

## Freeman Primer on Family of Origin with Couples

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**Question #1: What can therapy offer people in distress?**

I think it is wise to start our conversation with a clear understanding of therapy. As I reflect back over my thirty years as a therapist I am more mindful than ever of people's attempts to lessen their suffering. It is not an easy decision to request help and it usually takes a major life event or a series of difficult experiences to get a person to reach out to a stranger for support. Once that happens most individuals have high expectations as well as ambivalent feelings about venturing into the unknown world called therapy.

People hope that their therapist has some ability to make sense out of what they are experiencing and can help ease some of their distress. While on the other hand many individuals also carry some feelings of shame or at least embarrassment that they are not able to handle their own difficulties. Remember, we still have the belief in our society that we should be self-sufficient and capable of handling our own lives. For many it is still a sign of weakness to ask for help. Often people come into therapy apologizing for bothering me with their problems and preface their concerns with comments like, "I know I should be able to handle this problem on my own, but maybe you can

offer me some suggestions as to what I can do that I have not thought about?"

One of the more influential experiences I had as a therapist was with an aged couple just starting out in their second marriage. They came in to see me after being married for just under two years. During their courtship and first year as a married couple they had high hopes of finally being happy. However, by the second year of their marriage strain and disappointment crept in and they began to doubt the rightness of their decision to marry. These reservations frightened them and the thought of being divorced again and alone in the world was an unpleasant alternative to being married. What to do? Who can help? They came in to see me feeling desperate, confused and self-conscious that at their age they still were having difficulty sustaining a satisfying relationship. I listen to them, asking questions about their life, dreams and hopes for the marriage. To my surprise by the end of the meeting each mentioned how much better and hopeful they felt about their future together. After they left, I wondered what had just happen. I said very little, offered no suggestions and mainly encouraged them to share their life journey with me. What I realized

occurred was that they felt seen, heard and understood for their own emotional reality and probably for the first time they began to share together whatever pain they carried privately about their life. Actually what I think they experienced in this session was *the lifting of the burden of silent suffering*.

**Question #2: Are you saying that people seeking therapists mainly want to be heard rather than have their problems resolved?**

Not quite. Something needs to be addressed around the problems that people bring to therapists. It is overly simplistic to think that clients would be content to have their therapist only listen to them. There are real problems and concerns that people need to feel are being addressed by the therapist. However, foremost in a person's mind when they first meet a professional for help is, can this person understand my emotional truth, does he or she have the capacity to offer me a perspective on life that is useful, can I trust this person to understand me and does he or she share a belief system about relationships that is compatible with my own? The therapist might be competent in the matters of problem-solving but her or his manner of relating, personality quirks and value system can be quite off-putting.

### **Question #3: What do you think most people are looking for in a therapist?**

As a therapist, first and foremost I try to provide an atmosphere that offers people a safe place to explore the meaning of the private parts of their psyche. One of my first objectives as a therapist is to encourage individuals to make their life less restricted so that their emotions can direct their behaviour in a more positive way that allows them to feel more understood and accepted by others. I see the therapeutic process as helping lift the worry about judgement or rejection. To illustrate this point let me share with you one of my favourite stories that I wrote about in another book.

A number of years ago I went to see David Cronenberg's remake of a movie called *The Fly*. I was curious about a particular moment in the movie commented on in a review. In this scene the audience witnesses the opposing emotions of affection and revulsion. I was intrigued by this presentation of conflicting emotions and decided to see this movie. When this scene came on, sure enough the review was correct. The film did capture the contrasting emotions of love and disgust, but what surprised me was the reaction of the audience. Let me describe the situation.

The main character, a scientist, says to his true love, “Go away and never see me again. I am becoming a monster and I am not sure what I am capable of doing. I never want to see you again. I love you too much to put you in danger.” Off she goes, but is feeling miserable about losing her lover. After a few days she cannot bear it and returns to his apartment. She enters, but he is nowhere in sight. When she walks into his study, he is attached to the ceiling. She looks up at him and he looks down at her. In a flash he jumps down and faces her. In fact, he is pretty hideous. One ear is off, hair is all over his face and his hands and his nose is falling off. She is stunned, and stares at him. He watches her with sorrowful eyes. She cannot contain herself. Her heart goes out to him, opening her arms to hug him. At the moment she embraces her lover-turned-monster the audience lets out a cry of horror. My immediate realization was that this is what all of us desire and dread. When we show the ugliest, exposed and dreadful side of ourselves, what we most wish for is a hug and what we most fear receiving is the reaction this audience delivered.<sup>1</sup>

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<sup>1</sup> Navigating Emotional Storms in Relationships

This is what I think therapy has to offer at the best of times.

When our clients reveal their dark or what seems to them their unattractive side what they receive from us is understanding, respect and a deep appreciation of their efforts to be loving and caring even through at times they may fall short of their own goals and desires. The therapeutic relationship is at the heart of the healing process. No matter what model, approach or theory of therapy used the most crucial element of alleviating suffering is having a safe witness to one's pain and feelings of despair.

Carl Rogers, Eric Fromm, and Victor Frankl are a few examples of therapists who understood peoples search for meaning, understanding and acceptance.

Of course there are difficulties and problems that our clients bring to us that need our specific attention. At times clients require information about how to process and positively use emotions, suggestions about how to approach certain situations in a more constructive manner and even advice about negotiating a particular live dilemma, Nonetheless, the healing

process occurs when a person is received by another who is kind, accepting, understanding and wise to the realities of the world.

**Question #4: I was struck by your introducing the importance of belief systems, in your former answer as a factor in client/ therapist connection. Could you please talk more about value systems and how they influence the therapeutic relationship?**

Well, values are very important when it comes to therapy. Even though many therapists avoid raising the subject it is still a factor in relationship building. Nevertheless, I do not raise it directly with my clients but I try to stay mindful of their values and beliefs which actually are revealed by how they represent the meaning behind their dilemmas. When a person's life decisions run counter to my own values and I feel that I cannot be either objective or naturally curious about their problem-solving approaches I do raise it with them and might even suggest that they find another therapist. In actuality I have not had much occasion to refer people to others because their values were so opposite too my own. However, I do remember one person directly asking me, "Do you believe in God and can you help me even through you are not Christian?" My response was that it is not

essential for the therapist to take a stand on beliefs and sometimes not being part of a particular belief system can allow for questions to be asked that helps the other person discern what is best. On the other hand, if someone needs a counsellor that is similar to their own religious principles than they should seek such a person for help.

What is important to remember about values is that the therapist has a responsibility to help his or her clients achieve a level of harmony that allows them to be connected in a positive way to the important people in their life. When people justify their behaviour in a way that contradicts the therapist basic principles of healthy living the therapist needs to directly raise these conflicts with them and together determine whether or not the therapist is the best person for them to be working with. A separate but interconnected issue that can impair the therapeutic relationship is cultural insensitivity on the part of the therapist. By this I mean that there are certain cultural imperatives that therapists need to be aware of and honor at all times. For example in an Asian family the elders have to be respected and given a place of reverence. This is accomplished by ensuring that they speak first and that their ideas and opinions are sought. The eldest

male member of the family is always the first to speak and when this is violated in a family session, the family most likely will not return to therapy. Also, some cultures have as a value not to publicly criticize nor look directly at each other when being spoken too. These culturally inclinations run counter to a number of western therapeutic techniques and therapists need to re-evaluate their approach when working with different cultures, which include Native peoples, Asians and Indo-Canadians, etc. It is a wise therapist who does her or his homework when treating people of cultures other than his or her own. Sometimes it helps to ask the family or couple for assistance in understanding the important cultural values which include special religious event and how they are celebrated. At times encouraging an individual, couple or family to become the teacher to the therapist enhances the relationships as well as helping clients rethink, confirm or update each other on the meaning of certain rituals and traditions.

**Question #5: I know there are many more issues that we can discuss around values and its impact on peoples' behaviour toward one another. I am sure we will come back to this subject before we end this conversation on family therapy. But for now let us go on with our**

**dialogue about therapy. What do you think are the limitations of therapy?**

What therapy and therapists cannot do is alleviate all the emotional and social problems of the world. I have come to understand and somewhat accept that there are many issues and difficulties that people encounter that cannot really be repaired and that the best that can be done is to learn to live with these challenges in a more constructive and masterful manner. I no longer think that life is meant to be trouble free. I try to help my clients understand that problems and even crises are there for a reason and potentially offer us opportunities to learn important lessons as well as rework issues from our past that contribute to blocking creative problem-solving.

**Question #6: How have you come to your particular therapy model?**

In the late sixties, I was a student of Dr. Murray Bowen's. During that time I was a Social Work Officer for the United States Army and responsible for running a mental health program. For three years I had the opportunity to study with Dr. Bowen and apply his multigenerational principals while treating military families. After returning to civilian life I entered a doctoral program in Social Work

and experimented with developing a model of systems therapy that focused on treating couples and families using family of origin concepts. Over the years I have refined, modified and expanded these concepts, principles and techniques. Lately I have concentrated on encouraging family elders to become guides and mentors in assisting the younger generation deal with life's complexities. A core idea that I have been researching is the coaching of couples to become each other's safe witness.

### **Question #7: What is Family of Origin Therapy?**

Family of origin therapy focuses on the impact our original family has on shaping how we emotionally relate to others. The basic premise of family of origin therapy is that unresolved emotional issues from our past are brought into our adult relationships as emotional needs and expectations. These needs and expectations represent the pressure points in intimate relationships and are usually the reasons for hurt feelings and relationship disappointment. The tendency for people to expect that their partner's job is to satisfy all their emotional desires and to think that a good relationship means that one will not feel alone or be reminded of unpleasant feelings from the past puts a tremendous weight on any intimate connection. I believe that there

are two major reasons we seek relationships. One is because we would like to or are ready to bring our self to others as a way of sharing our life and being intimate; the other motivation has more to do with our needing things from others in order to feel loved or desirable. The former category of individuals usually has a healthy sense of emotional boundaries and more often than not does fine in relationships. However, the latter group run into relationship difficulties quite quickly and bring a host of unresolved issues from earlier periods of their life into their marriages or love relationships. Family of Origin Therapy can be helpful in guiding these people back into reclaiming and integrating lost parts of their emotional life.

When people are experiencing relationship hardship it is tricky for the therapist to refocus the attention of concern away from the relationship to the self. In more traditional couple counselling the focal point of attention tends to be the couple and their ways of interacting. For example the more common goals of couple oriented therapy are; working on communication difficulties, negotiating differences, learning how to make "I" statements, knowing how to compromise, etc. A Family of Origin therapist might include many of the same

methods and goals as a relationship therapist, but, would try to shift the spotlight away from relationship dynamics to self- issues like, unresolved losses from the past, healing fractured or cut-off relationships from one's family, reworking old emotional stories and developing appropriate boundaries with one's extended family.

**Question #8: Before you go on with your discussion of theory of Family of Origin Therapy could you explain the concept of safe witness?**

Basically, a safe witness offers another person an opportunity to have a remedial relationship with emotions when troubling issues surface. A secure couple relationship provides for the prospect to experience being seen, heard and understood during reactive moments. There is the absence in the relationship interaction of feeling judged, controlled or reacted against, especially when one is attempting too understand and explore feelings of anxiety, sadness and worry. Restoring emotional health is more likely to occur when relationships provide occasions to revisit current and previous stresses with a non-reactive other who encourages self-reflection.

Now I think this is an interesting definition of a caring mature relationship between any two people. I try to provide these experiences with all the people I am involved with, not only the ones I see professionally. In my practice with couples the middle phase of therapy concentrates much more on coaching or at least encouraging each person in the relationship to practice remaining emotionally present, especially during moments of reactivity. I think what gets in the way of couples being fully available to each other when disturbing emotions erupt are ancient family of origin issues.

