

MGG201W – Marriage Guidance – facilitative couples counselling

Theme ONE – Understanding couples

Intimacy involves: love, affection and caring, deep attachment to another person.

The TRIPOD of couple relationships

An intimate relationship consists of three factors that form a tripod on which the relationship rests.

1. **Passionate attraction (PA)**
2. **Mutual expectations (ME)**
3. **Personal intentions (PI)**

Passionate attractions (PA)

- Individual experiences intensely pleasurable sensations when thinking about or being with a new partner.
- Blushing, trembling, breathlessness, high sexual desire
- Referred to as infatuation = passing love “a foolish and unreasoning love’
- Infatuation is not a realistic / accurate appraisal of the relationship / idealisation
- Negative / flaws in the idealised beloved may be intellectually recognised, but disregarded as endearingly special. Person chooses to ignore the negatives
- Normal phase in the process of relationships
- Infatuation can lead to a lasting relationship – but it mostly fades away and relationship based on infatuation alone will fail.

Love

- Involves physical attraction - deeper
- Love encompasses PA, ME and PI
- People rely mostly on life experiences to guide them to their own unique way of demonstrating love.
- Eric Fromm “love is active concern for the life and growth of the person we love”
- Love is deep, unselfish, caring, deep respect

Hauck’s basic principles about love

- **It is not just the person you love, but rather what he/she does for you** - actions speak louder than verbal promises of love and devotion.
- **Just like any business relationship, you have to invest in the relationship so as to benefit from its rewards** - love requires a reciprocal investment from both parties
- **Love is like a business partnership – it needs management** - rules to ensure it remains mutually satisfying
- **The goal in the relationship is to be reasonably content.**

Mutual Expectations (ME)

- Passionate attractions create a group of mutual expectations.
- People are surrounded by their own personal worlds of meaning and if they want their relationship to survive, they have to explicitly state what they want and need. If they do not do this, their relationship will not progress beyond the passionate attraction stage.

Myths: common expectations

- A partner should demonstrate sympathy to the person whenever he/ she is upset
- A partner should always be willing to express innermost thoughts and feelings at all times
- A partner should be loyal by automatically siding with the person when they've been in an argument with others.
- A partner should always want do to things with the person, devoting time and attention to the relationship
- A partner should choose the person above all others at all times.
- A partner should allow the person to continue to take part in all the activities that he/she was involved in before the relationship began.

Introjected expectations bought from family of origin, society and media are unrealistic myths.

Expectations about roles and responsibilities

- Traditionally- culture defined, prescribed and allocated non-negotiable rules and duties, often according to gender.
- Today – more egalitarian relationships exist.

Expectations about life events**Personal Intentions (PI)**

- The converse of expectations
- Individuals decisions – both deliberate and unconscious, about how he/she should behave as a loving partner
- Consider the way your partner wants to be loved

Individual differences and their impact on the couple relationship

Couples enter a relationship with a set of expectations based largely on their past experiences, and further determined by gender and ethnic differences.

Gender Differences*Similarities*

- Both have fundamental needs of self-esteem, survival, intimacy and growth
- Both need the sense of having some control over their lives
- Both need to achieve, and have recreation
- The ways in which they translate or express those needs and attempt to full them differs

Physiological differences

- Socialisation exaggerates gender differences even further
- Conflict situations – woman self-soothe and males become more aroused and aggressive (testosterone)
- When in a negative relationship, men withdraw and women become more demanding and complaining.

Differences in communication styles and patterns of emotional expression

- Woman – use more qualifiers, emotive, better at interpreting verbal and non-verbal behaviour , more attentive.
- Men – more factual, less revealing, more competitive

Perceptions of rules/roles for the relationship

- Stereotypical views which are misleading
- Men are expected to be strong, independent, successful, aggressive
- Woman – gentle, dependent for support and protection, nurturing, emotional, submissive.
- Traditional sex roles influence people’s behaviour and expectations in a relationship
- 4 main reasons for the difference in sex role expectations: (and cause the marginalising of woman)
 - Differences in socialisation
 - Differences in legal and economic status and power
 - Differences in childbirth and parenting
 - Differences in sexuality

Helper needs to focus on helping the couple understand how gender relates to their stresses

The effects of ethnicity and culture

Bloom: Culture is an *“integrated pattern of communication among people with a common history, language, and place that results in common values, behaviour patterns and expectations that are transmitted across generations”*

McGoldrick: Ethnicity *“a religion and culture history whether or not members realise their commonalities with each other. It describes a commonality transmitted by the family over generations and reinforced by the surrounding community”*

Culture and ethnicity manifest in language, faith, race, national and geographic origin, family formation
 An individual’s sense of self is implicitly intertwined with his/her cultural beliefs and sense of belonging to an ethnic group

Schematic comparison of the Western and African Views of the person and worldviews

| Western view of the person and the worldview | Versus | African view of the person and the worldview |
|--|-------------------------------|--|
| Individuality | Psycho-behavioural modalities | Groupness |
| Uniqueness | | Sameness |
| Differences | | Commonality |
| | | |
| Competition | Values and Customs | Co-operation |
| Individual rights | | Collective responsibility |
| Separateness and Independence | | Co-operation and interdependence |
| | | |
| Survival of the fittest | Ethos | Survival of the tribe |
| Control over Nature | | One with nature |

Definition of a family

Western / Anglo descent – family is mother, father, child with little reference to extended family. Privacy and independence from family of origin highly prized.

African descent – family includes extended family, and are responsible for each other with permeable boundaries between them. Little or no privacy from their relatives.

Ancestral spirits are important part of the family and illness and misfortune are seen as indicators of ancestral displeasure

Indian family – eldest son expected to remain in the family home when he weds. Bride joins his family, with a subordinate position to the mother in law who has much say over their lives.

Formation of values

- Cultural beliefs, expectations and practices shape the individual's values and guide personal behaviour.

Culture and family life cycle transitions

- Dating, courtship, marriage, child rearing and retirement may be strongly influenced by the early cultural messages each partner received from their family of origin.
- Hindu/Muslim – early age proposal
- African – young adult encouraged to stay at home till married
- White – encourage independence

Cultural practices change with time

- Divorce become a common practice
- Living together before marriage
- Same sex couples legalised
- Equality and choice central themes in modern relationships

Cross cultural unions

- Interethnic unions stressful due to different expectations / backgrounds
- Better to assume each family has its own culture
- Cultural differenced (being out spoken vs. quiet) will cause stress

Becoming a couple

Six characteristics

1. The couple relationship is voluntary and both parties realise that the relationship is their choice.
2. The couple relationship depends upon a balance of stability (from sense of predictability) and growth (of opportunities, spontaneity and flexibility)
3. The couple relationship has a past (let go of old conflicts) , present (shared goals) and a future (joint goals provide a sense of direction and something to look forward to)
4. In order to become a couple, partners have to merge their individual perspectives and histories. (different values and worldviews can hinder this process)
5. Belonging to a partnership implies giving and receiving support (relationship based on synergy achieved by the couple complementing each other's strengths and weaknesses)
6. The couple relationship requires that each party respect the other's identity and individuality "I" meets "you". We share and become "us" but remain individuals with a common bond.

Couple formation

- A couple is formed when an invisible, psychological boundary is erected around the two individual involved, making them a one symbiotic unit.

→ The couple relationship becomes the nucleus of the nuclear family

Characteristics of healthy couples

1. **A belief in relative rather than absolute truth**

Accommodation of your partners perspectives
Allow for differences in taste, diff. in points of view

2. **An assumption that the partner has good motives**

3. **A belief that differences will be resolved**

Expect relationship to have moments of conflict, anger – but remain optimistic that differences can be resolved between themselves.

4. **A belief in something larger**

Shared common cause, mission – will create satisfaction

5. **The practice of healthy behaviours**

- Responsibility for maintaining love and respect
- Alignment of goals – mutual goals
- Encouragement
- Open communication – transparency and openness the foundation for problem solving, sharing
- Empathic listening – able to verbalise their understanding of what their partner has said and reflect on emotional content contained
- Willingness to analyse and discuss the relationship
- Demonstration of acceptance
- Support of positive collaborative goals of the marriage
- Joint conflict solution – no blaming
- Commitment to equality in the relationship – both invest in and benefit from the relationship, workload is shared, joint goals, space to grow as individuals.

Theme TWO – Changes that couples go through: psychological tasks and family life cycle developmental stages

Psychological tasks:

- Predictable developmental changes that couples have to achieve, which continue and are joined by other tasks that couples address from the outset of their relationship, as their relationship develops and passes through different stages.
- The changing tasks trigger conflicts and challenge earlier solutions. (Wallerstein)
- Tasks are not arranged in any sequential fashion / not plotted as a linear process / not bound by time.

- Family life cycle suggests that family life unfolds in a particular fashion, with recognisable stages – at each stage family members have to complete predictable tasks.
- The couple relationship is the nucleus of the nuclear family.
- Developmental tasks involve the whole family and are plotted on a progressive continuum.
- Successful completion of a task is necessary before the couple / family can move to the next stage.
- Clear predictable process, with each stage presenting new emotional and intellectual challenges.

Psychological tasks of couples in long term relationships

- 1. Consolidating psychological separation and establishing new connections with family of origin.**
 - Self-sufficient and autonomous
 - Separate sense of self
 - Intimacy and independence balanced with fusion and dependence
- 2. Building the marital identity for the couple and the individuals (building togetherness and creating autonomy)**
 - Shift from 'I' or 'me' to 'we' and 'us' - making mutual decisions
 - Renegotiation values
 - Deciding on what competing leisure time activities, friendships, associations may need to be terminated to protect the relationship
 - Developing family rituals and traditions.
- 3. Establishing their sexual identity**
 - Sexuality is individual
 - Frequency, intensity, accessibility should be negotiated.
 - Openness
- 4. Establishing the relationship as a zone of safety and nurturance**
 - Communication
 - Acknowledgment of each other's feelings
- 5. Negotiating Parenthood**
 - Introduction of children into the relationship necessitates the expansion of the relationship to make space for the child without compromising couples intimacy.
- 6. Building a relationship that is fun and interesting**
 - Balance between spontaneity and tradition
 - Conscious effort to find activities to share

7. Maintaining a dual visualisation of their partner that combines early idealisation with reality perception

- Stay in touch with initial passion, yet be aware of how passion can grow into more realistic friendship

The family life cycle

Carter and McGoldrick

- Family life cycle a process which requires changes in the nature of the family relationship over time.
- Transition from one stage to another generates tension and causes interpersonal conflict
- Each stage is characterised by diff. set of challenges or problems.

Stressors

Vertical stressors

- Come down from earlier generations
- The perceptions that each individual brings to the couple relationship based on family expectations, misconceptions and myths handed down to them from family of origin.
 - Racism
 - Sexism
 - Classism
 - Homophobia
 - Genetic makeup, abilities, disabilities
 - Family emotional patterns
 - No time for friends, inflexibility of work place

Horizontal stressors

- Predictable life cycle transitions: Getting married, Having a baby, Losing one's partner
- Unexpected – illness, accidents, retrenchments
- Historical events – war, natural disasters, political climate
- These generate high or low points in the couples life line

System level stressors

- Social
- Cultural
- Political
- Religious
- Economic influences
- Influenced by extended family, work group, friends
- Pressure to have children
- career

Carter and McGoldrick's family life cycle model

1. The unattached young adult
2. The newly married system

3. The family with young children
4. The family with adolescents
5. The launching and empty nest
6. The family in later life

Stage one: The unattached young adult

- Single young adult leaving home so as to establish independence
- Young adult is between families; between family of origin and the formation of a new nuclear family through marriage / pairing off.
- Autonomy and attachment are functional adult goals
- Acceptance of emotional responsibility for self
- Acceptance of financial responsibility for self
- Parents and young adult begin to relate to one another as adults
- Self is experienced as a separate person
- Need for intimacy – seeks relationship
- Finds career / productive work to be financially self-reliant
- Becomes responsible for own health
- Parents – let go of control and power, while still offering support and connection

Clinical considerations

- **Enmeshment** – over involvement among family members – stunts psychological and emotional development
- **Cutoff** – characterised by extreme disengagement and distance – to the point of no involvement at all – leaves young adult feeling alienated and alone.
- **Triangle** – in which two members are overly close and one is overly distant. Mother very close to son, father distant.

Corrective interventions:

- De-triangling
- Increasing person-to-person contact
- Reversal - deliberately behaving contrary to the family of origins expectations (react with humour, not criticism)
- Reconnecting

Stage two: The joining of families through marriage

- Forming a new couple – hope, optimism, joy
- Couple needs to define new blueprint for their family
- Decisions cannot be made on individual basis
- Conflicts need to be resolved in order to develop own goals and values, decide on family rituals and traditions for the new family system
- Each brings personal ideas, expectations and values as shaped by their experiences and relationships with their original families. With shared / similar experiences of family life, adjustment is less problematic
- Central task: how to form an intimate union without each person losing personal identity.

