

The Irish

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- The Drama Triangle and Healthy Triangle in Supervision
- Working with Couples in Abusive Relationships: Ethical Considerations
- A Simulated Interview with Carl Jung: Part I – Respecting the Power of the Subconscious Mind
- Individual and Couples Counselling: Comparisons and Contrasts

## Coping with Conflict



1981 - 2021

Irish Association for Counselling and Psychotherapy

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Our Title  
In Autumn 2017, our title changed from “Éisteach” to “The Irish Journal of Counselling and Psychotherapy” or “IJCP” for short.

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## From the Editor:



Dear Colleagues,

A very warm welcome to the Spring 2021 edition of the *Irish Journal of Counselling and Psychotherapy*. A year ago as I penned the editorial for the Spring 2020 issue of this publication, the world was a very different place. None of us could have foreseen the events that would unfold over the course of the past 12 months and the unfathomable difficulties many would face. In these unprecedented times, we have all forged our own way of adjusting, living and being. For some, spending lockdown with family has been a rare opportunity to bond and grow. For those who live alone, lockdown may have intensified isolation and provided additional time to think, dwell and ruminate. For others, the enforced togetherness placed increasing pressure on relationships and shone a spotlight on cracks and conflict that simmered below the surface.

Conflict is unavoidable when we share our lives with others. It is not always negative – it can provide an opportunity to air grievances and work towards new, forged goals and understanding. As therapists, conflict is a consistent theme in the counselling space, often presenting in conjunction with irritation, anxiety, depression and anger. Similarly, inner conflict – that occurs between parts of the self – is a staple of psychotherapy. In light of our present circumstances, the articles in this issue of the *IJCP* are bound by their

interpretations and representations of conflict.

Our first offering by Emma Redfern examines the ‘Drama Triangle’ and ‘Healthy Triangle’ within supervision. Emma highlights that understanding of the Drama Triangle – a social model of human interaction encompassing Persecutor, Rescuer and Victim – can help reveal those problematic and defensive parts of human nature that affect our relationships with ourselves and others. Therapists sharing the Drama Triangle can help clients recognise and take responsibility for their own responses to self and others – responses that can escalate, lead to or perpetuate conflict.

Our second article by Brendan O’Shaughnessy looks at working with couples that present with domestic violence. As the world’s focus turned to rising Covid-19 cases and deaths over the past year, the hidden pandemic of domestic violence during lockdown largely went unrecognised. Brendan’s article asks therapists to consider their attitude to working with couples presenting with domestic violence from an ethical viewpoint and presents the five fundamental principles that underpin ethical behaviour – beneficence, nonmaleficence, autonomy, justice and fidelity – as a framework.

Our third offering sees James C. Overholser return with his first in a three-part series of simulated interviews with Carl Jung. In ‘Part 1: Respecting the Power of the Subconscious Mind’, ‘Jung’ explains his theory that the unconscious mind influences behaviour. According to Jung, these unconscious thoughts and feelings can potentially cause anger, bias, conflict within relationships and distress. Jung

reveals that the ‘shadow’ side of the personality is the negative side – those parts of us that we prefer to hide – and understanding our own ‘dark’ side is the best method to deal with the darkness of others.

Our final article by Martin Doughan looks at the similarities and differences between individual and couples counselling. The decision to attend counselling for a relationship-related issue can be a fraught one: ‘Do we go together or do I go on my own?’ Although individual and couples counselling have traditionally been perceived as distinctive disciplines, Martin’s article suggests that there is considerable overlap when viewed through the lens of different models of therapy.

On behalf of the editorial board I would like to sincerely thank all contributors to this issue of the *IJCP*. Your input, as always, is vital to this publication and greatly appreciated.

The committee would also like to extend our sincere thanks to Dr Cólín Ó Braonáin, our former committee chair and long-time member of the *IJCP* committee, for his enormous contributions to our journal over many years. We wish Cólín the very best with his move to the IACP Research Committee.

Finally, as we go to print, level 5 lockdown restrictions in Ireland have been extended to at least March. What this means is personal to each of us and calls for understanding, patience and tolerance. Perhaps more than ever we need to mind ourselves and others and look forward to better days ahead – days where we may never take for granted our freedom to live as we choose and be with our loved ones. Take care.

**Kaylene Petersen, MIACP**

**Correction:** in the Winter 2020 edition of the *IJCP*, an error was made in the book review crediting Patrick Casement as the stated author of the book *Origins, A Somatically Based Approach to Our Developmental and Evolutionary Process from Pre-conception to Standing*. The correct author is Joan Davis (whose name appeared in the body of the review and in the image). We apologise to Joan and to Aine the book reviewer for this error. We have reprinted the book review in deference to the author and reviewer.

## Practitioner Perspective

# The Drama Triangle and Healthy Triangle in Supervision

By Emma Redfern



*In a world post-Trump, the pandemic and the killing of George Floyd, more than ever the Delphic maxim 'know thyself' holds true for psychotherapists and clients alike. Understanding the Drama Triangle helps us come to know how problematic, defensive aspects of human nature may be affecting our relationships with ourselves and others. The Healthy Triangle sheds light on what being emotionally healthy might look like in the therapy room and beyond*

## Introduction

In this article I will introduce the reader to a two-part piece of theory that informs my therapy and supervision practices. The Drama Triangle highlights unconscious processes that are often live in problematic interpersonal and intrapersonal relationships. The Healthy Triangle provides a brief

map of what being psychologically or emotionally healthy might look like for client, supervisee or supervisor. In 10 years of psychotherapy supervision, I have discovered that many supervisees do not know or adequately understand the theory behind the triangles, nor their usage. This will be explored in the article, alongside two examples from

my supervision practice of working with Drama Triangle dynamics in the hope that Healthy Triangle ways of being will emerge. The article will reference writers in the field of supervision including those who write about the Drama Triangle and Beneficial Triangle (on which the Healthy Triangle is based).

## Introducing the triangles

The Drama Triangle was conceived by Steven Karpman (1968) and is based in Transactional Analysis (TA), which was developed by Eric Berne in the 1950s. Berne hypothesised that by the age of four or five a child has developed a 'life script' influenced by what they are told, what they have experienced or had happen to them and how they have interpreted those events. This 'script' is basically a belief about who they are, how they experience and relate to people and the world and how people and the world relate to them. Another of Berne's concepts is that of 'games' people play in which unconscious beliefs drive a person's behaviour "in such a way as to result in either contributing to or causing situations to occur that evoke a familiar feeling, usually negative," (Centre for Supervision and Team Development, 2009, p. 10).

If a young child experiences adverse childhood experiences and has been harmed, they are what I would term 'a true victim', and without appropriate therapeutic intervention as an adult they may find themselves relating to the world from any of three scripts or roles: Victim, Persecutor or Rescuer. Such a person automatically 'needs' or

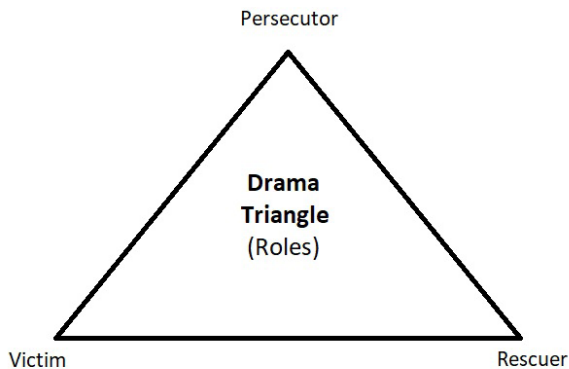


Figure 1: The Drama Triangle

'recruits' other participants to fill the complementary roles. For example, a Victim 'needs' a Persecutor and a Rescuer's *raison d'être* is rescuing Victims (or incompetents).

Most of us may have a tendency towards one of the three roles, but rapid switching of position on the triangle is all part of the painful, problematic and dramatic nature of the dynamics. I conceive of the roles as maladaptive and conflicting attempts to get needs met and protect oneself from emotional pain that has already happened due to past trauma and/or abuse and to defend against current and future emotional pain. Hughes and Pengelly (1997) writing about supervision of front-line services in turbulent environments give their explanation of the roles as intending to be helpful by 'splitting off' unwanted aspects of oneself:

- the Persecutor splits off (i.e. avoids experiencing) personal vulnerability that is projected onto the Victim;
- the Victim splits off their own hostility and anger, which is projected into the Persecutor and splits off their sense of self-responsibility and personal competence, which is projected into the Rescuer; and
- the Rescuer cannot bear vulnerability and hostility in him/

herself and unconsciously projects these into the other two roles on the Drama Triangle, while also then seeking to Rescue the Victim in such a way as to 'remove both hostility and vulnerability from the scene' in general (Hughes and Pengelly, 1997. p. 101).

It is worth noting that although the Drama Triangle is generally used to plot the interplay between people, it also exists and is active inside a person (which has not been evident to me from the literature). Many of us will probably be able to recognise the persecution of an 'Inner Critic' ('You're lazy', 'You fatty!') and the 'Ouch!' of the inner Victim, followed perhaps by the soothing/numbing response of an inner Rescuer ('Stuff it, I'm going to eat what I like and watch a box set...').