**Question #9: It is interesting to hear you say that family of origin issues dominate relationship problems. Is that always the case?**

Your question reminds me of a thirty-five year old female physician who came to see me because she was unable to sustain any long-term relationship. She had been to several therapists with little success. During my initial consultation I discovered that she was a second-generation survivor of the holocaust and that she moved to Vancouver to create some space from what she experienced as excessive demands from her aged parents to care take them

emotionally. However, it quickly became apparent that she was in more turmoil about deserting her parents and putting her needs in front of their losses than her unhappiness in having a string of failed relationships. Her emotions around her parents' sadness had much greater currency than her distress about being unattached. In all her previous therapies the subject never came up about her sense of burden and ambivalence surrounding her parents. When she shared with me how she made the decision to relocate from Montreal to Vancouver, she began to cry and say that it was an act of desperation. I still remember her saying, "At some point I felt I had to choose between having a life of my own or devote myself to make up for what the War took away from my parents. No matter what I do I still feel that I am letting someone down. If I decide to stay in Vancouver and make a life for myself I will always carry worry and regret that somehow I have abandoned my parents. But if I stayed in Montreal there is no way I could have a life of my own. My parents require that I am available to them whenever they have the need for company. I have been in Vancouver for over a year now and I still have not started my own practice. In fact I even have trouble

furnishing my apartment for fear it means I am staying and deserting my folks.”

This is an interesting example of where family of origin therapy can help reframe the presenting problem from relationship issues to unresolved grief and loss between the generations. It was quite curious to me that this person had seen several therapists over a five year period and at no time had the focus shifted to her sense of responsibility for her parents' pain and loss or feelings of guilt for attempting to have her own life.

Of course it would be an overstatement to suggest that every couple in distress needs to rework their family of origin issues in order to have a decent relationship. There are many couples whose problems are successfully resolved with some guidance around how to clearly communicate one's needs and expectations or helping them learn how to deal with conflict or better understand what their emotions are actually about. And I would recommend that every therapist treating couples first determine how serious and long term the presenting problems are. Nevertheless, there are a number of individuals and

couples that present to therapists with relationship troubles that can truly benefit from family of origin therapy. These people have a long history of broken attachments, ambivalent relationships, difficulty committing and chronically feeling unloved and unwanted. For them focusing on how to fix the current relationship that they are in just does not seem to do justice to their despair or address what their deep seated issues are that seem to get reactivated in any relationship that they find themselves in.

**Question #10: Yes, I see what you mean. Your answer helps me understand what part multigenerational themes and childhood losses contribute to relationship bonding. Although, your answer also suggests that even those couples that have minor relationship problems would benefit from family of origin therapy, however, you seem to imply that those types of couples are usually not motivated to focus on history?**

I think you are picking up my theoretical bias. And yes I agree with you that many couples are not prepared to delve into their past if symptom relief can be achieved in a few sessions. Over the years I have come to realize that this type of therapy is attractive to a certain kind of person who is at a point in his or her life that the thought of reworking yesterday's losses and healing extending family rifts makes perfect sense in terms of where they are in their own life. It is

important to remember that during our twenties and thirties are efforts are toward creating some distance and separateness from our own family. When we enter the middle years there seems to be an increase in interest and emotional readiness to revisit the family scene and try to make some sense as to what happen to us in those growing up years. It is especially true for many people that as their parents are approaching the end of their life the desire to get to know them better and minimize regrets before they die increases in importance. This was actually the case with my physician, client. She was worried that if either parent died before she resolved her relationship with them and their history she would have only regrets. Even though she was in her early thirties, presenting her with the opportunity to rework or better understand why she struggled so desperately with emotional boundaries actually helped her believe that maybe she might allow herself to have a long-term love interest without worrying so much about abandoning her parents.

When I am working with couples who are in their forties and older I find that many of them accept the invitation to rethink the purpose of therapy. Younger clients tend to be much more problem oriented and

less eager to spend time on family history. Their energies are directed to making their marriage or relationship work and if that is not possible to move on.

Having the skill and knowledge to help couples go as far as they are developmentally ready or motivated too in reworking family of origin issues is important. We might not be able to guide a couple as far as we might like, but still offer them some insights and understanding as to what their problems might really be about. Later in their life they may remember some of what was uncovered and decide to do some self work in relation to their own families. Carl Whitaker called this seeding the unconscious and I try to do a bit of this with all the couple I see.

**Question #11: Are you suggesting that people in their twenties and thirties are too young for this approach?**

Well, not quite. I think that young adults have somewhat different struggles than older adults and that therapists need to take that into account when designing treatment strategies. When I am treating young couples I know now from experience that they are often attempting to define themselves as separate entities from their family

of origin. Most do not desire to cut-off from their original families but are confused around how to maintain appropriate boundaries with parents, siblings and other extended family members. This is especially true when the elders are themselves needy or unsure about how to support their offspring's independence. A classic example of this confusion occurred with a young couple I was seeing decided to marry after a four- year courtship. After the wedding the father of the bride bought the newly weds a new home. The young wife immediately was caught between the loyalty to her father and the love of her new husband. Her husband was angry and felt undermined by his father-in-law's decision to buy them a home resulting in preventing him from "making it on his own."

Family of origin therapy can be useful with young couples who are struggling with redefining their boundaries with extended family members or learning how to balance their couple needs, extended family expectations and individual interests. The important point to remember is that with couples in their twenties and early thirties their need for autonomy from their own family is of central concern and as

they age the need and interest to rework family of origin issues grows in importance.

**Question #12: Could you define several of the major multigenerational themes and childhood experiences that affect relationship bonding?**

This is an important question and requires an in-depth response as to the theory that informs the practice of family of origin work with couples and families. Let me start with childhood losses and explain how these developmental issues affect our sense of self. It is a well-established fact that the first years of life is crucial in helping to create within the child a feeling of positive self regard. A child's external environment determines to a large degree his or her sense of safety, security and belief that the world is generally a predictable and loving place to experiment with becoming a self in his or her own right. The child has little control over his or her home life, other than expressing concerns through physical means like crying, withdrawing, smiling, acting angry, etc. Basically, the child is at the mercy of his or her caregivers. I remember a quote from an article on children that stayed with me because it so clearly illustrated the vulnerability

of childhood. *“Anyone who sentimentalizes childhood is, of course, an idiot. Childhood is an ordeal and a journey—dangerous, magical, sometimes humiliating and, since you are at the mercy of adults, fairly weird.”* I thought this writer captured the delicacy of the early years of development. The working through of the dependency and emotional fusion between child and parent represents the first major journey of personality integration. The concept I use to explain the potential and real difficulties, detours, stumbling blocks and emotional wounds that all of us to some degree experience during our voyage into adulthood is unfinished business. The major childhood losses that seriously affect relationship bonding and interfere with mature intimacy are; emotional abandonment, boundary violation, lack of proper acknowledgment and loss of safe attachments. These four childhood experiences truly undermine a child’s sense of confidence and represent emotional wounding that runs deep in a young person’s emotional memory. Their presence is revealed in all of us when we expect others to make up for or protect us from what we experienced from our primary

love objects. I believe the primary source of many relationship struggles can be contributed to unresolved developmental hurts.

**Question #13: That is an interesting answer, but how did you come up with these four themes of developmental wounding? I am not quite sure what you mean by the terms emotional abandonment, boundary violation, lack of proper acknowledgement, and loss of safe attachments. Are they different from John Bowlby's work on childhood separation and attachment?**

I am happy you asked about Bowlby's research on children's need for safe attachment and the consequences to them when they experience broken attachments or premature separation from their primary love objects. Bowlby's research and findings are fundamental to our understanding of anxiety disorders, dependency needs and the struggle many individuals have in knowing how to maintain clear and healthy boundaries. His books should be required reading for all therapists. My framework actually builds on Bowlby's work and I hope assists in our understanding of some of the major reasons couples who love each other have such difficulty feeling seen, heard and understood. For me these four developmental issues impact on couple bonding and create barriers to achieving intimacy. Over the years of listening to couples narratives about the source of their

unhappiness, a certain consistency of emotional wounding became apparent. I discovered that many of the stories presented in therapy had one or more of these issues as a primary cause of childhood sorrow. It became fascinating to witness people recounting early childhood losses and revisiting the feeling of these grievances in their adult relationships. I will briefly define each one for you with an example or two of how they impede relationship harmony.

Emotional abandonment exists when children experience their caregivers indifference, self-absorption or preoccupation during times when they are in distress, feeling anxious or overwhelmed with emotions. An important purpose for caregivers of young children is to convey a belief in them. For example, when a child is struggling, in pain or having a difficult time their most important elders need to convey to the child a feeling of being understood, supported and encouraged to problem-solve to the best of his or her developmental ability. When this consistency of response happens the child develops a belief in his or her ability to handle life's surprises. However, when the opposite occurs and the child feels invisible,

reacted against or is left basically to fend for him or her self, feelings of self -doubt is created.

It is common in family therapy to experience parents discounting their child's emotional experience. For example, when the family gathers for a therapy session and the therapist enquires about a child's feelings about growing up in his or her family, many parents become defensive and questioning of their child's rendition of life at home. It usually goes like this. The therapist asking Johnny, "Tell me how life is for you at home?" "Well, I don't really get along with my dad. He always seems angry and hardly spends any time with me" Dad quickly jumps in with, "What do you mean I don't spend time with you, just the other day I went to your hockey game. Why are you always exaggerating?" At this point Johnny's eyes go to his hands and he mutters, "Whatever". This might not seem like a big deal, but it illustrates a pattern of interaction that probably goes on in many families whenever the child attempts to engage his or her parent with an emotional experience and receives a response that ignores the child's real meaning. After awhile children stop attempting to be heard and withdraw or act out. Many clients tell me that they knew that their

parents loved them, but did not really feel loved by them mainly because they felt emotionally compromised.

Boundary violation is a bit subtler and can easily go undetected during the growing up years of children. I remember an extreme example of this. John, at fifty-five still had difficulty sustaining long-term relationships. During one of our early sessions he told me in a matter of fact way, of growing up with his mom, after his father left, and having a ritual with her where she would interrogate him whenever he would go out on his own. This intrusive behavior went on until he finally left home at twenty-one. In telling the story he did not show any real distress over his mother's conduct but on the other hand would get quite reactive when any of his love interests appeared controlling.

Parental anxiety can undermine a child's sense of safe emotional boundaries. A parent can unintentionally violate a child's emotional space by inviting him or her into aspects of his or her life that psychologically overwhelms the child and inadvertently makes him or her a confidant. Most children do not know how to protect themselves

from this unhealthy alliance and become their parent's protector at the expense of having a childhood free of emotional responsibility for ones' elders. This reminds me of a couple who came in to see me on the verge of a divorce because the wife discovered that her husband was having an affair. Her hurt and disappointment in him was quite understandable however, an additional dimension was that it brought back childhood memories of her mother telling her about how unfaithful her father was and that the only reason she did not leave him was because of the children. By the time she was a teenager she made a pact with herself that if she every married she had to be certain that her husband was beyond reproach. She waited until age forty and married a minister. The discovery of the affair was like a blot of lighting and her only thought was to immediately leave the marriage. It was hard for her to listen to what was happening for her partner; even through she still cared for him and in her heart wanted the marriage.

Boundary issues are not uncommon in most families and probably contribute to our difficulties as adults to clearly define our self in relationship to others. As a defence to firm-up erratic boundaries

people with self-definition issues usually use anger or withdrawal to reclaim the shaky parts of themselves.

