, arrive where we started and know the place for the first time.

So what to do next? Read Shedler's article, learn it off by heart, tell your friends. Converse with colleagues and other professionals. Support your professional bodies in disseminating this information in journals, newsletters and websites. Represent your profession proudly. Allow yourself to be inspired.

Jacinta Frawley

Jacinta Frawley is a Jungian Analyst, trained in Zurich, Switzerland. She is in private practice in Gymea in southern Sydney. Your comments, queries and suggestions for discussion topics are welcome to j.frawley@bigpond.com

References

1. Blags, MD & Hilsenroth, MJ 2000, 'Distinctive activities of short-term psychodynamic-interpersonal psychotherapy: A review of the comparative psychotherapy process literature'. *Clinical Psychology: Science and Practice,* vol.7, pp.167-188.
2. Shedler, J. 2010 'The Efficacy of Psychodynamic Psychotherapy', *American Psychologist,* February-March 2010, pp.98-109. Available (for about $14 AUD) from http://www.apa.org/pubs/journals/releases/amp-65-2-shedler.pdf

For commentary on Shedler's article, see also: http://www.scientificamerican.com/article.cfm?id=talk-therapy-off-couch-into-lab

discussing sex: do you or don't you?

Elizabeth Anne Riley gave this professional development presentation to CAPA NSW members on 10 March 2010 (126 people attended).

Review by Melissa Neve (CAPA Membership Secretary)

Elizabeth Anne Riley is a counsellor, supervisor and educator specialising in sexuality and transgender counselling and education for counsellors and psychotherapists. A PhD candidate, Elizabeth is researching the needs of gender variant children and their parents. She is also a counsellor for the St James Ethics Centre, and works in private practice in Sydney. She has presented papers and workshops in the areas of sexuality and transgenderism both locally and internationally. For more information, visit www.PeopleSmart.net.au

Elizabeth Anne Riley's presentation was not only from a clinical perspective, drawing extensively from her work, but was also intertwined with her own personal experience.

Initially, Elizabeth showed diagrams which covered the basic male and female anatomy and reproductive organs, asking the audience if they were able to name the male and female sexual organs accurately.

She said that her aim was to increase our comfort in talking about and exploring the subject of sex with our clients.

Elizabeth then moved on to a presentation which included the following topics:

1. The functions and purposes of sex
- Exploration of the functions of sex, which might include: pleasure, tension release, as barter, commercial love, companionship, duty or obligation, weapon or reward, as recreation, gender affirmation, identity, ego or status, intimacy, communication, bridging the gap.
- Elizabeth asked us to split up into groups and discuss: How does sex fit in or not fit into your life? and What might its function be?

2. Circles of sexuality
- Elizabeth discussed sensuality, intimacy, sexual identity, sexual health and reproduction and sexualisation.
- Included in her exploration of sexual identity was the difference between sexual preference and gender identification i.e. when someone has gender reassignment surgery and makes the change from male to female, they may still choose to partner with a female as they had previously.
- Elizabeth shared a very personal story about when she underwent surgery and how she better came to understand some of the issues her clients experienced.
- Elizabeth asked us to split up into groups and discuss how an area, whether it be family, friends or media, had impacted our understanding or beliefs around sexuality.

3. Lifespan and sexual development
- Signs of social awareness and fostering healthy sexual development for each of the child age groups 0-5, 5-12, 13-18.

4. Gender role expectation
- Elizabeth also spoke about the unique difficulties and challenges that faced particularly teenagers and young adults in relation to their sexuality, such as the high incidence of violence, depression and youth suicide in the transgender community.
- Finally, Elizabeth asked us to split up into groups and discuss the question: What impact has my growing up as a exual being had?

Melissa Neve
Membership Secretary, CAPA NSW

Melissa Neve has been in private practice for three years. She works with both individuals and couples, offering both short-term (3-6) sessions and long-term couples work.

She also works with teenager and early adult concerns for both parents and children, as well as step-family and blended family concerns.

Melissa practices from rooms in Frenchs Forest and also Mona Vale.

You don't want to write an academic paper??

We welcome more informal anecdotes from your practice.