My humanistic integrative training has taught me that the Healthy Triangle is a development of the Beneficial Triangle of Proctor and Tehrani (2001, p. 177). In the Healthy Triangle, the Victim corner of the triangle is replaced with being vulnerable; the role of Persecutor is replaced with being potent or powerful and instead of needing to Rescue, one is responsive and responsible to oneself. Note that vulnerability does not mean weakness in the sense of Achilles heel. Vulnerability is positive, protective and desirable. To be vulnerable has specific connotations

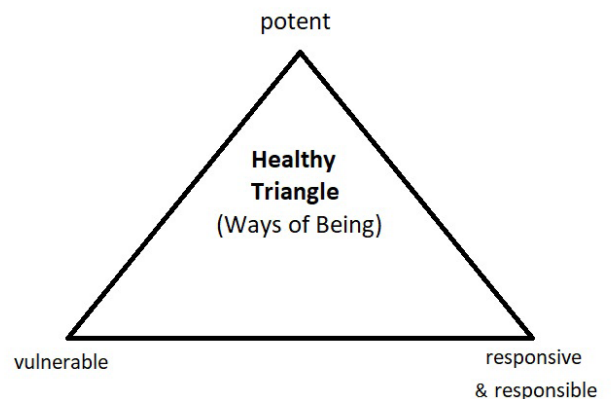


Figure 2: The Healthy Triangle

in therapy, including to recognise, validate and be curious and open towards one's emotions and one's intrapsychic world (Brown, 2012).

The Healthy Triangle differs from the Drama Triangle in not focusing so strongly on interpersonal dynamics. Someone on the Healthy Triangle inhabits all of the corners. However, when I am able to manage my vulnerability, potency, responsiveness and self-responsibility while alone and with others, those around me may feel more able and encouraged to mirror that also.

I encourage therapists to share both triangles with their clients:

- In the Drama Triangle, clients can recognise themselves and their problematic relationships (intrapersonal and interpersonal). They feel seen, heard and understood while also gaining additional clarity about the persecutor-rescuer-victim dynamic.
- In the joint recognition that, being Victim, Rescuer or Persecutor is understandably painful and problematic, the need and desire for moving towards Healthy Triangle ways of being can be explored.
- Sharing the Healthy Triangle alongside the Drama Triangle offers an opportunity to discuss together therapeutic goals



or aims and how to use the therapeutic relationship and therapy modality to achieve these.

- Without knowledge of vulnerability and its specific meaning in therapy, both client and therapist can mistake being Victim for 'how clients are supposed to do therapy'.
- Sharing the triangles gives therapist and client a shared language in which to explore relationship dynamics.
- Sharing the triangles provides an additional means of assessing progression in therapy.

### The role of supervisees

As a therapist, I have found this theory to be highly relevant and useful in working with clients. Although I do not mould supervisees in my image, I am aware that most supervisees are aware of the Drama Triangle and although some know both triangles, most of them do not use them in their client work. As Michael Carroll (2014, p. 18) writes of supervisees: "Knowledge and skills do not always find their ways into practice" and misunderstanding, lack of confidence or ability to share from the Healthy Triangle may be part of this.

A common theme among supervisees is their belief that three people are needed to be on the Drama Triangle when, although there are three roles, the dynamics may be enacted inside a single person, between groups of people or nations. Even things and concepts can be enrolled on the Drama Triangle. Also, each person may enact more than one role simultaneously or consecutively. Other supervisees are unwilling to share the triangles with clients because the clients are already impacted by Drama Triangle

## *As therapist, supervisor or supervisee, I am a wounded healer*

dynamics: 'I don't want to shame the client' (they may see the client as Victim and fear acting as the Persecutor) or 'The client won't accept what I'm saying so there's no point' (the supervisee may be feeling like a helpless Victim to a controlling client).

One response to the above is that I will model for the supervisee being a therapist on the Healthy Triangle introducing both triangles to the client by drawing each triangle on a sheet of paper as I explain them.

### The wounded healer

As therapist, supervisor or supervisee, I am a wounded healer. In my private practice, most of the supervisees I work with also have wounds. Therapists struggle with issues of competence, feelings of failure, dominant inner critics, the need to improve, 'get it right' and feel successful. All of which can, at times, lead to being on the Drama Triangle either with clients, the organisation and/or in supervision. In addition, these dynamics are part of the cultural heritage of both the UK and Ireland in the British Isles – think British Empire, world wars, global conflicts and terrorism, the Northern Ireland conflict, the Irish Potato Famine, flu epidemics, and so on. All helping professionals and helping organisations are liable to be affected by these extreme roles. As Hughes and Pengelly (1997, p. 103) state: "In courses for supervisors, we have observed that feeling caught up in a persecutor-rescuer-victim interaction is one of their most common experiences; this is often the concept they most quickly perceive as relevant. ... mirroring upwards from case dynamics, or downwards from

organisation dynamics..."

Supervision is the thinking space in which to recognise (and work with, as appropriate) Drama Triangle dynamics whether they are live in the therapeutic or supervisory relationship, or both. Hereunder are true-life verbal clues to the different dynamics.

### Possible examples of Victim dynamics

- Supervisee needs Rescue: 'I've been working with X for six years but now that I'm trained in IFS/EMDR/AEDP... it's going to be so much easier/better/more effective.'
- Feelings of overwhelm: 'There's just so much there. We've only had two sessions on what's going on for him now. We haven't begun to look at his childhood, which I know was horrendous and we've only got 10 sessions!'
- Helplessness and hopelessness in the supervisor: 'Well, if the supervisee's description is correct and the client really is in such a mess, then I don't know what she thinks I can pull out of the hat. And how does a trainee get to work with such a complex client anyway? It's hardly fair.'

### Possible examples of Rescuer dynamics

- Colluding with deflections and minimising: 'He needs to keep his phone on for work and he checks it regularly whenever we get close to anything painful/significant/uncomfortable.'
- Agreeing with the client who says they cannot afford to pay a reasonable amount for sessions, while somehow not seeing the client's expensive haircut and colour, permanent manicure, expensive jewellery and holiday tan.

- Treating the supervisee as 'special' compared to others: 'I know I see this supervisee more often than any other, but she has such a difficult client at the moment.'

### Possible examples of Persecutor dynamics

- Supervisee/supervisor playing 'blame the client/supervisee': 'She's really well defended'; 'He just won't engage, if I ask a question, I get a one-word answer'; 'I rush to get there after the meeting each week and they can't even be bothered to ring if they are running late and not coming.'
- Supervisor's controlling behaviour towards supervisee: 'You can't say that'; 'You don't mind if I take this phone call/eat my lunch do you?'
- Supervisee's bullying behaviour towards the supervisor who persists in disagreeing with them: 'You've never liked me, you're smug and patronising... I quit.'

### Examples of Victim and Persecutor in supervision

Hughes and Pengelly (1997, p. 76) believe supervisors need to develop an 'in and out' position such that we are sufficiently close to the supervisee's situation, while also being at a distance for a more 'meta' perspective. In this way, it is possible to spot Drama Triangle dynamics and give them attention rather than merely enact them.

Example: A recently qualified supervisee who works with clients likely to be on the Drama Triangle is presenting a new client. It seems clear to me that parts of the supervisee feel overwhelmed and inadequate in the therapy relationship (Victim and Persecutor) and she is beginning to enrol me as Persecutor as I explore her

### *I hope to empower the supervisee to take responsibility for finding a Healthy Triangle way to be with the client*

interventions with the client. I notice she cringes, turns her head away from me and looks at me in disbelief as I find myself reminding her to introduce the Drama Triangle to the client. It is likely that we are 'mirroring' (Hughes and Pengelly, 1997, pp. 83-87) the therapeutic relationship (or enacting a parallel process, Hawkins and Shohet, 2012). Gradually, I pull back from teaching and dialoguing into facilitating using a more active/dramatic intervention (Williams, 1995). I hope to empower the supervisee to take responsibility for finding a Healthy Triangle way to be with the client.

Supervisor: 'How do you feel towards the client? Which of the triangles would you say you are on?'

Supervisee: 'Um... I said I was working too hard so that suggests I'm Rescuing. I'm taking too much responsibility.'

Supervisor: 'Yes, and what else?'

Supervisee: 'Well, I had those thoughts about the client being to blame and was worried that I might be persecuting.'

Supervisor: 'Yes, and ...?' [No response] 'I'll replay how I perceived you presenting the client: 'And there's just so much, and I don't know where to start, and she won't engage, and I don't know why she's coming, and there's stuff she hasn't told me...'

Supervisee: 'Victim, I'm reacting like a Victim. I'm putting too much pressure on myself [internal Persecutor] to do too much in only 10 sessions with someone who's never had counselling before.'

Supervisor: 'Yes, you presented as a Victim of the enormity of the task and this may mirror the client.

How could you relate to yourself and to the client in a different way from the Healthy Triangle?'

Supervisee: 'Well, I'm not going to tell the client I feel like a Victim.'

Supervisor: 'No, indeed, leave the client out of it for a moment, focus on you and how you can change how you feel towards the client and the work.'

Supervisee: 'I could take the pressure off myself. But I don't want to just sit there and talk about her kids and the things she does with them. I'm not going to go all fluffy.'

Supervisor: 'OK, and let me just offer that back to you' [using playful acting parts]:

Stretching my right arm out to the side, acting like I'm carrying a heavy weight in the right hand, 'Aggggh, it's so heavy!'

Leaving that hand in place and moving my head to look at my outstretched left arm, "And over here we have (in a singsong childish voice) all light and fluffy and airy fairy" (wafting my hand around in a kind of inconsequential, dismissing kind of way which, thankfully, amuses the supervisee).

Finally, bringing my head back to central and looking ahead and up and down to myself sitting in the chair "and where I'm sitting between the two...?"

Supervisee: 'Ah, I can be a bit black and white.'

Supervisor: 'Yes?'

Supervisee: 'So maybe there's a new middle way I could be with this client.'

Supervisor: 'Yes? What might that look like? How could you relate to this client from the Healthy Triangle rather than the Drama Triangle?'

Supervisee: 'I don't know...' [And why should she, this seems to be a new place in which she finds herself.]