**Question #14: Before you go on explaining the remaining two childhood losses it would be helpful to discuss how you tie in abandonment issues and boundary violation with couple therapy. Are you saying that these childhood themes reveal themselves in the therapy room or do you have to search for them in the stories people bring into the sessions?**

That is a good question and actually relates as well to the last two themes. The content clients bring into therapy reveal their childhood wounding. We all shade the telling of emotional experiences based on our past history. Conspiracy themes, betrayal issues, separation anxiety, seeing the world as a dangerous or foreboding place has more to do with our past than the realities we are actually faced with. I listen very carefully to what my clients chose to share with me. I think every story they tell is an invitation to some aspect to their past. Having a developmental framework and basic understanding of the impact of childhood wounding on adult behavior and relationship dynamics assists the therapists in dissecting the symbolic and metaphorical meaning behind clients' explanation of their life.

For example the importance of proper acknowledgement in a child's growing up years cannot be overstated. First a distinction needs to be made between praise and acknowledgment. Praise is more to do with what the adult desires or needs from the child. We tend to praise children who are behaving or performing in ways that give us pleasure. In contrast acknowledgement has more to do with communicating to the child that the adult believes in his or her abilities even if the child is struggling or doing well the experience belongs to the child. The child's performance is separate from the parents parenting ability. In the presence of the parent the child experiences feeling understood and recognised for his or her own unique achievements or struggles. When children grow up feeling invisible or discounted their need for recognition and feelings of inadequacy can be alarming and disconcerting.

A prime example of this occurred when a seventy- year five-year-old man and his thirty-five year old wife of one year came in to see me hoping that I could save their marriage. She started the session by reporting a series of disturbing interactions with her husband that made her feel confused and worried about her future. When it was his

turn to speak his first comment was to ask me what my sports jacket cost. When I looked puzzled by his strange request he quickly informed me that his jacket cost over a thousand dollars and mine could not of cost more than five hundred dollars. He than asked with a very serious and quizzical look, "And I am seeing you?" It soon became clear what his posturing was all about. Due to anti-Semitism at the turn of the century, his parents left Russia. He grew up in Canada with parents searching for a safe haven. They basically left their son to fend for himself. He reported never feeling loved or looked after. He was determined to become financially successful, but never was able to leave behind the feeling of being an outsider. No matter what he achieved he felt his parents only commented on what he was not doing or accomplishing. His dominant feelings were that others looked down on him and that it was up to him to prove his superiority. Consequently it made no difference what someone else achieved he would quickly call attention to himself and boast.

This example also reminds me of a sixty-year old professor, presenting with mild depression. During our initial interview he told me of an encounter with is mother that he has not been able to get

out of his head. Even though he became one of the top academics in the city he still carried feelings of being a failure. The story goes back to his graduation and he asked his parents to attend the ceremony. After the event he presented his mother with his degree, but her only comment was, "You know with all the trouble you caused I should be the one getting this diploma." Professor Peter's carried the feeling that no matter how hard he tried to be successful, helpful and supportive of his parents that somehow he let them down. This feeling stayed with him all his life and interfered with his enjoying any of his well-deserved accomplishments.

Another illustration of growing up feeling unacknowledged as a child occurred when Allan a fifty-five year old top executive of a large company told me in heighten exasperation about a telephone conversation he had had with his aged mother. Allan had been separated from his second wife for over two years and recently been revisiting the marriage with the hopes of getting back together. When he made his traditional call to his mother she asked about his wife and enquired about the status of the marriage. When Allan reported that they were thinking of moving back in together her first response

was, “That is wonderful dear. It makes me very happy.” Innocent enough reaction by any parent, but for Allan it brought back all the feelings from his childhood that no matter what he did, whether positive or negative his parents usually made it about them. When he heard his mom say “it makes me happy” he felt angry and resentful and only wanted to flee from the conversation.

It is important to realise that the lack of appropriate acknowledgement stays with us throughout our life and can interfere with both receiving recognition and feeling pleasure with our own accomplishments. This takes me to the final childhood loss which is a factor in blocking people’s ability to both give and receive appropriate affection. Current statistics indicate that fifty percent of all marriages will eventually end in divorce or separation. The likelihood of children growing up in families with both parents is extremely low and I think seriously contributes to what I call premature fracturing of safe attachment bonds. We have the longest attachment needs of any of the primates and it carries on at least until the late teens. Bowlby’s research clearly demonstrates that when young people are prematurely separated from their primary love objects developmental difficulties erupt.

I was treating a seventy-five year old married woman who was depressed and unhappy in her fifty-five year old marriage. She complained that actually she has never felt happy since her mother died when she was eight years old. Mrs. Frank had hoped marriage would provide her with the family she lost when her mother died, unfortunately the opposite had occurred. The most difficult times were in raising her children. She felt comfortable as a mother until they reached the age she was when she essentially became an orphan. When each of her four children entered their ninth year of life Mrs. Frank only had a blank page in her memory bank and had to rely on others for guidance. She felt that there was no inner wisdom to draw from and her anxiety was in full bloom. If family life was going well she lived in dread that something bad would happen. When there were difficulties she panicked and felt inadequate.

Safe, consistent attachment is necessary for children in their journey through their dependency needs. It allows for the young adult to have a firm positive sense of self and not to be too needy of others to emotionally care take them. From the place of safe attachments we

can venture out into the world of relationships with the desire to give to others rather than become preoccupied with what others are going to provide or take away from us.

**Question #15: I would like you to address the actual therapy with couples but before you do that is there any other aspect of your theory that is central to guiding your practice?**

Yes, however I have covered this in several of my other publications.

I suggest that you take a look at *Multigenerational Family Therapy*.

This text covers many of the most important multigenerational principles that underpin the theoretical framework. Nevertheless there are a few concepts worth mentioning in response to your question.

Intimacy, gender differences, loyalty ties, mate selection and generational anxiety are important notions to consider when treating couple difficulties and family problems. I have discussed these in

*Navigating Emotional Storms in Relationships*. These issues seriously affect couple bonding and family relationships. They significantly contribute to emotional difficulties at all levels of interaction with others.

**Question #16: It is helpful to have a theoretical overview. I have a few questions about how to begin therapy with couples. First, what are you trying to achieve therapeutically with couples? Are your goals with couples significantly different than those with families?**

Setting therapeutic goals with couples and families can be quite tricky. Many times couples or parents present to therapists without any clear idea as to what they want from therapy. Let me first start our discussion covering the unique nature of contracting with couples and then move on to the special features of initiating family therapy with parents and children.

Often I get a call from a husband or wife in distress because he or she is at the brink of separating or divorcing and the caller is panicked because he or she does not want the marriage or family to break-up. Other times there has been continued conflict and the couple use therapy as a way to defuse the relationship intensity. Many calls come in for counselling involving couples feeling alienated from each other and the caller hopes that the therapist will help bring some passion or renewed life back into the marriage. Then there is the crisis around one partner having

an outside relationship and is ambivalent about staying in the marriage. Whatever the reason that motivates people to call a therapist for help, the situation they live in has escalated to a point where the person requesting help is no longer able to keep his or her life in balance. Setting up the initial session is crucial in determining the direction of therapy. Who comes into that session defines to a large degree the direction and focus the therapy will take and significantly influences the goals or objectives of the therapeutic process.

Many couples mainly desire symptom relief. They want the pain to go away and feel that only if their partner would change everything would go back to normal and life could then carry on as if nothing happen. It is quite unusual for a couple to present to therapy with each member taking responsibility for the troubles he or she find him or herself in. Maybe it is part of human nature to think that if we can change the external situation than the internal unrest will settle down and we will be fine. After hearing each person out I try to introduce the notion that problems really are invitations into alerting us that our ways of coping with life

and problems need to be updated and that therapy is an opportunity to revisit old ways of relating to stress and worry and discover, invent or experiment with more creative approaches to life challenges. I imply that couple difficulties are a by-product of self issues brought into the relationship as emotional needs with the expectation that one's partner will care for us in ways we wished our original family had. I remind the couple that this is too much of a burden on any relationship and each of us needs to learn how to understand and deal with our own emotional needs.

I refer you to my discussion on the goal-setting process in *Techniques of Family Therapy*. I think it is still relevant in answering your questions of the many variations and dilemmas of goal setting with families. To facilitate goal setting on the family levels ( which can also include couples) it is important for the therapist to communicate his or her interest in helping the family as a whole, as well as each individual member, to become clearer about their objectives.

It is very unusual for a family to enter therapy with the understanding that family change or some change in the structure of the family is desirable. For example the usual complaint, is that Johnny is acting up and the family is having trouble controlling him, or Dad is drinking and is very disruptive to the family. In any case, the family usually puts forth one of its members as the problem and states that the primary goal is to make the problem go away. The job of the family therapist is to help the family develop additional goals in order to expand their perception of the problem to include the entire family. To accomplish additional goal setting, the therapist must first help the family get a better composite view of their stated problems. This is achieved by asking each family member to elaborate upon how he or she sees the problem. This process quickly illustrates how differently family members perceive the problem. It also provides an opportunity for each member to give voice to related difficulties, thereby bringing additional goals into focus.<sup>2</sup>

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<sup>2</sup> Freeman David, Techniques of Family Therapy P.10-11

This process of goal setting with families in therapy is particularly useful when beginning with couples. They come in hoping for symptom relief but what will sustain them in the future is therapy that encourages second order change. I think in the long run emotional healing occurs when therapy with families, including couples, focuses on self-issues with the intention of nudging everybody to begin the process of self-reflection.

**Question #17: When you say that second order change is one of your primary goals of family and couple therapy, I am not sure what you mean? Are you suggesting that symptom relief is superficial and only major shifts in the family and couple's operating patterns really matters? It might be helpful to define what you mean by second order change?**

I don't mean to minimize the importance of helping couples and families get back to a conformable equilibrium with each other. Often that is all they desire from therapy. I caution therapists not to be more ambitious about change than the people they are treating. It is a common therapeutic error for therapists to take more responsibility for change than their clients. Even in saying this I feel inclined to deviate a bit from this position and add that this type of change in the long run is not sustainable. When a person's mechanisms of coping with

anxiety and loss remain basically unaltered relational improvement is sustainable only under certain conditions. One of them is that his or her partner or other people's behavior does not stir-up too much unrest or reminders of unpleasant experiences from the past. Second order change is directed more at the underlying dynamics that contribute to relationship difficulties. The therapist uses relationship problems as an invitation into the unfinished business that each person brings into the partnership and offers the players an opportunity to rework family of origin issues. The premise behind second order change is that the individual becomes more masterful when confronted with life difficulties. And of course relationship struggles represents a major life challenge for many people and is a primary reason for them to seek out therapists. Problem-solving relationship flare-ups are part of second order change, but can be restrictive if the focus stays mainly on couple and family interaction. It can be a great relief for couples and families to alter their relationship dance so that they become more relaxed and emotional safe with each other. However, when anxiety increases family members will eventually return to old behaviours, consequently resulting in family members reporting feeling discouraged that the change was way to

brief and not real. Sometimes couples and families need to go through this cycle a few times before they are prepared for a more in-depth search of the real causes for the disharmony that they are experiencing.