- **Formation of marital system – relationship strengths to be at the highest level**, due to romanticisation of the attraction between two partners.
- Honeymoon fades as couple negotiate on new blueprint
- Realignment of relationships with extended families and friends to include the spouse.
- Marriage is the overlapping of two systems to form a third subsystem.
- Couple need to establish a boundary around the new subsystem
- Marriage symbolises a change in status among family members therefore relationships need to be re-aligned

Issues in marital adjustment

- Problematic adjustment when:
- Couple meets / marries shortly after a significant loss
- One person's wish to distance from family of origin is a factor in the marriage
- Family backgrounds of each spouse are significantly different (religion, education, ethnicity)
- Incompatible sibling constellations
- Couple resides extremely close / distance from family of origin
- Couple is dependent on extended family
- Marriage before 20
- Together less than 6 months / more than 3 years
- Wedding occurs without friends/family present
- Wife pregnant before / within first year
- Poor relationship with parents / siblings

Clinical considerations

Fusion versus intimacy

Fusion – joining together of two individuals to become one

Intimacy – *a caring relationship without pretences, revelation without risk of loss or gain by one or the other. Giving and receiving, and exchange that enhances because it facilitates the awareness of selves, of their differences and sameness*

Unrealistic expectation of each other and marriage: Couples definition of marriage becomes burdensome. (Responsible for each other as opposed to being responsible to each other)

In-laws

Same-sex couples:

Clinical interventions:

- Exploration of unresolved issues dating back to the couple's family of origin
- Helping couples to realign relationships (dealing with enmeshed / disconnected relationships in the family of origin)

Stage three: families with young children

- Couple commits to an extra person / people in the family
- Couple moves up a generation and become caretakers of a younger generation
- This phase of family life cycle has highest divorce rate – could be due to challenge to balance roles of mother / father with husband / wife.

- Global trends impacting this stage: HIV/Aids; over-population; woman working; reproductive technology, use of birth control
- Adults have to balance the demands of work against a nurturing home for children
- Couple needs to accept new members into the system. Baby's arrival creates the nuclear-family triangle; one parent close to the child – creating distance between the couple
- Psychological / social challenges – work, friends, siblings, parents, use of leisure time, finances – need to be juggled to make way for new family member

Adjusting the marital system to make space for children

- **Men tend to be less happy during young childhood**, as they have to adjust to the increase of attention and energy given to the new baby
- **Mother's level s of satisfaction in marriage tends to dip at this stage** due to endless tasks of parenthood with robs them of opportunities to nurture themselves, or their partners. Endocrine shifts making mother more emotionally sensitive

Joining in child-rearing, financial and household tasks

- **Couples levels of agreement on these issues begins to decline**
- Negotiation of new range of issues relating to children
- Increase of tasks reduces time available for meaningful conversation and dialogue, which affects intimacy.

Realignment of relationships with extended family to include parenting and grand-parenting roles

- All family members move up one notch on the relationship system

Clinical considerations

Maintaining the couple relationship

- The need for intimacy must be addressed; time should be devoted to sharing pleasurable leisure-time activities

In-laws

- Husbands / wife's responsibility to loosen the tight immature bond with parents and replace it with adult-to-adults relationship

The child focused family

- Overinvestment in parent-child relationship results in excludes relationships outside the family
- Distance between couple due to attention on the child
- Vertical / horizontal stressors impact the family

Balancing roles and responsibilities

- Couple must explore what they believe to be the duties as wife or husband

Stage four: families with adolescents

- **Most stressful stage**
- This developmental phase marks profound shifts across three generations: adolescent's physical and intellectual maturity; changes in parents who are entering middle-age; major change by grandparents as health deteriorates
- Family increases flexibility of boundaries to permit independence of children (provide autonomy and independence) and accommodate grandparent's frailties (loss of independence)

Shifting of parent/ child relationships to permit adolescent to move into and out of system

- Parents need to become more permissive, yet not emotionally withdrawn.
- Adolescent has physical and intellectual changes that family must accommodate
- New rights and responsibilities for teenager established in the home
- Communication problems most serious at this stage
- Cost of raising a child peaks at this stage

Refocus on midlife marital and career issues

Adults preoccupied with their age / health.

Four midlife challenges:

- i. **concerns with mortality;**
- ii. **concern that involves destructive and creative tendencies** - want to make a contribution, fear time is running out and no legacy to leave behind;
- iii. **Shift in sex-role orientations.** Men become more nurturing, more expressive, more invested in their relationships, and woman appear more impatient, assertive, aggressive as they focus on own needs and development
- iv. **Parent's need to be attached to (involved) and yet separate (retaining own thoughts & identity) from social environment**

Beginning shift towards caring for older generation

Clinical considerations

Supporting the adolescent as he or she negotiates the tasks of this developmental phase

- Physical and sexual changes experiences have a dramatic impact on how adolescents describe and evaluate themselves and the way they think others perceive them.
- Family environment should encourage them to express themselves, allow flexibility, and display trust and patience.

Reactivation of unresolved emotional issues

- Adolescent's demands can act as catalysts for emotional issues that family might have ignored.

The formation of relationship triangles

- Relationship triangle creates emotional stressors; highlight issues of closeness and inclusion, or exclusion and distance.

Vertical coping patterns re-emerge

- Family likely to copy patterns of relating to incidents as they did in family of origin.

Clinical interventions

Reframing the family's conception of time

- Relationships between parents and their own families of origin are often the un-symbolised issues that generate emotional intensity in the relationship with teenagers.

Meeting with the parents

- Parents need to have time to negotiate their differences about rules and limits in the home, and discover ways to offer each other emotional support.

Rituals

- Important tool for creating family solidarity (Bar Mitzvah, confirmation, 16th birthday, drivers licence)

Maintaining neutrality

- Helper must remain neutral stance and don't over identify with adolescent / parents.

Stage five: launching children and moving on

- Stage begins with first child leaving home and continues till all children have left
- Stage ends with the retirement of the middle generation
- Adult children are prepared to face life's challenges
- Parents have more time and psychological energy to rekindle their own relationship and reconsider life together without children.
- Family makes way to include in-laws and grandchildren
- More time to review priorities, revisit and rework beliefs about life
- More involved in elderly parents care
- Negative – once the children have left – they might find they have nothing in common
- Emotional process involves accepting multitude of exits from and entries into the family system.
- Families recognise that each person is an autonomous individual and adult children need to be encouraged to pursue independent lives
- Grandchildren are added and extended family grows, with on-going contact that does not interfere with the new nuclear family - which now work towards developing own boundary

Renegotiation of marital system as a dyad

- As grown children leave home, couple needs to renegotiate relationship and think about their lives and what they want. Marriage of adult children and death of a parent are responsible for this thought process.
- Couples tend to have more stable mellow relationships due to having weathered previous stages
- Men even happier to take on household chores
- Wives spend less time on housework – couple have more time and privacy – fewer responsibilities and less financial strain – leads to an increase in relationship satisfaction

Development of adult-to-adult relationships between grown children and their parents

- Parents have to realise that adult children no longer need their guidance and economic assistance
- Letting go of children or even cutting off (disagreements)

Realignment of relationships to include in-laws and grandchildren

- Middle generation must accept the marriages of the younger generation, and respect the new family's autonomy.
- Grandchildren – shift in family status's (parents become grandparents, siblings become aunt/uncle)

Dealing with disabilities and death of parents (grandparents)

- Middle generation faces challenge of supporting older parents – decide on where elderly must live.
- Death of parent provides opportunity for middle generation to reflect on their life, and makes them more aware of their own mortality.

Stage six: families in later life

- Middle generation take on a more active role in the family
- Elderly generation are faced with major challenges of retirement, widowhood, becoming grandparents, loss of independence
- Elderly couple are more maritally than parentally oriented as they spend more time with one another and less time being responsible for children.
- With adequate leisure time, income, good health – they can enjoy each other as much as the honeymoon phase.
- Retirement – provides leisure time to pursue interests
- If persons esteem linked to productivity – then retirement is a horizontal stressor that requires people to redefine who they are, what their role is, how they should spend their time.
- Couples boundaries can become blurred
- Death of a partner leaving a void
- Challenging the middle generation on parenting issues can create intergenerational tension
- Illness and pending degeneration due to age – cause depression; middle generation left to decide if parent can still care for themselves; financial burden

Clinical interventions

- Helping family members identify and understand the status changes that occur
- Partners need to clarify what they expect from one another
- The family should support the maximal functioning and competence of an elderly parent
- Life-review therapy helps elderly person to reminisce & recognise which life tasks were completed and why others were not.

The systemic importance of rituals in family life

- Normative life cycle events and transition are celebrated in the form of rituals
- They are a process that occur over time and require developmental adjustments within family relationships
- Planning, contemplation and celebration – they help reduce anxiety about the implicit changes that each stage of the life cycle marks
- Rituals endorse a sense of belonging and identity for family members
- Rituals clarify expected roles, boundaries and family rules; provide family members with opportunities to deal with conflicting emotions (funeral – loss and celebration of deceased's life.
- Rituals connect families through marriage

Significant aspects of the family life cycle that impact on work with couples and families

1. Mastery of the skills and milestones of each stage enables members of a family to move successfully from one stage of development to the next
2. If they fail to master the skills, that may still move on, but are more likely to encounter difficulties in relationships and with future transitions.
3. Culture interacts with the family life cycle at every stage; culture impacts the definition of the word family, and the timing of the life cycle phases and the tasks

4. Family stress is compounded when the stress associated with a life cycle developmental transition intersects with a culture issue. (cuts on baby's face)
5. The family is more than the sum of its parts. Family problems seldom have one cause; individual perspectives and coalitions
6. Rites of passage symbolise the changing status of the individual, and the family as a whole (Funerals, weddings and coming of age rituals)

Points regarding Carter and McGoldricks' model – Schenk

- The life cycle is not a linear process (couples dealing with two stages at the same time; baby late in life)
- The model is a strengths based model
- Every family proceeds through the developmental stages at its own pace and according to its own sequence (but don't dwell on the uniqueness, as this will make a helper lose sight of the interconnectedness of the diff. generations)
- The life stages are academic approximations – developed to facilitate understanding of the complexities of the dynamic interaction between family members and family as a whole. Having a schema of possible developments allows anticipation and preparation
- Family life cycle is influenced by social, economic and political factors (divorce, human rights movement, technological revolution, modern stressors of crime, HIV)
- Family life cycle of poor, divorced or chronic illness suffering families will differ significantly from the middle class paradigm.
- Three to four generations may be linked to one another through the family life cycles model at one point in time. Family of origin exercises a strong influence on current attitudes, values and life decisions.
- Multigenerational perspective brings rich understanding of intergenerational, subconscious experiences and themes, which are brought to the fore. These shed light on current families reactions and responses fail to relieve current stress.

Theme THREE: Popular theories used in couples counselling

1. Psychodynamic (Orthodox analysis, object-relations theory, transactional analysis)
2. Cognitive-behavioural
3. The person-centred approach
4. Afrocentric perspective

System Theories

1. Structural
2. Strategic

The psychodynamic approaches

Approaches that....”*have tried to bridge the gap between the strictly intrapersonal theory of Freud and the growing awareness that relationships and social contexts are also critical to mental health*”

Orthodox analysis

- People are caught up in a constant conflict between their unconscious drives and society’s expectations of them.
- The drives that clash with society’s norms are repressed, blocked out of consciousness.
- Disowning these drives makes people experience psychological tension.
- Freud: id, ego, superego – function together to allow a person to experience pleasure, regulate pain and guilt and make responsible choices

a) The id

- Innate, instinctive part of the psyche – in direct contact with the biological drives that generate behaviour.
- Responsible for pleasure principle
- Seeks immediate and complex satisfaction of its drives without considering anything but its own immediate pleasure

b) The ego

- The part of the self that is responsible for reality testing
- Judges and weighs up situations before responding, trying to satisfy the id’s instinctive needs while regulating behaviour to conform to social norms and expectations

c) The superego

- From an early age people are taught some behaviours are acceptable and desirable, and others are unworthy and punishable.
- The evaluative aspect of the person that weighs up what is right and wrong
- Strives to ensure the person conforms to the moral code of society

d) Defence mechanisms

- Person manages inner conflicts by developing defence mechanisms. *“Strategies which the person uses to defend itself against the forbidden drives and moral codes, which cause forbidden drives and moral anxiety”*

- Repression and resistance
Basic defence mechanism that transfers unacceptable drives, experiences or memories to the unconscious.
 - Projection
Because the ownership of some drives, wishes or experiences threatens the person's integrity, they are projected on to others. Unconscious psychic material is kept unconscious by changing it to make it appear as though it is associated with others.
 - Reaction formation
To keep forbidden desires unconscious, a person develops a reactive response that gives the impression that he or she experiences a completely different desire. Can be recognised by any fanatical stance that serves to conceal a forbidden desire (fathers overprotectiveness of a daughters virginity = his unconscious wish for a sexual relationship with her)
 - Rationalisation
The person provides explanations for their behaviour by developing a logical argument or intellectual reasoning (my drinking is a result of work pressure – but the real issue being his drinking gives expression to his unconscious anger towards his mother and now his wife, both of whom thwart his autonomy)
 - Fixation and regression
Fixation describes the state of a person who becomes stuck at a particular developmental level. I.e. a smoker is fixated at the oral stage of development. Happens for three reasons:
 - i. Child experiences the stage so pleasurable that he does not want to move onto the next stage
 - ii. Child's needs are not satisfied during the stage by the primary care giver, so he becomes trapped in that stage
 - iii. Next stage of development appears too threatening for the individual. Previous experiences of harsh responses from parental figures make the child so anxious that he fails to cope with the developmental tasks of that stage.
Thumb sucking, rocking, bed wetting, eating and drinking for comfort are behaviours reverted to.
- e) Psychoanalysis and couples counselling**
- Analyst treats both individuals on an individual basis and may see them together.
 - Analysts view marital discord as a presenting symptom, not the problem. The discord is the manifestation of individual psychopathology in one or both partners.
 - The problems of a disturbed marriage manifest as transference during the treatment process. The client transfers unconscious repressed issues on to the therapist, who then interprets the dynamic impact of these issues on the person's life.
 - The insight enables the person to understand his or her relationship with the partner.
 - The analyst is preoccupied with making incongruence and discrepancies displayed by the partners explicit and open for discussion and interpretation.