Supervisor: 'Do you know *Beyond Therapy* Erskine et al? They write about the eight needs of relationship.' [I suggest a book

from the reading list for her training. However, ultimately, I trust the supervisee to come up with her own 'new middle way' as she calls it.]

Supervisee: 'I'll have to think about that, how I could be with her and not expect so much of myself and therefore her and not be angry [Persecutor] with her and myself [Victim] for not doing any work.'

A benefit of the Healthy Triangle is that being vulnerable, potent, responsive and responsible to oneself are hallmarks and outcomes of any effective therapy. The two-part concept of the Drama Triangle and the Healthy Triangle crosses theoretical boundaries and can be thought of, explored and worked with different schools of therapy, such as Integrative, Transactional Analysis, Psychoanalytic, Internal Family Systems (IFS) and others.

### The impact of supervision

Williams (1995, p. 47) exhorts supervisors who wish to make an impact in supervision and facilitate change to inquire from one supervision session to the next "about the fate of their proposed interventions". Thus, it is important that the supervisee updates me about any impact the previous supervision session may have had on her work with the client she introduced. The supervisee tells me of a new yet fluctuating sense of presence with and compassion for the client. The supervisee inhabits a 'new middle way' in the first session post-supervision that she believes enabled the client to be briefly vulnerable. However, a couple of sessions later the supervisee is again struggling with activated parts of herself.

Training in Internal Family Systems therapy has provided me with the tools to employ an active imagination in my work (Anderson, 2017). With the client in a safe room in her imagination, I facilitate the supervisee in noticing her own

*A benefit of the Healthy Triangle is that being vulnerable, potent, responsive and responsible to oneself are hallmarks and outcomes of any effective therapy*

responses (anger and irritation - Persecutor) when the client 'does what she does' (keeping it light and steering clear of emotional areas - Rescuer). Having those responses move behind her and thus away from the client; and then turning back to the client only to find she can now do so from an open-hearted, centred place that feels enjoyable. Also, from there, she is able and willing to connect with the client in her mind's eye where she is at. Interestingly, the supervisee then experiences the client spontaneously being moved to tears and herself being present with the client as she cries. In this way the supervisee herself experiences a new way of being with herself and (in imagination) the client.

We now wait to see how this impacts reality.

### Conclusion

My intention has been to show that a working knowledge of the two triangles is valuable for supervisor, supervisee and client and to give examples of working with Drama Triangle dynamics in supervision. It has not been my intention to show my interventions as either 'correct' or 'complete', but as responses in and to the moment. My interventions are offered with a sense of uncertainty and "ordinary vulnerability with its inevitable sense of worry and doubt about what to do" (Hughes and Pengelly, 1997, p. 100), but 'doing' anyway with trust in the strength of our relationship and believing in the power of creativity and presence. ☺

### Emma Redfern

Living in the Southwest of England, Emma is a BACP Senior-Accredited psychotherapist and supervisor, EMDR (Eye Movement Desensitisation and Reprocessing) therapist and certified in IFS (Internal Family Systems) therapy. Having undertaken post-qualifying training in the seven-eyed process model of supervision (Hawkins and Shohet), plus foundation training in Art Therapy, Group Analysis and DvT (an embodied, play-based, psychotherapy). Emma offers in-person and online supervision. Her style is supportive, playful, creative and challenging. Emma can be contacted by e-mail at [eredfern96@gmail.com](mailto:eredfern96@gmail.com) and [www.emmaredfern.co.uk](http://www.emmaredfern.co.uk)

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## Practitioner Perspective

# Working with Couples in Abusive Relationships: Ethical Considerations

By Brendan O'Shaughnessy



*Domestic violence, incorporating physical and emotional abuse, extends into all corners of society. Lockdown has resulted in a surge of people seeking support from domestic violence services. Working within an ethical framework can help therapists navigate this difficult and complex issue*

## Introduction

Covid-19 lockdown has brought many hardships. Most of us have been affected to some degree by the shutting down of the world – be it facing into endless days of loneliness, the loss of jobs and/or businesses and subsequent financial hardship, an exacerbation of mental health problems, or losing a loved one. To stem the spread of Covid-19 we were told to stay home in order to stay safe. However, for those in abusive relationships, staying home with an abusive partner during lockdown has brought a heightened layer of fear and uncertainty. This

article will examine some of the possible dilemmas that may arise when counselling clients in abusive relationships and provide an ethical framework to work within.

Back in March 2020, CEO of Women's Aid Ireland, Sarah Benson, released the following statement in a press release: "It's true that for many of us home is a place of safety in a time of uncertainty. But for thousands of women and children across Ireland, home is a place of violence and fear. It is important to remember that workplaces and schools often offer sanctuary for victims of domestic violence.

Job losses, remote working, self-isolation, and other measures are already impacting on victims. The reality that the abuser may also be at home more, or all the time, is a very frightening one. Many women and children will spend the next few weeks in suffocating circumstances with their abusers because of the measures to combat Covid-19. There are women trapped inside with their abusers who are using this opportunity to further his control."

At the time of Benson's statement, none of us could have known that the lockdown would continue to varying degrees for at least a year. Her stark warning was echoed in June 2020 when Men's Aid Ireland revealed their helpline had received over 1,000 contacts from men experiencing domestic abuse since the start of the pandemic (Men's Aid, 2020).

The aim of this article is to ask you to consider your attitude when working with couples presenting with domestic violence from an ethical viewpoint. To help with this, I would like to suggest using the five fundamental principles that underpin ethical behaviour: Beneficence, non-maleficence, autonomy, justice, and fidelity (Corey, 1996).

## Beneficence

"Beneficence implies accepting responsibility for promoting what is good for others. In counselling relationships, it refers to doing what enhances the client's well-being. When clients enter a therapeutic venture, they do so with the expectation that they will benefit from the service," (Corey, 1996, p. 54).

Power and control are at the heart of abusive relationships. While there are several definitions of domestic violence referred to within the context of Irish research, a 1997 Government Task Force established to formulate recommendations for future policy relating to the issue defined it as: “The use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships. This includes violence perpetrated by spouse, partner, son, daughter or any other person who is a close blood relation to the victim,” (Report of the Task Force on Domestic Violence 1997, p. 27).

For the perpetrator of the abuse, the expectation of counselling is that this power will be supported. For the victim of the abuse, the expectation is that they will benefit from the service by seeing an end to their suffering. A clear issue here is that these goals are not compatible. If the power and control continue, so does the abuse, and where does that leave the therapist?

In accepting the responsibility for promoting what is good for others, we may need to consider overriding the expectations of the client and consider the extent of harm that can be caused by not doing so. We need to balance the clients' well-being with their safety. In abusive relationships the harm that can be done to victims and their children is substantial. Therefore, I would suggest that the victim's safety is the key issue rather than the client's expectations of therapy. The key is getting the balance right as shown in Figure 1.

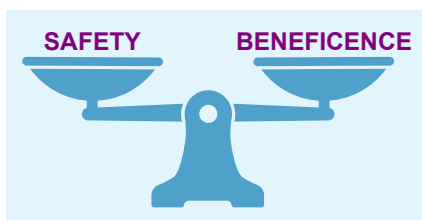


Figure 1: The Balance of Safety and Beneficence

### Nonmaleficence

The principle of nonmaleficence holds that we are obligated to not inflict harm on others. It is often viewed within the context of ‘above all, do no harm’, and is considered by some to be the most critical of all the principles, although theoretically they are all of equal weight, (Kitchener, 2016).

One of the issues with nonmaleficence is not appreciating the unintended consequences of potential benefits. By overrating the positive outcomes of interventions and understating the negatives consequences, we run the risk of serious harm or death to the victim of domestic violence and/or their children.

Abusive partners are manipulative and may use therapy to reinforce the concept that the victim is the cause of issues in the relationship. As Hennessy (2012) points out: “It is difficult to believe that the skilled offender could be so calculating and cunning” (p. 105). Perpetrators will often tell of their difficult childhood and how their partners do not understand or help them enough to overcome their past. By being drawn into this narrative, we run the risk of our empathy for their childhood distress being misinterpreted as excusing their current behaviour before we have a chance to challenge it. Similarly, the extent of the abuse can be minimised by the perpetrator as part of the denial of the victim's experience and by the victim through shame, especially of sexual coercion. As a result, we may miss the seriousness of the abuse involved and minimise the dangers inherent in counselling couples in an abusive relationship.

The key is weighing potential harm against potential benefits to ensure ‘no harm’ is caused to the client. To do so, we need to be alert to the presence of abuse in relationships and explore the extent of it. When aware of its presence, it is imperative to assess whether further therapy

will cause more danger to the victim in the relationship.

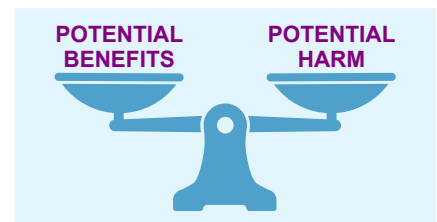


Figure 2: The Balance of Nonmaleficence

### Autonomy

Autonomy is defined as independence or self-directed freedom. According to Houser and Thoma (2013): “There are two elements that constitute autonomy: Freedom to choose a course of action and competence to make an informed choice,” (p. 68). Counsellors and psychotherapists are responsible for working in ways that promote their clients' control over their lives, whilst also respecting their clients' ability to make decisions and change with regards to their personal beliefs and values.

What if the victim wants to stay in an abusive relationship? Should we respect this decision and support the relationship? Victims of domestic abuse have often endured years of brainwashing and believe if they can only try harder, they can save their partners and their relationship. According to Hennessy (2012): “The effects of intimate brainwashing are far more profound. The intimate and detailed knowledge that the abuser gathers from the target woman makes the intensity of his influence far more damaging for the woman than if she was being brainwashed by someone who did not know her intimately,” (p.39).