**Question #18: I would like to know more about how a therapist introduces second order change, but first could you explain how you handle couples with conflicting goals? Let us say one person in the relationship wants out of the relationship but the other is hoping that couple therapy will save the marriage?**

I can see that you are getting my point that if the couple is basically confused about the reasons they are presenting to therapy it is quite premature for the therapist to be thinking about shifting the focus of the therapy to self-issues. It is not uncommon for people to present to a therapist with differing goals and expectations. Clarifying the reasons behind a couple coming in to see a therapist is a wise and respectful first step to initiating an emotional contract between the couple and the therapist. One of the main reasons I encourage people in a committed relationship to come in together, for at least the first session, is to help them understand the possible impact therapy will have on their lives and relationship. When couples request counselling I use the first session to elicit from each of them

what they want from therapy. Besides the problems that brought them into my office I also need to know; how much prior experience they have had with therapy. For example several of the early questions I ask are; what they have learned from their therapy history, who attended, what they hoped to be different in therapy this time around and what do they each desire as the final outcome of this therapeutic experience. When a couple comes in to see me and has never been to a therapist I structure the session in a way that offers them an opportunity to share their histories as individuals as well as a couple. I try to guide each person in the couple relationship to a safe place within him or herself so that each can reflect on his or her life journey. My goal for the first session is to expel as many myths or assumptions that the couple might be carrying about therapy, while emphasizing that the eventual outcome rest with each of them including the notion that their readiness to be honest within themselves and with each other will determine the eventual outcome of the therapeutic process. It is common for couples to present in therapy with a hidden agenda or be ambivalent about either the therapy itself or his or her commitment to the relationship. Initially there is not much the therapist can actually do about this state of

confusion except provide an atmosphere of safety that allows for the maximum honesty. Over time, I have discovered, most people come clean and reveal their real intentions. The therapist needs to be patient and alert to signs of ambivalence and contradictions in clients stories about what they say they desire and how they actually present in the therapy room.

**Question #19: Before you go on I would like an example of how you deal with, what sounds like mixed messages from couples. For instances if a person says I want to be in this marriage but continues to talk about his or her partner in a disparaging manner? Is this what you mean by couples avoiding talking about self- issues and if so what do you do about it?**

Well, first I note it and observe how often it occurs. Right from the beginning of the first interview you should be observing whether each member in the relationship is sharing information about him or her self or primary talking about his or her partner or other people they are blaming for their distress. The ability or readiness to self-reflect is an important indicator to the therapist of the client's inclination to work on self- issues. What I mean by this is therapy should be about self - change not about how to change others or fix the marriage. As long as clients think and feel that the problems that they are experiencing

are mainly external to their own ways of functioning therapy will have limited results and the improvements in the end will be short lived.

Also, we need to observe and be aware of the reaction of someone's partner whenever there is an unclear or mixed message. For example, the husband says, "I want to stay married and I love my wife, but she upsets me all the time and I don't really want to live this way anymore. Recently I have been thinking that maybe we should separate. I am not so sure she loves me. If she did why would she treat me the way she does?" There are a number of ways to interpret and respond to this declaration of despair. But first I would watch his wife's reaction: does she defend herself? Or, appear alarmed or indifferent by his requesting a separation? On the other hand is the husband saying these things as a projection of his own feelings toward his wife? Is he looking for a way out of the relationship and using the therapy to make a case for leaving? Or is he really frustrated with his wife's negativity but truly desires to make the marriage work and wonders what part he and she are playing in the relationship difficulties? The first few times this complaint comes up I might not respond or enquire about the meaning. Over time a pattern

of criticism emerges that should be explored especially the underlying issues that these condemnations represent.

Therapeutic timing is crucial in calling to attention inconsistent messages. The therapist does not want the client to feel attacked, embarrassed or required to reveal something that he or she is feeling vulnerably or compromised over. Therapists need to possess an intuitive sense of what issues from a client's story or reaction to events is safe or appropriate to delve deeper into. Remember even after taking all of this into account the primary goal of the therapist in the first few sessions is to clarify what does each individual desire out of the therapeutic enterprise. Is it a new way to say hello to the marriage or a reasonable and healing way to say goodbye? Either way I believe that my responsibility is to offer each person who comes in to see me a growth enhancing experience. Nevertheless, for the couple they need to sort out, at the beginning of therapy their personal issues, emotional agenda and realistic goals for the future. These three objectives actually represent the beginning struggle for therapeutic structure and need to be clarified before therapy can be of any true use to the couple in the long run.

**Question #20: In your answer you suggest that it is important to contract with clients. How do you explain to couples what they should anticipate as they go through the therapeutic process? Is it different for families?**

Before I answer your question I need to briefly outline the common categories of referrals that request therapy. They can be grouped together into three general types. One represents people interested in focusing on self-issues, next are people calling about worries concerning family members they are feeling are in emotional distress and lastly committed couples, lovers or intimate others apprehensive about their relationship. There are many variations on these groupings, but generally from my experience these are the most common types of referrals and direct request for therapeutic assistance. Each one requires a sensitive and thoughtful approach in negotiating the most appropriate decision around who to invite into therapy. Probably you are thinking that the first category is the easy one. Generally speaking that might be true, however, if a person decides for whatever reason to work on self-issues, it is also true that self change of any consequence will have a strong ripple effect on all of his or her relationships and in some way might destabilize their most intimate connections. Wouldn't it be wiser for the therapist to

propose to that individual to consider the possibility that his or her partner accompany him or her and they can together determine the best way to integrate the introduction of therapy into their relationship. Even if the person asking for self therapy refuses the offer of having his or her partner join the process an important concept about relationship change has been introduced and when the relationship becomes unsettled the principle of the ripple affect of change has been established and can be reintroduced.

There is a lot more I can say about the pitfalls of starting therapy with one member of a relationship while keeping the other partner on the sidelines. However, let me make one more comment about the risks to relationships when therapy is launched without one's partner. Years ago when I was a student of Dr. Bowen's I remember him saying that it is hard for a spouse to compete with a therapist for the affections of his or her partner when he or she is compared to the all loving, accepting and understanding therapist. Spouses almost always fall short, in the eyes of the one undergoing therapy when being compared to the all-accepting therapist. Going through therapy

should help us be more available and loving toward others, unfortunately it is not always the case.

**Question #21: Could you stop here and explain what you mean by the ripple affect of change?**

Change is risky business. Most of us talk about wanting something different in our lives or lobbying our partner to alter his or her behaviour, yet at the same time find reasons to postpone experimenting with innovative approaches to life circumstances or remind our partner of the errors in his or her judgment around behavioral choice that assures a response that keeps everything the same. Ask yourself why that observation is so often true. And the answer usually is linked to the fear of change. For example think about something you do for the people you live with that they count on you doing for them. Tonight stop doing it and watch what happens. Observe their responses and monitor your feelings about your self and your connection with them. How anxious do you become along side of their criticism or judgment about you. Watch how long you can hold on to the new behavior before you “cave-in” and resume your old pattern of care-taking. Now, try on hold onto to your altered responses. Don’t overreact or explain what is behind your shift of

behavior. Stay curious as to what is being stirred up in your partner or others who live with you. Stay connected to them in your converted way and over time I predict a transformation of relationship structure will emerge. This is what I mean about the “ripple affect of change.” All relationships have the principle of reciprocity and when one person deviates from his or her usual response pattern something new or different materializes. How that feels and where it takes people are the surprises of system change

**Question #22: I would like to know if you explain the risk to people about the emotional cost to change or let them discovery this for themselves?**

Well it actually it is implied in my explanation to people at the end of the first session that change can be risky business and that they need to be prepared for its implications. However, when couples or families move into the middle phase of therapy I revisit the idea of the ripple affect of change and try to prepare them for the different ways it gets expressed in behaviour and reactions to each other. I would like to come back to this phenomenon of people’s basic resistance to deviate behaviour when we discuss middle phase of therapy which

basically represents the phase of therapy where change is sustained and expanded upon.

Let us return to our discussion of the various requests for therapy. It is interesting to ponder whom in a family or marital relationship decides to call for help. From my experience it is almost always the most anxious one. This person has the greatest need, in the moment, to obtain some symptom relief. They have a story to tell about their situation that primarily is based on their anxiety about the way they feel others are affecting their life. These others could be their spouse, child, extended family members or important friends. The initiator of therapy, whether conscious of it or not, has a design in mind about treatment, which is basically to get these people, who are disturbing his or her equilibrium, back behaving in a way that reduces anxiety. Therapists need to be careful not to collude with the anxious spouse or family member right from the get go. We need to be respectful of the one initiating therapy. His or her worries and fears need to be addressed and acknowledged, but the therapist has to remember that the people he or she is talking about are more a reflection of his or

her apprehension and anxious feelings rather than the actual reality of those individuals.

The first major therapeutic decision a systemic therapist makes is using the request for therapy as a beginning attempt to redefine the problem from worrying about the presenting problem to expanding the field of investigation to larger concerns. This essentially means inviting into the first session the most important players in the family. Usually these people are the family caregivers. Sustainable change is more likely to happen when therapy starts with the most influential members of the family.

Essentially, the initial struggle for structure between initiator of therapy and therapist occurs in agreeing on who should attend the initial session. The initiator of therapy, on the basis of how he or she views the problem, will usually have some ideas about who should be seen,

if he or she views the problem as resting with one of the children, the expectation will be that the “troubled child” will be seen. However, if

the problem is perceived as relationship difficulties the usual request is for couple therapy.

It is important that the therapist ask the initiator of therapy some general questions before deciding whom to involve in the first session. How we define the problem influences how we try to resolve the problem. It is essential that the central or key members come into that session. Connecting and developing a solid relationship with them provides the therapist with the opportunity to expand the therapeutic field and lay the groundwork for involving other important family members at a later date. Engaging the parental couple is the first step in the therapeutic enterprise. By developing a strong positive relationship with the parental couple, the therapist sets the stage for helping the entire family redefine and restructure itself as a system. During the therapist's initial telephone contact with a parent the therapist should try to convey to the parent the wisdom of meeting with his or her partner to discuss their concerns. The therapist should use the initial session to help the parents understand that he or she will support their position about how they want the family to operate,

while using therapeutic influence to redefine the family as a behavioural unit.<sup>3</sup>

The last category of requests for therapy consists of those people who are worried about the state of their primary relationship. When the presenting problem is relationship difficulties it is particularly wise to insist on starting with the couple, even if the caller is initially resistant to that idea. I have experimented a number of times with agreeing to seeing one person in a relationship because the caller insisted that he or she was more comfortable coming in alone or because the caller said his or her partner was not prepared to come in at this particular time. The majority of times this turned out to be an error of judgement on my part. What often happens is that the member of the relationship who presents for therapy has a secret to tell, like being in an affair and not wanting his or her partner to know, or wanting to use therapy to get support for his or her negative feelings about the relationship. It becomes, at times, quite difficult to stay out of collision or secret keeping and when you try to convince the client that their partner needs to hear and be part of what is being shared he or she usually terminates therapy.

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<sup>3</sup> Freeman family therapy with couples p82-83

A familiar example of this occurred when I received a call from a woman who was anxious for me to see her because she was unhappy in her marriage but did not want her husband involved. After I explained the reasons it would be wiser to invite him into the first meeting she conceded and an appointment was arranged. The day before the designated meeting time she called to inform me that her husband had to go out of town, but she still desired to come in alone. With some trepidation I agreed. She arrived on time and soon after the pleasantries she launched into a story about the affair that she is having. Even though she said her marriage was important to her, she was not ready to give up her other relationship. Within minutes of the first session I was compromised and involved in a secret that effectively eliminated my ability to be of any therapeutic use to the couple. By agreeing to see her alone I contributed to the conditions that handicapped me from exploring the couple's history or to be able to assist them in discovering the emotional issues that were factors to this apparent relationship stand off. I explained why it was not appropriate for me to continue the therapy until she was prepared to tell her husband about her affair. She cancelled the next appointment

explaining that it felt too risky and that she would think about what I said. Six months later she called to inform me that she had told her husband about the affair. She admitted to being both surprised and delighted that he was prepared to come into therapy with her to work on the marriage.

Another dilemma about agreeing to see one person separate from his or her partner, when the presenting problem is relationship concerns is that when you are ready to bring the other in they feel already compromised and it is much harder to connect with him or her as an equal partner to the therapeutic process. The ideal is to stay with the struggle on the telephone, continuing to explain the benefits of involving his or her partner at the beginning, while leaving it open to altering the structure as therapy progresses. In this way the therapist avoids many of the pitfalls of secret keeping, collision, inclusion/exclusion and stabilizing a dysfunctional relationship.