Object-relations theory

- Deeply grounded in individual theory, incorporating systems thinking as it places **emphasis on the dynamic interaction between couples**
- Focus on early mother-infant relationships and the long-lasting impact of these experiences on later adult functioning.

- **Premise:** *from birth people attempt to establish relationships with external objects that satisfy their needs. The experiences of these primary relationships are carried forward into adult life.*
- People *introject* these experiences (develop mental pictures or from subjective experiences which for them become reality)
- As adults – they base current relationships with people on these previously held perceptions, subjective experiences or introjections.

Each object relation has a

- i. **Self-representation:** the way the person views itself. From birth an infant will differentiate the self from surrounding objects and forms an internal picture of him/herself – ignoring or disowning weaknesses.
 - ii. **Object representation:** the sense of attachments and closeness encountered in a relationship. The first object relationship between mother and child will influence the kinds of interpersonal relationships a person forms in later life. (critical mother results in introjection of this experience to the partner, making them hypersensitive to any negative feedback)
 - iii. **Affective component:** the emotions that are triggered from past introjections onto current interpersonal relationships.
 - The individual represents the self and parents as internal objects
 - Contradictory experiences (mother nurturing and rejecting) create confusion and anxiety
 - To deal with anxiety, child ‘splits’ internal representation or objects into two parts, good and bad
 - Due to relief experienced by splitting, child does the same with the self in order to cope with contradictory aspects of the self
 - Unacceptable and bad parts of self, and good aspects are projected onto others – many of the things we don’t like about others are actually our own negative qualities, projected onto those we relate to.
- New relationship outside the family becomes the new ‘source of attachment’ who becomes the prime target for projection.
- Early life experiences are awakened and unresolved feelings from earlier relationships generate many defensive reactions.
- Partner’s response is usually affected by their background issues and the interactions of these mutual projections are usually the cause of marital discord.
- People struggle in their relationship because of their faulty perceptions of themselves and the images they have of their past relationships.
- Object-relations approach presents ‘interlocking pathologies’ - each partner intensely needs the other person and their internal objects to find a match
- Juliet needs James to be her protector and James needs Juliet to feel strong and in control.
- People enter intimate relationships with preconceived notions about how partners, spouses, and parents should act and when those behaviours are not encountered they become very anxious
- Helping is the process of enabling individuals to see, understand and change the faulty introjects they have.

Transactional analysis

Eric Berne: A method that helps you understand why, if I do something to you, you will do something back.

- *Child, adult* and *parent* are parts of the psyche and by understanding their interplay, one can understand a person's interactions with intimate others.
- The scientific unit for focus in counselling had to be the 'transaction', the unit of social intercourse

a) The parent ego state

- The **Parent** is a huge collection of recordings in the brain of unquestioned or introjected meanings given to external events by parents.
- The messages contained in the Parent are the rules, expectations and often unspoken laws that were mostly taught by parents either in words or by their actions.
- The teachings become internalised in the Parent as recordings of what the child observed them to say and do - which becomes reality or truth for an individual .
- Two main parenting styles – nurturing or critical
 - i. Nurturing encourages, provides confidence, permission, empathy, comfort, relaxation. Promote growth of the child and if overdone can smother and thwart autonomy and initiative.
 - ii. Critical parent provides practical life instructions, principals, norms and prejudices and criticism that invoke childish feelings of guilt which regulate the child's behaviour. Words used stupid, naughty, ridiculous, disgusting. Ideal is for nurturing and critical parent styles to be balanced

b) The child ego state

- Dominated by feelings.
- Being in the child state implies being dominated by needs for instant gratification, self-centred and unable to see the connection between cause and effect.
- Free / natural child & adapted child.
 - i. Free / natural child represents spontaneous expressions of the child ego state – which typifies creativity, curiosity, playfulness and self-expression, exploring, touching and demonstrating feelings. If operating in this ego state for too long – become labelled as being 'out of control'

There is a strong need for love, attention, care, stimulation and protection. When one or more of these needs are not satisfied, the person's child manifests as an adapted child.

- ii. Adapted child eager for approval, so is accepting of parental influence and introjects the norms and values defined by the primary caregivers, making him more conforming, compromising or compliant.

Adaptive child finds it very difficult to rely on his own inner experiences in case his actions displease the primary care giver.

c) Stroking and life scripts

- People have on-going need for strokes.
- Positive strokes demonstrate care and approval. Permissions / positive messages this child receives

- Negative strokes damaging and disapproval. “Don’t live, don’t ask, don’t feel, you’re not important” are injunctions.
- **People would rather have negative strokes as opposed to no strokes at all – they will accept any form of attention**
- Parents provide children with messages about themselves and the world they live in by stroking patterns used. Children absorb strokes as fact or reality.
- Berne referred to messages as ‘scripts, injunctions, tapes’ - powerful and shape child expectations about life, relationships, behaviour,
- In adult intimate relationships, person inclined to enact these childhood version of ‘reality’ and use old coping mechanisms in order to secure approval, strokes from a partner.

d) Transactions

- Social transactions begin when two or more people get together. Acknowledging the presence of another, who responds.
- Transactional analyst focuses on transactions, trying to diagnose which ego state initiated the transaction and which ego state responded to it.
- Tone , body gestures, facial expressions
- A wife who is controlling and parental in her transaction with her partner may provoke a child response from him such as submission and withdrawal.
- Transactional analyst believe there are six possible structured ego states transactions when two people interact
 - i. Parent to parent
 - ii. Adult to adult
 - iii. Child to child
 - iv. Parent to child
 - v. Adult to parent
 - vi. Adult to child
- Parallel transactions = complementary

Shared premises of the psychodynamic approaches

1. Early life experiences manifest in adult behaviour, attitudes and feelings
2. By examining thoughts, dreams and feelings, unconscious material can be brought to the fore / consciousness
3. The helper is regarded as the expert, who interprets the meanings of these hidden unconscious issues that impact on the person’s current functioning.
4. Insight into and consciousness of the past experiences produce change and a cure for a person
5. People have a deep need for closeness and attachment which motivate their actions in relationships
6. Closeness and attachment are very attractive but also create fears of dependency and lack of autonomy.
7. Childhood relationships with parents determine a person’s ability to function in an intimate couple relationship. They influence issues such as autonomy, attachment and commitment.
8. People tend to have unrealistic expectations in their intimate relationships, expecting them to fulfil their unmet needs, even those dating back to their childhood relationships with parents.

Basic concepts

- a) **Therapeutic alliance** – most powerful tool for intervention or treatment. Purpose of alliance is to get the person to cooperate with and assist the helper to uncover the real issues responsible for creating tension in the couple relationship.
- b) **Interpretation** – the helper reveals the unconscious meaning of dreams, the couple's resistance, the transference between the helper and the couple and the transactions between the couple themselves.
 Dreams are interpreted at two levels
 - Manifest content – the way the dream is experienced by the person
 - Latent content - the disguised and symbolic representations of the dream
- c) **Transference** – within the close therapeutic relationship the person relives the early life experiences with his or her parental figures and / or relationship issued with the partner. The person uses the relationship with the analyst to give expression to the dysfunctional relationship styles that he experienced first with parents and then with partner. An unconscious process that manifests when the person misinterprets the analysts motives and feelings during the counselling process
- d) **Counter transference** – the analyst's unconscious response to a person's transference. Essential for analyst to explore his own reactions because they lead to deeper interpretation fo the person's un-symbolised / unconscious material.
- e) **Resistance** – The person's reactions and ways of dealing with situations become entrenched and change becomes daunting. Rather than experiencing further psychological tension associated with trying to change, the person resorts to sabotaging or obstructing the therapeutic process.

Critique of the psychodynamic approaches

- Stress is on the ability of people to develop insight into the faulty interpretations they form about other people and themselves.
 - The assumption is that once couples develop insight they are capable of making self-sustaining decisions about their lives.
- These approaches place too much emphasis on very early life experiences of individuals and the role these play in creating psychological stress.
 - They fail to explain why psychological stress develops later in life
 - They fail to acknowledge that psychological tension is a normative reaction to environmental or developmental stressors.
 - Their central focus is on finding meaning for the individual rather than on investigating the larger social context
 - Psychodynamic approach is deterministic
 - Helper is very directive in the process
 - No reference is made to cultural differences

The cognitive behavioural approach

- Approach is preoccupied with determining what couples think and how they behave, as they transact with one another and their environment in their day to day lives.

- Relationship difficulties are considered to be the result of the interaction between the partner's behavioural and cognitive responses to one another.
- Family history, experiences in past relationships, general thinking styles, the beliefs about relationships that are engendered by culture and gender, the nature of expectations between partners

Young and Long: three major thrusts of modern therapy

1. Helping couples increase positive reinforcement
 2. Teaching new skills – communication training, relaxation, assertiveness
 3. Using cognitive therapy to alter destructive individual thinking patterns
- Counsellor sets out to help the couple decide which behaviours need to be increased or reduced, so as to improve general satisfaction in the relationship.
 - Counsellor gives consideration to any faulty perceptions that one or both partners entertain which might be responsible for the way they respond to one another.
 - Behaviour is understood to be a learned response to situations, therefore can be changed

Assumptions on which it is based

a) Positive reinforcement

- The process of using pleasant consequences after constructive and cooperative behaviours to increase the probability of these being repeated.
- Rewards such as hugs, compliments, smiles increase positive behaviours.
- Each person needs to determine what he/she considers to be a positive reinforce – not everyone enjoys affection.

b) Reciprocity

- Couples rely on interpersonal bargaining. People engage in relationships that reward them in some way.
- There needs to be an equitable exchange of rewarding behaviours between partners.

c) Extinction

- Behaviour that is not reinforced with some form of reward will disappear or become extinct

d) Coercion

- The process of a couple's attempt to control one another's behaviour by using negative behaviour
- Flirting with another person to make a partner jealous (negative reinforce) – who then gives more attention (positive reinforcement)
- Leads to low exchange of rewards and reduces couples satisfaction
- Coercive acts – criticism threats, simple statements that induce guilt, withholding of rewards in the relationship and blaming.
- Couple uses punishment and manipulation

e) Unresolved conflict

- The single most probably cause of marital failure
- Communication and problem solving necessary

f) Observable behaviour

- Counselling is a process which helps the couple to identify what behaviours each partner would like changed and uncovers how problematic behaviours are reinforced in that relationship.
- Treatment goals are outlined in terms of observable behaviour and attitudinal changes that can be objectively measured and increased, decreased, altered or acquired.
- Behaviour is not interpreted, emphasis is on behavioural deficits (communication, problem solving assertiveness and negotiation) and excesses

g) Cognitive components of behaviour

- Thoughts, beliefs, expectations act as precursors to a response, or may be formed as the consequence of a behaviour exchange.
- People have misconceptions of love and relationships that lead to their developing unrealistic expectations of their partners
- Role of counsellor is to assist couples to challenge their faulty conceptions and replace them with realistic ones.

Theoretical concepts**Assessment, monitoring and evaluation**

- Environmental conditions behavioural patterns to be altered / opposed should be pinpointed
- Areas of:
 - Roles and completion of tasks
 - Finances
 - Sexual relationships
 - Communication
 - In-laws and extended family
 - Socialising
 - Religion
 - Recreation
 - children
- Assessment obtains a baseline from which to measure, monitor and evaluate the effectiveness of treatment.

The therapeutic relationship

- Couple arrive at counselling feeling despondent, blaming each other.
- Counsellor has to alter couples mood by replacing negativity with positive images and memories – a non-blaming atmosphere is developed
- Counsellor provides an expert, objective and rational opinion, and will conduct a thorough assessment of the relationship, and coach the couple so that they will know what positive skills and actions they need to incorporate into their relationship to increase their generalised contentment.
- Counsellor is directive and didactic
- Partners are helped to negotiate the kind of and quantity of, rewards that they expect from each other; time and places they expect these exchanges to occur are made explicit.