As a therapist, you may be invited to help in this process. How can we help the victim stop upsetting the perpetrator? Of course, the question is not asked as clearly as this, but the underlying seductiveness of being asked to fix an abusive relationship can feed into our power needs as

therapists. Questions we can ask ourselves to encourage reflection on this dynamic are: 'Whose needs are being met by my interventions?'; 'what are the power imbalances in the clients' relationship?'; and 'what are my needs to rescue and save?' The key is to encourage a balance between the client's autonomy and the counsellor's needs. Is my need to help a client in an abusive relationship likely to make the client more or less safe? If the answer is less safe, it brings up an ethical question for us to address.

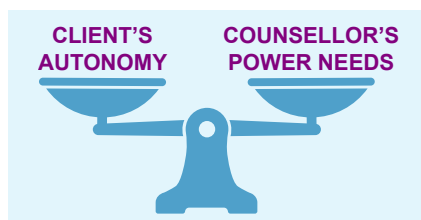


Figure 3: The Balance of Autonomy

## Justice

Justice within a counselling context is defined as the fair and impartial treatment of all clients.

"It directs attention to considering conscientiously any legal requirements and obligations, and remaining alert to potential conflicts between legal and ethical obligations... A commitment to fairness requires the ability to appreciate differences between people and to be committed to equality of opportunity and avoiding discrimination against people or groups contrary to their legitimate personal or social characteristics," (BACP, 2018).

The American Counselling Association is more specific about equal treatment of clients, stating: "Justice does not mean treating all individuals the same. If an individual is to be treated differently, the counsellor needs to be able to offer a rationale that explains the necessity and appropriateness of treating the individual differently," (as cited in Forester-Miller & Davis, 2016, p.2).

Ethical dilemmas that can arise in abusive relationships concerning the principle of justice include: 'Can I really treat a victim and their perpetrator equally?'; and 'If I do treat them differently, can I justify it and, if so, how?' Putting the victim's safety first to ensure we do no further harm would seem to be a key consideration in this dilemma. Indeed, it may be the *only* consideration. Given the volatility of abusive relationships and the increase in violence when the perpetrator's power and control are challenged, we would do well to tread carefully. As Hennessy (2012) highlights: "As soon as women begin to break the secret of their abuse, the risk to them increases" (p. 12). In this case, the potential for death or serious injury is justification for treating the victim and perpetrator differently.



Figure 4: The Balance of Justice

## Fidelity

The notion of fidelity involves the counsellor committing themselves to working with their clients to the best of their ability, and not promising beyond that or giving less than their best to help clients to help themselves. Corey (1996) states: "Fidelity refers to making honest promises and faithfully honouring these commitments to the clients. This involves a counsellor's willingness to do what is necessary to create a trusting and therapeutic climate in which people can search for their own solutions. This principle involves being careful not to deceive or exploit clients," (p. 55).

Can we really hold out hope for change when the relationship is built on power and control? From

my personal experience of working in this area, the prospect of perpetrators giving up the power and control that they have worked so hard to gain is a difficult ask. Maybe with intensive individual work this might be possible, but is this the work of couple counselling? Therefore, we should consider carefully before committing to working with couples in abusive relationships.

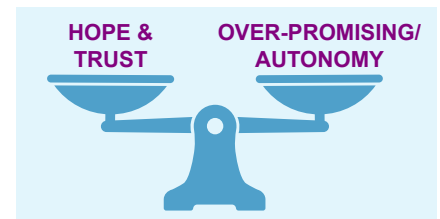


Figure 5: The Balance of Fidelity

## As therapists, what can we do?

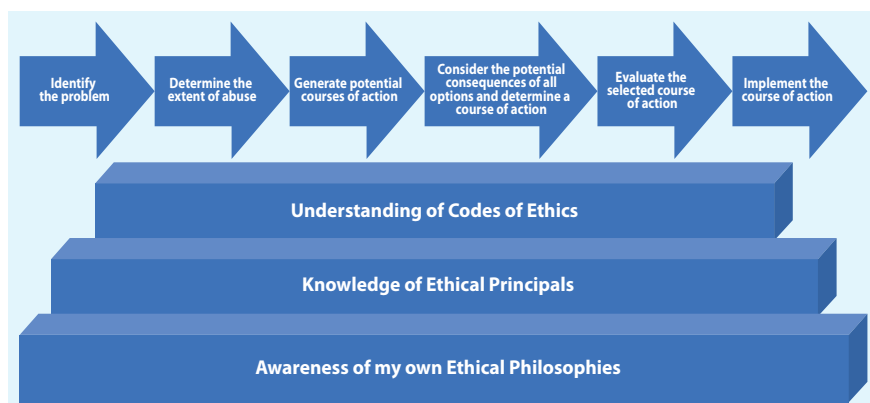
Having outlined above some of the dilemmas and dangers that can arise when counselling clients presenting with domestic violence, the obvious question is 'What can we do to ensure an ethical decision-making process when working with couples in abusive relationships?' To help with this reflection, I would like to propose an ethical decision making process for couples in abusive relationships (Figure 6).

### 1. Identify the problem

Ensure you explore the possibility of abuse in relationships and do not ignore warning signs. It may be useful to have a specific question on your intake sheet to ask couples if there have been past incidents of violence and or abuse.

### 2. Determine the nature and extent of the abuse

This may necessitate individual session(s) with each partner. It may also be useful to have a questionnaire to assess the extent of the power imbalance/abuse. When Where, What, How of the abuse can be an insight for the



**Figure 6:** Ethical Decision Making Process for Couples in Abusive Relationships

client as well as the counsellor.

### 3. Generate potential courses of action

Ask yourself 'Can I work with this couple?' If not, can I state that I will not work with them as a couple as this would be inappropriate and unethical for myself? If yes, can I treat them equally?

### 4. Consider the potential consequences of all options and determine a course of action

If I do work with them, am I risking making the situation worse? If I choose not to work with them, do I refer them individually for support?

### 5. Evaluate the selected course of action

Will any of these actions put the victim in more danger?

### 6. Implement the course of action

Strengthen your resolve to allow you to carry out your plan. Just because

it is the right decision does not mean it will be easy to implement; taking the appropriate action in an ethical dilemma is often difficult. Having taken the time to reflect, implement your actions from a place of strength.

Crucially, the 'Awareness', 'Knowledge' and 'Understanding' bars in Figure 6 must underpin all actions we take. Without these we are, at best, naïve, and at worst, dangerous. As with all ethical issues, it is our responsibility to educate ourselves before acting. Of note, the IACP has introduced an ethical advisor pilot service that is currently available to members as an additional member benefit. For further information email: [ethicaladvisor@iacp.ie](mailto:ethicaladvisor@iacp.ie)

### Conclusion

There is a part of me that believes Covid-19 lockdowns have provided couples and families with the time and space to reassess what is important in life and have been

an enriching experience; the opportunity to live life differently and determine how we would like to do so in the future is a rare one. My hope is that many couples will take this opportunity and be closer and happier as a result. Unfortunately, with regards to abusive relationships, which are based on power and control, this will not be the case.

When we as therapists are confronted with domestic violence in couples presenting to us, I hope that going through this process of reflection on your attitude to domestic abuse and its ethical implications will give you a solid basis from which to work. From that foundation, you will be able to communicate confidently the seriousness of the situation to couples who present in future with this issue. ☺

Brendan O'Shaughnessy

Brendan O'Shaughnessy is an IACP-accredited counsellor/psychotherapist and supervisor working in private practice. He worked part-time with the Cork Marriage Counselling Centre for 28 years and has a higher diploma in Counselling from UCC. Brendan has been on the board of various charities, including the National Domestic Violence Agency, and can be contacted at [brendanoshaghnessy@hotmail.com](mailto:brendanoshaghnessy@hotmail.com)

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## Academic Article

# A Simulated Interview with Carl Jung: Part 1 – Respecting the Power of the Subconscious Mind

By James C. Overholser, Ph.D., ABPP



## Introduction

Carl Gustav Jung was born in Kesswil, Switzerland, in 1875 and died in Küsnacht, Switzerland, in 1961. He became a leading figure in the early years of psychoanalysis and worked closely with Sigmund Freud until their different views created a lasting split. Jung devoted his career to the refinement of psychotherapy – an approach that he called analytical psychology – to be identified as separate from Freudian psychoanalysis. Although analytical psychology, or Jungian analysis (Stein, 1982), is not widely practiced today, some of his ideas

remain valuable to the process of psychotherapy.

Throughout his career, Jung emphasized the power of the unconscious mind and its influence on behaviour. Jung wrote extensively about dreams and their use in therapy, as well as other strategies that could help to unlock the messages conveyed from the instinctive parts of the patient's psyche (Jacobi, 1973). Much of Jung's therapeutic work relied on dream interpretation to translate messages from the subconscious mind. In addition, Jung often used painting to express ideas in imagery

and symbols. Jung proposed some interesting ideas about the dark side of human nature, encouraging clients to become more aware of their own natural inclinations. His work often focused on general aspects of the mind (psyche), mental energy (libido), and personality development.

Over the span of his lifetime, Jung explored some unconventional topics and controversial issues (e.g., religion, UFOs and the occult) that are not directly useful for the practising clinician. Several controversial aspects of Jung's personal life and professional career are not addressed. Instead, several important issues related to contemporary psychotherapy will be explored in a simulated interview with Carl Gustav Jung (CGJ) led by James C. Overholser (JCO). It should be noted that throughout his writings, Jung typically relied on masculine pronouns instead of gender-neutral terms. The quotations remain true to Jung's own words.