The benefits of starting with couples in distress are many fold: the therapist simultaneously begins a bond with both members; he or she has the opportunity to explain to both of them the purpose and

structure of couple therapy using a family of origin approach; They have witnessed by experience what to expect and the impact of the questions asked on each other; by the end of the first session some change is already in evidence because the therapist has structured the session to allow for each member to respond to questions about their life, history and time together that they have not been able to reflect on or discuss because of the intensity that exist between them. All of this potential is lost when the first session only includes the most anxious or overtly reactive member of a relationship system.

**Question #23: You mentioned treating the system. What do you actually mean by the system?**

The term system is a much over used concept and lately has been watered down to mean just about anything. It might be helpful to provide a concise explanation of is meant by systemic thinking and how it contributes to couple and family counselling. When treating couples and families it is beneficial to theorize that change affects everyone not just the individual, couple or family. Remember our discussion on the ripple affect of change. Real change moves from the client outward to all the people he or she comes into contact with. Couples, parents or other family members often ask me that if they

engaged in therapy will things get better. My response is that I can only say that if they commit to therapy usually they will feel different about themselves and others, weather that will feel better or not is a very personal matter.

Systemic thinking offers us a way to understand and approach individuals as representing complex entities relating and adjusting to a wide array of variables. No one set of circumstances alone dictates what influences our response to stimuli. Except that we quickly gravitate into playing certain roles and these roles offer us a sense of belonging as well as restricting our options when comforted with obstacles.

There are several important principles of systems intervention that I believe all systemic therapists follow whether they are seeing individuals, couples all entire families. These principles are based on an essential assumption about the nature of emotional/social problems. The core systemic belief basically is that: social/emotional difficulties that individuals experience are contributed to and reinforced by the primary systems that those individuals depend on

and are actively engaged in. For example if change is to be sustained in a family the strategically important members, essentially the parents or elders, have to be prepared to alter their ways of relating to other family members, i.e., the children. Change is more likely to happen from top to bottom. This observation fundamentally means, that the leadership of any system has more influence and impact on creating problems as well as alleviating those difficulties.

In other words a system's therapist operates from the position that when one person in any relationship consistently maintains a proactive stance over time change will occur. Usually the challenge is to discover the one who has enough self-assurance to resist other people's anxious behavior. When I lecture to groups of people about change I remind them that even though I am talking mainly to them each person in the audience can affect change simply by how they emotionally position themselves in relation to others. I encourage the individuals in the group to experiment with applying the principles of change to others in their social network and watch what happens.

**Question #24: Your answer raises a number of questions about the course of therapy using your approach. I can see why you make such a strong case for starting with**

**couples and I understand the quagmire one can get into by just seeing one member of a relationship. However, you did not answer the part of my question about what explanation you provide to couples before they leave the first session. It would be helpful to give an illustration as to what couples and families can look forward to as therapy progresses.**

Thank you for bringing me back to a very important part of your question. The ending of the first session is crucial for setting the stage for all that follows.

By the end of the first session the therapist should be in a position to convey to the partners that their problems are symbolic of family-of-origin issues. The therapist should make it clear that for ongoing therapy to be successful, the couple need to be prepared to work on their own personal themes. It will be difficult for them to understand this principle if the therapist hasn't brought out their prevailing family themes earlier in the session.

In concluding the first session the therapist should explain to the couple the theoretical bases for the therapy. The explanation the therapist offers should be consistent with and reinforce what the couple has already experienced in the session. The therapist's

primary goal is to ensure that the couple leaves the first meeting, and of course all the other sessions, feeling understood, curious, challenged, hopeful, a bit confused, yet connected as a couple and with the therapist. In addition the couple should have a sense of a framework from which to operate from when they begin to encounter old patterns of interaction. This framework is important to help them begin the process of developing a curious attitude about familiar patterns of behavior.

**Question #25: Can you give me a typical ending or summary that you might provide for a couple as a representation of what you mean by providing a framework that the couple can use as a guide for future sessions.**

Of course it is not possible to write a script that can be used for most couples. Each ending is unique and the words, terms and concepts have to be adopted to fit the culture, values and world-view of the people therapists are working with. The metaphors, symbols and ideas expressed by the therapist need to be tailored to coincide with the couples' story presented in the first session. However, I will try to give you a sense of what one of my endings sound like and a general feel for the message conveyed about the importance of family-of-

origin work as a method to help clients reinvent themselves as well as working on developing deeper connections to important others.

By the end of the first session I usually say something like this.

“It seems to me that you both feel that you have lost your way with each other and are confused as to why so much distance has crept into your marriage. From the little bit that each of you have shared with me and each other today, I think that coming out of your own families you learned a style of coping when feeling threaten or anxious that probably served you well as children, but is not all that effective as adults. I can see that the caring and love is still there, but you have lost your way with each other, especially around the events in your life that have created anxiety and worry. This is not unusual for couples. It is a rare relationship where couples have been able to decipher each other’s code of coping. In order for true intimacy to exist in a relationship, couples need to learn how to have a partnership on anxiety. It is important to remember that the marital relationship is the most fragile connection in a family. It is the only connection that is not a blood tie. I have always wondered how two people who basically come together mainly because of chemistry or

passion reinvent their connection to become truly family to each other. My answer is by being touched by and in partnership with each others losses and also feeling emotionally safe with each other even when your reactions to events are not necessary the most appropriate. I can tell from your histories that much change has happen over the years but the anxiety around the change has not brought you, as of yet, closer together. That is the job of therapy to help each of you gain a better understanding of your self and you own relationship to your emotions. You each need too learn how to process your feelings and bring them as a story to each other rather than as behavioural reactions. Learning more about your own family history and becoming more reflective about the source of your emotional triggers should help you begin the slow but steady ability to stay emotionally present when confronted with each other's reactivity. The questions that I will be asking you have more to do with encouraging each of you to think about what emotions the questions stir up. Also it is important to stay as conscious as you can as to where the questions take you in remembering past experiences from your original family. I would like each of you to try and observe the difference between the public answer and the private thought. It is

very interesting to become aware of the gap between what you choose to keep hidden and make public. Actually therapy really begins when you are ready to close that gap and make the private public. At that time you have come out of emotional hiding. To some degree all of us have learned to hide our true feelings, especially when we felt compromised during our growing up years. As you precede in therapy it would be helpful to explore your experiences growing up and the ways you felt loved and attended to as well as the times when you felt alone and misunderstood. These childhood stories need to be understood and some need to be reworked so that you can become more expansive and creative when confronted with situations that make you feel anxious or defensive.

Before we end I need to mention one more item about the therapy process you are thinking about undertaking. Even though I see couples and couples come in with the expectation that I will somehow help improve their relationship, the truth of the matter is that I am not a relationship therapist nor do I see myself as treating relationships. My primary goal with you is to assist each of you, while in the presence of the other to become more complete as a self. By working

through your family of origin issues and learning how to monitor your emotions the connection you have with others should begin to feel more balanced and in harmony with what feels right for you. I believe once you achieve this ability to make your emotions work for you it allows for an improved way to bring yourself to others and eventually relationships have a way of becoming non-issues.”

This type of ending provides a structure for the couple to work from while in therapy. It affirms their connection and commitment to each other while alerts them to some of the situations from their past that interfered with their emotional growth. It is important when providing a closing summary that you leave the couple feeling hopeful about the future without sounding Pollyanna or whitewashing their struggles.

Many couples come in to see me despairing because a previous therapist suggested that their marriage or relationship is not working and maybe they should be thinking about separating or divorce. I have learned that no matter how negative a couple's interactions, complaints or insistence that their relationship is poor that they still do not want me to give up on them. It is for the couple to convince the

therapist that the marriage or relationship is over not the other way around.

One of the most important messages to end the first session with is that you are not treating the marriage or relationship but are there to help each of them while in the presence of the other to grow emotionally and become stronger as a self. The most important outcome of couple therapy using a family of origin approach is that members in a relationship come out of the process with improved emotional boundaries, clearer sense of what is possible in his or her connection to others, and a healthier method to process and integrate emotional experiences. I believe that when individuals are able to accomplish these goals most of their relationships achieve a harmonious balance.

**Question #26: What is the difference between your ending summary with couples as compared to an ending of a first session with parents who are concerned about one of their children?**

With families the ending summary tends to be more complex mainly because the problems are actually more complicated. The parents have alienated around focusing on what they have labelled a “problem

child”. Once this point of view gets cemented and reinforced by other family members and at times other professionals it is very difficult to alter this perspective. It takes much skill, patience and a systemic framework on the part of the therapist to redefine the problem as a family concern rather than a troubled child. In my book *Multigenerational Family Therapy* I outlined the procedure for shifting the parents focus from the child back to themselves and the family as a whole. However, the most important message that the therapist needs to convey to the parents by the end of the first session is that when the child enters therapy it should be timed when all family members are prepared to participate and that they the parents are ready to hear each child’s story of how they experienced living in their family.

**Question #27: I am still confused about how to help couples enquire about family of origin issues when they are mainly interested in resolving a specific problem?**

Remember, problems or symptoms motivate people to seek therapy. They represent red flags for couples and indicate that their usual way of relating or functioning is just not working properly. Actually we need emotional symptoms similar to the body needing physical

symptoms to alert us that our ways of living or behaving are possibly creating problems for others and our self. A limitation of couple counselling is that the unit, i.e., the relationship, initially looms larger than the individuals in it. It is a dilemma for the couple therapist to reorder the focus of attention from relationship issues to self-concerns. So what do we do when a couple insists that their problem is how they interact with each other rather than the way they bring their emotions to each other? I have an example of a couple that came in to see me because they felt that they always end up in a fight of some sort or another and hoped that therapy would help them handle conflict in a more productive way. They complained that almost any conversation eventually ended up in a fight. Maybe, they thought, if I helped them learn how to communicate with each other they can have a more happy or contented relationship. Interestingly enough, they both have people oriented jobs. At first they did not see what part their history played in maintaining their angry dance. One day they came into a therapy session with a story that clearly brought home to each of them their triggers from the past that ignited their underlying abandonment feelings.

Tom and Jane told me that recently they were sitting on the couch watching a television movie with their arms around each other, feeling cozy and loving. Tom said that the movie was about a single parent mother with a ten- year old daughter who was dying of heart disease. In the show the mother had a good friend who is visiting with her. The mother begins to tell her friend about the experience she had with her daughter the other night. Apparently the daughter wanted her mother to play with her, but she was too exhausted. The daughter continued to ask her mother to play with her but the mother needed to stay in bed. At some point the little girl cries to her mother that she is frightened that mother is going to die.

At that moment in the film, Tom reveals to Jane a memory of his own mother attempting suicide when he was about the same age. He informed Jane that his mom was taking pills all day and saying over and over again that she was going to kill herself. Tom was quite frightened and scared. Even though his father was there he had no memory of him or his little sister and just felt alone and terrified that his mother was going to die.

Tom's history is one of explosive outburst and Jane has often accused him of scaring her and making her feel unsafe in the relationship. So what does Jane do when Tom revealed his sad story? She proceeds to attack Tom's mother by saying, "You know that is rotten of your mother. Because of your mother, you have had so much difficulty having a relationship with me. Because of her you can't bring yourselves to me and I have to bear the burden of what your mother couldn't do for you."

Tom's response was predictable. He counters in kind and attacks Jane's way of caring for her own father. He reminds her that when her father had a heart attack she seemed indifferent and cool to his needs. In seconds they were having a huge fight to the point that a neighbour had to call the police.