Treatment techniques

a) Communication training

- Behavioural communication training is more systematic, change-orientated than expression-orientated and tends to be focused more on the resolution of conflict than on the ventilation of feelings.
- Reflective listening, negotiation, arranging timely discussion of problems, problem solving, clarifying expectations, non-verbal communication

b) Modelling

- Social learning theory – behavioural patterns (positive and negative) are acquired by people who imitate the behaviour they observe, especially within their families of origin
- Negative patterns can be un-learned and replaced with new ones by imitating people who perform appropriately with effective relationship skills

c) Rehearsal

- Before behaviour becomes entrenched, it has to be rehearsed / practiced – people learn by doing
- Counsellor creates opportunities for the couple to rehearse new behaviour under supervision, while providing feedback.
- Simulated, realistic scenarios are practiced with new behaviour

d) Reinforcement and feedback

- Helper pays careful attention to the rehearsed behaviour and each person praised for use of positive communication skills or behaviour
- Constructive criticism given where necessary and feedback is used to further shape the couples responses to one another
- Feedback is a vital incentive for improvement

e) Homework tasks

- Tasks for rehearsal at home and give feedback of outcomes

f) Behavioural exchange practice

- Reciprocal reinforcement – each partner gives in order to get behaviours that they would like from the other. Requests should be:
 - equal in weight
 - should prescribe positive behaviours that each would like to see more of
 - should increase satisfaction in the relationship

Critique of the cognitive behavioural approach

- Salient feature of the behavioural cognitive approach is its attention to detail
- Goals are clearly stated and measurable
- Data collected enables helper to empirically validate the effectiveness of the intervention with clients from specific population groups
- Intervention is specifically tailored for clients, goals are individualised

- Helpers must be accountable, efficient and effective – when a technique does not work it is eliminated or improved upon.

Criticisms

- Therapy is so structured that helper may fail to adequately explore the emotional issues of the couples
- Little emphasis is placed on the past, especially the historical development of a couple's problems
- Not all problems can be corrected by teaching new behaviours and changing faulty thoughts.
- Deterministic and linear thinking is too simplistic
- Helper's preoccupation with techniques and measurement of interventions may cause him / her to overlook the importance of developing a good rapport with both partners.
- Helper may rush in to suggest interventions without developing a clear interactional definition of the problem. Intervention might be aimed at the individual rather than the couple as a system.
- Tempting to exclude the couple in the planning of intervention – as helpers is seen as expert
- Helper should be acutely aware of the environmental context that he couple find themselves in (culture) and ensure skill taught to partner/s are appropriate

The person-centred approach to couples counselling

Carl Rogers: emphasis on helpers developing a deep respect for the subjective experiences of individuals, as well as trust in their capacity to make constructive choices.

Human beings have an inherent capacity to move towards wholeness and self-actualisation – they are capable of finding their own direction with minimal help from counsellors.

Person-centred approach is a way of being - a set of values and beliefs adopted by counsellors when they develop therapeutic relationships with clients.

Core conditions of the person-centred approach

Unconditional positive regard

- The counsellor's non possessive warmth and acceptance of the other person's right to his or her feelings, thoughts, experiences and point of view.
- Each person in the relationship is allowed to feel deeply respected and accepted without judgment.
- Actions are considered to be driven by positive intentions.

Empathic understanding

- The helper endorses and reflects understanding of one person's perspective and then goes on to do the same for the other person.
- Each person is left feeling understood from his/her unique perspective and also develops an understanding of the other person's world without his/her feelings getting bound up in that understanding.
- Functions of empathising:
- Alerts partners to their own reality
- Makes them listen so hard that it becomes too difficult to retaliate with counter arguments

- Each develops a clearer understanding of what the reality of the situation actually is
- In family / couple counselling – counsellor has to be more active in demonstrating understanding because there is more the one personal perspective that is dealt with at one time.
- Behavioural gestures can be used to complement verbal expressions. (opening a window when someone says they are trapped)
- Helper strives to listen to the explicit and implicit messages of each person

Congruence

- The authentic pattern of relating of relating to the couple that the helper uses to make the couple more comfortable about lowering their defences and being more open and honest
- Helper relies upon his own thoughts, feelings, talents and predisposition to help the couple deal with their concerns.
- Partner's interactional style is examined without blaming and accusing either partner.
- Congruence more difficult to achieve in couple and family counselling than in individual therapy. Counsellor has to communicate more opening with more the one person simultaneously, at a time when both present their worst sides, because they are in conflict with one another .

Reliance on the couple's personal power

- The helper must adopt a strong belief in the couple's potential to make self-sustaining choices about their relationship.
- Helper refrains from making decisions for the couple, and relies on their personal strength and integrity to shape the direction of their future
- Belief in the couple's own capacity to behave constructively and responsibly.

The assumption on which the approach was developed

19 propositions

1. People are basically trustworthy, reliable and constructive and therefore entitled to be treated with respect and dignity.
2. People are complex beings, consisting of thoughts, feelings and actions that are interrelated and need to be viewed and understood holistically.
3. People's behaviour should be understood as attempts to satisfy their needs
4. One can calculate the importance of a person's needs by measuring the intensity of his or her responses in situations. Often people may not even be aware or conscious of their needs, as many of these remain unconscious until people reach a stage where they try to clarify what is going on in their lives.
5. People all have their own private worlds of meaning that constantly change with time. The only way people can be understood is by exploring their subjective experiences.
6. People are mostly subjective. They consider their perceptions or experiences as reality. The only way we can understand people is by being willing to explore their perceptions and realising that they consider their perceptions to be the truth.
7. When people feel vulnerable or anxious, they tend to behave more defensively and become more rigid. One is like to recognise people in these situations engaging in defensive behaviours such as denial, distortion, minimising, blaming or rationalising.

8. Non-defensiveness is a prerequisite for healing and personal growth, and so helpers need to create therapeutic relationships in which people feel accepted, understood and safe, so that they lower their defences.
9. High levels of acceptance, empathy, congruence and permissiveness in therapeutic relationships enables people to lower their defences. They allow people to explore the real issues impacting their lives and to symbolise their un-symbolised experiences. This results in insight, the critical step in change or healing.
10. People possess within themselves an in-built motivation to develop insight, gained from the relationship with the helper, into action that will promote meaningful change. People have enormous potential for growth, health, adjustment, socialisation, self-realisation, independence and autonomy.
11. People have a capacity for regulating or modifying their behaviour once they understand what motivates it in the first place.
12. The human need for acceptance is so great that often people engage in behaviours just to gain approval. This may even result in their internalising values that are not their own. Without the people realising it, these introjected values create psychological tension.
13. People need to reach a point where they are able to define with accuracy who they are, and what their strengths and weaknesses are, so that their actual self and perceived self become consistent. Inconsistency between the two generates tension.
14. People tend to behave in ways that are consistent with their perceptions of who they are.
15. People experience life at conscious and unconscious levels. The greater the person's consciousness of their experiences, the more likely they are to experience psychological comfort.
16. Before people can be forgiving and / or accepting of others, they have to demonstrate these attitudes in relation to themselves.
17. People who are more self-accepting and open to their actual selves choose values based on their own evaluation processes. They do not blindly internalise the values of others. Self-chosen values are usually the most self-sustaining values and reflect emotional maturity.

Applying the person-centred approach to work with couples

- Couples counselling aims to assist couples to develop more honest assessments of who they are and what their relationships offer.
- Each partner encouraged to explore his/her individual perceptions about the relationship, and to define needs, behaviours and values involved.
- This openness / congruence paves the way for them to develop insight that leads to their deciding what remedial action should be taken to improve the relationship.
- Counsellor creates a safe context using the core conditions of helping, to enable couple to express their experiences with one another sincerely and openly. They become more self-aware in the process
- Core conditions of unconditional positive regard, empathy and congruence demonstrated by the helper, help the couple to recognise there are multiple realities.
- Rogers: psychological distress is that which results from the disparity between the actual experience of the individual and the individual's self-image.
- In the family context - Incongruence of each family member, as well as the incongruence of the system as a whole, needs attention.

Critique of the person-centred approach

- Geurney – empathy is not sufficient to counteract people’s dysfunctional models of communication and relationships, so they added skills training to the Rogerian base of the Relationship Enhancement Model.
- Geurney’s intent – clients to continually experience, observe and learn person-centred practices through the counsellors demonstrating and modelling them, using behavioural techniques of modelling, prompting, rehearsal, homework and reinforcement.

Positive

- This approach provides a context in which the couple can learn to express their emotions in a fully uninhibited way without abusing each other.
- People are helped to learn more about the perspectives of their partners and to free themselves from the narrow constraints of their own perceptions.
- Makes the unconscious conscious
- Enables people to be very active in finding out ‘what is going on’ in their relationship
- Shared reality develops

Negative

- Time consuming
- It’s questionable if permissive, non-directive method– where development of insight alone will change complicated behavioural exchange. Couple needs to determine what they want to talk about when they want to talk.
- Behaviour change is daunting – clients may want a more structured process where the helper helps them to move systematically from assessment to planning to intervention to evaluating and follow up.
- PCA has no such structure or directedness.
- PCA focuses on individuals

An Afrocentric perspective on helping

- There does not seem to be any specific personality theory from a purely African perspective
 - What we do know has been translated orally through folk-lore, traditions, art.
 - There are many different views within a traditional African perspective (due to different geographical, human, linguistic and religious differences in Africa)
 - Africans are in a transitory phase of development – individuals in Africa are at different stages along the continuum between traditional and modern.
- African thought has a distinctive character based on two broad themes:
 - The individual personality is linked to the universe as a whole
 - The only way of understanding the individual is in relation to his or her sense of belonging and responsibility to the community at large
 - The person has a collective conscience and considers the self as one with the community and universe.
 - The individual is expected to invest in, and in return be nurtured by, the community and universe.

- Western psychotherapy places too much emphasis on the rights of the individual, completion, self-actualisation, individuality and personal responsibility - none of which are part of the African perspective.

The philosophical basis of the Afrocentric perspective

The person forms an invisible whole with the cosmos. God, fellow humans and nature are one.

1. The Macro-cosmos

- The domain of God
- God is understood to have withdrawn from day-to-day existence and ascended to a superior level.
- Ancestors act as the intervening medium through which people would have on-going contact with God.
- The daily functioning of traditional African people is religious functioning – they need to live a life according to Gods expectations
- Traditional religion focuses on community awareness (rather than individual awareness)
- Emphasis on community helps to ensure that beliefs, ceremonies, rituals and festivals within the community locate religion within the psyche of all the people.

2. The meso-cosmos

- Broad No-man's land where coincidences and the forces of the ancestors, malignant spirits and sorcerers hold sway
- Includes ancestors, living reality of animals and humans and natural physical reality of nature – trees, mountains, seas and rivers.
- It gives rise to good and bad fortune
- All illness, conflict, hardships, success and luck can be explained according to relationships between the individual and creatures of the meso-cosmos – human behaviour is regulated by external agents.
- In view of this- humans cannot be held responsible or accountable for the situations they find themselves in.
- Empirical reasoning and rational scientific explanations are not sufficient to explain the position a person finds him/herself in.

3. The micro-cosmos

- This domain refers to the individual in his/her everyday collective existence
- Individual is expected to direct his / her efforts to be one with the community and nature.
- Cooperativeness, interdependence, collective responsibility and agreement are favoured

The micro-cosmos is influenced by the macro-cosmos and the meso-cosmos

Important considerations when working according to a traditional Afrocentric perspective

- Behaviour and function are only explained from an eco-systemic point of view. Humans are related to nature, God and each other in a systematic way.

- Cognitive functioning is downplayed – more attention given to intuition and feelings. Intuitive rationality is spontaneous, apprehending and appreciating.
- Time is associated with the natural rhythm of the universe.
- Actual time – events that are currently happening or have already happened.
- Potential time – referring to things that will definitely happen in the immediate future – sunrise and sunset
- Time is regarded as something that has to be created by the activities or events that the person engages in. Individual is more present focused than future orientated and so goal setting is incompatible with the natural rhythm of life.
- Health is a holistic concept – refers to mental, spiritual, physical and social integration / wholeness
- Illness or disease are the result of some power of the universe that has been disrupted and needs to be restored.
- Pathological behaviour is seen as the result of disharmony between a person and their ancestors, or caused by evil spells or deeds of the malicious spirits or sorcerers. “who bought this on?” as opposed to “what caused this to happen”
- Recover involves listening to the voices of the ancestors
- Ancestors are kind spirits who provide protection against evil. When an individual or family fails to comply with the expectations of the ancestors, the ancestor becomes displeased and send misfortune in the form of physical / mental illness. The misfortune will abate if the person / family re-establish communication with the ancestors.
- Dreams are considered communications from ancestors.
- Rituals such as singing, dancing, cleansing ceremonies replace the western ‘talking cure’ From a traditional African culture – some things cannot be expressed verbally – only felt.
- Family members are interdependent financially as well as emotionally. Individual survival and success depends upon others. Any problem must be examined within the context of the multiple system relationships the person finds themselves in.