**JCO:** Thank you for meeting with me. Where should we begin?

**CGJ:** "I'm going to tell you something, and you will probably think it is all foolishness," (Jung, 1955, p. 279). "Our patients... are prisoners of the unconscious," (Jung, 1954, para 182). "The unconscious as the sum of all psychological processes below the threshold of consciousness," (Jung, 1914, p. 964). "Every neurotic fights for the maintenance and supremacy of his ego-consciousness and for the subjugation of the resistant unconscious forces," (Jung, 1939, p. 1003).

**JCO:** It sounds like a struggle, but most people appear 'normal'.

**CGJ:** "Through the persona, a man tries to appear this or that, or he hides behind a mask, or he may even build up a definite persona as a barricade," (Jung, 1953, p. 174).



**JCO:** Are you referring to a person's public persona?

**CGJ:** "The persona... is nothing but a mask... which simulates individuality, pretending to others and to itself that it is individual," (Jung, 1953, para 468). "It is only a mask... that feigns individuality," (Jung, 1953, p. 155). "The persona is nothing real; it is a compromise between individual and society as to what a man should appear to be," (Jung, 1953, p. 156).

**JCO:** Isn't that a good thing – to fit into society?

**CGJ:** "These identifications with a social role are a very fruitful source of neurosis," (Jung, 1953, para 307). "Every calling or profession, for example, has its own characteristic persona... Only, the danger is that [people] become identical with their personas," (Jung, 1963, p. 398). "The persona is... designed on the one hand to make a definite impression upon others, and, on the other, to conceal the true nature of the individual," (Jung in Storr, 1983, p. 94).

**JCO:** So, the average person hides a secret dark side of their personality?

**CGJ:** "That's right," (Jung in McGuire & Hull, 1977, p. 123). "At home you are quite different from what you appear to be in public... it is often a question of Jekyll and Hyde," (Jung in McGuire & Hull, 1977, p. 297). "We must begin to learn about man until every Jekyll can see his Hyde," (Jung in McGuire & Hull, 1977, p. 248). "I have called the inferior and less commendable part of a person the shadow," (Jung, 1940, p. 20).

**JCO:** I think of a shadow as a dark reflection that always follows a person?

**CGJ:** "By shadow I mean the 'negative' side of the personality; the sum of all those unpleasant qualities we like to hide, together with the insufficiently developed functions

*"Man turns a blind eye to the shadow-side of human nature... We cannot be whole without this negative side"*

*(Jung, 1953, para 35)*

and the contents of the personal unconscious," (Jung, 1953, footnote 5). "Man turns a blind eye to the shadow-side of human nature... We cannot be whole without this negative side," (Jung, 1953, para 35). "The shadow is so disagreeable to his ego-consciousness that it has to be repressed into the unconscious," (Jung, 1959a, para 474). "The so-called civilized man... never suspects that his own hidden and apparently harmless shadow has qualities whose dangerousness exceeds his wildest dreams," (Jung, 1959a, para 478). "We have succeeded... in subduing our own wildness – at least temporarily and up to a point," (Jung, 1969, para 87).

**JCO:** If we follow your theory, does it mean that even *you* have a dark side?

**CGJ:** "Yes you can put it like that," (Jung, 1955, p. 28). "How can I be substantial without casting a shadow? I must have a dark side too if I am to be whole; and by becoming conscious of my shadow I remember once more that I am a human being like any other," (Jung, 1933, p. 40). "We have a body which, like all bodies, casts a shadow, and that if we deny this body we cease to be three-dimensional and become flat and without substance," (Jung, 1953, para 35). "The essential thing is not the shadow but the body which casts it," (Jung, 1954, p. 64).

**JCO:** So, the problem is that the average person is not aware of their own shadow?

**CGJ:** "Yes, absolutely," (Jung, 1955,

p. 29). "Everyone carries a shadow, and the less it is embodied in the individual's conscious life, the blacker and denser it is," (Jung, 1958a, p. 76 para 76). "Plato even used the parable of the white and black horses to illustrate the intractability and polarity of the human psyche," (Jung in Storr, 1983, p. 136).

**JCO:** How can a person confront the dark side in psychotherapy?

**CGJ:** "Knowing your own darkness is the best method for dealing with the darkness of other people," (Jung, in Adler & Jaffe, 1973, p. 237). "If people can be educated to see the shadow-side of their nature clearly, it may be hoped that they will also learn to understand and love their fellow men better," (Jung, 1953, para 28). "Recognition of the shadow... leads to the modesty we need in order to acknowledge imperfection," (Jung, 1958b, p. 73). "A little less hypocrisy and a little more tolerance toward oneself can only have good results," (Jung, 1955, para 439).

**JCO:** So, awareness of the shadow helps to reduce its strength?

**CGJ:** "I would not say that," (Jung, 1955, p. 31). "This shadow-side of the psyche, being withdrawn from conscious scrutiny, cannot be dealt with by the patient. He cannot correct it, cannot come to terms with it, nor yet disregard it," (Jung, 1953, para 27). "The shadow is underestimated by the conscious and overestimated by the unconscious," (Jung in Maier, 2001, p. 45). "With insight and good will, the shadow can to some extent be assimilated into the conscious personality," (Jung, 1959c, para 16).

**JCO:** Does the shadow pose a danger?

**CGJ:** "The only real danger that exists is man himself. He is the great danger, and we are pitifully unaware of it... We are the origin of all evil" (Jung in McGuire & Hull,

1977, p. 436). “It is the psyche of man that makes wars,” (Jung in McGuire & Hull, 1977, p. 74). “The future... needs only an almost imperceptible disturbance of equilibrium in a few of our rulers’ heads to plunge the world into blood, fire, and radioactivity,” (Jung in Storr, 1983, p. 390). “The world hangs on a thin thread, and that thread is the psyche of man,” (Jung, in Evans, 1964, p. 17).

**JCO:** In your view, is the shadow evil?

**CGJ:** “I don’t think so,” (Jung, in McGuire, 1974, p. 30). “The shadow personifies everything that the subject refuses to acknowledge about himself,” (Jung, 1959a, para 513).

**JCO:** Would it make sense for therapy to rid a person of their shadow?

**CGJ:** “Today it is no longer a question of ‘How can I get rid of my shadow?’... Rather we must ask ourselves: ‘How can man live with his shadow without its precipitating a succession of disasters?’ Recognition of the shadow is a reason for humility, for genuine fear of the abysmal depths in man... The man who recognizes his shadow knows very well that he is not harmless,” (Jung, 1954, para 452). “Everything that irritates us about others can lead us to an understanding of ourselves,” (Jung, 1963, p. 247).

**JCO:** So, therapy helps clients become aware of their shadow in order to tame it?

**CGJ:** “Precisely,” (Jung in McGuire & Hull, 1977, p. 120). “If we are able to see our own shadow and can bear knowing about it, then a small part of the problem has already been solved,” (Jung, 1959a, para 44). “He must make himself as conscious as possible of the mood he is in, sinking himself in it without reserve and noting down on paper all the fantasies and other associations that

*“The more civilized, the more unconscious and complicated a man is, the less he is able to follow his instincts”*

*(Jung in Storr, 1983, p. 117)*

come up. Fantasy must be allowed the freest possible play... there comes more or less a complete expression of mood... the affect and its contents are brought nearer to consciousness, becoming... more understandable,” (Jung, 1969, para 167).

**JCO:** How can we improve self-awareness?

**CGJ:** “The analytical technique activates the unconscious and brings it to the fore,” (Jung, 1953, p. 112). “It is much better for the conscious and unconscious to be connected and to move on parallel lines,” (Jung, 1955, para 475). “You try to integrate unconscious contents into consciousness,” (Jung in McGuire & Hull, 1977, p. 343). “Psychoanalysis makes the animal instincts conscious... to incorporate them in a purposeful whole,” (Jung, 1953, para 28). “Analysis liberates the animal instincts... to put them to higher uses,” (Jung, 1955, para 439). “To unite oneself with this shadow is to say yes to instinct,” (Jung, 1953, para 35).

**JCO:** Really, you believe that instincts are important in modern society?

**CGJ:** “Instincts suffice only for the individual embedded in nature,” (Jung, 1962, p. 87). “The more civilized, the more unconscious and complicated a man is, the less he is able to follow his instincts. His complicated living conditions and the influence of his environment are so strong that they drown the

quiet voice of nature,” (Jung in Storr, 1983, p. 117). “Rather than face one’s own darkness, one contents oneself with the illusion of one’s civic rectitude,” (Jung, 1970, para 741). “The individual who wishes to have an answer to the question of the problem of evil... must know relentlessly how much good he can do, and what crimes he is capable of,” (Jung in Zweig & Wolf, 1977, p. 8).

**JCO:** But most people today seem to function quite well.

**CGJ:** “Civilized man... is in danger of losing all contact with the world of instinct... This loss of instinct is largely responsible for the pathological condition of our contemporary culture,” (Jung, 1958a, 1493-1494). “The instincts have not disappeared; they have merely lost their contact with consciousness. They are thus forced to assert themselves in an indirect way,” (Jung, 1955, para 560). “Emotions are instinctive, involuntary reactions that upset the rational order of consciousness by their elementary outbursts... they appear suddenly, leaping up from an unconscious region,” (Jung, 1940, p. 10).