So here is the scene: there is a movie which triggers a memory, which brings out a story, which offers a partner an opportunity to become a comforting other, but instead results in a conflict and injured feelings. Many of us have been there. What is that about? Jane would have said her desire was to comfort and offer

understanding toward Tom's feelings of abandonment. She would never consciously inflict pain and suffering on him. So what happen?

On hindsight Jane said she wished she had handled Tom's story differently. Tom said he never meant to be critical of Jane's way of dealing with the potential loss of her father. What went so terribly wrong? What Jane experienced in Tom's story was her own sense of abandonment. It reminded her of all the time growing up feeling alone and her rage at Tom's mom was actually directed more at her own mom for not being there caring for her. Tom and Jane were in an altered state. His story became her reality and visa versa and they were both overcome by their historical losses.

There are many ways for couple therapists to respond to Tom and Jane's relationship dance. We might decide to focus on the interaction between the couple. Instructing them in conflict resolution or encouraging them to tell each other what they needed as a way to educate them on how to communicate their emotions more directly. By taking this approach the centre of attention remains on the relationship and the interaction between the parties. However, by

shifting the lens of concentration to internal emotional experiences and asking self questions that solicit self-reflection about one's past losses, fears and sadness we invite our client to revisit yesterday's unfinished business in a thinking way rather than allowing emotional memory, the source of all reactive triggers, to control his or her emotional posturing. The therapist task is to use the couple's reactive story to delve deeper into unresolved issues from the each of their past that surfaces inadvertently, when either one of them experiences a here and now situation that is reminiscent of past loss.

It really does not matter whether or not couples are ready to visit unresolved issues from the past or that they overtly say that they only desire to work on surface problems, once a reactive moment is brought into the therapy room the therapist has the option to ask self questions that allow for a shift of focus from external considerations, which is a distraction from self issues, to looking inward and giving voice to hidden sorrow.

**Question #28: Does the same principle apply when you are seeing individuals? How would you use a reactive**

## **experience to help someone reconnect with historical loss?**

It is interesting that you would ask this question, because the other day a client came in without her husband to tell me about an experience that through her for a loop. She was totally unprepared for her reaction, luckily however, the timing of the event closely coincided with her regular appointment. I will give you a summary of the interview as an illustration of how a family of origin framework can assist individual's rework yesterday's losses when they resurface in the present. Sue immediately started the hour with an apology for coming in alone. "Frank is away on a business trip but I decided to come on my own anyway. Something happened over the weekend that was quite disturbing and I felt it was providence that I had this appointment scheduled. I really need to talk about it. Maybe by getting your perspective on what happen to me I might feel a little better about myself."

Some time past before she continued. I thought it best to wait and see where she wanted to go with her story. "On Sunday I went to one of my children's soccer games. My older sister joined us. Also a good

friend came with his twelve year old daughter. After the game, on the way home we decided to stop at the Dairy Queen for a treat. This is something we always do after soccer. We sat down in a corner booth that allowed us to see the whole restaurant including who came in.

We were having a really good time laughing, talking loud and poking fun at each other when a man with two young children came in to order some food. Out of the corner of my eye I watched them. All of a sudden he screamed at the little girl, who could have not been more than six years old. His face turned beet red and I could see the veins sticking out of his neck. He shook the girl roughly and while pulling her out of the restaurant yelled at her for not telling him what she wanted to eat. To my surprise I felt faint, started to cry and could not even speak. My daughter looked at me alarmed. For several moments I wasn't able to say anything, even though she asked me what was wrong. Finally I managed to say that I was okay, even though it was hardly the truth. After a while I did tell her that when I was young my mother lived with an evil man who scared me and the scene brought back an unpleasant memory. My friend went outside to check on the little girl and came back telling us that things

had settled down. After a few minutes the man came back with the young children to order their food.

The other thing that happen that contributed to my being upset was my sister's reaction to my comment about our mother's partner at the time. Jill countered by saying that mom only was involved with him briefly and it wasn't so bad. Somehow I was able to hold her hand and say that I guess it felt different for each of us. I am still confused about my behavior. Why did that incident have such an impact on me? I thought I was going crazy and that I made up the story about our mother and her partner. I was so hurt and baffled by my sister's denial of my memory." All of a sudden Sue stopped talking, tears rolled down her face and she seemed to have retreated into herself. We sat in silence for awhile and when I noticed the tears subsiding I asked her how old she felt when she witnessed the man's anger in the restaurant? "I felt I was six or seven years old again" I suggested that maybe it might be helpful if she could go back in her memory and tell me what she recalls about her life during that time. "Well in fact I do remember that while we were growing up in Prince George my uncle would take us to the Dairy Queen after playing soccer. That is

why we started to do that with our own kids because it had such a positive memory. That Dairy Queen was on a street that felt very similar to the one we stopped at on Sunday. Those occasions helped me get some distance from what was going on at home with my mom and the man she was living with. He was cruel and unpredictable. I was constantly anxious about going home after soccer. You never knew what would hit you and I tried to stay out as late as I could.”

Sue said all of this as if she were in a trance. She shared her memories in a monotone manner with a voice lacking expression. Once into her story she began to shake and on her face I could see the fear and dread that the earlier scene conjured up. In a strange way she appeared to be either back home or back in that restaurant. Once she finished recounting some of her early childhood recollections I encouraged her to take some deep breaths and sit quietly for a few minutes. Gradually I noticed that the color returned to her face and she smiled saying that possibly all of this was happening for a reason. “You know several people have told me that I am overly protective of my children. I try to make sure that in no way would they ever experience what I did. Any yelling or anger is just too upsetting to Frank and me. Do you think that there is any connection between my

reaction to that man's behavior toward his daughter and the worry I carry about my children's safety? And what about my sister, why didn't she have a similar reaction to me? Could it be possible that I made it all up?

How the therapist handles this experience represents the heart of therapy. He or she has an opportunity to ask a number of self questions to guide the client back to unresolved hurts or losses that simmer just beneath the unconscious waiting to erupt when triggered by a familiar occurrence.

**Question #29: What is a self- question and how does it help couples shift from their defensive posturing?**

Self-questions represent the heart of the work we do with couples, especially when they are ready to be self-reflective. The answers that clients give therapists are not as important as their thinking about the questions asked. There is an important difference between the verbal answer and the thoughts the question stirs up. Therapists should not ask questions that produce a defensive response on the part of the person being interviewed. Once an individual becomes self-protective, he or she stops thinking about the question asked by the

therapist and puts energy into defending a position. The therapeutic benefit of the session rests with the individual's private thoughts about the questions asked by the therapist. The therapeutic goals in asking self-type of questions are: planting new ideas into the thoughts of the person; reframe the centre of attention from external problems to internal emotional learning; and, enable the person, through responses to the questions, to share something new with his or her partner.

Planting new ideas by asking questions is an intriguing way to teach individuals about themselves. Therapists need to stay sufficiently detached to ask people stimulating questions without stirring up reactivity and defensiveness. Often when an individual is answering a question he or she is privately re-evaluating the answer, puzzling over why he or she is answering it in that particular manner, and probably beginning to take a different position regarding the issue discussed. Therapists *should not interfere with this process by trying to make something happen for clients that is based on the therapist agenda or have an emotional investment on a certain therapeutic outcome*. I have often had individuals report that they were struck by

a certain question and mulled it over for many weeks afterwards. In many cases I wasn't aware that the question had had such an impact. In talking more about this dynamic, people have reported that they have watched themselves answer a question and realized as they were talking that the answer did not really reflect what they were thinking or feeling. As they considered the question later at home and further pondered its meaning they found they began to change their position about emotional issues which they were struggling with.

When we ask a question that allows a member of a relationship to share something intimate with his or her partner something special transpires between them and a positive moment of connection occurs. Often I have heard clients say, after listening to his or her mate reminiscence, "I never heard that before" or "Boy, that's new information about you". Those are exciting moments and help produce experiences that initiate the process of self-learning and relationship updating. Often, one of our major tasks as a helper is to provide an individual with a safe milieu in which to tell a story in a way that allows his or her significant other to learn something new, develop an alternate slant on an old issues, and allows a person to

share a part of him or her self in a way that was not possible because of the intensity within the relationship. When we block the partner from reacting to his or her companion's story we are allowing the storyteller to feel seen, heard and acknowledged, hopefully by their partner, but at least by us, the therapist.

**Question #31: Do self- questions help you with your assessment of a couple's level of emotional functioning?**

As we observe how individuals respond to self-questions, we are beginning to develop a sense of how emotionally solid that person is. Three major indicators of unfinished business are reflected in how a person responds to self-questions. A solid self can: reflect on his or her family history; listen to his or her partner's story without interrupting and needing to defend and, talk about self issues without blaming or criticizing

When an individual responds as a solid self to questions, therapy is likely to move rapidly. In contrast, when an individual is cut off from his or her history, is quick to react to his or her partner's story, and frequently blames and criticizes, we have to slow down the process

and become more modest about the degree of change that is possible.

### **Question #32: What do self questions look like?**

As therapy progresses we are able to ask an increasing number of self-questions. Remember a self-question is structured to allow the individual to analysis his or her own part in an interaction rather than to project. Examples of self-questions are: 1) What have you learned about your self as you begin to think about your concerns in the relationship? 2) What part have you played in your current dilemma? 3) What would you have to give up if you choose not to react to your partner this way? 4) What themes from your family of origin are being played out in this issue? 5) In what ways can you experiment to bring a different response to that particular type of situation? 6) In the past what worked for you in the relationship? 7) What do you think you need from your partner that you did not get enough of from your original family? 8) If you were able to have what you say you want in this relationship what would you have to give up? 9) What would the loss be if you no longer had this problem to worry about?

**Question #34: You seem to be suggesting that it is more therapeutic to work with couples rather than seeing individuals on their own? (refer to the Sue story)**

This is a frequently asked question and cannot be answered simply. There are pros and cons as to the value of seeing the couple when the primary focus is on self- issues. Many times there are individuals who prefer to see a therapist on his or her own and desire to focus on aspect of their life that they feel are separate from their primary love relationship. Therapists need to respect that request. However, it is also true that a number of requests for therapy involve individuals who would benefit therapeutically by coming to therapy with their partner and using the relationship as a laboratory for working on self-issues. As I discussed earlier intimate relationships represent the training ground for reworking self- issues as well as highlighting unfinished business from ones family of origin. Think about it, What better way, besides returning to our parents' home, can anyone work on self- issues other than in intimate relationships. These relations have the potential to bring out all our triggers. They are like no other connection beside our parent and siblings. I remember Dr. Bowen once saying way pay for an encounter group experience when we

can get it for free by visiting our family. The same holds true when we encounter certain behaviors from our intimate other.

**Question #35: What techniques have you developed when working with people who have difficulty reflecting on their own life?**

The question really is how to treat couples whose pain of the past is so great that their coping mechanism is to avoid looking back and basically deny that the past has any relevance. These couples actually use relationship problems as a safe distraction from the emotional pain in their heads. They come out of families where all the developmental losses, mentioned earlier in our discussion, occurred in spades. To focus on self-issues is quite premature and only stirs up anger and hurt feelings toward the therapist. Their coping mechanism is to avoid any sad or uncomfortable feelings especially, painful memories by externalizing all problems and using projection and blame as a coping style. We have to be cautious in working with these people and most importantly respectful as to what their anger and shifting responsibility to others is really about.

There is much controversy in our field as to the wisdom of doing couple therapy with individuals who are suffering from fractured, inconsistent or anxious attachment experiences in their early years. They need concentrated and undivided attention and are quick to feel slighted when the therapist either shifts focus away from them or hints at the possibility that they might have contributed to the relationship problem. The three indicators of the fragile self mentioned earlier in my answer; demanding attention, avoiding of history, and criticizing others come into play consistently when we see these individuals with severer attachment needs.