Traditional helping

- Specific counselling roles were allocated to specific people within families / communities. Elders , healers, aunts, uncles, grandparents.
- Traditional healers communicate with the spirits of the ancestors. They advise family on how to safeguard themselves from evil spirits and witchcraft
- It is believed that healers are inspired by ancestors, who are never wrong, therefore any failure to obtain relief from the healer must be attributed to the relief seeker.

Western versus traditional therapy

- Both approaches depend on the trust and belief of those they are helping
- Both aim to resolve the problem
- Both emphasise confidentiality

Rudnicks’ tabulation:

| African | Western |
|--------------------------------|-----------------------------------|
| 1. Practical relationship | Idealised (Rogerian) relationship |
| 2. Open community relationship | Confiding private relationship |

| | |
|--|--|
| 3. Directive approach | Mostly in-directive approach |
| 4. Deals with supernatural and natural world | Deals mostly with the natural world |
| 5. Focus is “who caused this” | Focus is “what is happening” |
| 6. Aimed at social cohesion | Aimed at individual empowerment |
| 7. Healer tells client why he has come | Client tells therapist why he has come |
| 8. Mostly incorporates pharmacology | Sometimes resorts to pharmacology |
| 9. Generally prescribes a ritual | Rarely prescribes a ritual |
| 10. Boundaries often wide – client lives with healer | Boundaries mostly restricted – non contact weekly visits |
| 11. Client motivation generally seen as conscious | Client motivation generally seen as unconscious |
| 12. Dreams are direct communications from ancestors | Dreams are intra-psychic and symbolic |
| 13. Healer’s personal values intrinsic to the process | Therapist’s personal values are subjugated |
| 14. Main tools are materials such as bones or equivalent | Main tools are verbal |

Charema adds two additional differences:

In the western approach to counselling

- The clients have to be active in finding solutions for their problems.
- The helper is usually a stranger

In traditional Afrocentric helping:

- The helpers provide the solutions and the recipients passively accept them.
- The helpers are usually well acquainted with the couple

Systems Theories

Structural therapy

- Salvador Minuchin; therapy that emphasises the active and organised wholeness of a family system.
- **Structural therapy proposes that by focusing on the interactions of family members, the helper is able to understand the inappropriate relationship structures, alliances and communication patterns and to help the family address these**
- The couple/ family as a whole is considered to be the client – rather than an individual in the family.
- Symptoms are regarded as the couples/family’s coping mechanisms.
- When the couple / family present at counselling, one person usually displays the symptoms and family hold the belief that it is the person who is causing the problem.
- During therapy – it is learnt that the symptoms developed are actually attempts to try and stabilise the family, and the person who was considered the patient is actually the scapegoat.
- One the patterns are identified and the family made aware of them, the helper advises members on how to change their existing family structures.
- Time has to be devoted to the helper joining with the family – the helper tries to become part of them, so as to get an inside view of what is really happening.

Key terms and definitions

- Family system contains three sub-systems: the marital system, the parent-child subsystem; the sibling subsystem.
- Each subsystem has its own status, level of intimacy, power and communication patterns
- Each subsystem arranged hierarchically with its own boundaries

a) Homeostasis

- When a problem occurs (entering a new developmental stage in the family life cycle) the family members respond by displaying reactions that attempt to keep the family in its previously lower level of anxiety.
- A self-regulating function, a state of balance or relative quietude during which the unit can perform some of its functions and support some of the members.

b) Alignment

- Term given when two or more members of a family develop an alliance in order to achieve a common goal
- Alliances are formed to maintain the homeostasis of the family

c) Boundaries

- Imaginary lines that separate systems from each other, and the subsystems from the larger family.
- Boundaries determine the rules of who participates in the subsystem and how.
- Boundaries are permeable – there are some people who can interfere with the system and influence them.
- Boundaries can be rigid – closed system that resists any external influences

d) Enmeshment

- An excessive amount of connection and cohesion between members of the family or the family as a whole.
- Unhealthy as members forfeit privacy, independence and autonomy – enmeshed members highly dependent on each other, they are therefore unable to be congruent and sincere due to their over involvement in one another's lives.

e) Disengagement

- Opposite of enmeshment
- Relational ties between members so loose and distant that mutual support is lacking – no common existence

Premises of structural therapy

- Couples relationships have three basic dimensions:
 - Boundaries
 - Power
 - Alignment
- Boundary problems – enmeshment / disengagement
- A hierarchy of power is recognised as relevant – parents to have more power than children

- Unhealthy alliances between members are identified and changed
- Healthy families have clearly defined generational boundaries. Parents form an alliance against children, have more say, power and status
- Healthy families have workable rules about who makes the decisions and how they are made
- Structural change in the family leads to change within individual members
- Joining is critical to the process. Helper needs to engage with each member of the family – and after joining needs to change the boundaries and alignments and redistributing power in the family
- Normal developmental stages in the family life cycle will generate problems and family members need to see how each stage requires the family to reorganise their structure to deal with new developmental tasks.
- Couples problems develop and are maintained in the family context. The whole family needs to be considered when dealing with a couple's problems.
- The present is considered more important than the past. Helper is preoccupied with here and now. Past only become significant when it's re-enacted in the present.

Therapeutic skills

Joining

- Joining refers to the technique of providing support and a sense of being connected to the couple.
- There are three aspects of the joining process:
 - i. **Accommodation** – refers to the way the helper adapts his / her style to accommodate the couples / family. Attention is given to the family values, culture and language and the helper integrates these when joining.
 - ii. **Tracking skill** – similar to empathic skills; helper make a point of listening with an inner ear and reflects his understanding of the feelings that have been expressed.
Helps the family feel respected and heard.
It involves more than empathic responding, because the helper has to be attentive to using the couple's own words, meanings and phrases
 - iii. **Mimesis** – a form of imitation. Helper makes a conscious effort to copy certain aspects of the couple's style, nonverbal behaviours and idiosyncrasy – done so as to denote the helpers alignment with a particular person (imitate the posture to help them realise that their perspective has been understood)

Focussing

- The helper decides which pieces of information to collect; by probing, the helper tracks the problems in specific areas.

Enactment

- An assessment tool and a therapeutic intervention
- Couple is encourage to engage in the dysfunctional behaviour within the therapeutic context
- Helper observes behaviour and makes the couple aware of it
- Three parts to enactment:
 - helper observes a dysfunction that needs to be emphasised

- helper focuses on the problem and tries to identify the specific interactional exchanges that pertain to the problem and checks to see whether the couple identify any dysfunctional interactions
- helper makes a recommendation for an alternative interaction

Structural moves or restructuring

- The redistribution of power, boundaries and alignments so as to achieve equilibrium, abatement of symptoms and equity in the family.
- Unbalancing – a technique used by the helper to alter another member’s position and change the structure of the relationship. Helper sides with one partner.
- Helper might change the structure of the family by instructing – “don’t confide in your son” – therefore creating a clearer boundary around the marital / parental relationship.

Complementarity

- Technique used by helper to highlight the reciprocal and complementary functions that partners play
- Couples tend to balance each other (introvert/extrovert; assertive/submissive)
- When conflict occurs, the differences become extreme and the couples polarise.

Strategic therapy

- John Haley; the helper designs individualised interventions for each family problem.
- Each intervention is brief, solution-focused and change-oriented
- Attention is given to couple’s interactions – rather than interpretations of their behaviour.
- Helper is active and sets about understanding the problem so that goals may be set for the family to alleviate their presenting symptoms and problems.
- Strategic therapists believe that families proceed during life through developmental sequences that require completion of specific tasks
- When family is unable to negotiate new developmental challenges of a particular stage, then development become arrested.
- Couples most likely to present with problems when they enter a new developmental phase of the family life cycle
- Focus is on the present
- All members influence one another, so a problem belongs to the family
- Symptoms are considered to be functional
- Helper often meets with resistance because the family is so attuned to trying to maintain their balance that they tend to work together to keep their symptoms alive.
- To eliminate the problem – break the pattern of behaviour.

Premises on which strategic therapy is based

- Interactional and relationship problem behaviours form patterns; one can identify a recurring sequence of events – causes are circular and blame cannot be attributed to one person.
- Helpers and clients interact with one another and influence each other during the helping process.

- Helper is not neutral and influences the couple / family – influence is effective when the helper develops and plans specific interventions.
- Because families unconsciously work together to maintain the balance / homeostasis, they often get stuck in problems. Helper needs to ‘upset the apple cart’ and create some chaos so that the family are forced to develop a new order / balance
- All communications – verbal and non-verbal – are considered symptoms of the problem.
- The presenting problem is actually a metaphor for the real problem
- Couples form repetitive patterns of responding to stress. By disrupting the interactional patterns or chain, one instigates change and the structure of the relationship is modified
- Haley felt that insight alone not sufficient to change dysfunctional patterns.
- A person's reality is individualised – interventions must fit with their constructions of reality
- Helpers need to be action-oriented and pragmatic.

Theoretical concepts of the strategic approach

a) Symptoms

- Strategic therapists are symptom focused
- A family's attempt to maintain itself and its balance; a way of communicating metaphorically within a couple relationship
- i.e. a woman who has anxiety attacks is communicating with her partner that his inability to hold down a job creates much unhappiness for her.

b) Metaphors

- Symptoms need to be studied closely, as they express some aspect of the family system.
- Bulimic may be telling partner “you make me sick’ – the metaphorical message tends to contain an explicit element.
- Symptoms are carefully studied to try to work out what they attempt to communicate

c) Power

- Haley was interested in who describes the nature of the relationship difficulties first and how they secured the power to do so.
- When observing interactional exchanges, one is likely to see that messages have elements of report and command in them.
- “we have run out of dog food” = report, with implicit order to buy more – manoeuvre to define the relationship. Partner buys more dog food – reporter is happy. Partner's resistance will show a power struggle.
- Helper makes ‘report, control, respond’ sequences more explicit to the couple and the family

d) Sequence of interactions

- Helper identifies the sequences of behaviour, once pinpointed, helper can develop intervention strategies.
- Sequence of interactions is best tracked by following the circularity of interactions in the family; who starts by doing what; who responds; how?; what impact does the response have; on whom?

e) Reframing

- Or relabeling – similar to cognitive therapy technique of restructuring

- Helper assists the couple to see the problem from a different more positive perspective
- Positive connotation involves attributing good intentions to a partner's actions so that the other partner will begin to see the problem differently.
- Rather than dwell on the negative connotations of the problem behaviour, the couple consider what the positive motivations were behind it.
- Violent, abusive, destructive behaviour should never be reframed.

f) The directive

- Helpers play a very active and directing role in the strategic therapy; giving couple / family different instructions to assist them to behave differently.
- Instructions are called directives – and are used to break up rigid entrenched behavioural responses
 - “go to a shopping mall on the other side of town and then find a common reason for being there”
 - Devils Pact – couple are to commit to a solution to their problem, without knowing what it is
 - Give the couple an ‘ordeal’ - a difficult task that is good for the couple. The presenting problem is difficult to maintain because of having to perform the extra task
 - Assign tasks that allow partners to make amends – guilt is a crippling emotion.
 - Prescribe metaphorical tasks; couple to describe in detail how an orchestra might be run with two conductors, who have their own style in music.

g) Paradoxical techniques

- Paradoxical directives useful when couples experience one of the five family transactions identified by Weeks and L’Abate.
 - i. Fighting and bickering
 - ii. Poor cooperation and failure to complete tasks
 - iii. Poor response to any intervention
 - iv. Couples are polarised
 - v. Couples who constantly contradict and discredit each other
- Couples are encouraged to use as many of their destructive styles of arguing / manipulating / not listening / interrupting when directed (argue twice a day at assigned times)
- Couple is forced to see how ineffective their strategies are and are forced to seek new solutions
- This technique only works when the couple experiences the helper's empathy

Similarities of structural and strategic therapies

1. Individuals are best understood by reviewing the broader context of their lives, such as the sociological environment, family, community and culture in which they find themselves. Context is more important than couples history
2. The family is a system and all parts of the family have a reciprocal influence on one another
3. Presenting problems and symptoms are seen in terms of the functions that they serve within the couple relationship or family. Symptoms maintain the homeostasis of the family
4. If one wants to reduce the problems within a marriage, then one has to pay attention to the marital and family interactions in order to identify which repetitive patterns are problematic or dysfunctional. Helper interrupts dysfunctional patterns by identifying them and making them explicit.

5. Change is considered more meaningful than insight
6. The family has to be understood in terms of the way they move through the family life cycle.