**JCO:** But today, people are guided by conscious reasoning.

**CGJ:** “I am convinced that human actions are influenced by instinct to a far higher degree than is usually admitted,” (Jung, 1919, p. 21). “The archetype is the form of the instinct, it is how the instinct appears to us,” (Jung in McGuire & Hull, 1977, p. 213). “As the archetypes are instinctive, inborn forms of behaviour, they exert a powerful influence on the psychic processes. Unless the conscious mind intervenes critically and with an effort of will, things go on happening as they have always happened,” (Jung, 1958a, para 1493).

**JCO:** How does psychotherapy help people get in touch with their animal instincts?

**CGJ:** “The unconscious... is revealed to us in dreams, where it appears not as a rational thought, but as a symbolic image,” (Jung, 1964, p. 23). “Dream symbols are the essential message carriers from the instinctive to the rational parts of the human mind, and their interpretation enriches the poverty of consciousness so that it learns to understand again the forgotten language of the instincts,” (Jung, 1964, p. 52). “You have only to observe carefully the message sent by the unconscious and then decode it. Analysis helps you to read these messages correctly,” (Jung in McGuire & Hull, 1977, p. 231). “The unconscious, in order to portray its contents, makes use of certain fantasy elements... and when subjected to careful scrutiny, yield a meaningful content,” (Jung, 1959b, pp. 15-16).

**JCO:** I’m sorry, but I do not focus on unconscious processes with my clients.

**CGJ:** “I don’t believe it,” (Jung, 1954, para 89). “Nobody doubts the importance of conscious experience; why then should we doubt the significance of unconscious happenings?” (Jung, 1954, p. 151).

**JCO:** Again, I apologize, but I find it more useful to help my clients strengthen their logical thinking and adaptive behaviours.

**CGJ:** “The conscious mind has been overvalued by the rationalists,” (Jung, 1954, para 51). “Reason has never ruled life, and presumably it never will. The questions of life and fate are too often... decided by the powers of the unconscious,” (Jung, 1940, p. 23). “Reason is often not sufficient to modify the instinct and make it conform to the rational order,” (Jung, 1954, para 178).

*“Complicated, highly conscious persons – are so firmly anchored in consciousness that nothing can pry them loose... they want to talk with the doctor on the conscious plane and go into a rational explanation and discussion of their difficulties”*

*(Jung, 1954, p. 60, para 137)*

“The further we go in the direction selected by reason, the surer we may be that we are excluding the irrational possibilities of life,” (Jung, 1953, p. 48). “Complicated, highly conscious persons – are so firmly anchored in consciousness that nothing can pry them loose... they want to talk with the doctor on the conscious plane and go into a rational explanation and discussion of their difficulties,” (Jung, 1954, p. 60, para 137). “My contribution to psychotherapy is confined to those cases in which rational treatment yields no satisfactory result,” (Jung, 1933, p. 70).

**JCO:** But a good logical discussion should be able to tame a person’s dark side.

**CGJ:** “You are mistaken,” (Jung, 1963, p. 193). “Mere talk has always been considered hollow,” (Jung, 1933, p. 59). “The shadow... cannot be argued out of existence or rationalized into harmlessness,” (Jung, 1959a, para 44). “Man is not and cannot be wholly rational” (Jung, 1961, p. 724). “Rational talk... is far too flat and colourless,” (Jung, 1955, para 474).

**JCO:** Okay, so if I am willing to try your approach, how do I help my clients to access this more ‘colourful’ side of their personality?

**CGJ:** “Try to awaken the hidden artist who slumbers in every man. Give him a chance to bring to light the pictures he carries unpainted within himself, to free the unwritten poems he has shut up inside him... Even though the work he produces will hardly ever amount to anything technically and artistically, it has helped to cleanse and release his psyche,” (Jung in McGuire & Hull, 1977, p. 45).

**JCO:** How do you use painting to advance your work in psychotherapy?

**CGJ:** “Often it is necessary to clarify a vague content by giving it visible form. This can be done by drawing, painting, or modelling. Often the hands know how to solve a riddle with which the intellect has wrestled in vain,” (Jung, 1969, para 180). “I have turned these hints to practical account, urging my patients at such times to paint in reality what they have seen in dream or fantasy... To paint what we see before us is a different art from painting what we see within,” (Jung, 1954, para 102).

**JCO:** Why?

**CGJ:** “Why do I encourage patients... to express themselves by means of brush, pencil, or pen at all? (Jung, 1954, para 105). “My aim is to bring about a psychic state in which my patient begins to experiment with his nature,” (Jung, 1982, p. 84). “He not only talks about it, he is actually doing something about it... by painting himself he gives shape to himself. For what he paints are active fantasies – that which is active within him,” (Jung, 1954, p. 49). “Such pictures spring from and satisfy a basic need. It is as if a part of the psyche that reaches far back into the primitive past were expressing itself in these pictures,” (Jung, 1954, para 111). “Drawing or painting is right only if one can do it from an inner motivation. The pictures ought to make themselves,” (Jung, 1940, p. 41).



**JCO:** And these artistic projects are helpful in therapy?

**CGJ:** “In our mechanized world this urge for artistic creation is repressed by the one-sided work of the day... The forgotten artist must be fetched up again from the darkness of the subconscious, and a path cleared for the urge for artistic expression – no matter how worthless the paintings and poems may be,” (Jung in McGuire & Hull, 1977, p. 42). “One should not be dogmatic and say to every patient, ‘Now you paint,’” (Jung, 1968, pp. 203-204). “Drawing and painting is right only if one can do it from an inner motivation. The pictures ought to make themselves,” (Jung, 1940, p. 41). “Do you understand that?” (Jung, 2001, p. 193).

**JCO:** I think so. They paint themselves by tapping into unconscious urges?

**CGJ:** “I try to funnel the fantasies of the unconscious into the conscious mind, not in order to destroy them, but to develop them,” (Jung in McGuire & Hull, 1977, p. 40). “Amplification... is simply that of seeking the parallels,” (Jung, 1955, para 173). “It consists in approaching the material as if it had

a coherent meaning... most of the data require a certain amplification, that is, they need to be clarified, generalized, and approximated to a more or less general concept,” (Jung, 1959a, p. 243 para 436).

**JCO:** How could painting help a depressed patient I am treating?

**CGJ:** “He can give form to his own inner experience by painting it,” (Jung, 1933, p. 80). “The emotional disturbance can also be dealt with... by giving it visible shape. Patients who express some talent for drawing or painting can give expression to their mood by means of a picture. It is not important for the picture to be technically or aesthetically satisfying, but merely for the fantasy to have free play,” (Jung, 1969, para 168).

**JCO:** I have enjoyed expressing myself through modern art style of painting. Would you like to see it someday?

**CGJ:** “I don’t think so,” (Jung in McGuire & Hull, 1977, p. 425). “I cannot occupy myself with modern art anymore. It is too awful,” (Jung in McGuire & Hull, 1977, p. 221). “Although my patients occasionally produce artistically beautiful things that might very

well be shown in modern ‘art’ exhibitions, I nevertheless treat them as completely worthless when judged by the canons of real art. As a matter of fact, it is essential that they should be considered worthless, otherwise my patients might imagine themselves to be artists, and the whole point of the exercise would be missed,” (Jung, 1954, para 104).

**JCO:** Maybe we should stop for today. Can we find another time to talk again?

**CGJ:** “Of course,” (Jung in McGuire & Hull, 1977, p. 117). “Please do come to see me next Friday at 5:30,” (Jung, 2001, p. 174). ☺

### Jim Overholser

Jim Overholser is a professor of psychology at Case Western Reserve University, Cleveland, Ohio, and is a licensed clinical psychologist who provides outpatient psychotherapy through a local charity clinic. Dr. Overholser conducts research on depression and suicide risk through a local VA Medical Centre and the County Medical Examiner’s Office.

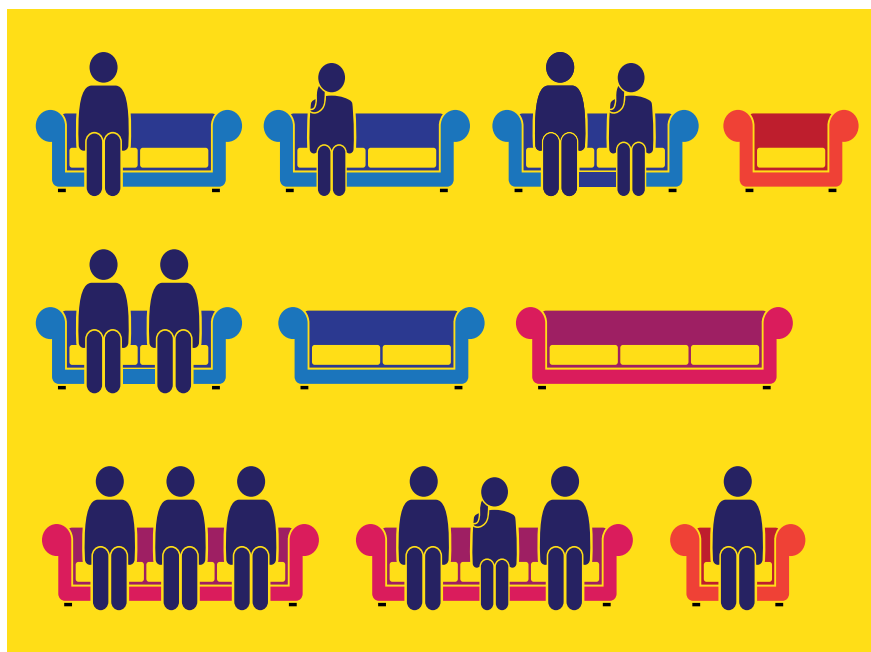
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## Practitioner Perspective

# Individual and Couples Counselling: Comparisons and Contrasts

By Martin Doughan



*Although individual and couples counselling are widely regarded as separate constructs, an examination of both through the lens of different therapeutic approaches reveals there is considerable overlap*

## Introduction

This article will examine the similarities and differences between individual and couples counselling. It is not a comprehensive exploration of the extant literature germane to the topic, but rather a thumbnail delineation, circumscribed by the writer's own experience in both domains of counselling. The article will highlight the importance of the counselling

environment and associated 'tasks' of the opening session. Subsequently, it will delineate how key concepts of the person-centred approach as espoused by Carl Rogers are paramount to both couples and individual therapy, and examine the approaches of William Glasser's choice theory/reality therapy (CT/RT) and Murray Bowen's family systems therapy. Penultimately, it will comment on a number

of writers/practitioners whose main focus is on couples therapy and, lastly, it will offer a couple of personal observations that the author feels are worth mentioning.