Over the years I have tried to work with these individuals, in a couple format, especially if they are in a committed relationship. But I must be honest; I have not been all that successful. Now I would recommend seeing them on their own for a period of time and when they have worked through their attachment issues in therapy, shift into couples work to help them in their relationship rework old emotional injuries. I am sure as we go on with your questions we will be revisiting this once again.

**Question #37: Doesn't this contradict what you said about always seeing the couple together? How do you see one member of the relationship and still honor the commitment to helping the couple achieve a more positive connection?**

On the surface it might appear that I am contradicting one of my important practice principles. And if the therapist is not careful all of the problems that I mentioned about seeing one individual separate from his or her relationship can occur. Sometimes we have to weigh the benefits verses the shortcomings of who to see. What I try to do is to minimize the problems of collision by discouraging the person I am seeing from focusing on his or her partner. Whenever possible I try to acknowledge the emotions behind the story the client is bringing to me. I stay noncommittal around client's judgements toward others, while maintaining a questioning stance when presented with emotional assumptions about others. I have found that over time the establishment of a trusting therapeutic relationship with the reactive client slowly develops followed by self-confidence and increased curiosity about his or her partner and other family members. Once there is evidence of decreased reactivity on the part of the family member being seen in therapy, it is time to consider expanding the therapeutic field.

**Question #38: What does it look like to acknowledge a client's emotions without agreeing or disagreeing with his or her interpretation of other people's behavior?**

This is an important skill for therapist to develop. One trick of therapy is to offer the client an experience where he or she feels understood but not necessarily agreed with. Collusion is like gossip and our clients do not need us for this, they have their friends, neighbours and family members. What they benefit from is leaving our office feeling understood and more curious about why they are affected by other peoples' behavior in their particular way. We need to challenge the assumptions and myths that contribute to our clients' difficulty in positively connecting with those they care for and love. However, challenging someone's emotional assumptions is no easy matter and has to be done in a way that the person does not feel attacked, criticized or judged. An illustration of proper acknowledgement of a client's emotional story looks like this: " I am fend up with the way my husband treats me. He is always rejecting me and no matter what I say he yells at me and tells me I don't know what I am talking about"

The therapist needs to respond by acknowledging the wife's emotional feeling of being rejected by her husband without agreeing that she has a rejecting husband. A typical example of this type of

therapeutic response sounds like this “ It must be hard for you to feel that your husband is not there for you the way you need him to be. What emotions get stirred up and how do these emotions change your behavior?” The therapist acknowledges the wife’s emotional experience, but by emphasising what she feels the husband is doing rather than agreeing with her statement about her husband’s intention, allows the therapist to avoid colluding and opens the gate to eventually bringing the husband into the process. By the therapist shifting the focus away from discussing the husband’s actions and placing the spotlight on the wife’s emotional reactions to her feelings allows her to develop some alternative responses. Also, when the therapist does not join the wife in her attitude around her husband’s style of interaction and remains impartial to the couple’s emotional dance facilitates his creditability and encourage his positive involvement.

**Question #40: How do you work with couples when one member of the relationship is resistant to therapy?**

As mentioned early in our discussion it is not unusual for one partner to call a therapist and request individual therapy for a relationship

problem. Remember, it is important to decipher the reason for the request of coming to therapy on one's own when that person is in an intimate relationship. It is possible that by seeing an individual alone can undermine the integrity of that person's primary relationship. The person presenting to therapy might try to use the therapist as their primary resource, not only for support around his or her relationship dilemma but also for confirming his or her story about the partner's shortcomings.

There are times when it is necessary to see one person separate from the relationship. For example, we may begin with a couple in the first session and discover that one of the partner's is unwilling to continue. A number of reasons exist as to why a person may opt out of attending couples counselling. For instance, one of the partner's may be too anxious, reactive, or emotionally stuck in a series of other relationships that he or she does not want to explore. At times one of the partner's may be so reactive that it is intolerable for him or her to sit through a session listening to the other person talk about problems. Some people have decided privately to end the

relationship and are not willing to invest anything more in their current relationship.

When one of these situations exists we must see the more motivated, functional, less reactive partner. However, when we have made this decision, it is still important that we avoid participating in a triangle relationship with the one we are seeing against the unmotivated or reactive partner. The sessions should remain focused on the individual working on self- issues. The person in therapy should be discouraged from raising issues about his or her partner. Although he or she may be frustrated about not being able to use the session to ventilate complaints about the relationship, at some level he or she will appreciate that we demonstrate respect and neutrality, reducing the potential for a dysfunctional triangle to develop.

We should guard against the inclination on the part of the person we have engaged in therapy to invest more emotional energy in the therapist and the therapeutic process than in significant relationships in his or her life. At all times we need to continue to encourage the person to concentrate on his or her most intimate relationships in a

new and creative way. We should continually make efforts to reduce the importance the person in therapy places the therapist and the therapy and instead encourage him or her to become his or her own resident expert by concentrating on repositioning moves in his or her own network of relationships.

When we stay detached from our client's narrative and avoid colluding on the content presented it leaves the door open to involve significant others in the therapeutic process in the future. In contrast, if we buy into the anecdotes that the person in therapy is presenting to us it is unlikely that we could at a later date be useful in guiding his or her partner or other family members to a more positive connection with each other. Remember, even when a client's significant other or other family members refuse to come to therapy initially, they may be more inclined to do so in the future, especially if they feel we have not bought into a particular point of view about them, their relationships and the family as a system. We never know when other family members or our client's partner will be ready to work on self-issues. It is crucial that we stay noncommittal about family and relationship stories at all times. We should stay curious and questioning, with the

overall goal of encouraging the person we are working with to achieve better connection with all types of family members. It is easier to do this when the couple works together; however, this can also be done when only one partner attends and learns how to be a positive force in all his or her relationships.

**Question #43: A couple presents for therapy and only one of them is motivated to explore family of origin issues, but the other refuses or insists that her or his original family has nothing to do with their problems. Is it possible to work with both of them using your model?**

Your question about readiness to do family of origin work actually addresses an interesting reality about many individual or couples presenting to therapy, which is their disinclination to take a research or detached stance about exploring their family history. Generally many people are prepared to talk about their families, but their emotional perspective is through a lens of hurt and anger or the other extreme describing their parents as all perfect and loving. In either case it is hardly with the desire to rework or rethink the impact their growing up years have had on their ways of expressing emotions or current style of behaving. The fact is, from my experience, the majority of couples or individuals who present to therapy are reluctant

to delve directly into their family of origin issues and would prefer to side step this difficult and at times disturbing exploration. I think most of us in our hearts of hearts would like to think that we could just deal with the problems at hand and move on from the past. Clearly most models of couple and family therapy suggest taking this attitude.

People actually have said to me when considering family of origin work; "I have closed that chapter in my life. I see no value in looking back. What is done is done. I am now in a new part of my life and I intend to focus on the future." Who can really disagree with these sentiments? What is our job as therapists? Surely it is not to take people to places that they are not ready or desirous to go. In my practice most couples are at a different stage of readiness to work on family of origin or self-issues. There usually is a motivated member of a couple and compliant partner who show up to therapy too please his or her mate. This is one of the reasons it is important for couples to come in together, for at least the first session, because then the therapist can lay the groundwork for helping the couple to consider how powerful unfinished business is in interfering with their desire to be intimate with each other. As well as illustrate through questions and example, that by beginning to bring out their respective

generational themes, they can actually initiate the process of releasing the hold history has on their present coping behavior that contributes to blocking intimacy. I believe that one of our tasks as therapists is to help couples grasp the concept that relationship difficulties and emotional problems generally represent indicators that somehow they have not been able to liberate themselves from historical losses and the primary indicator of that fact rest with the self-defensive, reactive, judgmental and critical ways they relate to situations that make them uncomfortable.

What I have come to realize is that couples truly benefit from a clear and non-jargon explanation as to what the therapy process actually looks like and the theory that guides it. It should not be surprising that most of the couples that come in to see me are unenthusiastic to review their growing up years, and mainly see this historical examination as my need to gather information to be of help of them. However, once they understand the power of history I usually notice a shift of interest and an increased sense of hope that maybe there is a way through their individual and couple difficulty. The important message that needs to be conveyed is that if this is their time to

wrestle with their own “demons” change is possible, but it is their struggle not the therapist; he or she is mainly a guide or mentor assisting them in working through their emotional barriers to inner harmony and relationship intimacy. When the couple is ready to hear this message the therapy actually progresses quite rapidly; if not, but one or both of their interests are heightened the couple will continue with the therapy and not resist the questions; and over time, the importance and influence of a family of origin framework as a guide to self and other understanding grows.

**Question #44: What have you experienced as the traps or pitfalls with couples when you are encouraging them to explore past issues with their families?**

There are some important cautionary factors to keep in mind when attempting to introduce family of origin work with couples, especially couples who are highly conflictual and ambivalent about the relationship. One of the early determinations that I need to make when I start with a couple is, are they coming into therapy because they are motivated to figure out a way to stay together or are they presenting to therapy to justify saying goodbye. It is wise to raise this question early on in the therapy process. Before entering into the

realm of family of origin therapy the therapist should have a feeling about the degree of ambivalence that exists about relationship commitment between the two members. In other words, the therapist should have a feeling concerning the degree of confusion about intimacy, the couple's determination to maintain emotional distance, or their fear about change. Basically, the therapist needs to figure out what is the couple's primary agenda for therapy; is it, a new way to say hello, a loving/honourable way to separate, maintaining the relationship equilibrium, or one of the partner's is in an existing affair and has no intention of altering anything in his or her life?

If the couple is committed to make the relationship work than they are more likely to be open too and touched by each other's stories of loss and sadness. For these types of couples all of what I have said in the previous discussion applies. However, if the couple is unsure of whether the therapy is about a new beginning as a couple or a new beginning as separated people this has to be worked out before intensive family of origin work can begin. What I mean by this is that even though we might raise some issues from the couples past that have influenced the reasons they have stayed on the sidelines of

intimacy. The fact still remains that working on reinventing the relationship will continue to be stalled as long as the couple remain unsure as to how much they want to invest emotionally in the connection with each other. I do believe relationship ambivalence is a family of origin issue and when we study the life of an ambivalent person it becomes all too clear that many of his or her important relationships were affected by “hot and cold” connections. It can be quite helpful to the ambivalent individual to focus on family of origin experiences that have contributed to using ambivalence as a coping mechanism to protect one self from fears of abandonment. This therapy focus can produce some insights as to what the fear of intimacy actually represents. When the individual resolves his or her ambivalent nature, clarity about whether to redesign the relationship connection or let go of the relationship becomes the focal point of attention. The discussions that the couple engage in at this point in the therapy is more about unresolved issues from and the impact on intimacy issues. Life review and their respective unfinished business is more the centrepiece of the therapy sessions and the couple begin to work together to understand and not judge how they grew so far apart from each other. Many couples when they reach this stage of

therapy are either more committed to each other or are able to let go of each other in a loving and supportive way.

**Question #45: What about the couples who have decided to separate?**

If the couple's decision is to separate it is important for the therapy to continue. How people separate, how they understand their separation, and how well they are able to maintain some connection with each other during the separation process will determine to some degree what they are able to learn about themselves; how they will honor their history together; whether they will eventually find their way back to each other; how much unfinished business they will transfer to their children and others and, if they decide to divorce, how they can do so in a less painful, scarring way. Family of origin work can be useful for separating couples by helping them review other divorces they were exposed to and encouraging them to develop a vision of working together to say goodbye as a couple and hello to a new family forum. Also the expectation that they carry into their next relationship will be influenced by what was or was not learned from their previous one.