The difference between structural and strategic family therapies

- Similar theoretical notions
- Significant differences in technique
- Structural therapists focus on changing the structure or hierarchy of the family to ensure the generational boundaries, alignments and rules are altered in order to bring about symptomatic relief.
- Strategic therapists are more problem-focused and utilise more direct methods to unbalance the interactional sequence in an effort to dislodge the problem.

| STRUCTURAL | STRATEGIC |
|---------------------------|--|
| Joining | Reframing |
| Boundary marking / making | Obtaining an identifiable problem |
| Restructuring | Prescribing the symptom |
| Tracking | Use of client language and position |
| Enactment | Determining the interactional sequence and interrupting it in some way |

A systemic assessment of the family

Hepworth and Larsen

- Each family develops properties of its own
 - By studying the interactions of family members one learns much about a family’s unique properties
 - To reveal the properties – one must study the process of their communication.
 - **Ten areas which the helper needs to focus on when assessing a family:**
1. Outer boundaries of the family
 2. Internal boundaries of the family
 3. The power structure
 4. The decision making process
 5. The affect or range of emotions demonstrated in the family
 6. The goals
 7. The myths and cognitive patterns
 8. The family roles
 9. The communication styles
 10. The family strengths

Outer boundaries

- The transactions the family has with the environment in which they live
- **Open boundaries** – openness towards external cultures entering the family space; members are generally allowed to choose their incoming and outgoing movements themselves
- **Closed boundaries** – portray families resistance to outsiders being allowed to enter their space; restrictions on who can come in / go out. Suspicious of new information; limited opportunities to socialise etc.

- **Random boundary** – contains elements of both open and closed

Internal boundaries

- **Subgroups** within a family - formed on the basis of age, gender, interests.
- Each family member belongs to a number of subgroups. Mother is part of spouse, female, parent-child subgroup.
- Mother shares distinct relationships with each member within a subgroup – **alliances and coalitions can be formed. (close to children – then alienates husband)**
- In healthy families, the formation of subsystems of spouses, parents, children remain distinct and lines of communication and responsibility are clearly defined.
- Patterns of disengagement or enmeshment between or within the subgroups are significant and considered (mother and children are enmeshed when children are little; adolescent should start disengaging from parent-child subsystem)

Family Power

- The capacity that one person within the family has to influence the behaviour of another – or several others
- Power is seldom equally distributed between family members.
- The more need-fulfilling resources a family member has in relation to other family members, the more power that person yields.
- **Monolithic power structures** = either husband or wife make all the decisions
- **Multiple power structures** = where the female may be more influential in one area, and the male in others. Power shifts according to who has the expertise or jurisdictional authority.
- **Culture plays a significant role in the allocation of power.**
- Power bases may shift with inner or outer family stressors (father becomes retrenched and mother becomes breadwinner)
- **Covert power** is yielded when someone uses fake symptoms to gain attention from other family members.

Family decision making

- The well-being of the family system is dependent on effective and deliberate decision making
- More often moulded in the beginning stages of development of the family system.
- Decision making patterns may be traced back to family of origin
- **Democratic families** are willing to rework or adjust decisions when new information emerges – or needs change
- **Autocratic families** have more rigid decision making styles that is characterised by the words “because I said so”

Family affect

- The extent to which the family members are able to express caring love for one another is a good indicator of the family’s level of functioning.
- Use of touch, verbal expression of concern or affection
- Culture is a strong determiner of the level of emotional expression given / allowed
- How do members express their care for one another, and receive from each other – what discrepancies exist between the amount of affection shown, in relation to the members needs and expectations.

Family goals

- Goals that are influenced by the values that a society promotes (expected age for marriage, when to have children, education)
- Individual goals that marital partners bring into their relationship when they commit to one another
- Families without joint goals are likely to flounder
- Can families align individual members goals into mutual or consensual family goals.
- What degree of consensus is prevalent in the definition of goals (everyone saving for eldest son to go to university)
- **Explicit goals** – everyone saving for a new TV
- **Covert goals** – family who promotes the advancement of male family by planning for their tertiary education, and fail to make any provision for daughter’s education.

Family myths and cognitive patterns

- Family behaviour is linked to the way the members share perceptions or misconceptions about the family or one or more of its individual members.
- Perceptions influence the manner in which members treat each other, the roles they define for one another etc.
- a family who believe they are victims of fate are like to react passively in a crisis as opposed to pooling their resources to make plans to manage the crisis.
- “an eye for an eye” – one expects member to get even
- “black sheep of the family” or “a woman’s place is in the home” - creates emotional reactions
- Misconceptions of faulty cognitive patterns result in labelling and stereotyping – which may stunt individual growth of family members. (calling a family member stupid or fat will have long term consequences for that family member)

Family roles

- Each person in the family carry a multiplicity of roles that become integrated into the family’s structure and represent certain expected and forbidden behaviours. Roles may be allocated on:
- Legal decision – father’s rights to child
- Age and maturity – eldest given more responsibility
- Gender – woman expected to be homemakers / men the breadwinner
- When roles are not clearly defined, there will be role strain/ blurring

Communication styles

- Communication should be clear and congruent
- Communication should be consistent on three different levels:
- **Verbal** – say what they mean
- **Non-verbal** – facial expression does not match what is being said
- **Contextual** – appropriate to the moment or situation.

Family strengths

- Couple should be reminded of their past successes in dealing with similar situations, as well as any unused or potential resources that they fail to use or can access (strengths and opportunities)
- Which psychological tasks they have achieved
- Which developmental life cycle tasks have been transcended

Theme FOUR – Couples counselling

- The assumptions that a helper has about counselling determines which therapeutic approach will be adopted to facilitate change in the couple's relationship

The continuum of counselling care offered to couples

- Safeguarding intimate relationships is, and always has been, regarded as an important factor for stabilising family life.
- Sound intimate relationships are identified as important factors that greatly influence an adults happiness and health, as well as happiness of any children.

Marriage guidance

- Preventive intervention offered to couples in an attempt to prepare them for the typical developmental and psychological tasks that are associated with marriage at different stages of their relationship.
- Emphasis is on preventing couples relationships from floundering, rather than trying to mend failed relationships.
- Marriage guidance is offered at two stages of a relationship; the premarital phase and the marital phase
- Based on the premise forewarned is forearmed.
- Couples are provided guidance timeously that enables them to prepare and deal with typically challenging issues.
- Offered to couples from the time a decision is made to marry until a marriage comes to an end through divorce or death
- Facilitators must be sensitive to different cultures, values, contexts.

Premarital counselling

Marriage preparation / directed at couples embarking on marriage

- Provides young couples with information and assistance on important matters before problems arise, rather than treating them after they have developed.
- Premarital counselling is an attempt to strengthen the relationship by providing information that will bring greater certainty in respect of life with their prospective partners.
- Objectives of counselling:
 - Offer insight into temperaments, emotional experiences and level of functioning
 - Provide insight into marital roles and responsibilities
 - Assist couple to acquire effective means of conflict resolution and communication
 - To afford couples the opportunity to air their ideas and assumptions about the possible changes in their future marital relationship, in order to bridge the gap between their ideals and reality
- Can be weekend seminars, or courses
- Couples are encouraged to contemplate how they will be able to combine their goals and values and create a shared culture and lifestyle.
- Marital distress will not be prevented by marriage preparation, but those who've had preparation demonstrate stronger initial commitment and willingness to address relationship issues

Marriage enrichment

- Offered to couples who have been together some time and wish to enhance their relationship
- Provide couples with tools to further develop their relationships – preserve and enhance the positive and resist the negative influence
- Marriage enrichment is based on the premise that marriage is a dynamic relationship that undergoes many changes, therefore roles and functions have to be adapted according to different phases of the family life cycle
- Primary goals of marriage enrichment groups are to promote self-awareness, empathy, self-disclosure, increased intimacy and the development of communication and problem solving skills within the group context.
- Group context provides a dynamic learning opportunity

Definitions of couples or marital counselling

- Marital counselling: *“A specialised process that renders therapeutic assistance to couples as they move towards marriage, cope with a wide range of problems within it, or move out of marriage”*
 - Couples counselling: *“A process that aims to assist couples to improve their responses to each other through increasing their knowledge about themselves and their partners. This process enables the couple to decide on that kind of life they want to build together, the kind of partners that they want to be and the attitudes and behaviours that are necessary to achieve this.”*
- The helping process is an interactive practice reliant upon participation from the helper and couple.
 - **The helper’s function is to facilitate communication between the couple so that both partners develop mutually satisfying goals for their future.**
 - **Couple counsellor should work according to a developmental perspective, one which recognises that couples have the potential to make changes within their relationships that are not reliant upon the helper’s guidance**

The characteristics of couples counselling

1. Emphasis is placed on the couple system and their relationship – not the individuals
2. The aim is to free the partners from painful and unrewarding interactions so that they can live together more happily
3. Some psychodynamic understanding of the individual personalities in interaction with one another is useful – as it highlights the partner’s expectations of the relationship and explains why they develop many defence mechanisms.
4. Conjoint interviewing techniques are preferred - enabling the counsellor to identify the couple dynamics more easily
5. The main focus is on their current concerns and relationship issues, rather than past problems and early life history. Past will only be explored when there is some indication that this will help explain present behaviour.
6. The aim of intervention is not the preservation of the relationship at all costs, but a ‘restoration of choice and possibility to the couple’. If the relationship does not improve, the counsellor will assist the couple separate from each other.

Divorce counselling

- Divorce counselling addresses the issues that pertain to being uncoupled.
- The helper assists the couple to deal with the losses of the relationship. (Losses = love, dreams, shared home, companionship, children)
- Helper assists the couple deal with the six stations of divorce (Paul Bohannon)
 - i. The emotional divorce
 - ii. The legal divorce
 - iii. The economic divorce
 - iv. The co-parental divorce
 - v. The community divorce
 - vi. The psychic divorce

The emotional divorce

Assisting the client to deal with the loss of trust, respect and affection within the relationship

The legal divorce

State achieved when the court officially brings the marriage to an end – partners are legally severed from their duties to care for one another

Financial autonomy is finalised

The estate is separated into two

The economic divorce

Creates the most bitterness

Involved the settlement of marital property because the couple's assets have to be divided (who gets what)

Child support must be agreed upon

The co-parental divorce

Who has custody of any children?

How will parental responsibilities be shared?

The community divorce

Friends and family can become polarised

Relationships with former in-laws will become strained / severed / completely broken

Friends will "choose" sides or avoid contact all together

The psychic divorce

The individual must learn to regain their sense of autonomy as an individual

Person learns to distance themselves from the positive / negative aspects of their broken relationship and move on to rediscover their individuality

Central separation = the stage where the person begins to feel whole again.

Counsellor must provide a safe but enabling context for the person to negotiate these changes

Counselling is supportive and involves helping the person set goals for him/herself in order to enable him/her to reclaim the status and well-being of a single autonomous person again

Divorce Mediation

- Mediation is a consensual (both parties must want it) process by which an impartial third person helps parties to resolve disputes through mutual concession and face-to-face bargaining.
- When two people are locked in a conflict situation and are unable to be objective – the third person facilitates a negotiation process.
- Negotiation process is kept civil and fair
- Mediator is the manager of the couple's negotiations and organises the discussions of the issues that need resolution.
- Structured counselling process that assists the couple to negotiate the issues at stake without allowing emotion to cloud judgement.
- Mediate ensures the that couple collects the data needed to reach a fair decision
- Data is made explicit and displayed – transparency and openness

The structure of divorce mediation

- Four to six sessions (minimum of two)
- First session is the longest – where couple decides on issues to be settled
- Multi -professional teams including lawyers, social workers, psychologists.

The purposes of couple's counselling

Integrative approach to helping couples – the purpose is to:

- enhance the couple's insight, (symbolise their un-symbolised experiences)
- enhance communication – openness / clarity / management of conflict
- accept differences and find ways to compromise
- clarify values and family goals
- enhance each person level of self-awareness
- increase shared fun
- challenge unrealistic expectations,
- increase the reciprocal reinforces in the relationship
- Assist the couple to acquire new relationship skills.

The counselling relationship

- The therapeutic relationship must be put first, and acquiring skills and therapeutic techniques after.
- Couple / family counselling more complex due to there being more individuals
- Helper must decide who to include in the therapeutic relationship
- Joining with the family

The meaning of a professional counselling relationship

1. Personal relationship involving respect and empathy
2. Confidential
3. Has a definite time limit
4. Formal with time and place for meeting contracted
5. Helper is a professional
6. Actions of the helper are guided by professional values and specific codes of ethics
7. The context of the service determines whether a fee should be charged

The core conditions of the helping relationship

a) Unconditional positive regard

- Non-possessive warmth and acceptance of each person's right to feelings, thoughts and experiences without judgement
- The positive experiences of being accepted, increases their self-respect – therefore they feel less threatened and evaluate themselves more realistically.
- Personal development and problem solving are facilitated

b) The genuineness of the helper /congruency

- The helper is a person with his/her own values, history and feelings – and must remain free and deeply true to his/her inner self, feelings and experiences - whilst still being neutral towards the couple

c) Empathic understanding

- Empathy requires rigorous attention and concentration
- Helper works much harder in couple counselling
- Counsellor has to reflect each person's subjective experience / separate reality – to make him/her feel understood.
- The separate realities differ, are personal and emotional – they require concentration and perceptiveness
- To assist each person to become more responsive to the other's perspectives
- While viewing separate realities objectively, helper must strive to assist the couple develop alternative perspectives
- Counsellor must communicate empathic understanding of the shared reality; listen with an inner ear, to hear the common issues / themes

The role of the helper

- Provide a safe context
- Professional values of **confidentiality, respect, individualisation and self-determination**
- Gender, culture, race and age sensitive
- Facilitating a communication process between two partners
- **Neutral stance** to encourage the couple to refrain from blaming each other/be defensive
- Asks questions, summarising, reframing, mutualising and empathising - to provide a broader, clearer definition of their difficulties

Professional values offer protection against the helper's personal values impacting upon their assessment and treatment; they regulate the helper's actions during the helping process.