Topics could include:
- A client who changed my practice (or my life)
- The most valuable lesson I learned in the therapy room
- Ideas that inform my practice
- My most important therapeutic mistake
- Some things I wish I knew before becoming a therapist

Send your submissions (up to 600 words) to editor@capa.asn.au

capa nsw professional development events 2010

CAPA NSW members must complete twenty hours of approved professional development each year.
To help members meet this requirement, CAPA NSW is hosting the following events:

29-30 May
'The Space Between'
CAPA NSW 4th Biennial Conference
PD points: 14 (for full conference attendance)
(see ad on page 7 for details)

Saturday 19 June
Regional and Rural PDE
10am start
- DVD presentation of CAPA's March PDE featuring Elizabeth Anne Riley
- Guest speaker
- Social gathering and discussion

Venue: Administration Building, Uniting Church
Cnr Sherwood Road and Oxley Highway, Port Macquarie
PD points: 5
Thirty (30) spaces available
Contact regional@capa.asn.au for more details

Saturday 21 August
Annual General Meeting
To be advised
PD points: 4

Tuesday 23 November
7.30 pm – 9.00 pm
To be advised
PD points: 2

Bookings: (02) 9235 1500 or office@capa.asn.au
Please book as soon as possible – spaces are limited due to Occupational Health and Safety requirements.
Cost: Free for CAPA members. $30.00 for non-members.
Venue: Crows Nest Centre, 2 Ernest Place, Crows Nest, Sydney.
(Please note: CAPA NSW is exploring more convenient options for members in rural and regional areas Please email the Regional and Rural Committee with your suggestions on regional@capa.asn.au, or see their phone contacts on page 5).

Events calendar

Upcoming dates which may impact your clients and your practice. Visit the websites for information and resources.

23-29 May	Palliative Care Week	www.palliativecare.org.au
26 May	National Sorry Day	www.nsdc.org.au
27 May-3 June	National Reconciliation Week	www.reconciliation.org.au
29 May	White Wreath Day (in remembrance of victims of suicide)	www.whitewreath.com
31 May	World No Tobacco Day	www.quit.org.au
4 June	International Day of Innocent Children of Victims of Aggression	www.un.org/observances/days.shtml
14-20 June	Men's Health Week	www.menshealthweek.com.au
20 June	World Refugee Day	www.un.org/depts/dhl/refugee/index.html
20-26 June	Drug Action Week	www.drugactionweek.org.au
25 June	Red Nose Day	www.sidsandkids.org
26 June	International Day in Support of Victims of Torture	www.un.org/events/torture
26 June	International Day against Drug Abuse and Illicit Trafficking	www.un.org/depts/dhl/drug/index.html
4-11 July	NAIDOC Week	www.naidoc.org.au
23 July	Stress Down Day	www.stressdown.org.au
9 August	International Day of the World's Indigenous People	www.cultureandrecreation.gov.au/articles/indigenous/peoples
12 August	International Youth Day	www.un.org/esa/socdev/unyin/iyouthday.htm

Vivian Baruch

Since I was a teenager, I have been interested in philosophy, psychology, comparative religion and their links to body, mind, spirit, consciousness and interpersonal relationships in social and cultural contexts. Reading, enquiry, study, practice, struggles with and enjoyment of these fields characterise my life.

I was supposed to become a teacher, but wasn't keen on mainstream education. So when I completed my B.A. in 1973, I travelled through England, Europe and North Africa, encountering various peoples, cultures, world views and alternative methods of healing. On returning to Australia, I studied naturopathy, homoeopathy and counselling and began my own counselling and therapy journey, experiencing different modalities and therapist personalities. I graduated in naturopathy in 1981, worked in a women's refuge and then for a feminist-run women's health centre as a naturopath, homoeopath, counsellor and group worker until 1987, and have been in private practice since that time.

Finding Ken Wilber's body of work in 1991 was like a "coming home" because he combines a breadth of psychological knowledge with a depth of spiritual and philosophical training. Wilber's model of integral psychology provides a flexible meta-view which orients my work with clients. It addresses the functioning of body, emotions, mind and spirit in self, culture and nature. This matrix, combined with the client's wishes for what they want from therapy, helps us jointly decide where to focus our work. Since 2004, my approach to counselling has incorporated the methods of Scott Miller and Barry Duncan, ensuring objective accountability in privileging clients' voices.