**Question #49: Are there any other pitfalls to using a family of origin approach?**

When couples use the relationship to maintain comfortable distance or have a brittle sense of self, family of origin work can actually be a negative experience. Remember my discussion on the fragile self.

This type of person uses distraction as a coping mechanism from keeping painful memories or thoughts at bay. Actually there is no better form of distraction than relationship preoccupation. As I say this I am reminded of a client who shared this reality with me in a very clear way. When Jan and Dan first came in to see me, my initial challenge was to reduce their reactivity toward each other so that each could listen to the other before jumping in, after a second or two, with a negative comment. My great accomplishment after several months of therapy was to reduce the reactive response from three seconds to half minute. Eventually Jan and Dan actually went a fair amount of time listening to each other without needing to justify or defend. After a year of therapy I was able to shift their focus from a preoccupation with the relationship and the other's behavior to their own journeys, and their respective losses from the past. Jan's major issue was the sexual abuse she suffered at the hands of her father.

Dan grew up feeling abandoned by his father and smothered by his mother. By the second year of therapy Jan and Dan were out of conflict with each other and much more focused on their own relationship with their original family. This shift in direction left each of them feeling sadder, but in much less relationship conflict. Near the end of therapy Jan revealed that maybe the lessening of conflict in the marriage was not such a good idea. “You know, I don’t know if I like this therapy. When I had conflict I knew we had a connection. We haven’t been in conflict for a long time now, and all I feel left with is myself. And I’m not so sure I like that.”

**Question #50: Do you think that all relationship conflict is a negative?**

Relationship Bickering is probably the most common form of emotional escapism; and it can protect us from our own disquieting feelings. I have puzzled over why so many of us, in committed relationships, engage in what I call “unproductive conflict”. That is conflict that basically keeps us connected with one another around feelings of discord. It is curious how much time we spend thinking, feeling and worrying about relationships. It is almost like we need to

fill up our heads with worry. What is the purpose of fretting? And, what part do we play in stirring things up so we can brood? A partial explanation to these questions lies with our own sense of internal turbulence. As long as we can stay preoccupied with matters outside of our self we really don't have to be too concerned with our own inner muddle. Fighting or bickering with our friends, children, partner or other family members is a diversion from one's own self-questions about the meaning of life and life's purpose. It is a truism that as long as we are out of balance or harmony with our self, we will look outside of our self for answers and end up being somewhat dissatisfied with the answer. Without being aware of it consciously we will ferment unrest and precede to loss ourselves in the ensuing quagmire of reactivity. When this is the dominant dynamic motivating couples interaction family of origin revelations will be used as weapons for the warring parties to throw at each other. For quite away Dan and Jan did exactly that. They held on to each other's exposure of hurts suffered from their own upbringing and hurled them at each other to incite an argument. Luckily I was able to shift Jan away from her anger at Dan and refocus her to the deep hurt and anger she carried about her father's abuse. However, there are many

couples who have unconsciously joined forces to use their anger and disappointment with each other as a way to stabilize their relationship and are not prepared to work on the fusion that they have created with each other to keep their emotional losses hidden. It is helpful to understand that certain couples use conflict in a disguised way to emotionally care take each other and it is not useful to introduce family of origin issues as a way to work on self issues. Any attempt to firm up boundaries with this type of couple will be greeted by increased fighting and eventually they will terminate therapy. What motivates fused couple to enter therapy is that either too much distance or too much closeness has interrupted their comfortable distance. As soon as the secure ratio of distance to closeness has been re-established therapy is discontinued.

It is important to remind couples that in actuality there are two types of conflict. The type I just discussed which represents negative conflict and is used by couples to justify maintaining emotional distance. Positive conflict exemplifies the other type and is necessary for behavioral change to take place. Positive conflict is the expression of differences with the goal of promoting understanding and

connection. It has the potential to give us a new awareness of our self and other. It is vital for the creation of intimacy in that for change to occur one must bring to his or her partner issues, problems disagreements hurts and emotional needs with the intention of achieving a closer bond. I think this type of conflict is necessary and unavoidable if a relationship transformation is to take place.

**Question #51: Before I ask some practical questions about the actual therapy I have a few more enquiries about family of origin theory. What is the multigenerational transmission process?**

As far as we know we are born with only two natural fears, the fear of loud noises and the fear of falling. All other fears come from some place other than our genetic makeup. I was seeing a mother and her twenty-four year old daughter mainly because the mother was tired of dealing with and overwhelmed by her daughter's bringing her troubles to her. "Why can't my daughter take care of her own issues? I just want her to be fine in the world, but she makes me worried about her by her constant complaints and crying spells? With tears, the daughter whispered to her mother, " I cry easily, it's no big deal. What I bring to you I also take to my friends. They don't feel I am unable to handle things. Why are you so worried about me? You always said to

me, when I had a problem, believe me you will be all right. Am I ever wrong? So I take my problems to you for reassurance. What you said was a comfort to me. Why is it a problem for you now? You make me feel like something is wrong with me.” A light went on in the mother’s head and she countered with, “I was wrong in saying that to you. That was what my parents always said to me when I was anxious. My father would say when I was afraid to go on a plane not to worry the plane will not crash. And that helped me get the nerve to fly. I thought that by reassuring you that everything will be fine was what you needed, mainly because that was what I needed. But I think now that it was a mistake, it took away your self-confidence, like I think that my parents reassurance took away some of my self-assurance to figure things out on my own. It left me feeling anxious about my own survival skills. It is time for you to let go of me as your main support and for you to rely on your own abilities.”

The multigenerational transmission process is part of the unfinished business that comes out of growing up in a family. Children absorb their parents or primary care givers anxieties, worries, fears, etc. and make them their own. How do we know this? Study yourself and

observe when you overreact, become judgmental, opinionated or defensive. Where did those judgements, attitudes or defensive posturing actually come from? Emotional anxiety, projection, blame and the transferring of responsibility to others are all part of the transmission process. To some degree all people do it, however, in therapy the key goal is to interrupt the impact of emotional anxiety or the faulting of others and encourage our clients to become inner directed rather than externally controlled. For example when a husband says that his wife makes him feel inadequate and blames her for his angry outbursts the therapist acknowledges the feelings of vulnerability and explores where those feelings originated.

## **Say More!!**

One way I facilitate the revising of multigenerational emotional themes is to call attention to reactive thinking, than dissuade my client from succumbing to his or her affective states while encouraging him or her to explore the underlying feelings that are edifying and exposing early childhood losses.

**Question #55: Your example of how this mother and daughter amended their relationship and reworked the transferring of anxiety between the generations seems almost too good to be true. Can change work so quickly?**

I did not mean to suggest that change came easily or quickly. My theoretical bias is for slow change over time. But not to discount the fact that under certain conditions couples can alter some of their disruptive interaction in even one session. The three steps to family and couple change that I endorse are: 1) developing insight or knowledge about how emotions and early childhood experiences shape our reactions and judgements, 2) altered interactions in therapeutic settings that allow couples and families to experience each other and themselves differently, and 3) on ongoing therapy that directs and supports new behavior during times of decreased defensiveness.

The mother in the example I give you had been working on her emotional boundaries for quite awhile. When her daughter agreed to participate she was primed for hearing without judgement what her daughter had to say and to be honest with her own history and struggles to let her go. All three steps for change existed in that

session. The mother had insight, they both desired to create a more mature and adult relationship with each other and the safety of the session allowed them to take in some new information.

**Question #56: It seems to me that of all the family relationships the mother/daughter connection is the most complex. What has been your experience when treating various family units?**

It is interesting that you raise this question about the connections between the generations. From my clinical and personal experience I have witnessed how significant and at times devastating to marriages the unresolved issues that man and women have with their opposite sex parent on their marriages or for that matter any intimate connection. Even though the same sex parent is the more complicated family relationship, sons with mothers and daughters with fathers are the training ground for mate selection, and the need for emotional validation. The same sex parent represents the role model to emulate or reject, as we become adults in our own right. Women who are angry and despairing toward their male partners usually have had unfortunate emotional experiences with their father's. Routinely, during a first session with a couple I ask the wife

to share a memory of a time with her father where she felt seen, heard and understood by him. Often, tears flow with the wife reporting feeling rejected or ignored by her father. Her denigrating his role in her life usually follows this expression of sadness. Say More!!

**Question #54: It seems to me that so many people resort to reactive behaviour when feeling hurt or misunderstood. When this happens in a session or when clients talk about emotions getting out of control, how do you help them learn from this style of self protection?**

Yes, you are right it is common for any of us to over-react or shut down emotionally when feeling hurt by another person. When seeing couples or families sometime during the hour someone will shift into defensive posturing and it is at those moments new emotionally learning is possible. However, the therapist has to be careful and sensitive to appropriate timing to be able to redirect the person's focus away from external irritations while encouraging the reactive individual to reflect on the emotions being stirred. The therapist has to be very skilful in his ability to make this transition in a way that does not discount the person's feelings. Nevertheless, I have found that at sometime in the therapy teaching clients how to process their

reactive emotions is essential to helping them achieve a balanced life.

**Question #55: Describe what it looks like to teach someone how to process their emotions.**

First the therapist needs to assess for client readiness. As I have said before when people are feeling hard done by or are ambivalent about their connection with others the teaching and instructing on how to be different in relationships will not be helpful and at the worst could lead to premature terminating of therapy. We can discuss this point later on in our discussion. Assuming that the person you are working with has made a shift in his or her relationships and has become more curious about his or her own internal stirrings what I am about to say will usually intrigue the person and offer him or her a framework for thinking about feelings. These are the steps that I use when a client brings into therapy a story about negative or unsatisfying interaction with others. For example, recently John a businessman client came in with a story about his business partner wanting to end their partnership. John was upset on two accounts. He felt betrayed by his associate but even more disturbing to him was his reaction to the news. "Financially it makes no difference to me what he does. We

have been together for twenty years and I actually helped make him wealthy. But I feel rejected and it is like he thinks his success had nothing to do with me and he made it all on his own. It is like I had nothing to do with his financial ability to leave the firm. You know, if it weren't for me he would still be working for a buck. Now he feels independent and I don't matter. I am surprised by how hurt and angry I am. When I think about it why shouldn't he have the right to leave? I don't own him and he doesn't owe me anything. What is wrong with me? I know I shouldn't have these feelings. But I do and actually whenever someone doesn't appear to appreciate what I am doing I find myself becoming very emotional and I don't like it."

John's reaction to feeling hurt is not unusual, even though he feels it is. The wonderful fact is that he is ready to explore his own reactions rather than focus on the reasons his partner has done something to hurt him. What I said to John was; "When a situation occurs that stirs up intense feelings we have an opportunity to discover long buried memories about our past. We need to learn how to listen to our emotions that bubble to the surface when events throw us off balance. The first step is to slow down our response time when we

feel hurt, angry, sad or vulnerable. Then we need to practice going into a still place of no action while reflecting on what the emotions are trying to tell us. There are two types of emotions, ones that come by way of hormones and physiological changes and the other represent trigger occurrences that need to be paid attention to. John, these are the ones we are talking about. Now the third step is to watch our inner narrative and become aware of what our mind automatically tells us the meaning of the incident represents. In reality often that inner narrative is about the unresolved issues from our past. We need to ponder those feelings but not accept them as accurate information about the task at hand. Once we have separated out old feelings from current reality we are ready for the next step. At this point we need to decide whether to explain our experience to the person we are struggling with or seek our own truth as to what needs to be done and act accordingly. Right now John I would like you to just watch where your mind takes you when something unsettling happens with others and become mindful of it so that we can explore its origins. Remember you don't have to act on an emotion, just think about it."

This is a good representation of how I might encourage someone to use a disturbing emotions or reaction and move toward that sombre emotion in a positive manner.