- i. Respect
- ii. Confidentiality
- iii. Individualisation
- iv. Self-determination

1. Respect

- Unconditional positive regard – the couple senses the counsellor accepts them both equally.
- Helper suspends person judgment in order to achieve a neutral stance

- Prizing / demonstrating a very positive stance
- To avoid taking sides – helper may have to reframe the situation from a win-lose situation by assisting the couple develop a new mutually acceptable view of their problem.
- The intent behind the behaviour is given a positive explanation – not the behaviour itself.

2. Individualisation

- Couple's experience developmental and psychological tasks in their own unique ways
- Helper cannot make generalisations based on theory, which must be used with discretion
- Helper must allow couple to define their own experiences
- Individualisation can only be achieved by the helper sharpening his / her listening skills and being fully present emotionally for the couple
- Rogers: "individualisation assumes the internal frame of reference of the client, to perceive the world as the client sees it, to perceive the client himself as he is seen by himself, to lay aside all perceptions from the external frame of reference while doing so, and to communicate something of this empathic understanding to the client"
- Helper must:
 - ☞ Be self-aware of any prejudices and biases that are operational
 - ☞ To listen acutely
 - ☞ To move the therapeutic process at the pace of the couple
 - ☞ To be empathic, warm and non-judgmental
 - ☞ To be flexible
- Helper juggles multiple realities – each person's view of their private world as well as the shared reality of the couple
- Helper must embrace the diversity of the individuals so as to help the couple understand that their differences can be harnessed and converted into synergy

3. Self-determination

- Individuals are the world's greatest authority on themselves – each knows the self better than anyone else, and is in the best position to explore, uncover and understand him/herself.
- Counsellor cannot direct / determine what the couple have to do in order to increase their general happiness.
- Couple must decide what they want to discuss, how they experience and perceive themselves and what they need
- Helper should not take control away from the couple, or guide/manipulate them, or try to interpret facts and behaviour to them
- Helper should assist the couple to move towards great independence and autonomy – as they are respected for being capable of taking responsibility for their own actions/decisions

4. Confidentiality

- Helper must create a climate where the couple feel safe to discuss matters, where they may consciously acknowledge and explore painful experiences or problem areas in privacy.
- All information divulged will be protected from falling into others hands
- Couple must be made aware that helper is not a 'professional secret keeper' - helpers role is to assist the couple become more open and congruent within their relationship
- Helpers are ethically obliged to disclose threats of violence and abuse

An integrative model for couples counselling (eclectic approach to counselling)

- An approach based on the helper's selectiveness; an intervention plan on an approach that will suit a particular couple, whilst also allowing the counsellor to remain true to their own beliefs about helping.
- Eclectic – selecting, picking, choosing in matters of thought and taste from various sources.
- Helper cannot create a 'fruit salad' of interventions
- Each technique must be chosen for its relevance and its empirical effectiveness and practicality with a specific client population.

Key concepts

- **An integrative model** extracts what which is useful for understanding and helping couples from diff. theoretical positions. It brings together 'what works' into a coherent system.
- **The model places emphasis on a circular notion of causality – minimal attention given to allocation blame.**
- Assessment of the past and present are considered to be relevant. Core business is to understand "what is going on here"
- Couple is regarded as active co-therapists. Helper facilitates the process to provide opportunities for the couple to discover their strengths and hidden resources , so as to strengthen their ability to deal with their situation
- Couple are expected to reflect on their feelings and behaviours in detail. Each person's perception is essential to the helping process
- The problem is not considered to be that which was reported at intake. The definition of the problem evolves through an interactive process as counselling progresses. The couple's understanding of their difficulties is broadened and they are helped to develop new perspectives of what has happened in their relationship and how they want to change it
- Change should not be taken for granted
- The basic premise on which couples counselling rests is that there is hope that relationships can change and that the helper will be an active agent of hope throughout counselling.
- There are five parts to the model:
 - i. **Assessment**
 - ii. **Goal setting**
 - iii. **Intervention**
 - iv. **Maintenance**
 - v. **Validation**

Young and Long's model of an integrative approach

Eight theoretical ideas brought together to structure the couples counselling process

- **A circular model of causation**
 - Mutual causation of events is emphasised
 - Each individual influences and is influenced by another, in a circular way
 - Helper focuses on couple's interactions, actions and reaction to one another
- **Circular questioning**
 - The helper gets the couple to explore the problem from a broader perspective

- Objective of the helper is to assist the couple to develop a clearer picture of the circular causality of their problem situations.
- Circular questions:
 - “How do you think your wife sees the problem?”
 - “How do you think the children view the problem?”
- **Blame is not a useful concept**
 - Each partner enters counselling with different contradictory ideas about the problems in their relationship – often placing blame on to the other person.
 - “If only my husband would ...:
 - Blaming is a defence mechanism which protects a person from feeling guilty
 - Blaming exasperates the problem by creating a high degree of helplessness for the blamer
 - A primary goal in the helping process is to foster a sense of mutual responsibility for the problem and mutual contributions to the solution
 - Helper will listen to both parties complaints and identify mutual issues
- **The helper’s neutrality**
 - Helper adopts a non-judgmental view of the problem, as advocated in the Milan approach in family therapy
 - Helper remains objective and with a neutral stance towards both partners
 - Helps the couple develop an objective, interactional view of the problem
 - A helper is not expected to remain neutral against damaging behaviour that is perpetuated by one partner against the other (domestic violence) and will take a stand to address with damaging behaviour first
- **Assessment is a crucial first activity**
 - Helper assists couple to develop a comprehensive understanding of their relationship first:
 - i. Obtaining a statement of the problem from each person
 - ii. Encouraging the couple to examine the family influences that impact on their relationship
 - iii. Exploring the couple’s experience of the development stage in their current family life cycle stage
 - iv. Reviewing their previous attempts at managing the problem
- **The couple must form a team**
 - The helper enlists the support of the couple to work together to control the problem, which is external to themselves.
 - The problem can be seen, monitored, labelled – and is therefore an external influence
 - Externalising can be seen as an outgrowth of non-blaming circular thinking
 - Helper encourages each partner to recognise the good intentions that motivated the partners behavioural responses (reframing)
- **Both feelings and behaviours need to be changed**
 - Change is the fundamental goal in any therapy
 - Behavioural change
 - Affective change – couple should feel more relieved, relaxed and happier, achieve more intimacy, companionship.

- **Couples must learn maintenance tasks**
 - Change is not a straightforward process, but staggered with setbacks
 - It takes at least three months for new behaviour to become entrenched

- **Couples must develop solvable problems**
 - The integrative model assumes that the couple comes to counselling with a perspective / construction of their relationship and their problems
 - Helpers roles – assist them to develop a deeper understanding of the problem – an interactive definition of the problem.
 - Couple recognises that their relationship will change only if they combine energies to fight their problem – rather than each other

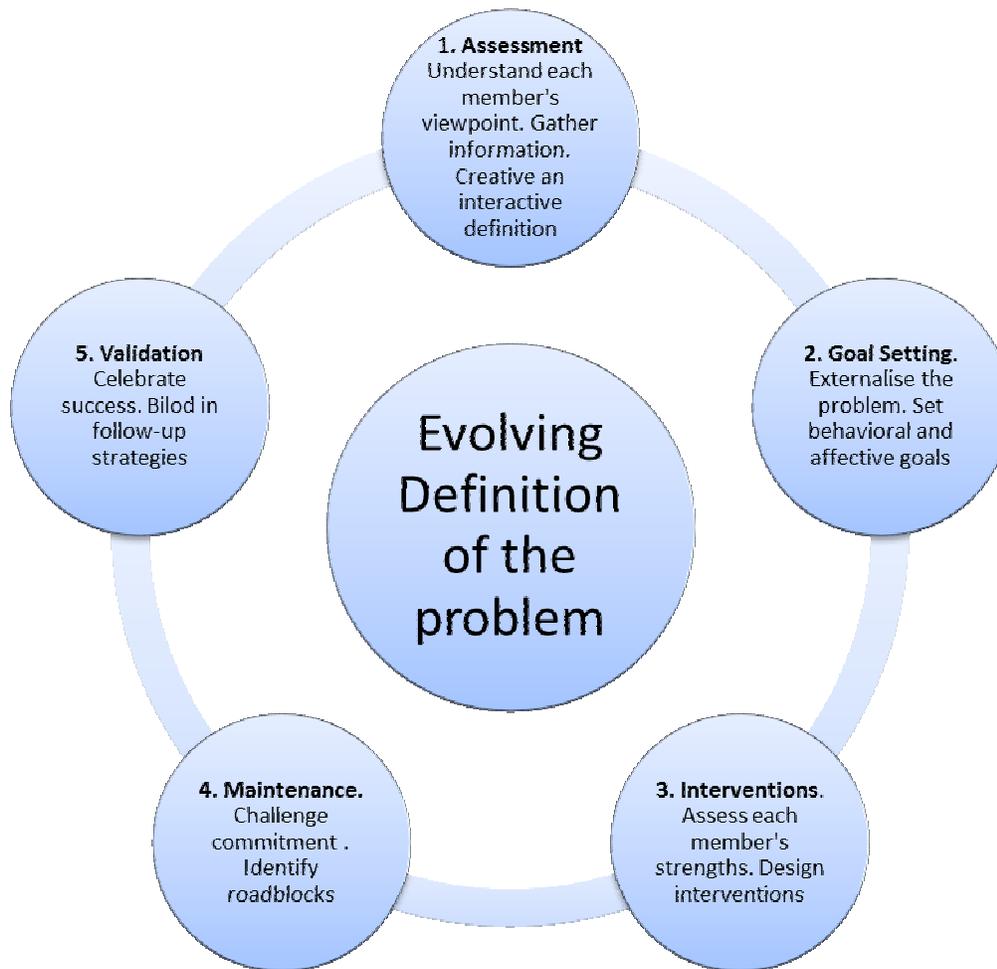
- **The helper fosters hope**
 - Helper enables couple to construct a different perspective of their relationship
 - Attention given to enabling the couple to see their individual and couple strengths, identify the resources available to them and recognise their potential synergy
 - Positive feedback gives hope and energises them

Theme FIVE – The counselling process

Stages of the counselling process based on an integrative model

1. **(Making contact with the helper)**
2. **Assessment**
3. **Goal setting**
4. **Intervention**
5. **Maintenance**
6. **Validation**

- As assessment is an on-going process, counsellor might move back and forth between the stages
- At the centre of the model is the couple’s changing view of the problem
- Helper assists the couple to develop a shared interactive definition and find solutions that involve both parties interacting with each other in more effective ways



The integrative model of couples counseling

Stage ONE: Making contact with the helper

- Joining is a term that describes making contact with both members and communicating support for the couple as clients
- Joining starts from the moment of first contact (making an appointment) and continues throughout the process
- Any exchange of information should be regarded as significant
- First interview – formal introductions, sit where they like
- Social dialogue to create relaxed atmosphere
- Basic information collected, including source of referral
- Previous counselling, with whom, to what effect
- Helper cannot counsel if they have not formally terminated sessions with other professionals, unless referral was made
 - Basic questions, DOB, religion, level of education, occupations, health conditions, income
 - Developmental stage identified to assist with tentative hypothesis
 - Who made the appointment and why?
 - Voluntary attendance?
 - Limits of confidentiality
 - Counselling conditions must be explained to the couple
 - Information about the helper, training, theoretical orientation
 - Told in advance if there will be individual, conjoint, group sessions
 - Fee structure
 - Rules about cancelling appointments, making contact between sessions, and payment of fees
 - Couple need to know what they can expect in a session, how long each session, total treatment?
 - Rules regarding confidentiality
 - Who to contact in an emergency
 - Notify the couple of electronic recordings being made, consent must be given
 - Letter of consent for info to be released about their case from referring professional

Stage TWO: Assessment – “we have a problem”

Step 1: Obtain each person’s individual and unique definition of the problem

Step 2: Gather historical information and information of any current behaviours and feelings associated with the problem

Step 3: Create a shared, interactive definition of the problem, based on the information the partners have provided from their personal perspectives and any other assessment procedures that have been used.