## The counselling environment

Pivotal to both couples therapy and individual therapy is the creation of a warm, supportive and caring counselling environment. This has more to do with the therapist than the actual counselling room itself – it is the bedrock on which “the collaborative working relationship” (Corey, 1999, p. 323) will take root and may well determine whether a couple or individual engage fully in the process or even return after the opening session.

Though specifically referring to couples counselling, Bobes and Rothman (2002) sum this up precisely: “A safe holding environment must be created, in which judgments, prejudices and biases are suspended,” (p. 20). This statement is equally relevant to individual counselling. The first session is vitally important in both domains of counselling as it is here that contracts are signed, boundaries agreed, goals and tasks negotiated, presenting issues clarified and, crucially, the ‘opening act’ of the individual or couple’s story is articulated.

## Micro skills

At this stage and throughout the



course of counselling in both domains, the foundation skills of attending, which include posture, eye contact, facial expression, seating, and listening for both verbal and non-verbal messages, will be to the fore. Additionally, the reflective skills, “the single most useful group of skills in the repertoire” (Culley & Bond, 2004, p. 33) of restating, paraphrasing and summarising are prerequisites of the counsellor’s armoury in both couples and individual therapy. Although probing and questioning belong to this constellation of skills, they may well be used more frequently in couples counselling as this domain may require a more interrogative bias in order that the kernel of the conflict and difficulties of the participants are grasped by the therapist.

### Person-centred counselling

Carl Roger’s person-centred approach to counselling emerged in the 1940s. Its conceptualization was firmly embedded in the psychology of humanism, which accentuates the innate goodness of the individual. Though it enunciated many new ideas – locus of evaluation, self-actualization and the fully functioning person – perhaps its most enduring legacy has been the core conditions of congruence or genuineness, unconditional positive regard and empathy (Thorne, 2003).

The Rogerian approach, especially the emphasis on the therapeutic relationship, the therapist’s way of being and the core conditions have embedded themselves into practically every contemporary counselling orientation. They are quintessential ‘components’ of both individual and couples therapy and they form the

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### *Direct interventions are imperative and the therapist must provide a structure where both parties can ventilate their point of view*

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foundation stone on which all other interventions rest upon. Other ‘components’ of the Rogerian approach are less suited for couples counselling. In person-centred individual therapy the therapist is the guide who “accompanies the client on the journey towards actualization,” (Corey, 2002, p. 173). This self-actualization is the goal of therapy and is achieved by the therapist creating a fertile environment that promotes personal development, self-exploration, responsibility, autonomy and freedom.

In couples therapy the therapeutic relationship is of crucial importance. However, in this writer’s view, on its own it is unlikely to bring about fundamental change. Direct interventions are imperative and the therapist must provide a structure where both parties can ventilate their point of view. There is a parallel here with individual counselling that has its provenance in the Rogerian approach; the client as expert of his own life circumstances. Bobes and Rothman state something similar... “The couple or family members are the experts on their situations; the therapist is the expert on the process of guiding the conversation,” (2002, p. 24).

### Choice theory/reality therapy

In this author’s opinion, it is in the realm of William Glasser’s choice theory/

reality therapy (CT/RT) that the similarities of individual and couples counselling far exceed the differences. Glasserian counselling espouses several key concepts: external control behaviour, the five basic needs, the quality world and total behaviour (Glasser, 1998). Underlying these concepts is Glasser’s hypothesis that all difficulties that bring individuals (and self-evidently couples) to counselling are fractured, broken or non-existent relationships. In individual counselling, Glasser’s approach places a high premium on choice and responsibility and the calibre of the therapeutic relationship assumes great importance. In couples or marriage therapy, the emphasis is placed on counselling the ‘relationship’. As Glasser opines, the focus is on “what’s good for the marriage, not on what may be good for one or the other,” (Glasser, 2001, p. 36).

All of the concepts mentioned above can be used as ‘interventions’ in both individual and couples therapy. Additionally, Glasser’s ‘seven caring habits’, which he maintains support and nurture relationships, and his ‘seven deadly habits’, which destroy relationships, are very effective ‘interventions’ in individual therapy, but especially so in couples therapy where Glasser believes external control behaviour is often the default mode of each partner (Glasser, 2007).

Using the Glasserian template of counselling individuals and couples, a very direct and didactic or psychoeducational model is often employed. He further advocates that it is perfectly appropriate for therapists “to make suggestions” (Glasser, 2001, p. 107) and

advocates in many instances the teaching of his theories in order that clients can employ choice theory in their own lives.

In both realms of counselling, CT/RT eschews any exploration of the past, and a core tenet of the Glasserian orientation is that the basic needs of love and belonging, power, freedom and fun can be satisfied only in the present and, consequently, “reality therapy focuses almost exclusively on the here and now” (Glasser, 2001, p. 23), with the exception of emphasising past strengths and successes. Both individual counselling and couples counselling using the Glasserian model can be short term as “reality therapy gets quickly to the actual problem – improving a present relationship or finding a new more satisfying one,” (Glasser, 2001, p. 24).

### Family systems theory

A key concept of Murray Bowen's family systems therapy is the differentiation of self. Gilbert (1992) defines high levels of differentiation as: greater choice between emotions and intellectual functioning; better decision making; good relationships; less concern for approval and love; and fewer life problems as manifested physically, mentally, emotionally and socially. Few would disagree that these characteristics of the well-differentiated person are legitimate topics or goals of individual therapy. In couples therapy, differentiation of self is the sole responsibility of each individual partner. As in individual therapy, if each partner would “stop focusing on the other and begin focusing on self and the contribution of self to the problem, the first step to solving the problem would be behind

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*In both individual and couples therapy it permits the clinician to gather vital information in a more non-direct and less ‘questioning manner’*

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them,” (Gilbert, 1992, p.47).

Responsibility is a recurrent theme or goal of the client in individual therapy. In reference to couples therapy, Gilbert asserts that “responsibility for one's happiness will not be placed on the other; rather, responsibility for feeling good or bad, as well as for one's thoughts and behaviour, rests solely with the self,” (Gilbert, 1992, p. 49). One of the key challenges in couples therapy is improving the emotional functioning of each individual partner – challenges that parallel the changes a client may have as a goal in individual therapy. Bowen maintained that “all things being equal, the life course of people is determined by the amount of unresolved emotional attachment, the amount of anxiety that comes from it and the way they deal with this anxiety,” (Bowen, 1974, cited in Gilbert, 1992, p. 95). This key tenet of Bowenian therapy cannot be overemphasised. Emotional arousal, which often mutates into anger, obviates clear and rational thinking and impedes “the calm thoughtfulness we can bring to bear on life's problems – both *individual* problems and *relationship* problems [emphasis added]” (Gilbert, 1992, p. 118).

The genogram – an ‘historical map’ of two or more generations of a family – has its origin in the work of Murray Bowen and was first used regularly in the 1980s. As a therapeutic tool it “helps both the clinician and the

family to see the ‘larger picture’ – that is, to view problems in their current and historical context,” (McGoldrick, Gerson & Petry, 2008, p. 5). In both individual and couples therapy it permits the clinician to gather vital information in a more non-direct and less ‘questioning manner’. In this writer's experience, in both domains, but especially in couples therapy, the collaborative drawing of the genogram facilitates a more accurate understanding of family of origin issues and how present beliefs and values may emanate from within that family and consequently play a restrictive role. As Farrelly (2007) observes: “...individuals are shaped by the families and environments they grow up in,” (p. 9). It is imperative that an exploration of that shaping is explored both in individual counselling and couples therapy.

### Bobes & Rothman model

In Bobes and Rothman's model of couples therapy (2002) the opening session, to a large degree, mirrors what takes place in individual therapy. It is about joining, setting the boundaries and establishing a safe holding environment where each partner can tell their story. According to Bobes and Rothman (2002), ‘joining’ is the process by which “the therapist enters the couple system through empathic understanding, acceptance, and recognition of each party's perception of reality. It is an ongoing therapeutic task that facilitates change in the system,” (p. 187). Once the ‘foundations’ of joining have been laid, the therapist and the couple collaborate in setting therapy goals – goals that should promote and underpin an

improved relationship.

Notwithstanding the similarities mentioned above, Bobes and Rothman's model of couples counselling focuses systematically not only on the tasks of their conceptual stages of therapy, but also on the tasks of each individual session. It is a highly structured approach that Bobes and Rothman (2002) refer to as "Step-by Step Treatment Format" (p. 21). Though this format envisages a 10-session treatment programme, it can be adapted for use in a shorter or longer timeframe.

Couples therapy, due in part to time constraints, cannot facilitate a deep and extensive exploration of each partner's internal world as can take place in individual therapy. Though the couple's counsellor uses a variety of skills and techniques that are analogous to individual therapy, the focus is very much on the relationship. In the Bobes and Rothman (2002) model, exploration of family of origin 'issues' is concentrated on eliciting information that will help the therapist demonstrate or psycho-educate a partner or both partners on how attitudes, beliefs, values and behaviours can act as restrictive agents in the couple relationship.