A passion for me in supervision is encouraging a comprehensive approach to therapist self care to ensure thriving in our work

I see individuals and couples in my private practice and use a wide range of modalities including CBT, solution oriented, gestalt, emotionally focused, as well as psychodynamic, existential and transpersonal approaches, all informed by my Buddhist practice. With couples I'm also informed by developmental, attachment/ differentiation and systems theories as well as neuroscience. The work of Michelle Webster, Leslie Greenberg, Susan Johnson, Ellyn Bader, Peter Pearson and David Schnarch has proved invaluable to my understanding of couple dynamics.

Since 2005 I've taught at the Australian College of Applied Psychology (ACAP), where I get great satisfaction from learning how to improve my teaching. I've also taught supervision to postgraduates at Canberra University and love the more peer-oriented learning relationships in supervising therapists. A passion for me in supervision is encouraging a comprehensive approach to therapist self care to ensure thriving in our work. I believe there is not enough focus on this in our trainings.

Wilber's teachings inspire my work as well as my personal life and spiritual practice. Important activities which foster my growth and happiness include: time with family and friends, walking in nature, yoga, meditation, work, weight-training, writing, contemplation, discussing ideas, time alone, reading, study, teaching, music, cooking healthy food and creating order out of chaos.

Vivian Baruch BA, MCouns, CMCAPA, RMPACFA, is a registered counsellor, psychotherapist, and supervisor in private practice in Sydney. She has worked as a counsellor, therapist, and group worker since 1981. She has a Bachelor of Arts (UNSW), a Diploma of Naturopathy, a Diploma of Homoeopathy, a Graduate Diploma in Emotionally Focused Counselling and Therapy, a Master of Counselling (UWS), a Certificate in Integral Psychotherapy (II), and a Graduate Certificate in Professional Supervision (UC). Vivian is an educator at ACAP and at the University of Canberra, where she teaches supervision at postgraduate level.
www.vivianbaruch.com

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A free service for CAPA NSW members, contact editor@capa.asn.au

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29-30 May **Sydney**	4th Biennial CAPA NSW Conference 'The Space Between'	www.capa.asn.au/conference.php capa@conferenceaction.com.au
25-26 June **Sydney**	The Family Systems Institute (FSI) conference 'Giving Nature a Better Chance: Family Systems Theory and Biological Science in Clinical Practice'	www.thefsi.com.au/news/conference-2010.php
7-9 July **Melbourne**	11th Australian Institute of Family Studies Conference (AIFS)	http://conference.aifs.gov.au
11-16 July **Melbourne**	27th International Congress of Applied Psychology	www.icap2010.com/index.php
14-15 August **Sydney**	4th Annual Australian Association of Buddhist Counsellors and Psychotherapists (AABCAP) Conference 'From Healing to Awakening'	www.buddhismandpsychothearpy.org/conf
7-9 September **Adelaide**	10th National Mediation Conference 'New Frontiers: Celebrating the Past, Embracing the Present, Creating the Future'	www.mediationconference.com.au
9-12 September **Sydney**	Australian and New Zealand Association of Psychotherapy (ANZAP) 22nd Annual Conference 'Conversations on Dreaming: therapeutic visions on sleep, sessions and the psyche'	www.anzapweb.com/html/news/22nd-annual-conference-2010.html
22-24 Sept **Sydney**	11th Biennial Australasian Schizophrenic Conference: Molecules to Mind	www.asc2010.com
31 Sept – 2 Oct **Auckland, New Zealand**	Joint New Zealand Association of Counsellors and Australian Counselling Association (ACA) Conference 'Pacific Counselling Hui 2010: Nations Coming Together as whanau/family in the great ANZAC tradition'	www.theaca.net.au
18-19 November **Sydney**	Mind and its Potential	www.mindanditspotential.com.au
26-28 November **Tweed Valley NSW**	2nd Annual Regional Gathering Association for the Advancement of Gestalt Therapy 'Exploring the Spirit of Gestalt Therapy'	keiv@westnet.com.au
24-28 August 2011 **Sydney Convention and Exhibition Centre**	World Dreaming 6th World Congress for Psychotherapy	www.wcp2011.org