- Couple explains why they have sought counselling
- Counsellor must allow the couple to decide upon the topic of discussion
- Process is not to guide or instruct them – but to facilitate a process that enables them to deal with their problems more constructively

- Helper acquires a comprehensive understanding of each person in the relationship, their relationship together, and the issues that contributed to their seeking assistance.
- Integrative counsellors explore the origin of some of the couple's ideas and the ways these impact on both parties; which shifts the couple from having individual polarised definitions of the problem, to "an interactive definition of the problem"
- This definition symbolises the couples shift from blaming from individual partners for difficulties, but rather couple moves to a point where they recognise that their difficulties have arisen because of their interactions with one another

Tools used in assessment:

- **Questions asked**
 - i. To develop an understanding of why the couple have come for counselling
 - ii. To obtain a developmental history of the relationship
 - iii. To operationalize the couple's definition of the problem
 - iv. To present the couple with an alternative way of understanding their problem
 - *Problem definition questions – collect info. About problems*
 - *Sequence of interaction questions - track development of symptoms*
 - *Comparison and classification questions – defining each person's understanding of the intensity / duration of the problem*
 - *Intervening questions – help couple reframe the problem*
 - v. To help the couple keep track of the strengths they have used until the present
- **Marital Happiness rating scale**
 - Measures the couples reported levels of happiness in each of the important areas of marital interaction.
 - Couple are asked to think about and rate their current level of happiness on a scale of 1 – 10, within 10 areas
 - MHRS must only be used once the couple have experienced the core conditions of personhood in the helping alliance: respect, empathic understanding, congruence and belief in the couple's personal power to achieve a more satisfactory relationship
 - 1. Household responsibility
 - 2. Rearing of children
 - 3. Social activities
 - 4. Finances
 - 5. Communication
 - 6. Sex
 - 7. Work/career
 - 8. In-laws
 - 9. Independence
 - 10. General happiness
- **Genogram**
 - A diagrammatic drawing of the couple's family tree, which highlights important information about the family history and patterns, basic structure, family demographics, functioning, relationships.
 - Most important thrust of the genogram is to identify how two histories affect the expectations and rules that each member brings to the current relationship.

- **Observation of interactional patterns**
 - Who initiates the conversation
 - The tone used
 - Nonverbal exchanges
 - Emotions expressed and how they are handled
 - Listen to each other
 - Interruptions
 - Relationship styles – dominance, joking, insulting, intimidating
 - Is silence used to keep the peace
 - Subjects avoided?
- Answers to these questions are based on the helper's frame of reference

Developing an interactive definition of the problem

- A broad, mutual perspective of the concerns
- Counsellor helps couple to see the situation from a much wider perspective, from a shared vantage point.
- This increases the chance of them working together to find a mutually satisfying solution.

Offering hope: essential for encouraging the couple to focus on their concerns and remain committed to change

Review the good times, which help lighten the load

Focus on the positive behaviour and effort

Deciding on couple counselling versus individual therapy

Joint session not suitable when:

- Helper has a poor relationship with one/both partners
- Partners cannot agree on goals
- Unmanageable conflict
- One partner's difficulties override the relationship issues
- Safety of one partner in jeopardy due to violence
- Long history of unsuccessful counselling

Work with one partner when:

- One partner has individual issues that need to be resolved before the relationship can be addressed
- One partner is unmotivated
- Working with the couple is too taxing for the helper
- Counsellor wants to provide each partner with an opportunity to share their story, as they appear to be holding back

Stage THREE: Goal Setting

- Each partner must consider the desired outcome of counselling
- They imagine a future together that is different from their current relationship

Externalising the problem

- “A linguistic separation of the distinction of the problem from the personal identity of the person”
- The couple are helped to view their concerns as problem based, outside of themselves.
- The problem is not considered to be within the person, or their relationship as a whole. The problem is the problem.
- Externalising the problem includes: “the jealousy monster”, the in-law dilemma, the arguing problem.
- Language used gives the problem a character of its own and places it outside the couple’s relationship

Deciding which problems should be addressed first

Couple must set viable goals:

- Goals that the couple are motivated to change that are in keeping with their values
- Select the goals that are attainable. They must be realistic and sustainable (directly under their control)
- The goals should be challenging and lead to substantive changes in the relationship
- Goals should be specific enough for the couple to be able to verify the extent to which they are attained
- Goals should be stated as outcomes rather than activities
- Goals must be achieved in a reasonable time frame – success is a motivation
- The couple must tackle any crises first

Setting behavioural and affective goals

- Real change occurs at three levels of human functioning;
 1. Cognitive
 2. Behavioural
 3. Emotional
- Change in one area produces changes in other areas

The cognitive component of goal setting

- By externalising the problem, the couple see they can control, manage / change problem situations
- They are in charge and can outsmart the problem if they work as a team
- Interactive definition of the problem
- Feasible goal based on shared perspective is constructed - they become collaborative partners, therefore less defensive

The behavioural component of goal setting

- By keeping specific goals in mind, and concentrating change efforts around these issues, change can be more easily measured and monitored
- Couples can keep track of the new desired behaviour

The emotional / affective component of goal setting

- Emotional interactions between couples are the single most significant factor in a couple’s decision to stay together or to separate

- Couples learn that even when they are unable to resolve their differences, as long as they are able to stay in positive emotional contact with one another, and not be defensive or distant, their relationship will survive.
- Four emotional responses that pose risk to a couple's relationship as identified by Gottman:
 - *The Four Horsemen of the Apocalypse*
 - i. Critical anger
 - ii. Contempt
 - iii. Fearful defensiveness
 - iv. Sullen withdrawal
- Helper's role is critical because he/she is responsible for ensuring that the couple give expression to their feelings during the helping process.

Summary

- Assessment and goal setting are on-going interactive processes throughout counselling
- Participatory and collaborative
- Couple work as a team to jointly attack individual complaints
- Couple develop an interactive definition of the problem
- Couple harness efforts to identify specific cognitive, behavioural, emotional changes that they expect to happen
- Some healing starts to happen during these stages
- Giving expression of pent-up emotions
- Identify harmful patterns

Stage FOUR: Interventions – “we have a solvable problem”

1. Identifying strengths

- The helper assists the couple to mine for any strengths that may help them to deal with each other and their situation more positively
- Personal characteristics, assets, unused opportunities / resources
- Taking cognisance of any past successes achieved as a couple will remind the couple of their existing strengths, feelings of attachment, love, nurturing that used to exist
- Remember early times – works towards setting a positive climate
- Couple identify the changes that will make a difference in the 'here and now'

2. Designing interventions

- Interventions should be based on a theoretical framework
- Methods and techniques selected are defined by therapeutic approach favoured by helper, as well as couples individual needs, culture, abilities and preferences
- There is no 'one size fits all' intervention
- Intervention should only be chosen once the problems / goals have been clearly defined and agreed upon
- Interventions may involve:
 - Communication training
 - Rituals
 - Group counselling

- Divorce mediation
- Increasing intimacy
- Sex therapy
- Reframing
- Enhancing problem solving

Communication

- Most common and shattering problem
- Couple communicates less when they have a problem, which increases misunderstandings
- Help couple to identify the most negative communication patterns that they use

A) Four emotional responses that pose risk to a couple's relationship as identified by Gottman:

- ***The Four Horsemen of the Apocalypse***

1. Criticism
2. Contempt
3. Fearful defensiveness
4. Sullen withdrawal

1. Criticism

- Partners attack each other's character, not their behaviour
- Presented in the form of accusations - usually begins with "You....are so lazy"
- Person feels judged / blamed and responds defensively
- Can lead to contempt unless deconstructed

2. Contempt

- Designed to emotionally abuse the partner
- Relies on name calling, personal attacks, body signals and swearing – psychologically wounds the other
- Emotional abuse and more blatant than criticism
- A form of low-level bullying which can have severe long term consequences

3. Defensiveness

- Partners resort to blaming each other without taking ownership of their problems.
- Excuses, yes....but's, whining, rationalising, generalising, cross-complaining – all point to partners not taking responsibility for the problem

4. Sullen withdrawal

- As a result of the tension that one / both experience, then one/both remove themselves from the discussion.
- Withdrawal may be physical (storm out the room) or become silent

B) The ABCD of communication (Keech)

- ABCD checklist helps couples and helps quickly identify where the couple's communication falls short

A Attention, appreciation, acknowledgement, admiration, affirmation, affection

- These boost a relationship
- Passion and positive interacting offset the harmful consequences of their volatile fights
- Stable couples express their positive feelings for one another frequently (5:1 ratio)

B Bettering the content of conversations

- With time, stimulating conversation can dramatically decline – which becomes a passion killer
- Each must bring new ideas, life-styles, fresh interests into the conversations
- Complementarity – therapeutic tool under strategic therapy – requires couples to enjoy interesting stimulation outside the relationship and bring home to talk about
- Is conversation low because of relationship dynamics or is one person an introvert, work stress, gender difference?
- Does the lack of conversation occur at other times (does the silent person speak with work, friends, parents?)
- Partners much search for anecdotes that would be of interest to each other
- Mad, sad, glad exchanges
- Tone of conversations, become witty, light

C Conflict and criticism

- Conflict results in people positioning themselves somewhere along an anger continuum
- Each position relevant in different situations
- Couples should move up and down continuum to suit the situation they are faced with.
- Remaining silent to avoid an argument over long periods of time may lead to resentment / bitterness.

When dealing with conflict, four strategies to use:

i. Calm down

- A pulse rate that increases by more than 10% above resting – then flooding has occurred and they need to cool down.
- Remove themselves from the situation and replace negative thoughts with calming thoughts

ii. Speak non-defensively

- Non-defensive listening reduces the cycle of negativity
- Short-circuit defensive communication by giving the following responses:
- Praise and admiration
- Be a good listener – reframe, empathise
- Replace criticism and contempt with a straightforward compliant that is specific and explicit and relate to one incident at a time
- Criticism involves blaming and is global (always / never used)
- Contempt adds insult to criticism – a verbal character assassination

iii. Empathy

- See the problem from the partner's point of view, and show they have understood that viewpoint.
- When partners reflect one another's emotional content or experiences, they become less polarised
- Don't take on the feelings, but rather your perceptions regarding the feelings are reflected back
- Advance empathy – where the other person's implied message is made explicit

Couples should increase

- Taking responsibility / recognition of his/her part in upsetting the other
 - Apologising
 - Compliment
 - Doing the minimum – listen carefully and reflect what you hear
- iv. Overlearning – try and try again**
- Rehearse strategies so often that they become internalised and automatic

Street fighting (destructive conflict)

Objectives: to express disagreement or to criticise / to end a connection
 Time: when exhausted, hungry, rushed, drunk
 Rules: Ignore what the other person has said
 Generalise, exaggerate / call names
 Use all the ammunition you can
 Never compromise / apologise

Clean fighting

To hold onto the relationship
 Time: Not when tired, hungry, rushed
 Rules: Listen to what the other person says
 Don't generalise, exaggerate or call names
 Stick to one point at a time
 Offer a compromise / solution
 Try to apologise

D Discernment and discretion

The ABC should not be considered a set of rigid rules

Discretion and A talk – should not be used too frequently, comment can lose their value

Discretion and B talk – proper timing for expression of emotion

Discretion and C talk – in extreme circumstances, the best alternative is to bow out or get out – even the best conflict management techniques will fail in certain situations.

By completion of stage 4 – the couple should have:

Step One: made shifts in behaviour, feelings and perceptions about the relationship and partner

Step Two: identified the strengths in their partner, themselves and the relationship

Step Three: begun to experience the success based on the outcomes of the therapeutic interventions that were selected for them

Stage FIVE: Maintenance - “We have a solution”

Challenging commitment

- The biggest challenge is to sustain change
 - Progress is never a straightforward progression and one expects the couple to have some setbacks that will form an important part of the learning process
 - Questions the couple must ask themselves to that they can decide if they should reaffirm their commitment to the goals that they have set
- Why should we pursue this goal?

- Why is it worth it?
- How willing are we to do this differently
- What will keep us motivated to continue working on this goal?
- What should each of us be responsible for to ensure that these change continue?

Identifying roadblocks and pitfalls

- Prepare the couple for setbacks / common barriers
- Helper questions on how the couple will deal with the problem recurring
- Helper is an active agent who helps the couple to restate commitment to the goals of counselling

Stage SIX: Validation – “there is no problem”

- The helper needs to prepare the couple for the end of the process
- The helper and couple review what the couples’ situation looked like at the outset of counselling, what goals they set in stage three, and the extent to which these were achieved.
- Case review is an important ritual that serves to endorse the fact that the couple were able to conquer the problem as a team; they have both enacted new and positive behaviours, which has relieved the stress in the relationship.
- This is the celebrating success stage
- Link couples up with support networks who continue to give them encouragement and feedback

Getting stuck:

- Couples may become unclear about the direction of the helping process. Helper must take them back to an earlier stage.
- Clients present with one problem, which could be a smoke screen and there is a deeper issue.
- Re-identifying goals and returning to assessment issues might be necessary before proceeding to interventions.
- **If it appears that the couple do not have a mature, interactional definition of the problem, then one stays with assessment until they do.**