### **Sue Johnson/Esther Perel/John Gottman**

Sue Johnson (1997) writes powerfully about the breakdown of romantic relationships and describes in her emotionally focused therapy (EFT) how partners are attached and dependent on each other "in much the same way that a child is on a parent for nurturing, soothing and protection," (Johnson, 2002, p. 5). Though her paradigm is unique to couples therapy, it

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*Much of the interaction between therapist and couple and the interventions used are unique to couples counselling. Notwithstanding this, many of the questions addressed to each partner would not be out of place in individual counselling*

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is replete with language that characterizes individual therapy - 'emotional connection', 'clients own solution', 'storytelling', 'healing process', 'attachment injuries', 'forgiveness', 'trauma', 'isolation', 'trust', 'fear', 'intimacy', 'hurt', 'depression', and 'security'. Though Johnson opines "we are all stumbling around, treading on each other's toes as we are learning to love" (2002, p. 181), it is a statement that has universal resonance and not limited to the domains of either couples or individual therapy.

Esther Perel's therapy exclusively focuses on couples with sexual 'problems', though for the couples she introduces us to, she reconceptualises their difficulties and creates collaboratively an erotic landscape where she consciously separates love and desire. "Love" she suggests "is about having; desire is about wanting... too often, as couples settle into the comforts of love, they cease to fan the flame of desire," (Perel, 2007, p. 37). Perel does not limit herself to "the talking cure" (2007, p. 51) and the "physicalization" of a couple's problems (2007, p. 51) is a potent intervention that enables them to view their conflict

through a completely different lens. As in more 'general' couple's therapy and individual therapy, Perel explores family of origin to determine what shaped our sexuality. She remarks: "No history has a more lasting effect on our adult loves than the one we write with our primary caregivers," (2007, p. 107).

John Gottman's couples therapy model (Gottman & Silver, 1998) is based on The Seven Principles for Making Marriage Work. Similar to other couples counselling models, the overall goal is improved 'marital/romantic relationships', which by the very nature of the 'goal' limits the amount of time available and the necessity for deep individual exploration. Much of the interaction between therapist and couple and the interventions used are unique to couples counselling. Notwithstanding this, many of the questions addressed to each partner would not be out of place in individual counselling. The following are some examples: What is the purpose of your life? What are you trying to accomplish? What significant goals have you yet to realise? What demons have you yet to fight? And most crucially: what would you like to change about yourself? (Gottman & Silver, 2002). These questions, conceptualized by Gottman for use in the domain of couples therapy, are equally relevant in the domain of individual therapy.

As outlined above, the theory and practice of individual and couples counselling have many similarities and differences. In the contemporary counselling landscape, according to Cooper and Mcleod (2011), and citing research by Norcross (2005) "an integrative or eclectic stance is currently the most common

theoretical orientation of English-speaking psychotherapists,” (p. 5). For practitioners (this author included) adhering to a ‘pluralistic’ perspective, the above is more than a mere statement of fact. It is an imperative for both individual and couples therapy. No single theory or counselling approach provides all the ‘solutions’ to the heterogeneity of presenting issues that manifest in the counselling room.

This author, who considers himself a novice in the art of counselling, was recently faced with a couple who had been together for only a little over eight months and a second couple who though they had a child had never really lived together. Both couples were unmarried. Both couples presented scenarios in which it was difficult to apply any degree of theoretical learning. Their situations were far removed from the more traditional couples that are presented in the literature. Both cases provided valuable experiential learning for this practitioner.

### Conclusion

This article highlighted many of the similarities, but by no means all, between individual and couples counselling but also acknowledged what is unique and distinctive to the latter. The similarities are synonymous with many of the most fundamental aspects of counselling, most notably: the counselling environment, the micro skills, clients as experts on their own life circumstances, choice and responsibility and the Rogerian core conditions of congruence, unconditional positive regard and empathic understanding.

The article dipped briefly into the waters of family systems therapy and suggested how many

*What separates individual counselling from couples counselling is not an impervious rampart but a porous divide which allows the practitioner to straddle both domains and create a truly integrative, eclectic and pluralistic approach in both realms*

of the concepts enunciated by Murray Bowen and explicated further by Elizabeth Gilbert are relevant and applicable to both individual and couples therapy though they emanate from the broader family therapy framework.

In addition it presented the work of a trio of writers and practitioners whose focus is exclusively on marital/romantic relationships and who have very distinctive and discrete approaches to the therapeutic enterprise. Notwithstanding this, many of their ‘techniques’ can be readily imported into individual therapy and utilized thereof.

What separates individual counselling from couples counselling is not an impervious rampart but a porous divide that allows the practitioner to straddle both domains and create a truly integrative, eclectic and pluralistic approach in both realms. This surely is the most appropriate antidote to what the therapist is confronted with – the multifarious manifestations of the human condition in its disparate degrees of distress.

In this author’s opinion it is possible to become a competent or perhaps extremely competent counsellor of individual clients without ever training as a couples

therapist. However, it would be very difficult to become a competent couples therapist without ever having trained and practiced as a counsellor of individual clients. ☺

Martin Doughan

Martin is an accredited member of the IACP and works with clients (individuals and couples) at the Let’s Get Talking counselling agency based in Walkinstown, Dublin, in addition to running a small private practice. He is a retired secondary school teacher and is a graduate of IICP College. Martin can be contacted at [martindoughan50@gmail.com](mailto:martindoughan50@gmail.com)

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## Book Review

Title: *Origins, A Somatically Based Approach to Our Developmental and Evolutionary Process from Pre-conception to Standing*

Author: *Joan Davis*

Published: *2018 by Authenticity Books*

ISBN: *ISBN: 978-1-9995821-0-4*

Price: *€100*

Reviewed by: *Áine Hutchinson*

### ***Witnessing is the capacity to see ourselves through kind and compassionate eyes* – Joan Davis**

There was an uncanny sense of foreboding as I read *Origins* with the experience initially enshrined by winter storms followed by the arrival of COVID-19. I am aware that by the time *Origins* is published, a new world will have been born. Thus, the aspiration of *Origins*, in expression of humanity's interconnectedness, holds immense resonance with the impact of the pandemic.

*Origins* is directed to psychotherapists, movement therapists and dancers, and all who are now called to a more embodied, creative life. In this work, the author guides us through a 700-page journey, anchored in the body, and using somatic practices, from pre-conception to when we began to stand. It incorporates practice methods from three years of the *Origins* training programme. Like a new-born arrival, with a size and weight requiring both hands to hold, this book demands the reader's attention. The author invites the reader to explore, enquire and open to what may arise, and develop 'Witness Consciousness'.

The introduction to the book is essential in orientating the reader, providing a framework to the content. Likewise, the supplementary access to the online gallery of images and guided somaticization. The spiral image used throughout the book, representing the nine months of gestation, conveys the organic tapestry of growth. The nine spirals take the reader through each chapter; Earliest Beginnings; Attachment; Nourishment; Preparation for Entry into the World; Birth; Onto Land; Perception; The Flow of Life; and Authentic Movement as Embodied Spiritual Practice.

The series of headings within each Spiral signpost

the reader in their own personal process; Acts of Enquiry; Personal Perception; Principal Pause; Somatization; Information Interlude; Helpful Hints; Meditative Enquiry and Processing Pointers. The use of guided body journeys is integral here, with the audio recordings affirming the process of somaticization. The engagement with both written and audio material requires significant commitment. Through this I found that it nurtured the interactive nature as a reader, a key aim of the author, described so beautifully by Bob Kull when he says ... *In writing, the author speaks from his or her heart and mind directly to the heart and mind of the reader.*

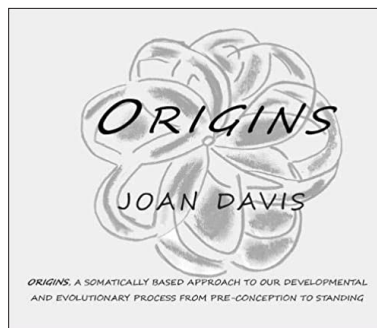
The physical appearance, weight and layout of *Origins* are significant when engaging with the material. It is completely black and white, with much spacing between text, interspersed with the spiral image, and numerous playful childlike figure drawings, anatomical and abstract representations. The amount of empty space emanated a stillness in pace for the reader. However, I found that space called for colour and condensing, and colour coding the nine chapters may have orientated

the reader more. The final pages of tables which gave an overview of the *Origins* journey was useful as a framework of consolidating the material, albeit in very small print. The bibliography reflects the diverse pool from which this book draws, ranging from perinatal theories, attachment, anatomy, physiology, embryology, trauma, philosophy and spirituality.

The book is for those prepared to immerse themselves and trust what may unfold, whether as a therapists, dancer or artist. As a reviewer I was both challenged and held by this book, and will return to it again, as does the spiral, the central image of the work itself.

*"If the journey were too easeful, then there might never be ignition and the fire of passion to be fuelled by the winds of change, modulated by the watery and fluid beginnings and grounded in the earth of our physicality and form," (Davis, 2018, p. 698).*

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## Poetry

### Longing in Lockdown

By Christine Moran



*I wake up again, with the lump of loneliness in  
my belly*

*No, it is the hollow place of loneliness that aches  
and I withdraw into my tower of isolation,  
and sleep.*

*Wake up, wake up, an inner voice is whispering,  
reach out, respond to my call*

*All that is needed, is one hug, a kiss  
to fill the void and bring you back to life.*

November 2020

Christine Moran is a counsellor, psychotherapist, expressive arts facilitator,  
author and teacher.